Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
8th December 2021

TITLE	**Clinical Effectiveness and National Audit Review Group (CENARG) Annual Report 2020/21**
EXECUTIVE SUMMARY	This Annual Report provides a summary of the key developments and achievements in relation to the Clinical Effectiveness and National Audit Review Group from April 2020-March 2021.
The Council is asked to:	Receive the report
Submitted by:	Andrea Lewis, Chief Nurse
Date:	December 2021
Decision:	Discussion

NHS
Ashford and
St. Peter's Hospitals
NHS Foundation Trust

Quality of Care Committee

23rd September 2021

AGENDA ITEM NUMBER	75 / 2021	
TITLE OF PAPER	CENARG Annual Report 2020/21	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
None		
STRATEGIC OBJECTIVE(S):		
Quality of Care	√	Clinical effectiveness is pivotal to informing and changing practice.
People	√	Knowledge is derived from research, clinical experience and patient experience to achieve optimum outcomes for patients.
Modern Healthcare	√	Implementing the latest evidence based practice.
Digital	√	Local and national audits align with the Digital Strategy.
Collaborate	√	Collaborating through national audits is key to learning and improvement.
EXECUTIVE SUMMARY		
	This Annual Report provides a summary of the key developments and achievements in relation to the Clinical Effectiveness and National Audit Review Group from April 2020-March 2021. A new Head of Clinical Effectiveness started in role in September 2020, the previous post holder had left in July 2020. During 2020/2021 the majority of national audit work was paused due to the COVID-19 pandemic and the need to focus on frontline care. For this reason, it was also necessary to cancel a number of the CENARG meetings. The Quality Priorities for Clinical Effectiveness are detailed in Section 3, two of these were met in 2020/2021. Again, these were impacted by COVID-19 as improvement work was paused. These priorities have been revised for 2021/2022 and work around learning from deaths is being overseen by a working group. Compliance with NICE guidance (section 5) is an area under review with respect to any outstanding guidance at the time of the restructure and centralisation of governance in June 2021.	

	National audit programmes have now resumed and the aims for next year are in Section 6, with the 2021/22 Forward Plan shown in Appendix 2. The forward plan is a working document as timescales for audits and publications can change across time.
RECOMMENDATION:	Receive
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	Yes
Patient impact	Yes
Employee	Yes
Other stakeholder	Yes
Equality & diversity	Yes
Finance	-
Legal	-
Link to Board Assurance Framework Principle Risk	Learning from Deaths links to BAF risk 1.1
AUTHOR NAME/ROLE	Yvonne Jones, Head of Clinical Effectiveness on behalf of Dr Melinda Brazier, Chair of CENARG.
PRESENTED BY DIRECTOR NAME/ROLE	Yvonne Jones, Head of Clinical Effectiveness
DATE	30/7/21
COMMITTEE ACTION	Receive for assurance.

1.0 Background and Governance

There were no changes to the membership or Committee Terms of Reference during the year. Two meetings were held during 2020/21, chaired by Dr Melinda Brazier, Consultant Anaesthetist. The April and June 2020 meetings were cancelled due to COVID wave 1 response. The August meeting was cancelled due to there being no Head of Clinical Effectiveness in post. After successfully restarting the meetings in November 2020, they had to be paused again with the cancelling of the January 2021 meeting due to COVID wave 2. Unfortunately, despite otherwise good attendance the March 2021 meeting did not have representation from Women's Health and Paediatrics. The terms of reference and membership are currently being revised to reflect the centralisation of governance.

Table 1: CENARG meeting schedule and attendance

Date	2020-21	2019-20	2018-19	2017-18	2016-17
April / May	cancelled	5 non-quorate	9	7 non-quorate	10
June/July	cancelled	8	9	12	7 non-quorate
Aug/Sept	cancelled	8	7	10	8 non-quorate
Nov/Dec	8	12	5 non-quorate	6 non-quorate	10
Jan/Feb	cancelled	12	5 non-quorate	5 non-quorate	8 non-quorate
March	10 non-quorate	-	-	5 non-quorate	Audit Event

The Governance of CENARG is through reporting to the Safety and Quality Committee and Board. It was proposed that the newly formed Clinical Guidelines Group would report into CENARG and the draft Terms of Reference for the group were reviewed by CENARG in November 2020.

2.0 Strategic Working in Line with the National Agenda

The national clinical effectiveness scope includes the following key areas:

- NHS Benchmarking
- National Confidential Enquiry into Patient Outcomes and Deaths (NCEPOD)
- The National Clinical Audit of Patient Outcomes Programme (NCAPOP)
- Clinical Services Quality Measures (CSQM) which are composite measures of how well a service is performing.
- National Institute for Health and Care Excellence (NICE)
- Seven Day Services (7DS) National Programme
- Intensive Care National Audit and Research Committee (ICNARC)
- Healthcare Quality Improvement (HQIP) national audit programmes
- Care Quality Commission (CQC)

Each year the Committee oversees a new annual work plan for clinical effectiveness and a summary of this is in Appendix 2.

