Report Title:	Clinical Effectiveness Committee Bi-annual Report				Agenda Item no.	
Meeting:	Quality Safety and Experience Committee		Public	x	Meeting Date:	24th May 2024
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Executive Medical Director					
Report Author (Title):	Deputy Head of Quality Assurance / Assistant Director of Quality and Patient Safety					

Main Report
Background and current situation:

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The Health Board Clinical Effectiveness Committee was established in December 2019 and has strengthened since 2022 to ensure greater involvement from Clinical Boards, specialties and clinical audit leads. The National Clinical Audit and Outcome Review Programme is a mandated programme of 40 national clinical audits that support measurement of quality against defined evidence-based standards, national benchmarking and quality improvement. The Clinical Effectiveness Committee

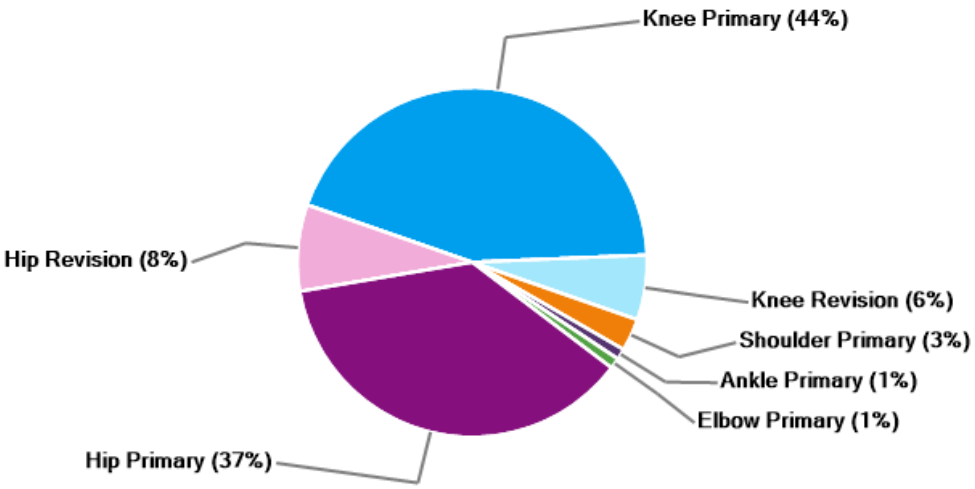
The National Joint Registry - The 20th Annual report 2023 NJR 20th Annual Report 2023.pdf (njrcentre.org.uk)

The National Joint Registry (NJR) contains details relating to over three million primary joint replacement procedures and outcomes including revision rates. The registry collects data on joint replacement outcomes and monitors the performance of these and the effectiveness of their use. A key focus of the registry is patient safety and improving clinical standards which subsequently benefits, patients, clinicians and the orthopaedics sector as a whole.

The 20th Annual NJR report presents data of clinical activity between January 2022 to December 2022, however the registry provides more prospective data and it is this that is used to explore UHB performance in the context of the national report. Each annual report provides an overview of primary and revision replacement surgery, the reason for revision, mortality after primary replacement, rates of revision and 90-day mortality after hip, knee, elbow, shoulder and ankle replacement surgery. Revision Data has identified that safety and clinical outcomes have continued to improve, which has been acknowledged through the reduction of revision surgery and 90% of primary hip replacement will still be functioning after 20 years.

NJR contains information relating to procedures undertaken in both UHL and UHW however the vast majority of activity is undertaken in UHL with over 948 procedures during the reporting period. The most common procedures being primary knee replacements (365) and then primary hip replacements (350) between April 2022 and April 2023.

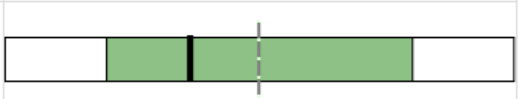
University Hospital Llandough Practice profile April 2022-April 2023:



Patient Outcomes Knee procedures UHL May 2013 -May 2023

Patient Outcomes Quality Measure	This Hospital	Patient Records Analysed	This Hospital Ratio	National Ratio	Worse than Expected / EXPECTED RANGE / NATIONAL AVERAGE / Better than Expected
90 Day Mortality: Operations May18-May23	OK As Expected	1862	1.42	1.00	
Revision Rate All Knees: Operations May13-May23	OK As Expected	5089	1.25	1.00	
Revision Rate Total Knee replacement: Operations May13-May23	OK As Expected	4198	1.35	1.00	
Revision Rate Unicondylar Knees: Operations May13-May23	OK As Expected	784	0.85	1.00	
Revision Rate All Knees: Operations May18-May23	OK As Expected	1999	1.31	1.00	

Patient Outcomes Hip UHL May 2013 -May 2023

Patient Outcomes Quality Measure	This Hospital	Patient Records Analysed	This Hospital Ratio	National Ratio	Worse than Expected / EXPECTED RANGE / NATIONAL AVERAGE / Better than Expected
90 Day Mortality: Operations May18-May23	OK As Expected	1479	0.85	1.00	
Revision Rate: Operations May13-May23	OK As Expected	4210	1.16	1.00	
Revision Rate: Operations May18-May23	OK As Expected	1660	1.21	1.00	

Cardiff and Vale Health Board revision rates for hips and knee replacement surgery exceeds the national average, however, should be caveated with the knowledge that a proportion of revisions undertaken in Cardiff and Vale are done so when the primary procedure was undertaken in other health originations. Due to clinical expertise the Health Board accepts and undertakes revision surgery for patients from surrounding Health Boards who did not received their primary procedure in Cardiff and Vale UHB. The case mix of patients receiving primary hip procedures is slightly younger than the average with 25% of patients being under 60 compared with 21% nationally and 19% of patients are severely obese compared with 13% nationally. Similar trends were noted with primary knee procedures, with 31% of patients undergoing knee surgery classed as severely obese compared with 23% nationally

Cardiff and Vales UHB has seen an improved performance in relation to hip replacement 90-day mortality which is in line with the national average.

NJR data for the past 10-year period demonstrate that local knee revision rates have remained outside the expected range when compared to national data. Although patient review outcome measures are not captured within the NJR, local data indicates that 1 in 10 patients report ongoing symptoms following their knee replacement surgery. Local surgeons are reported to have a low threshold for undertaken knee revisions for patients who continue to experience issues following their initial knee replacement surgery. In addition, poor implant choice has also been reported as a factor for increased number of knee revision surgery undertaken within Cardiff and Vale, however, the directorate has recognised this and taken steps to reduce variation in implant prothesis options. These improvements have been reflected in the previous 5-year data capture which has demonstrated that these improvements have reduced the number of knee revisions and Cardiff and Vale UHB now falls within the expected range of knee revisions when compared to the UK.

Infection prevention and control remains an area of focus and plans to reconfigure orthopaedic theatres at UHL will provide an improved environment in keeping with other orthopedic theatres nationally.

The 2023 National Audit of Inpatient Falls (NAIF) [REF-415-NAIF-2023-report_FINAL-1.pdf (hqip.org.uk)]
The National Audit of Inpatient Falls (NAIF) is a component of the Falls and Fragility Fracture Audit Programme and presents data on post-fall management and tracks performance against National Institute of Health and Care Excellence (NICE) Quality Standards.

NAIF report 4 key performance indicators which include:

1. Multi-factorial risk assessment (MFRA) prior to the fall

2. Checking the patient for injury before moving a patient
3. Using safe equipment to move patients post fall
4. Ensuring a timely medical assessment post fall

In Cardiff and Vale UHB data is as follows:

A number of workstreams are being implemented across the UHB to reduce avoidable community and inpatient falls, with three workstreams initiated. The first is the revision of the Community Falls Workstream with a multidisciplinary team progressing this work with involvement from the Local Authorities. The second is the Falls Education and Training Workstream which provides standardised training in falls prevention and post-fall management for staff, focusing on fall risk awareness and assessment and supports the implementation of actions to mitigate these risks. The final workstream is the Falls Learning Group which focuses on data analysis to provide themes and trends to inform the development of strategy, this replaces the Falls Scrutiny Panel.

In addition, work being overseen by the Falls Delivery Group includes a review of the Multifactorial Risk Assessment, a small task and finish group is being formed with representation UHB wide including pharmacy to develop a medication risk assessment for patients at high risk of falls, a review of falls sensors and a refresh of the Falls Framework to reflect ongoing work.

National Hip Fracture Database 2023 The National report. NHFD-2023-annual-report.pdf (hqip.org.uk)

The National Hip Fracture Database (NHFD) 2023 report is the 15th annual report which is designed to support local hip fracture teams to monitor and improve care to patients in recovery with hip fractures. The national audit programme collects data on all aspects of care given to hip fracture patients 60 years and over in England, Wales and Northern Ireland.

