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Welsh Government

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First Report of The National Clinical Audit and Outcome Review Advisory Committee





Printed on recycled paper

Print ISBN 978 1 4734 0847 0
Digital ISBN 978 1 4734 0848 7
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WG20734

Contents

Page	
3	Forward
4 -7	The role of the Committee – what has been achieved so far?
8 -10	Good Examples of Change Driven by Clinical Audit
11 -13	Examples of Poor Levels of Participation and Change
14	Future Focus
15	Assurance Proforma

Forward

National clinical audit is a key component of the quality improvement cycle designed to assess and benchmark the quality of treatment and care provided to patients across a wide range of services. It seeks to engage healthcare professionals in systematic evaluation of their clinical practice against recognised standards and to support and encourage improvement in the quality of treatment and care.

The Clinical **Outcome Review** Programme (CORP) is designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by enabling learning from adverse events and other relevant data. It aims to complement and contribute to the work of other agencies such as NICE, the Royal Colleges and academic research studies which support changes to improve NHS healthcare.

We know that without high quality data, improvement in clinical care is unlikely to occur. National clinical audits and outcome reviews are focused on areas of healthcare considered to be important, where there are often issues of concern and where national results are considered essential to improve practice and standards. Participation in audits and reviews listed in the Advisory Committee's annual Plan is therefore considered to be essential and mandatory.

The Francis report and the publication of a number of other highly critical reports has more than ever, placed the emphasis on the quality and safety of services.

With the ability to measure against recognised standards and compare services on a local, regional or national basis, clinical audit and outcome reviews are very powerful tools for assessing the quality of services being provided. When used as part of the wider quality improvement cycle, they provide a strong mechanism for driving service change and improving patient outcomes, but full participation and a determination to learn from the findings is essential.

Prof. Peter Barrett-Lee
Chair
National Clinical Audit & Outcome Review Advisory Committee

The role of the Committee – What has been achieved so far ?

The National Clinical Audit & Outcome Review Advisory Committee (NCAORAC) was established in April 2011.

The Committee's objective's are firstly to maximise the benefit from audits and reviews by encouraging widespread learning to improve the quality and safety of patient care and treatment and, secondly, provide advice on Welsh participation and performance in the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

To achieve this the Committee recognised it must seek to raise the profile of clinical audit and outcome reviews and encourage organisations to understand the crucial role they have in driving up the quality of healthcare and improving patient outcomes.

What have we achieved so far?

Since its establishment the Committee has :

- Encouraged LHBs and Trusts to improve their performance in National Clinical Audits and Outcome Reviews
- Encouraged LHBs and Trusts to appoint a clinical lead for each of the NCA's and Outcome Reviews
- Agreed two National Clinical Audit and Outcome Review Annual Plans (third to be published shortly)
- Held two all Wales Annual Workshops (in collaboration with 1000 Lives+)
- Issued five NCA&OR eBulletins
- Placed information on the Governance eManual website
<http://www.wales.nhs.uk/governance-emanual/>
- Developed a standard for all LHBs and Trusts to use for both internal and external assurance
- Provided support and information from audits to be published on the Welsh Government "My Local Health Service" website
<http://mylocalhealthservice.wales.gov.uk/#/en>
- Met with all LHBs and Velindre NHS Trust to discuss their NCA&OR activities and plans

NCA&OR Annual Plans

The publication of Annual Plans has successfully improved LHB and Trust awareness of the audit and review programme, but far more remains to be done to improve the understanding that information from audits and reviews form one of the foundation cornerstones of the drive to improve the quality and safety of healthcare services.

The Plan outlines LHB and Trust responsibilities for using audit / review findings and recommendations to assess and improve the quality and effectiveness of the healthcare being provided and, to assess year on year improvements. It also confirms the clinical audits and outcome reviews which all Welsh healthcare organisations **must fully** participate when they provide the service. The [Annual Plan for 2013/14](#) was published in March 2013.

National Workshops

The Committee has held two events developed in partnership with 1000 lives plus. The 2013 Annual Clinical Audit Workshop took place on **Monday 10 June at the Liberty Stadium Swansea**. Last year's theme explored the role of clinical audit and quality improvement as part of the overall cycle in delivering change. The presentations and feedback from the day is attached [here](#) .

NCA&OR eBulletin's

E-bulletin's are published quarterly and provide information on the latest developments and plans for National clinical audit and outcome reviews. They also highlight the main findings from recently published reports. Copies of published e-Bulletin's are available on the Governance eManual website (see below).