The above programmes are governed through various forums at ASPH, including CENARG. In recent years CENARG has focussed particularly on national audits and confidential enquiries, as well as priority local audits. Care Quality Commission compliance is monitored through the Divisional and Regulatory governance programmes. Next year is an opportunity to determine how national clinical effectiveness programmes can be further embedded into the organisation including alignment with local initiatives already underway.

3.0 Trust Strategy and our Clinical Effectiveness Quality Priorities

At the start of 2018/19, the Trust launched its 5 year strategy for 2018 – 2023 which sets out our transformational vision – *to provide outstanding experience and best outcome for patients* and the team.

To achieve this vision our Quality of Care pillar is to create a learning organisation and culture of continuous improvement to reduce repeated harms and improve patient experience. Our performance against the clinical effectiveness Quality Account priorities are as below.

Table 2: Performance against Quality Account priorities

	Priority 2 Clinical Effectiveness – learning from deaths and addressing episodes of poor care	20/21	19/20	Grey shading for 2019/20 represents a new or modified measure so no comparison rating is shown. A tick represents achievement of the measure while a cross indicates that it has not been achieved
2.1	**By the end of Q4 100% of applicable deaths will receive a timely structured judgement review (SJR) per the Mortality Committee approved selection criteria.**	✗	✗	This target has proved challenging due to our multidisciplinary reviewers being focussed on frontline clinical care due to COVID-19. Reviews are undertaken in arrears, with performance at the end of Q3 2020/2021 at 47%. This will continue to be a priority improvement area next year.
2.2	**Through the new Harms Free Care Team and Strategy reduce hospital acquired harms of Category 2 Pressure Ulcers by 5% and Category 3 by 75%, reduce Falls with moderate or severe harm by 10%, reduce Catheter Associated Urinary Tract Infections (CAUTI) by 3%, that preventable Hospital Associated Thrombosis (HAT) are less than 10% of all cases of HATs and that 85% of Malnutrition Universal Screening Tools (MUST) are completed within 48 hours of admission.**	✗		The Trust target for the reduction of hospital acquired category 2 pressure ulcers by 5% and category 3 and/'or unstageable pressure ulcers has not been met in 2020/2021. The prevalence of pressure ulcers in patients with COVID-19 was a factor.
		✓		The reduction in falls with moderate or severe harm by 10% has been met.
				The reduction of CAUTI by 3% was not measured during 2020/2021 due to other priorities during the pandemic.
				The data for preventable hospital associated thrombosis is not available at present. This is in part because cases are reviewed in arrears, however contributing to this is a back log for review due to a clinical focus during the COVID-19 pandemic.
		✓		The target of 85% of MUST completed within 48 hours was met in 2020/2021.

2.3	**Through the Medical Examiner role and associated team improve the bereavement pathway with all hospital deaths being reviewed within 2 working days**			The Medical Examiner role proved invaluable during the COVID-19 pandemic to ensure timely issuing of the death certificates. Measurement against the national performance indicator of review by a medical examiner within 72hours was measured with overall performance for 2020/21 at 78%. In Q1 there was only one Medical Examiner in post and 40% of deaths were scrutinised but once the team were fully established in Q4 99% of deaths were reviewed.

4.0 Learning and improvements from audits

The Annual Quality Account is the key statutory document reported to the Trust's stakeholders and it outlines our key achievements in National Audits, National Confidential Enquiries and local audits. On 28th March 2020 NHS England informed NHS Trusts that all national audit, confidential enquiries, and national joint registry data could be suspended. However, data collection for the child health database and MBRRACE-UK- perinatal surveillance data should continue. In response to this, some of the national audit providers suspended data collection completely and others made contribution of data optional as long as it did not impact clinical care.

The Trust was able to continue to participate in a number of audits where data collection was discretionary.

A summary of our 2020/21 performance and key learning and improvement in these areas is shown in Appendix 1.

The Clinical Audit Awareness Week (CAAW) planned for November 2020 had to be postponed with a view to hold it early in 2021 however the decision was then taken to cancel it and explore other options.

5.0 Assurance over implementation of NICE publications

Each Division self-assesses against their monitoring plans for NICE Technology Appraisals, Guidelines, and Interventional Procedures.

The implementation of Technology Appraisal Guidance is mandatory for achievement within three months' of publication and this is supported by the Pharmacy Team. Other guidance issued by NICE[1] is not mandatory but provides evidence of best practice. Some clinical guidelines and quality standards take considerable time to review and implement owing to their complexity. Interventional procedures (IPs) are not mandatory. New medicines are reviewed at the Drugs and Therapeutics Committee (DTC) to assess governance, safety and training issues before they are used in the Trust.