The National Hip Fracture Database key performance indicators for patients with hip fractures include:

1. Prompt admission
2. Prompt orthogeriatric review
3. Prompt surgery
4. NICE complainant surgery
5. Prompt mobilisation
6. Post-operation delirious assessment
7. Return or original residence
8. Bone protection medication

National data collection for the 2023 report illustrates that Cardiff and Vale performance for these indicators are equal to and in areas better than the UK average, as shown below.

KPI overview: UHW. University Hospital of Wales

Annualised values based on 554 cases averaged over 12 months to the end of July 2023.

0. Admission to specialist ward	1. Prompt orthogeriatric review	2. Prompt surgery	3. NICE compliant surgery
15%	91%	68%	75%
NHFD overall: 7%	NHFD overall: 86%	NHFD overall: 58%	NHFD overall: 69%

4. Prompt mobilisation	5. Not delirious post-op	6. Return to original residence	7. Bone medication
78%	54%	69%	69%
NHFD overall: 80%	NHFD overall: 64%	NHFD overall: 71%	NHFD overall: 38%

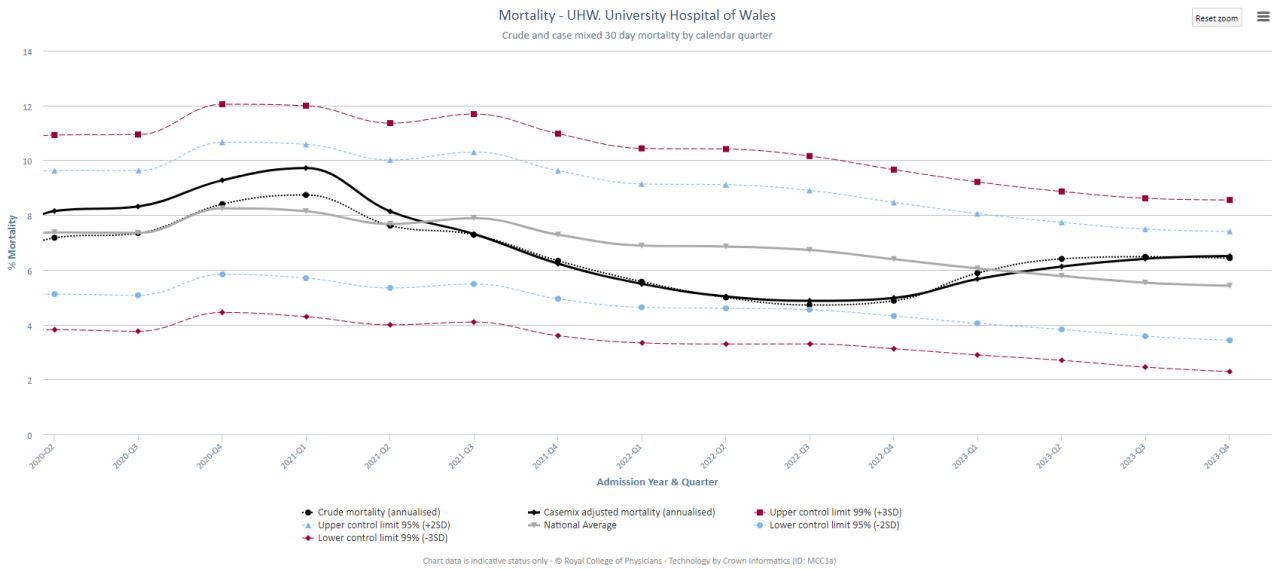
KPI overview: UHW. University Hospital of Wales

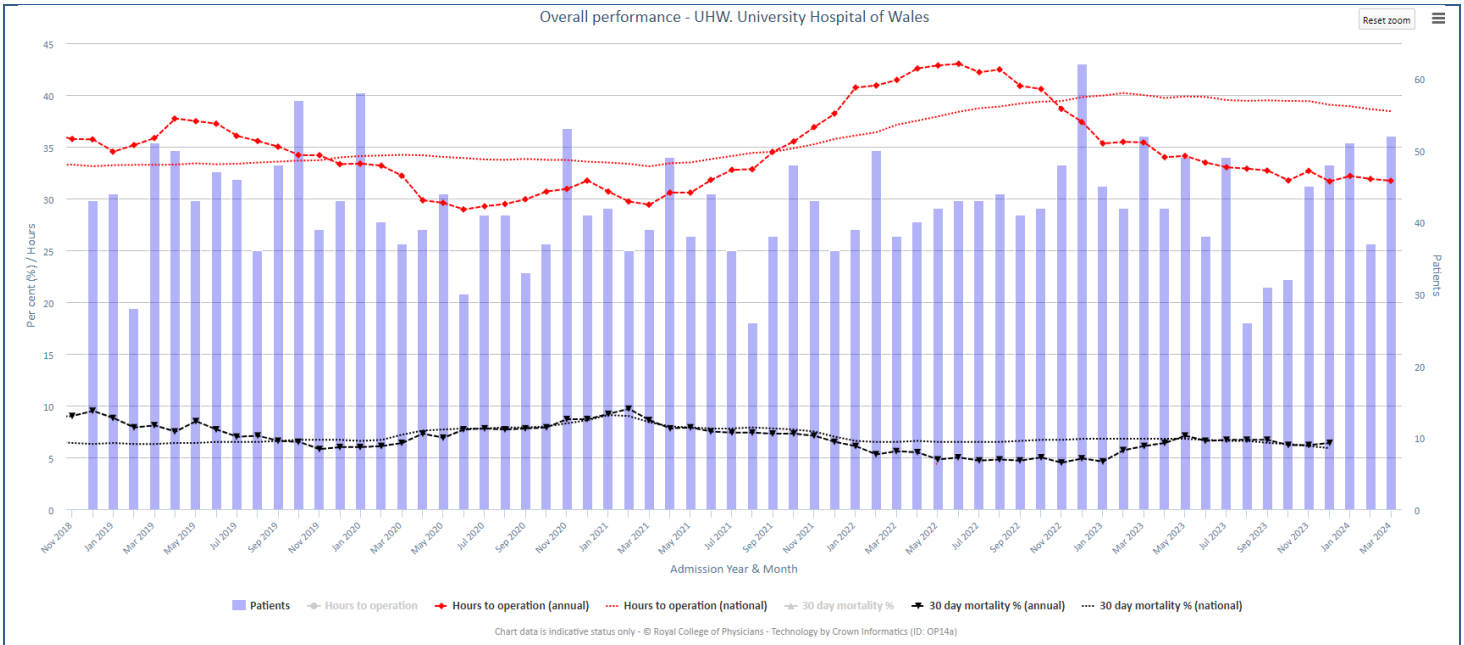
Annualised values based on 500 cases averaged over 12 months to the end of March 2024.

0. Admission to specialist ward	1. Prompt orthogeriatric review	2. Prompt surgery	3. NICE compliant surgery
42%	91%	64%	68%
NHFD overall: 9%	NHFD overall: 87%	NHFD overall: 58%	NHFD overall: 68%

4. Prompt mobilisation	5. Not delirious post-op	6. Return to original residence	7. Bone medication
84%	54%	73%	68%
NHFD overall: 81%	NHFD overall: 65%	NHFD overall: 72%	NHFD overall: 43%

Previous UHB performance relating to delivery of a nerve block and admission to a specialist ward within four hours was poor and prior to the pandemic was only achieved in 14% of patients with similar performance noted in 2023. However, in 2023 a hip fracture pathway was implemented supported by ring fenced beds and this has supported significant improvements in performance as indicated in the data to March 2024 with compliance increasing to 42%.