Governance E-Manual website

Provides information on the NCA&OR programme along with details of Advisory Committee meetings, published reports, eBulletin's etc. In 2014, we intend placing details of Welsh representatives appointed to clinical audit steering groups and details of all LHB and Trust appointed clinical leads. Additional information will be placed on the website as it becomes available. The webpage can be accessed via the attached web link [NHS Wales Governance E-Manual Website](#) .

Standardised Assurance Mechanism

Working in collaboration with the Transparency and Mortality Group, a standardised pro-forma has been developed to enable LHBs and Trusts to provide internal and external assurance on how they are taking forward the findings and recommendations from audits and reviews. The pro-forma has also been discussed with LHBs in meetings (see below) and it is recommended all organisations use the final version to monitor how they are taking forward the findings from published reports ([see Page 15](#)). This recommendation has been passed to the Welsh Government Performance and Delivery team who in future will include consideration of the pro-forma in regular meetings with LHBs and Trusts. Organisations are additionally invited to forward copies of their completed pro-forma's to the Advisory Committee for information.

Advisory Committee visits to Health Boards and Trusts

Over the Summer/Autumn 2013, the Advisory Committee visited LHBs and Trusts to meet with Medical Directors and members of their Quality Improvement and Clinical Audit teams to discuss their performance in the NCA & OR programme and the responsibilities placed upon them in the Annual Plan. Organisations were also invited to provide their views on the role of the Advisory Committee, the development of an assurance proforma and, how to improve NHS Wales's performance in Audits and Reviews.

There was unanimous support from all LHBs and Trusts for the publication of the Annual Plan on the basis it provides clarity on what is expected and has significantly raised the profile of Clinical Audit and Outcome Reviews within organisations. The timing was also considered appropriate as almost all organisations had either recently gone through a period of change, or were in the process of doing so, to accommodate a realignment of focus on healthcare "Quality and Safety". Clinical audit and Outcome reviews were recognised as being central to this work.

In almost all organisations there was recognition that further work is required to:

- Improve mechanisms to learn from audit as part of continuous quality improvement
- Improve Executive Board knowledge and awareness of audit
- Improve mechanisms for assessing resources required
- Ensure LHBs have a clinical lead in place for all audits and reviews (although many have been appointed)
- Ensure LHB and Trust systems operate across the whole organisation i.e. encompass primary, acute and mental health services

Other issues picked up in meetings include

- a need for electronic access to relevant documentation (see link to Governance E-Manual above)
- Better alignment with 1000 Live Plus work streams wherever possible
- The need for consideration to be given to the quality of audit training

Summary

All of these activities have helped to raise the profile of national clinical audit and the outcome review programme. Feedback from meeting with LHB and Trust staff and from the Welsh Clinical Audit & Effectiveness Association has been very positive. It is recognised that more needs to be done to embed the culture whereby learning from National clinical audit and outcome reviews becomes central to the quality improvement process. We need to come to the point where GP's, clinicians, nurses, healthcare managers, Executive Boards members and others, instinctively use clinical audit and reviews as one of the principal tools for assessing and improving the quality of healthcare provided to patients.

Committee members

Prof. Peter Barrett-Lee, Medical Director, Velindre NHS Trust, **(Chair)**

Jane Ingham, CEO, Healthcare Quality Improvement Partnership

Dr Geoffrey Carroll, Medical Director, Welsh Health Specialised Services Committee

Prof. Ronan Lyons, Secure Anonymised Information Linkage (SAIL)

Dr Martin Murphy, Clinical Director, NHS Wales Informatics Service

Arlene Shenkerov, Chair, Welsh Clinical Audit & Effectiveness Association

Lynda Williams, Nurse Director, Cwm Taf LHB

Prof. John Watkins, Public Health Consultant, Public Health Wales

Andrew Phillips, Director of Therapies and Life Science, ABM UHB

Frank Mansell, Delivery & Service Unit, Public Health Wales

Dr Brendan Lloyd, Medical Director, Powys tHB

Dr Grant Duncan, Deputy Director, Healthcare Quality, Welsh Government

Janet Davies, Patient Safety Advisor, Welsh Government

Chris Dawson, Head of Adult and Children's Health, Welsh Government

Dr Heather Payne, Senior Medical Officer, Maternal & Child Health, Welsh Government

Alison Strode, Therapies & Health Science Advisor, Welsh Government

Dr Karen Gully, Senior Medical Officer, Primary Care, Welsh Government

Good Examples of Change Driven by Clinical Audit

National Audit of Dementia

The findings of the Dementia NCA in general hospital setting has been crucial in driving forward improvements in Wales. The baseline National Audit of Dementia Care in the general hospital setting (published in 2011) was timely as it came just after a number of high profile reports (in Wales and England) expressing concern about the care of vulnerable adults, particularly those with dementia. In Wales this had already been identified as an issue and a 1000 lives+ Intelligent Target had been developed with supporting "How to" implementation guides. These were stipulated for introduction to NHS Wales in 2010/11 with the Annual Operating Framework.