During 2021/2021 the system for monitoring implementation of NICE guidance (guidelines, technical appraisals, etc.) was that CENARG monitors updates from each Division, and each Division should maintain tracking summaries of how the guidance has been clinically reviewed.

Table 3: NICE guidance compliance reviews during 2020/21

Division	Documents issued in 2020/21	Resolved	Compliance status of outstanding publications
MES	47	43 (91%)	2x guidelines circulated to Endocrinologists NG28 Management of Type 2 & NG17 management of type 1 diabetes, both still outstanding.

[1] NICE National Institute for Health and Care Excellence: www.nice.org.uk

			2x guidelines circulated to the Cardiologists, CG147 peripheral artery disease and MTG52 diagnosis of arrhythmias, both need to be updated
DTC	4	4 (100%)	Compliance all updated
GS-ACT	34	31 (91%)	NG104 pancreatitis sent to Upper GI, CG147 (listed above) also sent to Vascular surgeons for comment. NG159 COVID critical care rapid guidance – needs comment from CCU
SSM	25	20 (80%)	5x guidelines still need to be reviewed: CG173 neuropathic pain sent to Pain Consultant, NG59 low back pain and CG177 osteoarthritis sent to Orthopaedic lead. TA678 chronic rhinosinusitis sent to the ENT team. NG167 COVID 19 rapid for autoimmune, inflammatory and metabolic bone disorders out for Rheumatology comment.
Total (excl WHP)	110	97 (88%)	No documented plan from WHP

Table 4: NICE guidance compliance reviews from 2019/20

Division	Documents issued in 2019/20	Resolved	Compliance status of publications
MES	49	49 (100%)	Compliance all updated
DTC	6	6 (100%)	Compliance all updated
GS-ACT	27	24 (88%)	NG148 ICU/Urology comment needed regarding AKI prevention, detection & management. 2x colorectal cancer guidelines QS20 & NG51 still outstanding
SSM	15	15 (100%)	Compliance all updated
WHP	25	1	Only 1x response recorded on the WH&P monitoring plan
Total Total excl WHP	122 97	93 (76%) 92 (95%)	Lack of update of monitoring plan from WHP

It was highlighted at the November 2020 CENARG meeting that the WHP NICE Compliance plan for 2020/21 needed updating. Verbal assurance was given that monthly governance meetings had continued as usual, and the Divisional Governance Manager had distributed guidance as appropriate. Changes had been made to some maternity policies as a result of COVID rapid action guidance.

Further assurance however is needed to ensure that we have documented compliance with all NICE guidance relevant to WHP services for this time period. Work on a retrospective review has been commenced which will be supported and overseen by the Clinical Effectiveness Team.

6.0 Aims and Forward Plan for 2021/2022

The Trust Clinical Audit Forward Programme for 2021/22 is included in Appendix 2.

- Previously feedback from CENARG had been that the group face some constraints including competing priorities limiting attendance at meetings, and reduced resource applied to clinical audit in some areas. New approaches to committee meetings are being considered however attendance at the meetings appears to have benefited from the move to being held virtually on MS Teams and this will continue.
- Ways to further harmonise the approach to clinical effectiveness with the wider Trust quality improvement and quality assurance work streams are being explored, including a focus on sharing learning about clinical outcomes. Work has begun on an online audit gallery to showcase completed audits. This was prompted by the cancellation of the clinical audit awareness week (CAAW) in 2020 but will provide a year-round opportunity to celebrate our audit work alongside future CAAWs. The audit gallery will be part of a 'knowledge hub' that will include QI projects, research and a repository of articles written by Trust staff.
- Monitoring delivery of the annual health records audits and audits of the consent process, including adapting our audit tool once we move to a fully electronic record.

- NICE guidance compliance has been recorded on Datix from April 2021, this will allow for easier reporting and recording of evidence and actions than the previous spreadsheets. Whilst the facility to record audits on Datix was developed this has not been introduced to practice yet as the team have been looking at superior software options that would allow for electronic capture of audit data and a full audit library.

Appendix 1: Participation and learning from national clinical audits, national confidential enquiries and local audits

The Trust submitted data to 31 national audits in 2020/2021. The table below details the applicable national audits and includes the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.(DNP indicates did not participate; not applicable means procedure not performed at the Trust).