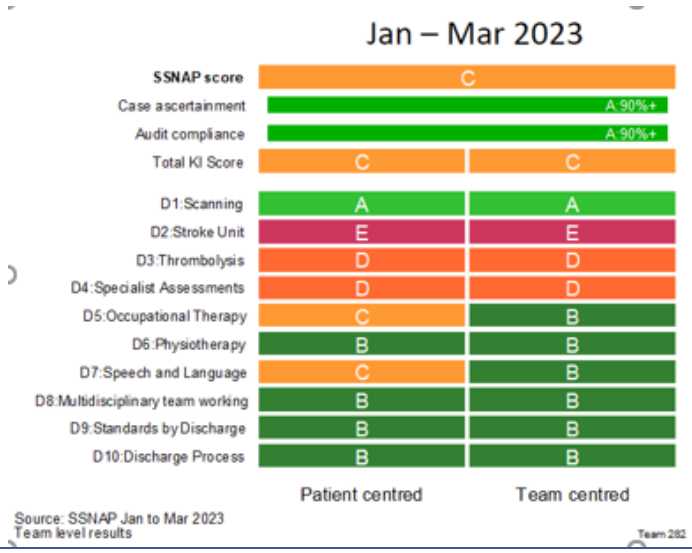
NICE guidelines recommend that surgery should take place on the day of admission to hospital or the following day. This is because it is uncomfortable, undignified and distressing to be confined to bed with a hip fracture and patients are unable to get up out of bed until they have had the operation. This recommended time for surgery may not be possible for some patients – for instance if they have medical problems which need other treatment first to make them well enough for surgery. The NHFD measures compliance with surgery under 36 hours, and since November 2022 the time to surgery has reduced below the national rates and since January 2023 UHB has achieved a monthly average time to surgery which is consistently under 36 hours.

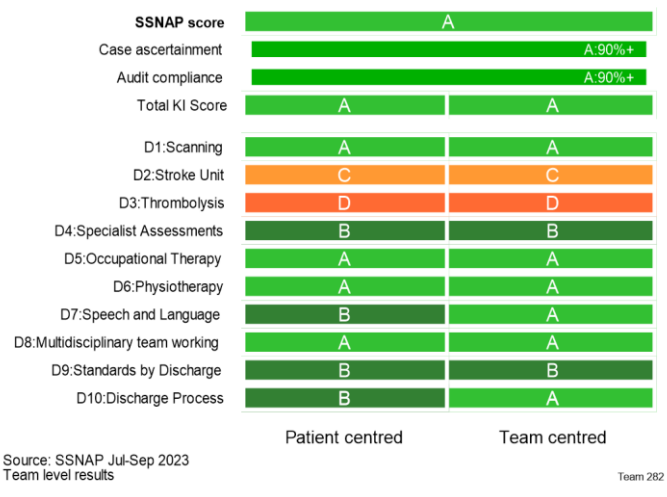
Future work is planned to enhance delirium screening post operatively for hip fracture patients and an improved bed management process for elderly and frail patients.

Sentinel Stroke National Audit Programme (SSNAP) The Road to Recovery Ninth Annual report April 2021 - March 2022 [Annual report 2023 (hqip.org.uk)]

The SSNAP is a national quality improvement programme which is aimed to measure the quality of stroke care in the NHS across England, Wales and Northern Ireland. The program measures the processes of care provided to stroke patients as well as the structure of stroke services against a number of evidence-based standards.

SSNAP reviews 10 domains of care: Results for UHW.





The development of a stroke pathway and ring-fenced stroke beds has supported ongoing quality improvement. The most recent quality data indicates an overall improvement of the SSNAP score from a C to A grade. (SSNAP grade A-B score is indicative of 'first class quality of care' and a 'good or excellent service in many aspects respectively.

The health board has recently launched two digital innovations 'Brainomix' and 'VisionableONE' and a single stroke pathway is currently under development in collaboration with the emergency unit which will be based on a new clinical model.

Cardiac Rhythm Management (Ablations and Device Implants) 2023 Summary report. National Audit of Cardiac Rhythm Management (NACRM) - NICOR

The National Audit of Cardiac Rhythm Management (CRM) collects information about all implanted cardiac devices and all patients receiving interventional procedures for the management of cardiac rhythm disorders in the UK. The audit aims to improve the care of patients who undergo pacemaker, implantable cardioverter-defibrillator (ICD), cardiac resynchronization therapy (CRT) and cardiac ablation procedures in the UK through the collection, analysis and dissemination of data relating to centres across the UK.

During 2022, over 150 ablation procedures were performed, the outcomes of these procedure were comparable to other UK originations. A total 108 simple ablations and 56 complex ablations were completed in 2021/22 and very similar rates in 2022/23. Nationally, simple ablations during the reporting period remain below the pre-pandemic rate, while complex ablations exceeded the pre-pandemic rate. The British Heart Rhythm Society (BHRS) standards recommend that ablation centers undertake a minimum of 100 ablations procedures a year.

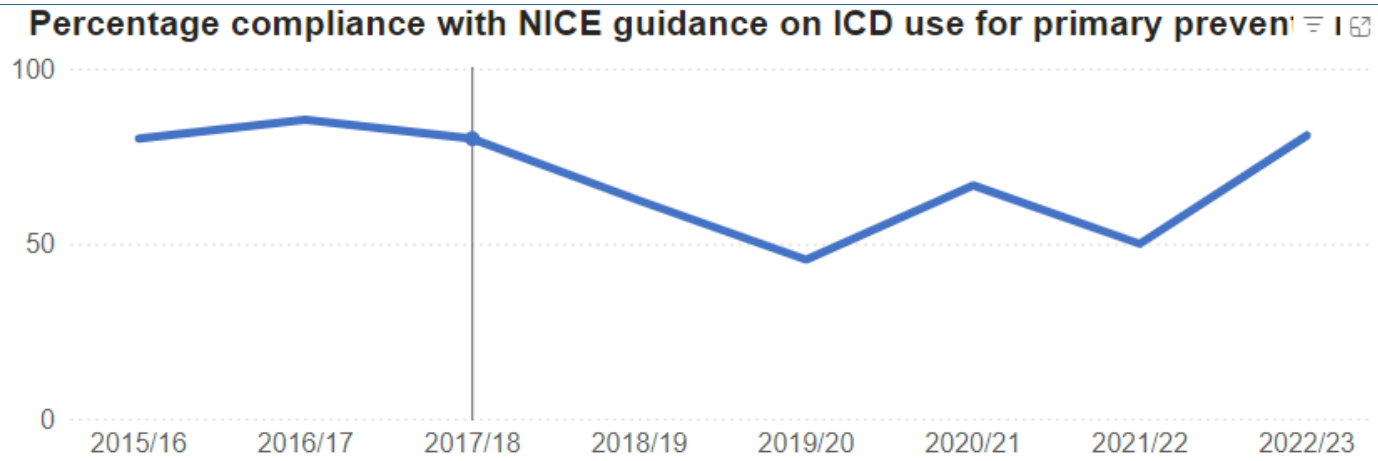
Theatre catheter laboratory availability has been limited with CaVUHB impacting the number of ablation procedures that can be undertaken, this limited laboratory availability is also impacting recruitment. As result patients continue to receive medical therapy, increasing the risk of permanent AF and reducing the viability of ablation as a future treatment.

The national audit programme has identified that re-intervention rates are low in CaVUHB when compared nationally. The health board is only able to offer ablations for patients following failing drug therapy, which is contradictory to national guidance, which advocates an ablation should be available to patient without previous medical therapy, however, this is currently not occurring in Wales.

There is a wide variation in the rate of pacemaker procedures per million across health organisations. In 2022/23 the overall rate for procedures in England and Wales was 681 procedures per million in Cardiff and Vale this was comparable with a rate of 686.93 per million.

Cardiac resynchronization therapy pacemakers are inserted at a rate of 263 procedures per million across England and Wales and this compares to 254.04 in Cardiff and Vale UHB

Implantable Cardioverter Defibrillators (ICD) are implanted at a rate of 106 per million in England and Wales while in Cardiff and Vale exceeds this rate with 166.65 procedures per million in 2022/23. NICE guidance recommends that an implantable cardioverter defibrillator (ICD) should be implanted for primary prevention when a patient is deemed at risk but has not yet suffered a cardiac arrest that could be life threatening. The NICOR audit target for compliance is 80% and average national compliance is 50%. The UHB increased from 50% compliance in 2021/22 to 80.95% in 2022/23.



