Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	09 August 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	National Clinical Audit
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ian Bebb, Clinical Audit Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide the Quality, Safety and Experience Committee (QSEC) with outcomes from the Health Board's participation with clinical audit and provide assurance of the ongoing improvement work being undertaken by the Health Board.

Cefndir / Background

HDdUHB participates in 34 National Clinical Audits. In addition to this the Health Board participates in many local audits as well as other non-mandatory national projects. The Committee has requested examples of these audit outcomes and the improvement work that is being undertaken.

The Clinical Audit Department (CAD) are working with owning services to produce accurate summaries that capture the most relevant work being undertaken as well as apply service specific context. Completed audit projects will have completed action plans and audit leads are asked what benefits the audit has brought to patients and the organisation. Most outputs from clinical audits are inherently "business like" or corporate in nature. The Clinical Audit Department are working to help realise the benefits in more patient focused terms.

In compiling this report the Clinical Audit Manager has liaised with the Head of Quality and Governance and the Assistant Director of Assurance and Risk. It was concluded that clinical audit generally assists in articulating a risk with some providing a level of regular monitoring. Clinical audit will also provide assurance that a risk has been mitigated against. Not all risks or improvements will be demonstrated through clinical audit.

Due to the response to the COVID-19 pandemic, clinical teams have been less able to engage in audit activity. While many audit projects are being maintained, and new audits are underway, additional reporting needs have been a challenge. The Health Board is currently rebuilding its clinical audit resources, both within the Clinical Audit Department and the Services.

A number of national reports have been delayed and there is a reduced number of readily available reports/outcomes. Clinical teams are also still experiencing significant pressures which increases the delay to some audit evaluations and outcomes. The Clinical Audit

Department continues to liaise with these services to ensure that outcomes are captured in due course.

Asesiad / Assessment

The summaries below are a sample of the audit data that is currently available, including published reports, action plans and other knowledge held by the team. Some risks and key safety concerns will have related audits and where recent outcomes are available they have been included in this report.

DNACPR - All Wales Audit (Secondary Care)

Flagged by Quality & Governance Team due to the increase in interest during COVID-19

The All Wales DNACPR policy was launched in 2015 and has been re-audited within the Health board annually since. The HDUHB RRAILS Group identified one site which was not performing as well during the last audit; targeted work is in place to bring the site up to standard before re-auditing as a Health Board during 2022. There were a number of areas with increased results during 2020 which has been encouraging:

- increased recording of clinical summaries,
- recorded discussions with patients,
- reasons for not discussing with patients,
- signature of Doctor and Nurse and GMC/NMC numbers recorded,

All findings have been presented at mandatory training sessions, induction and at the HDUHB RRAILS meetings. This has benefitted our patients by ensuring that the multi-professional clinical teams are all aware of what communications have taken place. This will reduce inappropriate resuscitations due to poor documentation and reduce the number of complaints.

Audit of Attend Anywhere video rheumatology clinics in PPH

This audit was undertaken due to the introduction of remote or virtual rheumatology consultations that have been introduced to reduce face to face appointments during the pandemic and has provided a useful assessment of the quality of remote clinics. Minor improvements have been implemented e.g. checking and documenting the call quality. Although a small change, it is vital to ensure that the patient is receiving the best quality of consultation available. The findings from this audit will be used to improve the quality of remote rheumatology consultations which will benefit patients directly.

Scaphoid Re-audit

Identified by Welsh Risk Pool as a requirement

This audit and re-audit was carried out as risk had been identified around the missed clinical diagnosis of scaphoid injuries. There is the risk of potential harm to patients should future surgery and prolonged rehabilitation treatment be required.

Changes have been implemented following the initial audit, staff training has been undertaken and the clear message has been disseminated at the Whole Hospital Audit meeting. A new MRI pathway with radiology is in the process of being introduced, this will allow the gold standard practice to be followed. By undertaking this audit and the changes that have been implemented following it have reduced the risk of misdiagnosis to our patients and therefore the potential risk of future litigation and clinical negligence claims.