Table 5: National clinical audits and national confidential enquiries completed

National clinical audits and national confidential enquiries with participation rate	Percentage of cases submitted	
National audits **(A shaded box indicates no national data being collected)**	**2019/20**	**2020/21**
British Association of Urological Surgeons (BAUS) Cystectomy Refer to http://www.baus.org.uk/patients/surgical_outcomes/	Not applicable	Not applicable
British Association of Urological Surgeons (BAUS) Nephrectomy Refer to http://www.baus.org.uk/patients/surgical_outcomes/	100%	Suspended
British Association of Urological Surgeons (BAUS) Percutaneous Nephrolithotomy Refer to http://www.baus.org.uk/patients/surgical_outcomes/	100%	Suspended
British Association of Urological Surgeons (BAUS) Radical Prostatectomy Data submitted via the Royal Surrey County Hospital http://www.baus.org.uk/patients/surgical_outcomes/	Not applicable	Not applicable
British Association of Urological Surgeons (BAUS) Urethroplasty Refer to http://www.baus.org.uk/patients/surgical_outcomes/	Not applicable	Not applicable
British Association of Urological Surgeons (BAUS) Female Stress Urinary Incontinence Refer to http://www.baus.org.uk/patients/surgical_outcomes/	Not applicable	Not applicable
Case Mix Programme **Intensive Care National Audit and Research Centre (ICNARC) Case Mix Programme (CMP).** Refer to https://www.icnarc.org/Our-Audit/Audits/Cmp/About	100%	100%
Child Health Clinical Outcome Review Programme NCEPOD https://www.ncepod.org.uk/transition.html		On hold
Cleft Registry and Audit Network (CRANE) Royal College of Surgeons		Not applicable
Inflammatory Bowel Disease Inflammatory Bowel Disease (IBD) Biological Therapies Programme. Managed by The Royal College of Physicians for the IBD Registry. Refer to www.rcplondon.ac.uk/ ibd https://ibdregistry.org.uk	100%	100%
Learning Disability Mortality Review Programme (LeDeR) Refer to http://www.bristol.ac.uk/sps/leder/. The programme involves reviewing treatment of patients with a learning disability who die in hospital	100%	100%

Major Trauma 2020 quality account list **Managed by The Trauma Audit and Research Network (TARN)** Refer to www.tarn.ac.uk/	100%	100%
Mandatory Surveillance of HCAI Refer to Public Health England: https://www.gov.uk	100%	100%
Maternal, Newborn and Infants Clinical Outcome Review Programme – Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK). Managed by The National Perinatal Epidemiology Unit, University of Oxford. Refer to www.npeu.ox.ac.uk/mbrrace-uk	100%	100%
National Audit of Adult Asthma – National Asthma and COPD Audit Programme (NACAP) – https://www.nacap.org.uk/	100%	100%
National Adult Diabetes Inpatient Audit – National Adult Diabetes Inpatient Audit (NaDIA) https://digital.nhs.uk.	100%	Suspended
National Paediatric Diabetes Audit http://npda-results.rcpch.ac.uk/unit-data.aspx	100%	Suspended
National Audit of Breast Cancer in Older People https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/	100%	100%
National Audit of Cardiac Rehabilitation (NACR) https://digital.nhs.uk	100%	100%
National Audit of Care at the End of Life (NACEL) Refer to: NHS Benchmarking Network http://www.nhsbenchmarking.nhs.uk/nacel	100%	Suspended
National Audit of Inpatient Falls Falls and Fragility Fracture Audit Programme run by the Royal College of Physicians. Refer to www.rcplondon.ac.uk/	100%	100%
National Audit of Pulmonary Hypertension NHS Digital Ashford and St. Peter's Hospitals is not a centre for pulmonary hypertension		Not applicable
National Bariatric Surgery Registry (NBSR) British Obesity and Metabolic Surgery Society (BOMSS). Refer to http://www.bomss.org.uk/	100%	100%
National Cardiac Arrest Audit National Cardiac Arrest Audit (NCAA). The NCAA is a national audit of in-hospital cardiac arrest which is a joint initiative between The Resuscitation Council (UK) and The Intensive Care National Audit and Research Centre. Refer to https://ncaa.icnarc.org	100%	100%
National Cardiac Audit Programme (NCAP) Run by the National Institute for Cardiovascular Outcomes Research (NICOR). www.ucl.ac.uk/nicor 2 of the 6 audits are not applicable to this Trust: Adult Cardiac Surgery and Congenital Heart Disease. Details on the 4 programmes participated in are below.		