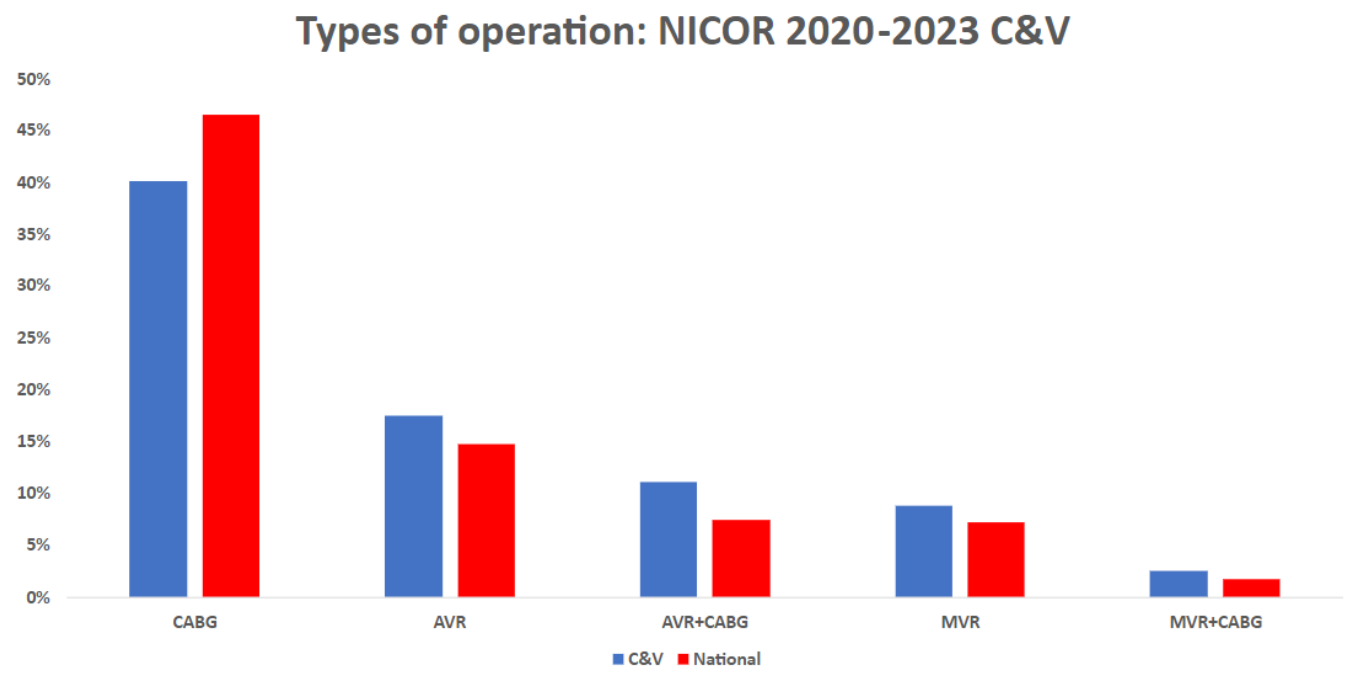
Percentage compliance with NICE guidance on ICD use for primary prevention by hospital (2022/23)

National Audit of Adult Cardiac Surgery (NACSA)- [National Adult Cardiac Surgery summary report 2023]

Adult Cardiac Surgery includes all procedures performed on patients aged 18 or over that involve the heart or structures attached to the heart. For the purposes of this Audit we report on operations that involve surgically opening the chest wall and usually the pericardium (the sac around the heart). The most common of these procedures are: Coronary Artery Bypass Grafts (CABG), Valve surgery, operations on the Thoracic Aorta, or a combination of these.

The NACSA Audit looks at all procedures undertaken in NHS cardiac surgery centers in the UK, as well as six private hospitals and one from the Republic of Ireland over a three-year period, between 1st April 2019 to 31st March 2022**.** This provides an overview of the state of cardiac surgery in the UK during this timeframe (such as activity and trends), as well as reporting on several Quality measures.

The 2023 report contains data from the period 2020-2023 and includes 1397 Cardiff and Vale UHB submissions. EuroSCORE risk stratification figures consistently demonstrate that patients operated on at Cardiff and Vale are a higher risk cohort when compared to national averages. The UHB has continued to be well above average in terms of risk adjusted in-hospital survival rates. In addition, the UHB performed better than average in terms of mortality after elective and urgent CABG procedures recording no deaths during this three-year period. Re-opening rates following isolated CABG were significantly lower at Cardiff and Vale compared with the national average.



No Cerebral Vascular Accident's (strokes) 's or Transient Ischaemic Attacks (TIA) were noted in the post-operative period for patients undergoing CABG surgery within the UHB. Post-operative complications after CABG were also lower than national averages. Waiting times for elective and urgent CABG procedures have reduced during the last three years, however, the waiting time is still above that recommended, however, this issue is not unique to Cardiff and Vale. Fragility of service delivery is impacted by numbers of cancellations due to infrastructure and resource issues (theatre availability, ITU bed capacity, staffing and limited ward beds) and that MDT time available is currently inadequate for the complexity of the service provided.

Myocardial Ischaemia National Audit Project - Myocardial Ischaemia Report 2022

The Myocardial Ischaemia National Audit Project (MINAP) measures the timeliness of primary percutaneous coronary interventions (PPCI) as a treatment for higher risk heart attacks (STEMI), angiography for lower risk heart attacks (NSTEMI) , the provision of specialist cardiac care and compliance with prescribing recommendations and referral to rehabilitation.

286 NSTEMI heart attacks and 477 STEMI heart attacks were treated and included in 2022/23 national audit which translates to a rate of 157.07 per 100 000 population for the UHB.

To achieve the best possible outcomes a patient should receive a PPCI as quickly as possible. Call to balloon time relates to the length of time from calling ambulance services to starting the PPCI procedure and door to balloon time relates to time from arrival at a heart attack center to commencing the procedure. Door to balloon time (DTB) should not exceed 90 minutes and should ideally be less than 60 minutes. The UHB mean time was 48 minutes and 28.29% of patients exceeded the 90-minute target. However, Call to Balloon time (CTB) exceeded the national target of 150 minutes with the UHB mean time being 176 minutes and

International guidelines states that patients presenting with NSTEMI should undergo an angiography imaging prior to discharge and ideally within 72 hours of admission. 11.74% of patients did not receive angiography before discharge in 2022/23 in the UHB.

After a heart attack all patients should undergo an investigation to evaluate their left ventricular function, this is most commonly performed by echocardiography. In Cardiff and Vale this 86.79% of patients are appropriately assessed, below the 90% target

National Heart Failure Audit **National Heart Failure Audit (NHFA) - NICOR**

The National Heart Failure Audit measure performance across a number of metrics including, specialist care provision, prescribing and follow up and rehabilitation in 2022/23.

Cardiff recorded an admission rate 94.3 per 100 000 of population in 2022/23 with rates nationally varying from 40 to 146 per 100 000 population.

49.10 % of patients admitted to UHW with heart failure were admitted to cardiology wards below the target of 60% and 68.6% of patients were seen a specialist heart failure team compared with the target of 80%

Nationally only 51% of hospitals achieved the standard of 90% of their patients having echocardiograpy during admission, in Cardiff this was achieved in 73.9% of patients.

All patients regardless of age should be considered for treatment with disease modifying drugs and Cardiff exceeded the target for effective prescribing of these medications, with the exception of prescribing of mineral corticoid receptors where the organsiation did not achieve the 90% standard.

Case ascertainment for the National Heart Failure Audit fell in 2022/23 and the focus in 2024 is to achieve 80 % compliance with this measure to allow the organsiation to use this data effectively.

National Audit of Care at the End of Life (NACEL) - Care at the End of Life 2022/2023

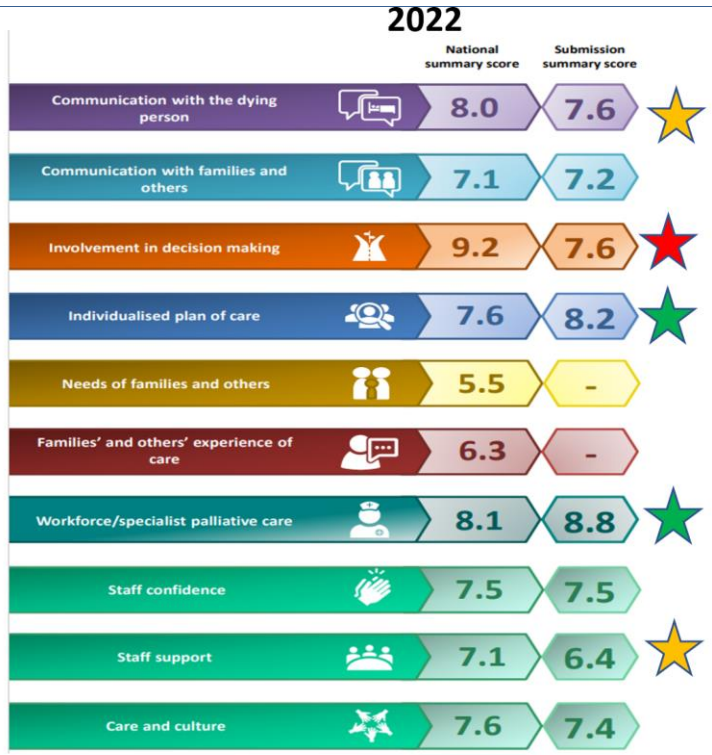
This report sets out the findings of the fourth round of NACEL which took place in 2022. Where possible, the results are compared to previous findings from round three (2021) and round two (2019).
The audit comprised:

- an Organisational Level Audit covering hospital/site 2021/22;
- a Case Note Review (CNR) which reviewed either:
- 25 consecutive deaths between 1st April 2022 and 14th April 2022 and 25 consecutive deaths between 9th May 2022 and 22nd May 2022 for acute providers

The audit included two categories of deaths:

- Category 1: It was recognised that the patient may die.
- Category 2: The patient was not expected to die, however clinical staff were not surprised
- a Quality Survey (QS) completed online, or by telephone, by the bereaved person; and
- a Staff Reported Measure (SRM), completed online.