Re-audit on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Older adult psychiatric patients

Flagged by Quality & Governance Team due to the increase in interest during COVID-19

An audit within Older Adult Mental Health wards in HDdUHB has created awareness and highlighted the importance of documentation of DNACPR. Part of the change implemented is uploading the DNACPR forms electronically which makes them more accessible when needed.

The Management of Allergic Anaphylaxis in Paediatric and Adult Patients in Secondary Care

Linked to Enabling Quality Improvement in Practice (EQIiP)

Undertaking this audit has identified that several patients in Bronglais were not receiving the correct diagnosis of anaphylaxis. This audit has increased the awareness of the need for a blood test to correctly diagnose anaphylaxis and in turn has provided a direct benefit to patients as for some it will mean they are no longer living in fear of another anaphylaxis, therefore an improvement in the quality of life.

This audit has helped acknowledge this and is expected to facilitate patients being referred more accurately to the allergy clinic to get a proper diagnosis. This will benefit patients both physically and psychosocially. This will ultimately reduce resource demands as patients without a true anaphylaxis will be treated appropriately. Additionally it will reduce the strain on the Cardiff allergy service and patients waiting to be seen.

This audit will also feed in to the wider work around Allergy Services and the Allergy Equality Working Group.

Intravitreal audit form safety

This Ophthalmology audit was carried out as a risk had been identified in documentation not being fully completed. Following the initial audit, the compliance of paper work increased from 30% to 100%. This has resulted in the Department having no reporting of incidents following changes in documentation and staff training.

Venous Thromboembolism (VTE) risk assessment and prescribing Re-Audit

This re-audit was undertaken to assess the compliance with VTE assessment and prescribing in general surgical patients. A teaching session and presentation on the VTE guidelines to Junior doctors and nursing staff was given. Posters demonstrating the guidelines were also developed and distributed throughout the relevant wards.

Following implementation they found that 95% of VTE cases were prescribed correctly compared to 70% in the initial audit. The benefit being that it decreased the patient's length of stay and also decreased the morbidities and mortality from VTE.

The team have recently registered another re-audit to be able to indicate any further improvements that may have been made.

Electrocardiogram (ECG) in Non-traumatic chest pain presentations

This audit was conducted to assess the assessment time of patients with non-traumatic chest pain and to ensure that the appropriate review is undertaken. Results show that previously only

20% of cases had an ECG within the recommended time of 10 minutes and only 30% of cases were reviewed by a senior doctor. The following changes have been made to improve waiting times and ensure that patients are reviewed by a senior doctor:

- Discussions with Triage Nurses and Health Care Support Workers (HCSW)
- Flow charts have been posted in Dr's base highlighting reminders for senior review

This has improved the time in which patients are assessed and they are now being managed according to the approved guidelines. This has also made the Department safer for this patient group and turnaround times are quicker.

Stool Chart Compliance and Documentation in Puffin Ward Audit and Re-audit

Following this audit cycle the following changes have been implemented; inclusion of stool charts in admission bundle, awareness posters on the Ward and the introduction of teaching sessions for Nurses, Doctors and Health Care Assistants. This has increased Post Intervention compliance from 47% to 66% while documentation on the stool charts increased from 71% to 100%.

Stool charts are an essential part of ward care and as a diagnostic tool has aided in early identification of patients who are constipated, formed a cardinal part of robust care in patients with chronic liver disease and raised suspicion with patients with type 7 stools who may have C difficile infection. Through this audit, bowel motions have been monitored more accurately, relieving constipation in a timely manner, reversing delirium and urine retention and reducing admission time. Patients can be easily transferred to other wards/discharged, especially when they present with constipation/diarrhoea which Doctors can promptly identify. This has been beneficial to patient flow in Puffin Ward and eased bed block through effective management of delirium caused by constipation especially in elderly patients.