NCAP Cardiac Rhythm Management (CRM) Audit National Institute for Cardiovascular Outcomes Research (NICOR). Refer to www.ucl.ac.uk/nicor	99%	100%
NCAP Acute Coronary Syndrome (Heart Attack) Acute Coronary Syndrome or Acute Myocardial Infarction in the Myocardial Ischaemia National Audit Project (MINAP). Managed by The National Institute for Cardiovascular Outcomes Research (NICOR). Refer to https://www.nicor.org.uk/	75%	100%
NCAP National Heart Failure Audit National Heart Failure Audit. Managed by The National Institute for Cardiovascular Outcomes Research (NICOR). Refer to www.ucl.ac.uk/nicor/audits/heartfailure	100%	100%
NCAP Primary Coronary Intervention Primary Coronary Intervention (PCI) National Audit. Managed by The National Institute for Cardiovascular Outcomes Research. (NICOR). http://www.ucl.ac.uk/nicor/audits/adultpercutaneous/documents/annual-reports	100%	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Managed by The Royal College of Physicians. Refer to www.rcplondon.ac.uk/COPD	100%	100%
National Clinical Audit of Seizures and Epilepsies for Children and Young People Epilepsy 12 Refer to: www.hqip.org.uk/ and https://www.rcpch.ac.uk	100%	100%
National Clinical Audit of Psychosis (NCAP) Refer to https://www.rcpsych.ac.uk/	10	10
National Clinical Audit of Seizures and Epilepsies for Children and Young People Epilepsy 12 Refer to: www.hqip.org.uk/ and https://www.rcpch.ac.uk	100%	100%
National Audit of Rheumatoid and Early Inflammatory Arthritis (NEIAA) Refer to: https://www.rheumatology.org.uk	39%	Suspended
National Diabetes Audit National Diabetes Audit (NDA). www.digital.nhs.uk	100%	Suspended
National Elective Surgery PROMS – Hip Replacement National Elective Surgery Patient Reported Outcome Measures (PROMs) for Hip Replacement. For all procedures provisional data is available. www.digital.nhs.uk *Elective surgery was much reduced in 2020/2021 due to COVID-19 pandemic response	355 cases	137 cases
National Elective Surgery PROMS – Knee Replacement National Elective Surgery Patient Reported Outcome Measures (PROMs) for Knee Replacement. www.digital.nhs.uk For all procedures provisional data is available. *Elective surgery was much reduced in 2020/2021 due to COVID-19 pandemic response	323 cases	115 cases
National Emergency Laparotomy Audit National Emergency Laparotomy Audit (NELA). Refer to www.hqip.org.uk/	100%	100%
National Hip Fracture Database - Falls and Fragility Fracture Audit Programme (FFAP) Audits the care that patients with fragility fractures and inpatient falls receive in hospital. Refer to www.nhfd.co.uk/	100%	100%
National Hip Fracture Database - Falls and Fragility Fracture Audit Programme (FFAP) Fracture liaison services aim to reduce the risk of people having further fragility fractures. https://www.fffap.org.uk/fls/flsweb.nsf	100%	100%
National Joint Registry Data National Joint Registry data collection on hip, knee, ankle, elbow and shoulder joint replacements. Refer to www.njrcentre.org.uk	96%	97%

Neonatal Intensive and Special Care Audit Neonatal Intensive and Special Care Audit Programme (NNAP) managed by The Royal College of Paediatrics and Child Health. Refer to www.rcpch.ac.uk/nnap	100%	100%
National Lung Cancer Audit National Lung Cancer Audit (NLCA). Managed by The Royal College of Physicians. Refer to https://www.rcplondon.ac.uk/resources/national-lung-cancer-audit	100%	Suspended
National Mortality Case Record Review Programme Data for end of Q3 (December) as per timescale for structured judgement reviews. Refer to https://www.rcplondon.ac.uk	69%	46%
National Ophthalmology Audit Royal College of Ophthalmologists. The Service does not participate (DNP) in this audit. https://www.rcophth.ac.uk/standards-publications-research/national- ophthalmology-database/	DNP	DNP
National Paediatric Diabetes Audit (NPDA) https://www.rcpch.ac.uk/	100%	100%
National Prostate Cancer Audit Submitted on behalf of the Trust by Royal Surrey County Hospital who treats patients with radiotherapy, brachytherapy, and prostate surgery. Refer to www.npca.org.uk	Not applicable	Not applicable
National Smoking Cessation Audit British Thoracic Society (BTS). https://www.brit-thoracic.org.uk/quality-improvement/clinical-audit/national-smoking-cessation-audit-2019/		Suspended
National Vascular Registry National Vascular Registry (NVR) is a national clinical audit commissioned by The Health Quality Improvement Partnership. Refer to www.vsqip.org.uk	100%	100%

Neonatal Intensive and Special Care Audit Neonatal Intensive and Special Care Audit Programme (NNAP) managed by The Royal College of Paediatrics and Child Health. All cases are submitted to the audit by downloading from the patient record system used in neonatal units. Refer to www.rcpch.ac.uk/nnap	100%	100%
Neurosurgical National Audit Programme Society of British Neurosurgeons		Not Applicable
Perioperative Quality Improvement Programme (PQIP) Royal college of Anaesthetists. https://pqip.org.uk/	100%	Suspended
Sentinel Stroke Sentinel Stroke National Audit Programme (SSNAP). Refer to www.strokeaudit.org	100%	100%
Serious Hazards of Transfusion (SHOT) UK National Haemovigilance Scheme. Refer to https://www.shotuk.org/	100%	100%
Society of Medicine Benchmarking Audit (SAMBA) Registered for this audit for 2020/21. Refer to: https://www.acutemedicine.org.uk/new/samba19/	0%	Delayed data collection
Seven Day Hospital Services Refer to: https://www.england.nhs.uk/seven-day-hospital-services/	100%	100%
Surgical Site Infection Surveillance Service – mandatory orthopaedic audits The audits run from Jan-March each year. Refer to: **Public Health England** https://www.gov.uk	100%	100%
UK Cystic Fibrosis Registry Services provided in London and Frimley Park Hospital Refer to: https://www.cysticfibrosis.org.uk/the-work-we-do/uk-cf-registry	Not Applicable	Not Applicable

