

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	02 February 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	National Clinical Audit
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 (QSEAC) with outcomes from the Health Board's participation with the National Clinical Audit and Outcome Review Programme (NCAORP) and provide assurance of the ongoing improvement work being undertaken by the Health Board

**Cefndir / Background**

The Welsh Government's (WG) National Clinical Audit and Outcome Review plan is one of the core mechanisms for assessing the quality of healthcare in Wales and is a means for Hywel Dda University Health Board (HDdUHB) to compare current practice with best practice provided elsewhere in Wales and drive forward improvements in quality and safety. The plan compiles a list of mandatory national clinical audit projects that the Health Board must participate in, where those services are provided.

HDdUHB participates in 34 National Clinical Audits. The Committee has requested examples of these audit outcomes and the improvement work that is being undertaken.

The Clinical Audit Department will work with the owning services to produce accurate summaries that capture the most relevant work being undertaken as well as apply service specific context.

Due to the response to the COVID-19 pandemic, clinical teams have been unable to engage in additional audit activity. While many audit projects are being maintained, and new audits are underway, additional reporting needs have been a challenge. Welsh Government has recognised this and has accepted delays in reporting both from the national audit providers and Health Boards.

The mandatory audit programme continues to be suspended by WG to allow Health Boards to allocate resources to the pandemic response. However, HDdUHB has tried to maintain as much participation as possible.

As a result, the summaries below reflect limited input from the owning clinical teams and are a sample of the audit data that is currently available, including published reports, action plans and other knowledge held by the team.

## **Asesiad / Assessment**

A reduced number of national audit publications have been produced due to the pandemic. Reporting schedules largely reflect data prior to the pandemic. It is the aim of the Clinical Audit Department to provide the Committee with a current sample of audit outcomes and to build upon the quality, frequency, and scope of future reports.

### **National Diabetes Foot Care Audit**

The report summarises the findings derived from all new diabetic foot ulcers, registered from March 2014-2018 and followed for up to 6 months, benchmarked against NICE guidelines NG19 and standards QS6. Data collection for the fifth annual report is currently underway, having been delayed due to COVID-19.

The audit findings show that ulcer severity at HDdUHB is 48.6% compared to 44.6% nationally. Despite this, the mean length of stay was slightly lower at 15.3 days, compared to 15.6 days nationally. The rate of patients with a severe ulcer (SINBAD 3+) that were alive and ulcer free at 12 weeks was 33.3%, marginally lower than the national average of 35%. The rate of major amputations after 6 months was slightly higher at 3.4% in HDdUHB compared to 3% nationally.

The team have been proactive in making improvements to the service in response to these findings. Education programmes have been implemented for all diabetes patients. Open access emergency clinics and podiatry vascular assessment services are now operating in all areas, including in the community, with clinics currently operating to allow for social distancing and patient safety. Casting clinics and support from trained plaster technicians and a podiatrist are available in Glangwili General Hospital (GGH), Prince Philip Hospital (PPH) and Withybush General Hospital (WGH), whilst training in Bronglais General Hospital (BGH) has been undertaken despite operational delays due to COVID-19. Multidisciplinary communication systems and referral pathways and procedures have also been improved to reduce delays in onward referral. These actions should encourage prevention and early intervention, improve access to services, reduce delays in referral to treatment time, and reduce the average length of stay upon admission.

### **National Audit of Care at the End of Life (NACEL)**

NACEL is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in hospitals. The first round of NACEL reporting was published in July 2019. The audit reviewed a number of themes:

Themes	Round 1	National		Hywel Dda	
			Acute	Community	
		Summary Scores*			
Recognising the possibility of imminent death		9.1	8.4	10.0	
Communication with the dying person		6.9	4.7	7.7	
Communication with families and others		6.6	5.4	8.1	
Involvement in decision making		8.4	7.7		
Needs of families and others		6.1	7.5		
Individualised plan of care		7.4	6.4	9.3	
Families' and others' experience of care		7.1	See below**		

<b>Governance</b>	9.5	10.0	10.0
<b>Workforce/specialist palliative care</b>	7.6	9.2	8.3

\*Summary scores are on a scale of 1-10 with 10 being the highest

\*\*This audit consisted of a case note review and a quality survey completed by family and carers. Insufficient survey returns for this field resulted in no **overall** score being produced though more detailed data is available and compares well with the national figures.

The service recognised that two key areas around 'communication' and 'Individualised plan of care' fell significantly below the national scores. Education around end of life care for new doctors, including Care Decision Documentation teaching for both medical and nursing staff, was implemented. Consideration was also given, pre-pandemic, to the development of nurse champions on wards and to increase the Specialist Palliative Care (SPC) workforce to allow for greater input into hospital to address the recommendations.

Round 2 results have since been published, however, HDdUHB has not yet had the opportunity to formulate an action plan. Overall scores for both the 'communication' and 'Individualised plan of care' have increased as a result of the improvement work carried out.