Risk Registers

The table below illustrates links between some key risks highlighted by the Assurance and Risk Team and the Clinical Audit Programme. The examples below demonstrate how clinical audit is already helping evidence some risks, providing a platform to monitor compliance and the opportunities for future improvement.

Risk Reference	Clinical Audit Links
Mental Health and Learning Disabilities: Psychological Therapies [138]	This risk is articulated by a number of national audits e.g. Sentinel Stroke National Audit Programme (SSNAP)
Unscheduled Care (USC) Cardiology [1326]	Directly related to participation in national clinical audit and is currently being addressed by the Cardiology Service and supported by the CAD.
Scheduled Care Audiology [131]	There is a National Audiology Audit that could provide evidence of risk or improvement.
Community Children Services [1272]	An audit of NICE guidance CG61 End of Life Care for Infants can be utilised after improvements have been achieved.
Unscheduled Care Prince Philip Hospital [1415]	National Audit of Inpatient Falls and the programme of audits being developed by the Falls Steering Group will help support this risk (in progress).
Medicines Management [374]	External audits are already in place and articulate this risk and will demonstrate improvement.

USC Stroke [233]	SSNAP is already embedded within this risk and will show subsequent improvements.
Care of the Elderly [727]	The Fracture Liaison Service Database (FLSDB) national audit can demonstrate improvements with the service if implemented.
USC Cardiology [1417]	The National Heart Failure audit will be able to provide evidence of improvement after improvements have been made.
Medicines Management [732]	A post audit will demonstrate compliance with standards and is already embedded within the risk.

Argymhelliad / Recommendation

QSEC is asked to:

- Note the examples given as assurance of how the Health Board is demonstrating good practice through clinical audit;
- Note some of the specific improvement work that is being carried out;
- Note the links between clinical audit and existing risks

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.17 Shape and Approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Nursing Quality and Patient Experience (NQPE 1381) – current score of 9
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 3.4 Information Governance and Communications Technology 3.5 Record Keeping
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	5K_22 Clinical effectiveness self assessment process
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Palmer Report, July 2014 http://gov.wales/docs/dhss/publications/140716dataen.pdf National Clinical Audit and Outcome Review Programme 2019/20 Hywel Dda UHB Forward Clinical Audit Programme 2019/21, 2021/22 Letter from Deputy Chief Medical Officer, 19th March 2020 re: National Clinical Audit Programme. Email from Welsh Government May 2021
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Clinical Audit Manager Head of Quality and Governance Asistant Director of Risk and Assurance (and Team) Director of Nursing, Quality & Patient Experience

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	None
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Failure to participate in clinical audit and to conduct it effectively could lead to concerns not being identified and subsequent improvements in services not being made. During the COVID-19 pandemic participation in these projects could prove more harmful by diverting resources away from critical services. The aim therefore is to maintain quality albeit at the cost of not collecting data or reporting on it.
Gweithlu: **Workforce:**	The workforce has been heavily effected during COVID-19. Most available resource for clinical audit has been utilised elsewhere. There are also further staff vacancies in the CAD which will reduce capacity within the team until recruitment is concluded.
Risg: **Risk:**	Potentially failure to conduct particular audits appropriately will lead to risk and/or legal implications. There is a risk that we cannot be assured of clinical standards or outcomes with the failure to participate fully in audit.
Cyfreithiol: **Legal:**	See above

Enw Da: **Reputational:**	There is little risk to reputational impact during this pandemic as Welsh Government suspended audit data collection and assurance reports. Though this has resumed there is an expectation that Health Boards prioritise clinical requirements.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	There is some variability in participation for National Audit across the organisation which means that practice cannot be compared locally or nationally and inequality of care may not be identified. This does not have a direct impact on equality - only that it is more difficult to measure. The situation is improving.

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 3.4 Information Governance and Communications Technology 3.5 Record Keeping