UK Registry of Endocrine and Thyroid Surgery Service not provided at ASPH	Not Applicable	Not Applicable

National clinical audits reviewed

The reports of 37 national clinical audits were reviewed by Ashford and St. Peter's Hospitals NHS Foundation Trust in the 12 months ending 31 March 2021 and the Trust intends to take the following actions to improve the quality of healthcare provided, as outlined in the table below. Note that not all the national audit reports were available during the 2020/2021 period and a selection of some of our results with improvement work is shown below.

Table 6: Review of national clinical audits

National clinical audits reviewed with improvement actions
National Audit of inpatient falls This is part of the Falls and Fragility Fracture Audit Programme run by the Royal College of Physicians. This audit collects data on patients who fell as an inpatient and suffered a hip fracture as a result. Results for 2020 were reviewed and actions include ensuring nursing staff record lying and standing blood pressures and ensuring data captures all falls. The result for our hospital indicated an average wait of 5.2 hours before commencing hip fracture care which is lower than the national average, but the target is <4 hours. Work has been instigated with the Ortho-geriatrician team to consider how this figure can be improved.
National Joint Registry (NJR) A decision has been taken to submit quality data to NJR on a quarterly rather than annual basis. This is so that any discrepancies between the procedure recorded and the record entered onto NJR can be reconciled in a more timely manner.
National Asthma and COPD Audit Programme (NACAP) The report showed reduced compliance with peak flow monitoring with 83% of patients having peak flow measured on admission. After the learning was shared, an audit to monitor ongoing compliance was commenced but had to be paused due to the COVID-19 surge response. The audit has now been restarted. The COPD audit results highlighted poor compliance with the hospital discharge bundle, six elements of good care that should be carried out before discharge. This was felt to be due to lack of documentation rather than that this care wasn't being delivered. A business case is being produced to recruit a respiratory nurse specialist role to improve care in this area. Documentation of the discharge bundle will be aided by the introduction of the electronic patient record in late 2021.

The reports of two national confidential enquiries were reviewed by Ashford and St. Peter's Hospitals NHS Foundation Trust in the 12 months ending 31 March 2021 and the Trust intends to take the following actions to improve the quality of healthcare provided, as outlined in the table below.

Table 7: Review of national confidential enquiries

National Confidential Enquiries into Patient Outcome or Death (NCEPOD)
Time Matters - In hospital management of out of hospital cardiac arrests Initial self-assessment has been completed with further work underway to ensure compliance with all recommendations.
Knowing the Risk - peri-operative care of surgical patients The Trust intends to review the evidence for recommendations we previously assessed as partially complaint. The Trust is currently investigating moving away from recording consent for a procedure on a paper form to an electronic solution to integrate with the new electronic patient record.

Local clinical audits reviewed

The reports of 27 local clinical audits were reviewed by the Trust in the 12 months ending 31 March 2021 and improvement work is shown below for two audits.

Table 8: Improvement actions from local audits

Examples of Local clinical audit with improvement actions for 2020/2021
Improving antibiotic prescribing practice amongst junior – A closed loop audit cycle in a District General Hospital – In the first audit cycle there was poor compliance in properly stating the indication (55%), review dates (23%), duration of antibiotics (14%), legible name of prescriber (42%) and bleep number (49%). Only 39 drug charts out of total 71 stated a clear indication for the antibiotic, in addition the correct indication in line with antibiotic guidance was present in only 82% of samples. Following teaching sessions, stating the indication, legible name and bleep number improved to 82%, 75%, 72% respectively but less satisfactory development was seen in antibiotic prescription review dates of 26%, duration of antibiotics at 24% and correct indication at 87%. The audit and teaching sessions are continuing to keep standards as high as possible until the introduction of electronic prescribing which will solve legibility issues and introduce mandatory fields to capture the required information around indication.
CT Colonoscopy Audit - - An audit of patients undergoing CT scan colonoscopy, rather than endoscopic colonoscopy to ascertain if referrals were appropriate. The audit found that 15% of patients had significant findings and 4% had a cancer diagnosed. The findings suggested there should be more rigorous vetting of requests and making the reason for requesting a CT colonoscopy rather than an endoscopic colonoscopy mandatory to reduce unnecessary exposure to radiation. Findings were shared with the team vetting requests and the reason for requesting a CT colonoscopy made a required field.

Appendix 2: Trust Clinical Audit Forward plan 2021–22

NATIONAL AUDITS

The table below lists the National Clinical Audits, Clinical Outcome Review Programmes and other national quality improvement projects, which NHS England advises Trusts to prioritise for participation and inclusion in their Quality Accounts for 2021/22.
Dates are provisional and subject to change depending on the timings of each programme.