Data for all elements of the audit was collected between June and October 2022.



The possibility that the patient may die within the next few hours/days was recognised in 87% of cases audited nationally, consistent with 2021. The median time from recognition of dying to death was recorded as 47 hours (41 hours in 2019), providing a greater opportunity to realise individual wishes for end of life care.

The documentation of conversations with the dying person and with their family nationally remained similar to results in 2021 and pre-pandemic levels. The UHB results demonstrated an improved performance against communication with the family from 2021 and similar performance around communication with the family.

Involving the patients in decision about their care is an important factor in end of life care and is generally well documented nationally, however UHB documentation fell below the national standard and results had deteriorated since the 2021 audit.

Nationality 76% of patients had documented evidence of individualized plans of care, however evidence of advance care planning across the patient population was poor. The UHB demonstrated improved performance around documentation of individualized care plans since 2021 and exceeded national performance in the 2022 audit with 82% of patients having documented plans.

NACEL data has identified improvements in some of the key elements of the audit from the previous year. Cardiff and Vale UHB are planning to work through a number of improvements this coming year to continue to drive further improvements, these include:

- Continue to improve compliance of the symptoms early warning scores and the All Wales care cecisions for the last days of life
- Continue to drive further compliance of the All Wales DNACPR policy and documentation
- Maintain adequate workforce
- Increase the number of training sessions to improve End of Life Care for healthcare professionals across the organisation
- Aim to re-establish the role of Treatment Escalation Plans.

National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - National Confidential Inquiry into Suicide and Safety in Mental Health 2024 report

The NCISH database includes a national case series of suicide by patients under the care of mental health services over more than 26 years, with an overall aim of improving safety for all mental health patients. The NCISH collects data from 10 key elements

National the 2024 report identified that there were 69,420 suicides in the general population in the UK between 2011 and 2021, an average of 6,311 deaths per year. The rate of suicide decreased by 4% in the UK in 2020 and 2021, the first years of the COVID-19 pandemic, compared to 2019. The decrease was particularly seen in men.

Nationally there is a concern about the safety of mental health in-patient services and to address this health services must focus on 10 standards:

Within Cardiff and Vale UHB acute mental health in-patient service are as follows:

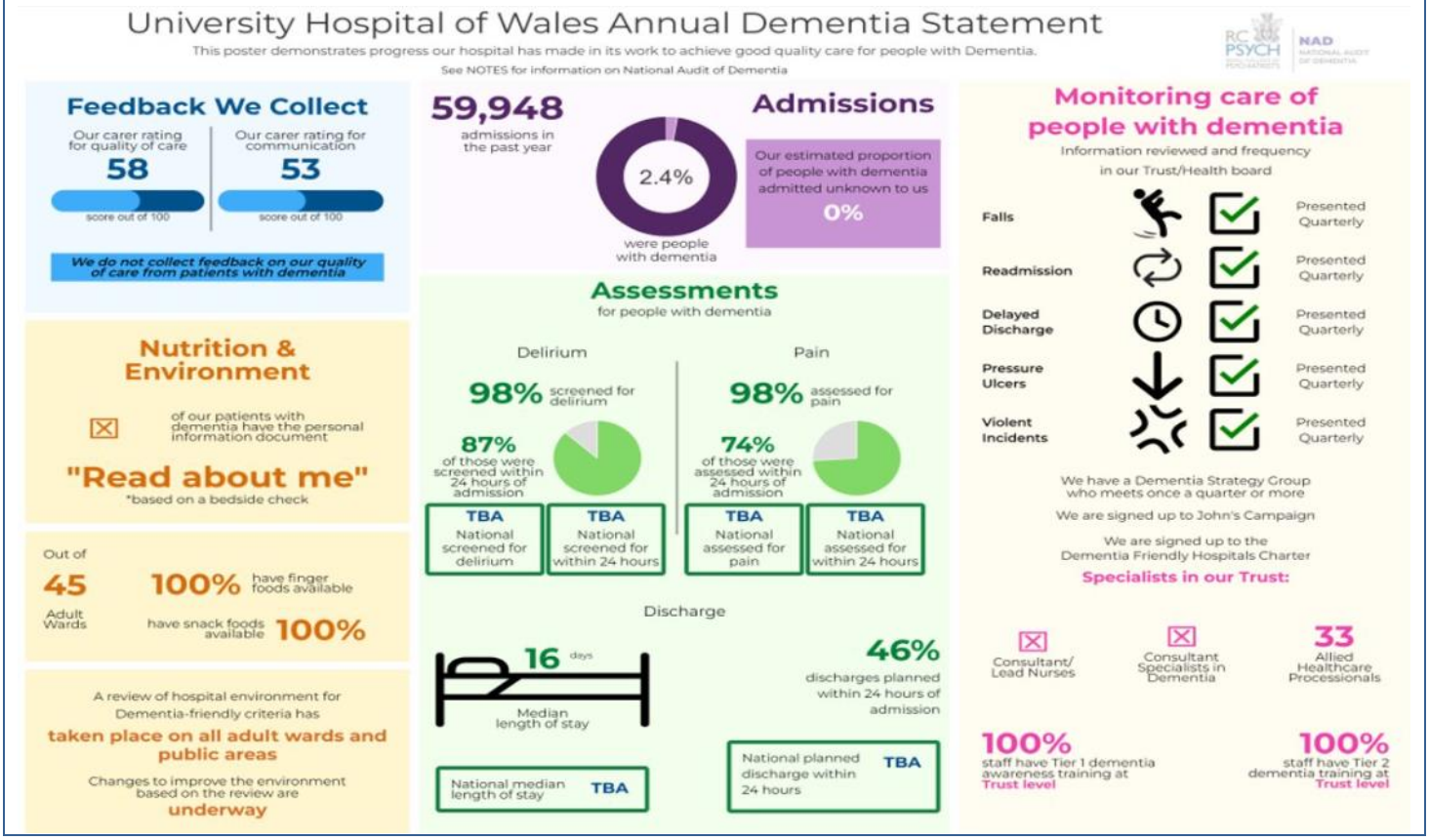
Standard	Achievements	Opportunities
Safer wards	• Yearly ligature audits • Bespoke purpose-built unit • Operational policy to be ratified in Jan 2024 • CCTV and TDSI access at entry and exit points • AWOL policy in place (agreed with SWP) • Extensive Recovery College and inpatient activity programme	• Options appraisal to improve safety of the environment • Strategy and policy for the Lived Experience Team in development • "Safe Wards" approach to be refreshed
Early follow up on discharge (72 hours)	• Practice in place • CRHTTs are configured to support Early Discharge • Initial stages of the development of the PFD (preparing for discharge) 5-day course starting Jan	• Discharge Policy being updated • Paris report not consistent with practice • Variance across localities in practice • Quality Improvement project led by the Recovery College new year to improve discharge pathway
No out of area admissions	• Patient Flow Manager appointed • Daily bed management meetings • Weekly review of delays chaired by DDON • Mind Housing Project	• Section 140 policy in development • OOA bed management policy in development • Demand outstrips capacity
24-hr Crisis Teams	• First 24hr Crisis Service in Wales (enhanced by CRU and CH)	• MHCB have an established CRHTT but does not have practitioner psychologist as part of its MDT • Further work on ensuring that assessments are fully biopsychosocial
Family involvement	• All (probable) suicides are reviewed as per NHS Exec policy • Working towards SIRAN accreditation • First Welsh member of Royal College of Psychiatry accreditation body Siran • WARRN and SAMT training • Solace Carers Support • Dementia CNS and Care Advisors for Inpatient. Advocating for the needs for Carers	• Improve family engagement core action on the CB improvement plan • Ambition for a Carers Lead for Adult Services • Alignment of priorities with Carers forum and MHCB