### **National Paediatric Diabetes Audit (NPDA)**

The audit aims to compare the care and outcomes of all children and young people with diabetes receiving care from the Paediatric Diabetes Unit (PDU) in England and Wales. It collects data submitted by PDUs around the completion of NICE recommended health checks for people with Type 1 and Type 2 diabetes, and their outcomes.

For the first time in several years, the previous year's audit did not show a reduction in the national median HbA1c for children and young people with diabetes. The national trend has resumed again this year with further reductions in the latest report. However, HDdUHB has consistently reduced rates over the last 5 years, with a 2018/19 rate of 60. Real-Time Continuous Glucose Monitoring (rtCGM) use among children and young people with Type 1 diabetes was the highest in Wales with a rate of 18.5% (UK average of 12.6%). HDdUHB exceeded this with a rate of 32.5%.

The Diabetes Service is in the process of implementing an action plan to improve access to dietetics, podiatry and psychological services for patients, standardise Multidisciplinary Team (MDT) clinics across the Health Board, and increase Paediatric Diabetes Senior Nurse (PDSN) time to allow nurse-led clinics to proactively manage patients to reduce HbA1c.

### **National Asthma & Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)**

The NACAP Programme for England, Scotland and Wales aims to improve the quality of care, services and clinical outcomes for patients with asthma (adult, children and young people) and chronic obstructive pulmonary disease (COPD). The audit focuses on hospital admissions with acute asthma, specifically looking at initial assessment, management and follow-up.

The 2019/20 report published January 2021, shows that 68% of patients nationally had their tobacco dependency addressed during their admission. HDdUHB median shows this was addressed in 73% of patients. Additionally, 19% of patients nationally had their peak expiratory flow (PEF) taken within 1 hour of arrival at hospital. HDdUHB exceeded this with a score of 28%.

The service has noted recommendations from the previous report and is improving access to the Virtual Pulmonary Rehabilitation (VIPAR) model. In addition, a value based assessment for pulmonary rehabilitation and other supporting respiratory services has been undertaken to

ensure sustainable, efficient and cost effective pulmonary rehabilitation is delivered across the whole Health Board.

### **National Hip Fracture Database (NHFD)**

The NHFD is a clinically led web-based audit of hip fracture care and secondary prevention in England, Wales and Northern Ireland. The report published on 14<sup>th</sup> January 2021 uses a set of six NHFD key performance indicators (KPIs) to describe how the quality of patient care varies between hospitals and changes over time. These KPIs complement the range of data on assessment, operative care, rehabilitation, follow up and outcomes presented throughout the report.

The recent report has reflected the improvements that have been embedded for patients admitted to hospital with hip and femoral fractures. HDdUHB hospital sites have achieved 100% in a number of standards with BGH achieving 5<sup>th</sup> best (of 175 hospitals) in several categories. HDdUHB has delivered the best in Wales for patients returning to their original residence within 120 days, with GGH and BGH achieving top quartile results. BGH has achieved 5<sup>th</sup> lowest mortality for case mix which has been identified as an incredible achievement as 30% of patients are American Society of Anaesthesiologists (ASA) grade 4/5, which is double the national average. This has received personal recognition from the National Audit Leads.

The NHFD team have regular meetings on all sites to discuss KPIs and overall performance and monthly performance figures are shared with all members of the team. Improvements have been made through shared learning across all sites to improve poor performance identified.

Work has been underway to improve time to theatre within 36 hours as it has been identified that HDdUHB is not meeting this standard. Compliance has improved for GGH and is now above the national average. This improvement was achieved with the introduction of gold and silver patient systems, prioritisation of neck and femur patients, and increased flexibility in anaesthetic, surgeons and theatre. The gold and silver systems are also being adopted at BGH. Welsh fragility guidelines, with regards to Direct Oral Anticoagulants (DOAC) decreasing delays to theatre, have also been adopted

### **Argymhelliad / Recommendation**

The Quality, Safety and Experience Assurance Committee is asked to:

- Note the examples given as assurance of how the Health Board is demonstrating good practice by benchmarking against other hospitals in Wales and the UK;
- Note some of the improvement work that is being carried out;
- Note the ongoing work to increase the quality, scope and frequency of these reports;
- Note the decision from Welsh Government to suspend all audit data collection and the continued suspension.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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 275) - risk is not specifically relevant to the content of this report. Any individual risks would be held by the relevant services.
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

<b>Effaith/Impact:</b>	
<b>Ariannol / Financial:</b> <b>Ansawdd / Patient Care:</b> <b>Gweithlu / Workforce:</b> <b>Risg / Risk:</b> <b>Cyfreithiol / Legal:</b> <b>Enw Da / Reputational:</b> <b>Gyfrinachedd / Privacy:</b> <b>Cydraddoldeb / Equality:</b>	Not applicable to the contents of this report, which are a sample of audit outcomes and not intended to call out specific risks, quality issues or other concerns.