Table 9: National clinical audit and effectiveness programmes for 2021/22

National programme name	Work stream / Topic name	Programme provider organisation	Delivers a Clinical Outcome Publication (COP) at individual consultant, team & unit level.	2021/22 Data collection FROM:	2021/22 Data collection TO:	Planned national report publication dates 2021/22 1 April 2021 to 31 March 2022
Case Mix Programme (CMP)		Intensive Care National Audit & Research Centre (ICNARC)	Yes	01/04/2021	31/03/2022	31/03/2023; CMP Annual Quality Report 2021/22 for adult critical care
Child Health Clinical Outcome Review Programme	Transition from child to adult health services	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	No	01/07/2021	31/03/2022	
Chronic Kidney Disease Registry Previously listed under UK Renal Registry		The Renal Association	No	01/03/2022	28/02/2023	June 2023
Elective Surgery (National PROMs Programme)		NHS digital	No	01/04/2021	31/03/2022	
Emergency Medicine QIPs	Pain in Children	Royal College of Emergency Medicine	No	04/10/2021	04/04/2022	Date TBD: Summer 2022, Title: Pain in Children – National QIP report 2021/22.

National programme name	Work stream / Topic name	Programme provider organisation	Delivers a Clinical Outcome Publication (COP) at individual consultant, team & unit level.	2021/22 Data collection FROM:	2021/22 Data collection TO:	Planned national report publication dates 2021/22 1 April 2021 to 31 March 2022
Falls and Fragility Fracture Audit Programme (FFFAP)	National Audit of Inpatient Falls	Royal College of Physicians	No	01/04/2021	31/03/2022	
Falls and Fragility Fractures Audit Programme (FFFAP)	National Hip Fracture Database	Royal College of Physicians (RCP)	Yes	01/04/2021	31/03/2021	
Falls and Fragility Fracture Audit Programme (FFFAP)	Fracture Liaison Service Database	Royal College of Physicians (RCP)	No	01/04/2021	31/03/2022	
Inflammatory Bowel Disease (IBD) Audit	Inflammatory Bowel Disease (IBD) Biological Therapies Audit	IBD Registry	No	01/04/2021	31/03/2022	March 2022
LeDeR - Learning Disabilities Mortality Review		NHS England and NHS Improvement	No	01/01/2022	31/12/2022	May 2022
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal confidential enquiries	MBRRACE-UK led from the University of Oxford	No			
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal mortality surveillance	MBRRACE-UK led from the University of Oxford	No	01/04/2021	31/03/2022	
Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiry	MBRRACE-UK led from the University of Oxford	No	01/04/2021	31/03/2022	
Medical and Surgical Clinical Outcome Review Programme	Community acquired pneumonia	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	No	01/01/2022	31/03/2022	

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Medical and Surgical Clinical Outcome Review Programme	Crohns disease	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	No	01/10/2021	31/03/2022	
Medical and Surgical Clinical Outcome Review Programme	Epilepsy study	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	No	01/04/2021	31/12/2021	
National Adult Diabetes Audit (NDA)	National Diabetes Foot Care Audit	NHS Digital	No	01/04/2021	31/03/2022	Refer to HQIP website / Resources/Trusts
National Adult Diabetes Audit (NDA)	National Diabetes Inpatient Audit Harms (NaDIA-Harms)	NHS Digital	No	01/04/2021	31/03/2022	
National Adult Diabetes Audit (NDA)	National Diabetes in Pregnancy Audit	NHS Digital	Yes	01/01/2021	31/12/2021	October 2023
National Adult Diabetes Audit (NDA)	National Core Diabetes Audit	NHS Digital	No	01/04/2021	31/03/2022	
National Asthma and COPD Audit Programme (NACAP)	Adult Asthma Audit	Royal College of Physicians	No	01/04/2021	31/03/2022	
National Asthma and COPD Audit Programme (NACAP)	Children and Young People's Asthma Audit	Royal College of Physicians	No	01/04/2021	31/03/2022	
National Asthma and COPD Audit Programme (NACAP)	Pulmonary Rehabilitation	Royal College of Physicians	No	01/04/2021	31/03/2022	
National Asthma and COPD Audit Programme (NACAP)	COPD	Royal College of Physicians	No	01/04/2021	31/03/2022	