Standard	Achievements	Opportunities
Guidance on depression	• Patient Safety and Quality team of the UHB issue compliance surveys to relevant clinical boards to report on NCG using AMAT • Local psychological therapies management committee and Health Pathways in PCIC • Interpersonal Therapy (IPT) for depression in addition to CBT. Accessed via PMHSS • GP-Health Pathways software system to refer on. This includes all available services	• PICU - Refresh Health Pathways. Reduced accessed since Covid. Review of whether software in situ. • Last audit date unknown. Opportunity to revisit compliance statement (Nice Guidelines 222). P & PT Lead to requested this from AMAT Lead
Personalised risk management	• WARRN- Dec 2022 Mandated for all MH staff. Form 4 switched off April 23 • SAMT Training to prioritised areas in MHCB • Refresher SAMT training offered • Supervision offered for staff using SAMT	• Quality audit being devised • Plan to widen roll-out to non-prioritised areas. Project to be finalised before wider roll out to non-prioritised areas within MHCB • SAMT not mandated for staff. This may affect engagement with the tool • Limited number of SAMT trainers to deliver training and support • Cardiff have not opted into national Person-Centred Safety Planning project with NHS Exec • Embedding Risk assessment into practice (focus groups/review of approach) • Cultural change of Risk management approach
Outreach Team	• Current service provision rehabilitation focus • 7 day a week service • Some meds support offered	• Service re-design has prioritised recovery ethos over the outreach approach
Low staff turnover	• Development of new roles • Grow your own development programme • Improvement in stability of the workforce. Reduction in agency use • Proactive approach by People Services to follow up leavers and embed learning • Releasing Time to Care on Cedar to improve patient and staff experience and efficiency • Support programme for newly qualified staff including robust mentorship programme • Monthly newly Qualified support sessions • Development of Wellbeing Hub • Development of Ciss and Tim support sessions • Staff Rotation Programme • Enhanced supervision structures • Increased choice of shift patterns • CAAPS (Clinical Associate Applied Psychologists) on the wards. To start January • Trauma Informed Package (TIP) Modules for Nursing Staff (Nurses use this in 1:1 with patients) • Appointed to Consultant Psychologist for Treatment Wards	• Planning, development, efficiency and productivity workstream ongoing • Areas to be identified for Releasing Time to Care
Reducing drug and alcohol misuse	• Existing referral pathways in place for Adult Acute Inpatient/CMHTs to CAU Dual Diagnosis Team • Ongoing work to re-establish Dual Diagnosis Steering Group for Directorate to further develop joint working and monitor performance against targets • Buvidal Psychological Support Service 2-year pilot	• Development of Dual Diagnosis Protocol to be launched May 2024 • New annual training programme for Directorate • CAU from February 2024 will provide Motivational Interviewing training to MH staff • Integration of CAU Psychology Team management role with Dual Diagnosis Team to provide strategic direction and oversight to the service • Buvidal Psychological Support Service funded ends March 25

National Audit of Dementia (NAD) – [National Audit of Dementia Round 5 2022-20223]

The National Audit of Dementia (NAD) measures the performance of general hospitals in England and Wales against standards relating to care delivery which are known to impact people with dementia while in hospital.

Standards are derived from national and professional guidance, including NICE Quality Standards and guidance, the Dementia Friendly Hospitals Charter, and reports from the Alzheimer's Society, Age Concern and Royal Colleges. Standards are updated for every round of audit.



National Vascular Registry (NVR) - State of the national report 2023

The National Vascular Registry (NVR) was established in 2013 to measure the quality and outcomes of care for adult patients who undergo major vascular procedures in NHS hospitals, and to support vascular services to improve the quality of care for these patients.

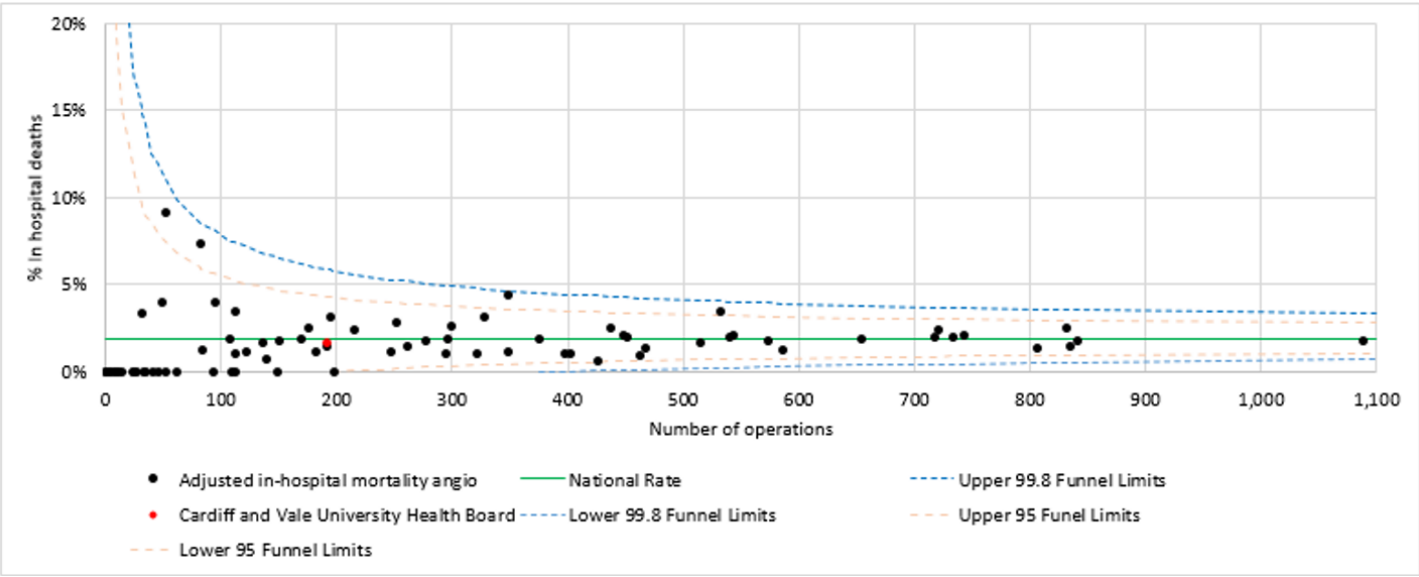
This State of the Nation report for 2023 publishes information on emergency (non-elective) and elective procedures for the following patient groups:

1. patients with peripheral arterial disease (PAD) who undergo either (a) lower limb angioplasty/stent, (b) lower limb bypass surgery, or (c) lower limb amputation
2. patients who have a repair procedure for abdominal aortic aneurysm (AAA)
3. patients who undergo carotid endarterectomy or carotid stenting.

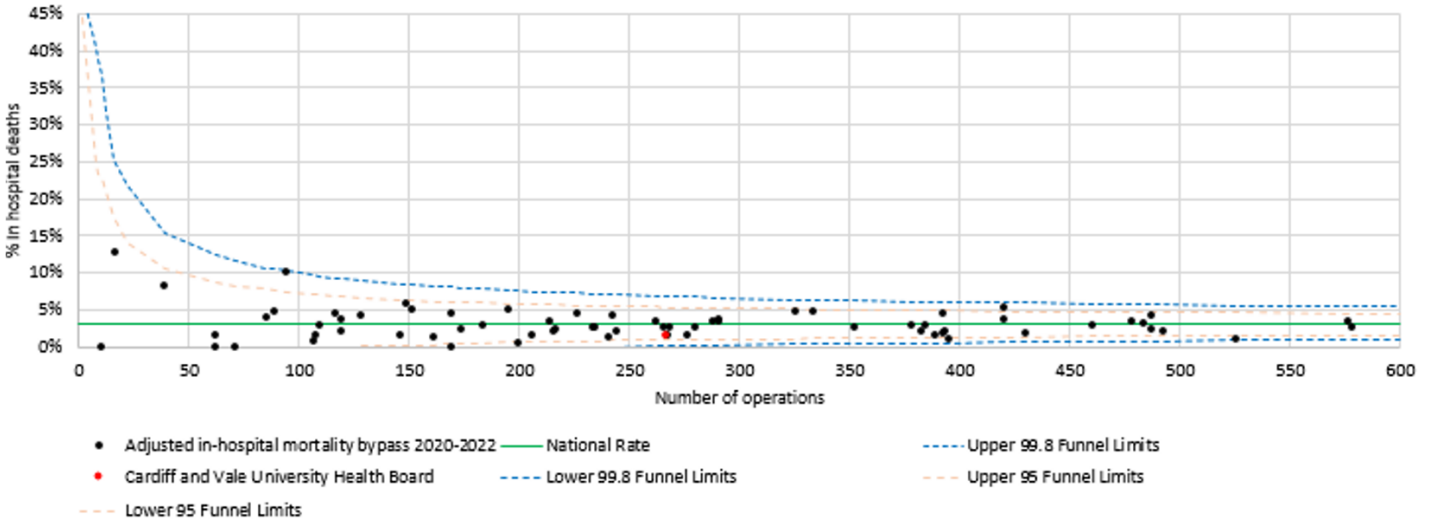
At Cardiff and Vale University Health Board overall performance is in line with other national institutions across the UK. For 89% of amputation cases a consultant was present in theatre which exceeds that of the national average of 74%. However, the number of patients treated via day case surgery for angioplasty cases is currently 6%, nationally 61% of angioplasty patients are treated as day cases.