The results of the baseline Audit, 2010-2011, and its early findings were disseminated via a high level conference in June 2011, which was supported by the Royal College of Psychiatrists, Older Persons commissioner, Chief Nursing Officer and Welsh Government Medical Director. Following the Conference each LHB was asked to produce a local Action Plan outlining their actions to implement the recommendation of the audit report and improve the care of people with dementia whilst in hospital. Regular WebEx's and the 1000 Lives+ Improvement Unit supported LHBs in this work by focusing on aspect of the intelligent targets using change improvement methodology.

The results of the 2nd Audit published in July 2013, demonstrated the focus had engendered measurable change and improvement in most areas of dementia care in hospital (see information below), but that significant further work remains.

- 17 of the 18 eligible hospitals in Wales engaged in the most recent audit
- 14/17 had a care pathway in place or in development (4 in the first round)
- 13/17 had clinical leads for dementia (4 in the first round)
- Routine prescribed antipsychotic medication had reduced to 17% of admissions compared with 27% in the first round and PRN prescribing had reduced (case not audit)
- Hospital discharge policy had improved and more carers were receiving copies of the discharge plan (43% compared with 21% in the first round)
- Many hospitals had systems in place (10/17) to ensure all staff were aware of patients with dementia ("Butterfly" and "This is Me" model)

Shortly after publication of the latest report the Minister for Health and Social Services highlighted the findings to LHB Vice chairs and CEO's and requested they remain focussed on addressing the report recommendations. Nurse Directors have similarly been asked to take particular account of the findings by the Chief Nursing Officer.

Next steps include consideration as to how to drive and embed positive change in all NHS Wales facilities, both directly and indirectly funded, across the whole DGH and including community hospital provision and care homes.

The RCP Sentinel Stroke National Audit Programme

“There has been a very significant improvement in stroke care in Wales since 2008”

- National Sentinel Stroke Clinical Audit 2010 (round 7), page 51.

Clinical audit and outcome review is critical to continuous service improvement. Since the Royal College of Physicians Stroke Audit 2006 and the subsequent Health and Well Being and Local Government Committee inquiry into stroke services, acute stroke care has seen rapid improvement across the pathway.

As outlined in *Together for Health – Stroke Delivery Plan: A Delivery Plan for NHS Wales and its Partners*, all NHS organisations providing stroke care must now participate in all relevant clinical audits and reviews, as set out in the Welsh Government’s National Clinical Audit & Outcome Review Plan.

The Plan also places an explicit expectation on LHBs that through clinical audit, they will ensure that services are in line with national guidance and agreed referral protocols and pathways and, audit findings are used to continually improve care.

This increased emphasis on LHBs continually improving their organisational knowledge, and response, in relation to National Clinical Audit findings has led to improved planning and oversight functions at all levels of stroke care in Wales. Building on the foundations laid out through the NHS Annual Quality Framework and its stroke ‘Intelligent Targets’, and supported with an external third part in the Delivery and Support Unit, this approach has led to rapid improvements across stroke services in Wales.

This focus on continual improvement has also led to improved audit processes themselves.

Wales has now joined the Sentinel Stroke National Audit Programme (SSNAP). This is a new programme of work from the Royal College of Physicians which aims to further improve the quality of stroke care by auditing stroke services against evidence based standards. SSNAP will build on the work of the previous National Sentinel Stroke Audit and the acute Intelligent Targets within NHS Wales.

SSNAP will also provide regular, routine, reliable data to:

- Benchmark services nationally and regionally
- Monitor progress against a background of change
- Support clinicians in identifying where improvements are needed
- Empower patients to ask searching questions

This information will be used to close the gaps within Wales and between Wales and the most successful European countries.

National Diabetes Audit

NHS Wales's participation in the core "Primary Care" part of the Diabetes National Clinical Audit began some years after the audit began and Welsh GP participation rates have therefore lagged significantly behind participation rates of other participating countries. To accelerate improvement in participation rates LHBs were asked to write directly to their GP practises in 2012. This proved to be very successful and Welsh GP participation rates in Wales for the last round of the audit improved to nearly 80% of practises (100% in Powys tHB). With continued improvement we hope even more practises will participate in the 2013 round of the audit.

This is great news as the audit shortly intends to provide individual reports to every participating practise. This will enable them to assess the services they provide against those being provided in their local area and against the average being provided across the whole audit. Providing this level of useful data will hopefully persuade all Welsh GP practises to participate in the audit in the future.

The Diabetes National Clinical Audit has also developed, or is in the process of developing a number of new audit strands. The Diabetes Inpatient audit and the Diabetes Paediatric Audit have been on-going on for a number of years and Wales fully participates in both, but a Footcare Audit, Diabetes in Pregnancy Audit and a Patient Survey Audit will begin collecting information in 2014, and will provide crucial information to inform the future development of services.

Examples of Poor Levels of Participation and Change

One of the Advisory Committee main objectives is to ensure 100% participation in audits and reviews listed in the Annual Plan. Participation in itself does not guarantee service improvement, but it ensures services are assessed against recognised standards and benchmarked against those being provided locally (for some audits) and in comparison with other UK countries. Without high quality data, improvement in clinical care is unlikely to occur.

The requirement to participate in quality improvement activities is embedded within the Annual Quality Framework and through every LHB and Trust engagement in 1000 Lives Plus. The requirement is also included within Standard 6 of the Standards for Health Services in Wales. The NCAORAC also highlights the need for 100% participation in all National Audits and Patient Outcome Reviews through the publication of its annual plan.

However, recently published reports indicate we still have a long way to go to achieve 100% rates of participation.

National Heart Failure Audit (21 November 2013)

This could almost be considered a good news story in that Welsh participation (case ascertainment) levels have risen from 7% just two years ago, to 47.1% in this latest round of the audit. However, there is considerable variation in case ascertainment levels across Wales (see below) and we still lag behind the audit average

ABM	Aneurin Bevan	Betsi Cadwaladr	Hywel Dda	Cwm Taf	Cardiff & Vale
12.05%	35.92%	43.7%	61.66%	72.9%	80.4%

The increase in Welsh data has enabled the audit to publish information on Welsh services which highlights important areas for improvement in clinical practice.

National Hip Fracture Database Report (18 September 2013)

The report confirms Welsh services vary considerably, are often below the standard being achieved in the rest of the UK and indicate very little improvements in some hospitals between the 2012 and 2013 reports.

2013 UK Audit Average

Site	Admitted to orthopaedics within 4 hrs (%)	
	2012 Report	2013 Report
Wrexham Maelor Hospital	57%	71.6%
West Wales General Hospital	67%	58.2%
Withybush Hospital	67%	55.6%
Glan Clwyd Hospital	52%	53.0%
Ysbyty Gwynedd	52%	50.9%
Bronglais Hospital	38%	43.5%
Morriston Hospital	33%	32.8%
Prince Charles Hospital	Did not participate	29.1%
Neville Hall Hospital	37%	24.2%
Royal Glamorgan Hospital	23%	18.5%
University Hospital of Wales	13%	14.1%
Princess of Wales Hospital	Did not participate	13.8%
Royal Gwent Hospital	Did not participate	13.4%

Site	Surgery within 48 hours (%)	
	2012 Report	2013 Report
Glan Clwyd Hospital	87%	88.7%
West Wales General Hospital	77%	84.6%
Wrexham Maelor Hospital	83%	84.2%
Prince Charles Hospital	Did not participate	82.8%
Ysbyty Gwynedd	77%	82.4%
Neville Hall Hospital	83%	81.6%
Morriston Hospital	81%	80.4%
Royal Glamorgan Hospital	69%	76.1%
Princess of Wales Hospital	Did not participate	75.7%
Withybush Hospital	57%	74.8%
University Hospital of Wales	64%	73.2%
Royal Gwent Hospital	Did not participate	71.6%
Bronglais Hospital	57%	56.8%

Site	Falls assessment (%)	
	2012 Report	2013 Report
University Hospital of Wales	96%	99.3
Royal Glamorgan Hospital	63%	99.2
Ysbyty Gwynedd	98%	98.6
Royal Gwent Hospital	Did not participate	98.2
Wrexham Maelor Hospital	94%	96.6
West Wales General Hospital	73%	87.5
Morriston Hospital	85%	87.4
Withybush Hospital	53%	86.5
Neville Hall Hospital	73%	78.2
Princess of Wales Hospital	Did not participate	35.2
Bronglais Hospital	0%	1.2
Glan Clwyd Hospital	1%	0.0
Prince Charles Hospital	Did not participate	0.0

Across the audit the report also confirms the mean total length of time patients remain in hospital (acute + post acute) was 20 days, compared with 33.2 days in Wales. Across Wales this figure varied between 21 days and 48 days.

Cardiac Rhythm Management Audit Report (22 April 2013)

Three classes of implant device are considered in the report; Pacemakers (**PM**), Implantable defibrillators (**ICD**) and Cardiac resynchronisation devices (**CRT**).

The report confirms there is considerable variation in implantation rates across Wales, but that overall:

- There was a small decrease in the number of pacemaker implants across Wales in 2011, and the implant rate remains well below the average rate in the audit
- The ICD implant rate increased significantly and are comparable with the average rate in the audit
- There was a large increase in the CRT rate in Wales, but it remains well below the average rate

In comparison with the average across the audit, the report also confirms Wales has an older population with a greater need for implant devices.

Myocardial Ischaemia Nat. Audit Project (MINAP) report (16 Oct 2013)

Welsh participation in the nSTEMI part of the audit was poor.

The provision and timeliness of Primary PCI Wales continues to lag some way behind other nations. With PPCI rates of only 8% in North Wales, Betsi Cadwaladr University Health Board is a very significant outlier across Wales and the audit.

Across Wales, 81% of patients received all eligible medication, but there was significant variation by hospital - see table below:

RANK	SITE	Received all eligible medication (%)
1	Morrison Hospital	96.4
2	Royal Gwent Hospital	92.5
Average across the audit approx..90%		
3	Nevill Hall Hospital	84.1
4	University Hospital Wales	82.3
5	Wrexham Maelor Hospital	81.8
6	Royal Glamorgan Hospital	73.9
7	Prince Charles Hospital	69.2
=8	Bronglais Hospital	66.7
=8	Llandough Hospital	66.7
9	Glan Clwyd Hospital	65.3
10	Withybush Hospital	56
11	West Wales General Hospital	34.4
12	Prince Phillip Hospital	26.3

Future Focus

In its first two years, the Advisory Committee has focused mainly on raising the profile of clinical audit and improving participation in audits listed in the NCA&OR Plan. Whilst participation levels have improved, we still have a long way to go to achieve full participation. The Committee will therefore continue to communicate the message about the need to participate, the benefit from doing so and, will consider making recommendations for action to be taken against organisations who fail to do so.

Additionally, we must now increase our focus on learning from reports to ensure the work makes a difference to patient outcomes. The publication of the Francis report and a number of other highly critical reports has reinforced the importance of listening to our data and acting to ensure that our patients receive the best and safest care possible.

The Advisory Committee is committed to better transparency. If an organisation is underperforming, or indeed if one is performing particularly well, the Committee believes that patients in Wales have the right to know. With this in mind, the Advisory Committee fully supported the recent release of information from a number of published National clinical audits reports which has recently made available on the “My Local Health Service” website [Mylocalhealthservice \(www.wales.nhs.uk/mylocalhealthservice\)](http://www.wales.nhs.uk/mylocalhealthservice).

In the future the Advisory Committee will be working with the Healthcare Quality Improvement Partnership and officials in other countries across the UK to make information from clinical audit reports more easily available to the public. The Committee will also be supporting and encouraging better use of performance data on a range of health services, including hospital information, mortality rates, healthcare infection rates and nurse ratios.

If we are to achieve our ambition of becoming learning organisations, it is important we recognise that participation in clinical audit is not an “add on” to our day to day work, it is an essential core element for which we are all responsible.

Over the next year we will:

- Place more information from Clinical audits on “My Local Health Service”
- Publish information on LHB and Trust participation rates
- Embed audit within the National leadership structures for the improvement of services
- Consider making recommendations for actions for organisations failing to fully participate in audits and reviews listed in the Plan

NAME OF LHB / TRUST

National Clinical Audit & Outcome Review Programme

Audit / Registry Title -

LHB / Trust Clinical Lead / Champion -

Is the LHB / Trust currently participating in this audit? Yes No

If No explain why e.g. waiting for next cycle to commence etc?

If yes please complete the following table.

% of patients fitting inclusion criteria reported in current audit cycle or registry.	% of patients fitting inclusion criteria with full dataset in this audit cycle or registry.

When did this Audit last report and what were its key recommendations?

What are the key actions required of the LHB / Trust and what progress has been made against them (typically 3 – 5 key actions)?

Key Action	LHB / Trust Progress against action

How would you assess progress in relation to this Audit?

Current status	Tick Status	Status Definitions
Red		Cause for concern. No progress towards completion. Needs evidence of action being taken.
Amber		Delayed, although action is being taken to ensure progress.
Green		Progressing on schedule, evidence of progress.