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National Audit of Breast Cancer in Older People (NABCOP)		Clinical Effectiveness Unit, The Royal College of Surgeons of England	Yes	01/04/2021	31/03/2022	
National Audit of Cardiac Rehabilitation		University of York	No	01/04/2021	31/03/2022	11/22 National Audit of Cardiac Rehabilitation (NACR) Quality and Outcomes Report 2022
National Audit of Care at the End of Life (NACEL)	Acute and community hospital providers	NHS Benchmarking Network	No	01/06/2021	08/10/2021	
National Audit of Dementia (NAD)	Care in general hospitals	Royal College of Psychiatrists	No			
National Audit of Dementia (NAD)	Spotlight audit in memory services	Royal College of Psychiatrists	No	05/09/2021	14/01/2022	
National Audit of Pulmonary Hypertension (NAPH)		NHS Digital	No	01/04/2021	31/03/2022	tbd
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Epilepsy12 has separate workstreams/data collection for: Clinical Audit, Organisational Audit	Royal College of Paediatrics and Child Health (RCPCH)	No	01/04/2021	31/03/2022	
National Cardiac Arrest Audit (NCAA)		Intensive Care National Audit & Research Centre (ICNARC)/Resuscitation Council UK (RCUK)	No	01/04/2021	31/03/2022	31 Mar 2023 - National Cardiac Arrest Audit (NCAA) Annual Report 2021/22

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National Cardiac Audit Programme (NCAP)	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Barts Health NHS Trust	Yes	01/04/2021	31/03/2022	
National Cardiac Audit Programme (NCAP)	Myocardial Ischaemia National Audit Project (MINAP)	Barts Health NHS Trust	Yes	01/04/2021	31/03/2021	
National Cardiac Audit Programme (NCAP)	National Audit of Cardiac Rhythm Management Devices and Ablation	Barts Health NHS Trust	Yes	01/04/2021	31/03/2022	TBD
National Cardiac Audit Programme (NCAP)	National Heart Failure Audit	Barts Health NHS Trust	Yes	01/04/2021	31/03/2022	TBD
National Child Mortality Database (NCMD)		University of Bristol	No	01/04/2021	31/03/2022	NCMD Annual Report - TBC
National Comparative Audit of Blood Transfusion	2021 Audit of Blood Transfusion against NICE Guidelines	NHS Blood and Transplant	No	04/10/2021	31/12/2021	April 2022
National Comparative Audit of Blood Transfusion	2021 Audit of the perioperative management of anaemia in children undergoing elective surgery	NHS Blood and Transplant	No	04/05/2021	31/07/2021	November 2021
National Early Inflammatory Arthritis Audit		British Society for Rheumatology	No	01/04/2021	31/03/2022	NEIAA Third Annual Report

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National Emergency Laparotomy Audit (NELA)		Royal College of Anaesthetists	Yes	01/12/2021	30/11/2022	
National Gastro-intestinal Cancer Audit Programme (GICAP)	National Oesophago-Gastric Cancer Audit (NOGCA)	Royal College of Surgeons (with project management subcontracted to NHS Digital)	Yes	01/04/2021	31/03/2022	tbd
National Gastro-intestinal Cancer Audit Programme (GICAP)	National Bowel Cancer Audit (NBOCA)	Royal College of Surgeons (with project management subcontracted to NHS Digital)	Yes	01/04/2021	31/03/2022	tbd
National Joint Registry	8 workstreams that all report within Annual report	Healthcare Quality Improvement Partnership (HQIP)	Yes	01/04/2021	31/03/2022	September 2022
National Lung Cancer Audit		Royal College of Physicians (RCP)	Yes			
National Maternity and Perinatal Audit (NMPA)		Royal College of Obstetricians and Gynaecologists	No			
National Neonatal Audit Programme (NNAP)		Royal College of Paediatrics and Child Health (RCPCH)	Yes	01/01/2022	31/12/2022	
National Paediatric Diabetes Audit (NPDA)		Royal College of Paediatrics and Child Health (RCPCH)	No	01/04/2021	01/06/2022	
National Perinatal Mortality Review Tool		MBRRACE-UK led from the University of Oxford	No	01/04/2021	31/03/2022	Mid-2022

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National Prostate Cancer Audit (NPCA)		Royal College of Surgeons of England	Yes	31/03/2022		
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry		University of Warwick	No	01/04/2021	31/03/2022	31/12/2022
Respiratory Audits	National Outpatient Management of Pulmonary Embolisms Audit	British Thoracic Society	No	01/04/2021	31/05/2021	TBD
Respiratory Audits	National Smoking Cessation Audit	British Thoracic Society	No			Publication date TBC
Sentinel Stroke National Audit Programme (SSNAP)		King's College London	Yes	01/04/2021	31/03/2022	
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme		Serious Hazards of Transfusion (SHOT)	No	01/04/2021	31/03/2022	July 2021 - Annual Report (data collected in Jan-Dec 2020)
Society for Acute Medicine Benchmarking Audit		Society for Acute Medicine	No			TBD
Trauma Audit & Research Network		The Trauma Audit & Research Network	Yes	01/04/2021	31/03/2022	Severe Injury in Children & Hospital Level reports (Dashboards, feedback report, & PROMS)
Urology Audits	Management of the Lower Ureter in Nephroureterectomy Audit	The British Association of Urological Surgeons	No	01/04/2021	31/12/2021	TBD