Peripheral arterial disease (PAD) of the lower limbs causes a range of symptoms extending from lifestyle restrictions due to intermittent claudication, to potential limb loss because of limited blood flow in the lower limb arteries. The proportion of patients revascularized within 5 days was 51% in 2022 and similar performance locally with 52% of patients seen within this time scale. 119 Angioplasty cases were undertaken and recorded on the national vascular registry for 2022, the UHB adjusted in hospital mortality rate was 1.5% compared to a national rate of 1.9% and the 30 day readmission rate was 19% compared to a national rate of 10.7%. The UHB undertook 130 bypasses that were recorded on the NVR and recorded an adjusted mortality rate of 1.6% compared to a national rate of 3.0% and a 30 day readmission rate of 12% compared to a national rate of 11.6%

Angioplasty Mortality

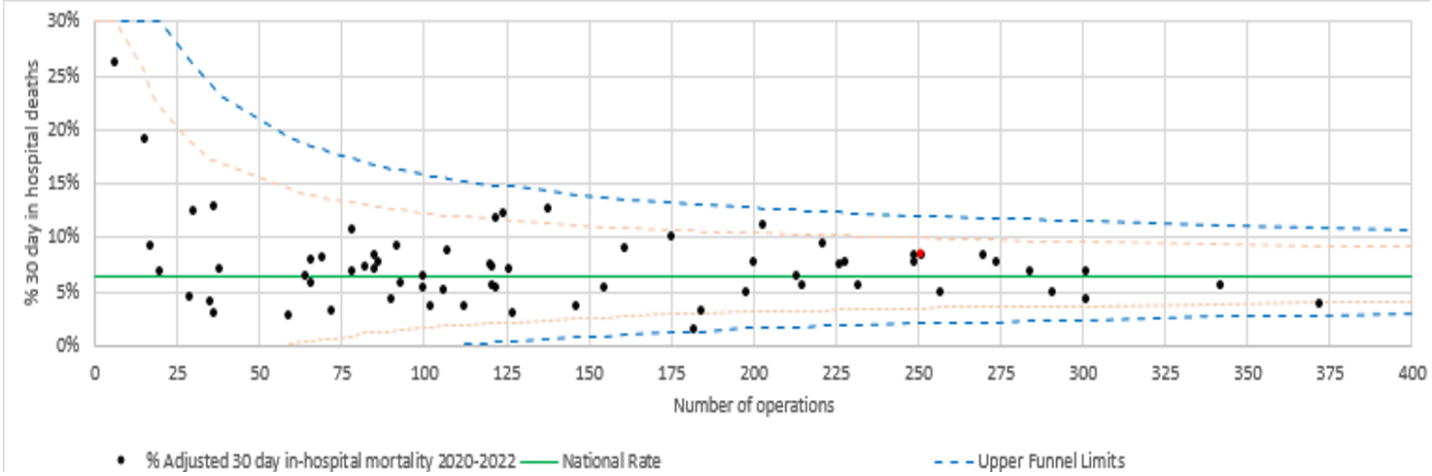


Bypass Mortality



The National Vascular Registry identifies that 84% of amputations are undertaken as non-elective admissions. All patients undergoing major amputation should be admitted in a timely fashion to a recognized arterial center with agrees protocol and units should aim to have an above knee (AKA) : below knee (BKA) amputation rate of below one. The UHB median time from assessment to procedure for non-elective admissions was 10 days, above the national average of 8 days. The overall AKA;BKA ratio nationally was 0.89 and locally 0.58. Prophylactic antibiotics were administered in 10% of patients locally and a consultant was present in theatre in 89%of cases compared to 74% nationally adjusted 30 day in hospital mortality was 8.4% compared to 6.5% nationally.

Amputation Mortality



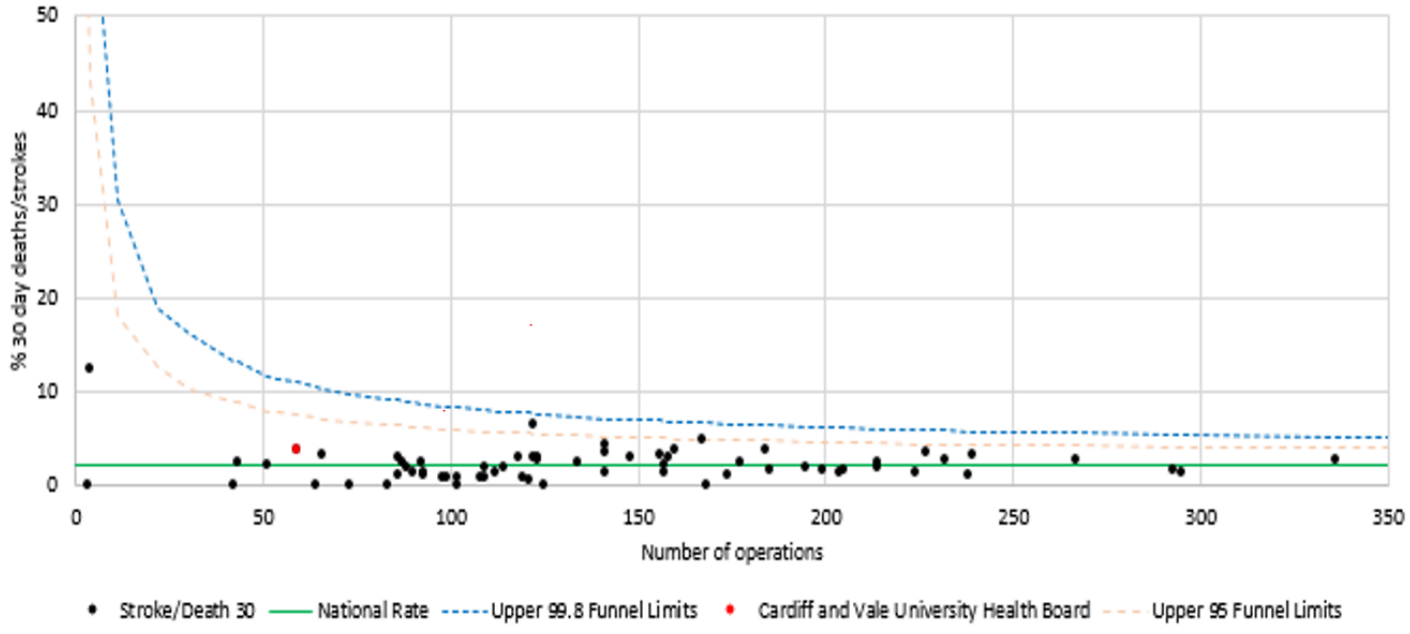
The Vascular Society Abdominal Aortic Aneurysm Quality Improvement Framework established a number of standards for preoperative assessment of patients undergoing AAA repair. Median time from assessment to repair was 12 days locally compared with 8 nationally and only 12% of patients had surgery within 8 weeks compared with 32% nationally. Adjusted In hospital mortality was 1.9% in line the national rate of 1.4%.

In 2022, most patients treated in NHS vascular units for aortic aneurysms received care consistent with the standards:

Metric	Report Year	Trust	Quartile	National
% patients with date of assessment	2021	93%	2	90%
	2022	100%	4	92%
	2023	97%	3	93%
% patients with anaesthetic review	2021	93%	1	97%
	2022	100%	4	97%
	2023	97%	2	97%
% patients undergoing pre-op CT/MR angiogram assessmen	2021	92%	2	91%
	2022	100%	4	92%
	2023	97%	3	94%
%patients discussed at MDT	2021	93%	3	86%
	2022	92%	3	87%
	2023	97%	4	88%

In the UK, around 3,000-4,000 patients undergo a carotid endarterectomy (CEA) each year to remove plaque that has built up within the carotid arteries (the main vessels that supply blood to the brain, head and neck). In 2022, a total of 3,257 carotid endarterectomies (CEAs) were entered onto the NVR. Patients with symptomatic carotid disease should be treated within 14 days, this was achieved for 52% nationally compared with 72%. The median time from initial symptoms to undergoing surgery was 14 days nationally and 12 locally. The adjusted stroke and or mortality rate within 30 days of the procedure demonstrates a rate 3.8% locally compared to 2.1% nationally.

Carotid Endarterectomy Morbidity and Mortality



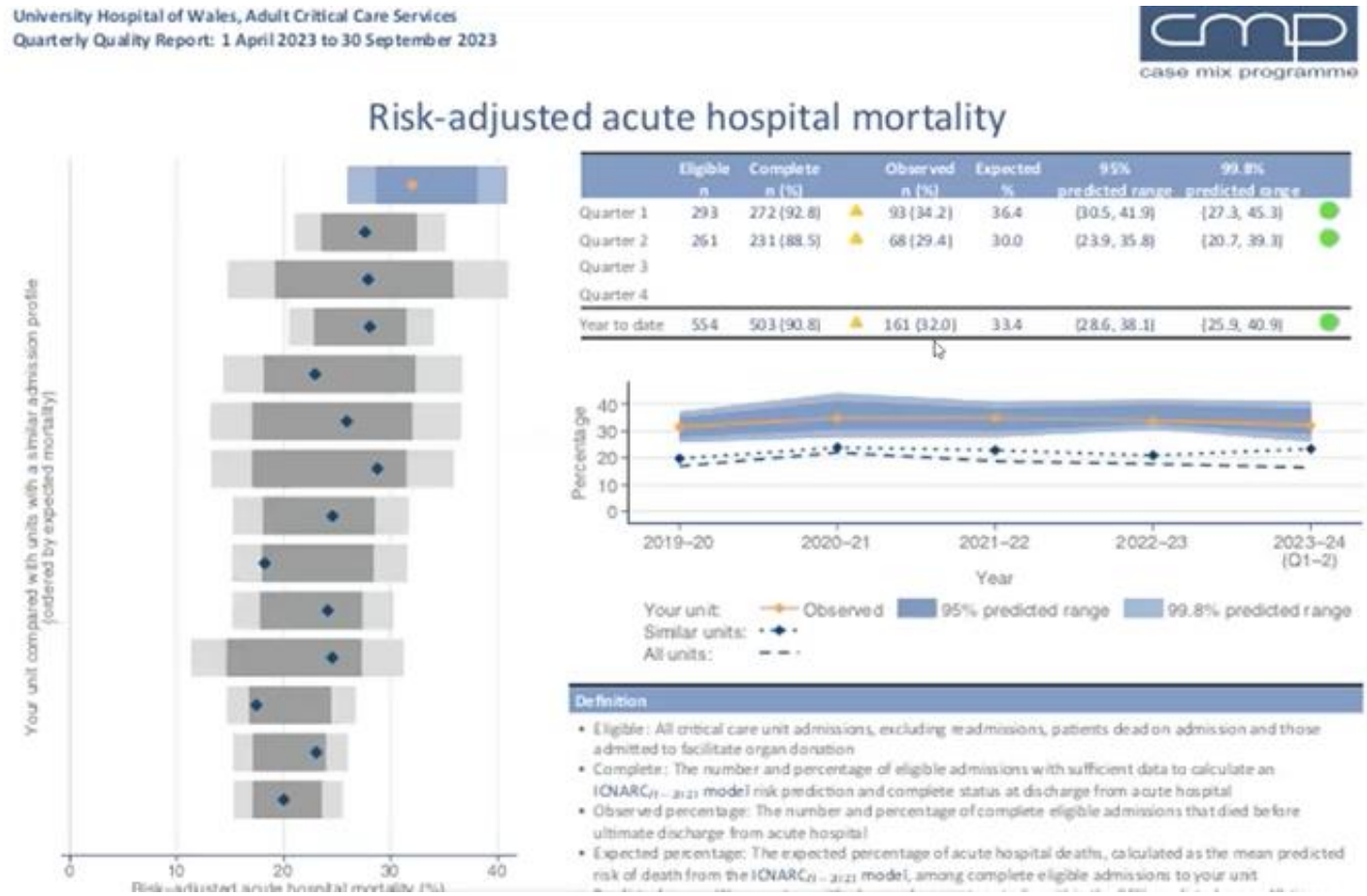
Limited operating theatre time and bed capacity are impacting the timeliness of service provision and in response a business case has been developed to support the development of a hybrid theatre unit.

The Intensive Care National Audit and Research Centre ICNARC

The Intensive Care National collects data from patients who are likely to become, currently are or are recovering from being critically ill. ICNARC supports clinicians to identify best care for patients by facilitating improvements in the structure, processes, outcomes and experiences of critical care. ICNARC will data on all patients that are admitted to the intensive care unit and require patients

physiological score which predicts a risk of death, co-morbidities, diagnosis, data is collected for the durations of a patient's length of stay. Data is shared to organisations quarterly.

Cardiff and Vale UHB ICU Data is currently compared to 15 similar units across the UK and is comparable to that of other centers across the UK. The predicted mortality rate for the UHB Intensive care unit is very high, as the UHB does not include patients cared for in the Post Anaesthetics Care Unit who are lower risk, within its data which therefore this increases the acuity and complexity of the UHB Case mix. Only 2% of patients admitted in Cardiff are as a result of elective surgery compared to 11.9% nationally and 61.4% of patients admitted as mechanical ventilation compared with 51.4% nationally. Cardiff Mortality rates are within the 95% predicted range and the observed mortality rate of 34.2% is just below the expected rate of 36.4%.



ICNARC data has also identified a high proportion of patients are currently being discharged after 5pm when compared to other units, Cardiff and Vale UHB currently recognise the operational and bed management pressures which are currently impacting this.

Data collection for ICNARC is a current concern within Cardiff and Vale UHB due to the volume of data required by the national audit programme, presently and data is purely paper based and requires extensive medical oversight.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

- National Joint registry continues to demonstrate revision rates above the national average but this is in part because the organisations undertakes revision on patients whose primary procedures have been undertaken elsewhere. Work has been undertaken to standardise prothesis which is resulting in a reduction in knee revision rates

- National Audit of Inpatient Falls – key performance indicators are consistently above the national rate and work is underway across the UHB to improve recognition and mitigation of inpatient falls risks.
- National Hip Fracture Database- improvements in the timeliness of admission to a specialist ward and undergoing surgery have been observed in 2023. Prompt orthogeriatric review has remained very high, exceeding national rates. Mortality associated with hip fracture reduced below the national rate in 2021 but increased above this rate in 2023 although it remains with the 95% confidence interval.
- Sentinel Stroke Audit program- The UHB SSNAP performance increased from a C rating to a in 2023 with wide spread improvements noted. Thrombolysis rates remain below the national rate, however the introduction of Brainomix and the development of a single stroke pathway will support improvements.
- The Cardiac Rhythm Audit – This audit provide oversight of ablation procedures and implantable devices across the UHB.
- Cardiac Surgery Audit – Reopening rates are below the national rates along with post-operative complication rates.
- MINAP- heart attack performance is outline in this audit with door to balloon time noted to be well below the national rate and below the target set by NICOR. Call to balloon time however exceed the target for timely care.
- Heart Failure Audit-49.1% of patients included in the audit data were admitted to a cardiac ward and 68.6% were seen by a specialist cardiac team, both of these indicators fall below the required standard.
- The national audit of care at the end of life illustrates improvements since the previous audit in 2021 with communication and care planning, however performance around involving the patient in decisions around their care was seen to deteriorate.
- The National confidential inquiry into suicide and safety in mental health units makes broad recommendations, and oversight of the Health Board approach to delving these recommendations is detailed.
- The National Vascular registry notes that rates of revascularisation in peripheral arterial disease occurred at similar rates to UK performance and mortality associated with this procedure is in line with national rates. The time from assessment to surgery for patients undergoing lower limb amputation exceed national rates and adjusted 30 day in hospital mortality was 8.4% compared to 6.5% nationally. Time from assessment to surgery for repair of aortic aneurysms exceeds national rates and adjusted mortality is in line with national rates.
- The ICNARC intensive care audit demonstrates variation in intensive care casemix for the national average and the expected range for mortality is very high as a result. Adjusted mortality is within the expected range and is below the expected rate.

Recommendation:

The Board / Committee are requested to: **NOTE** the Headline data and some of the areas of improvements covered in the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care	

		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes/No

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: Yes/No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: Yes/No

The Socio Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES
(If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No

Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.
Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)
(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No	
If appropriate, has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made. *(If this has been addressed in the main body of the report, please confirm)*	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date: