Dear Colleagues,

As you may be aware, some EDs have identified issues with data accuracy in the 2017/18 RCEM national clinical audit reports: Pain in Children, Fractured Neck of Femur, and Procedural Sedation.

A thorough investigation has been carried out by RCEM and the analysis partners, the cause of the discrepancies has been identified as an analysis error relating to case inclusion and sampling. We regret to say that this error has affected some of the data for standards in all three of the 2017/18 reports.

Where necessary, changes have been implemented and the reports have now been republished. We urge all EDs to redownload their reports and check that any action plans developed after the initial report publication remain appropriate.

The three re-published national reports are now available to download via the clinical audit webpage, and your re-published local reports, PowerPoint slides and data extracts can be accessed by logging into the audit portal.

RCEM would like to give heartfelt apologies for the delay in publishing accurate data and thank you for your continued patience. We are very aware that accurate data is crucial to you for quality assurance and quality improvement.

RCEM have appointed a new analysis company and changed the audit programme to a live QIP platform. We are working closely with the new company to ensure that data analysis errors will not happen again.

Thank you to all who helped to identify the issue with the data. Details of the changes are given below to help you identify what impact the discrepancies may have had on your data.
Pain in Children report

- Total number of cases submitted has changed from 12523 to **12621** and the number of participating EDs has changed from 189 to **190** - all references throughout the report have been amended accordingly
- Page 6 - the performance summary (‘spider’) graph to be amended to account for revised Standard 1, 4 and 5 results (see note below)
- Page 7 – the summary of national findings for lower quartile, median and upper quartile results have been recalculated for Standard 1, 4 and 5. This is because of the following reasons:
  - Standard 1: the data was analysed relying solely on the yes/no response to Q5 rather than using the time entered as a check/balance to clean the data. The standard 1 results have now been recalculated as per the analysis plan, using the time pain score was taken to calculate the percentage of patients that had pain scores taken within 15 minutes of arrival.
  - Standard 4: The sampling methods used for this standard were inconsistent. The analysis formula used to calculate the summary of national findings table is now consistent with that to calculate the standard 4 pie chart at the bottom of page 30. The analysts reported a bug in the system which has now been fixed. There is a very small variation in the summary of findings chart.
  - Standard 5: The sampling methods used from the analysis plan were inconsistent. The sampling method used to work the median figure on page 7 of the summary of national findings table is now consistent with that used to calculate the standard 5 pie chart at the bottom of page 21. There is a slight variation to the lower quartile, median and upper quartile results in the summary of findings chart.
- Page 7 - the explanatory note at the bottom of the page, showing the ‘Summary of national findings’, has been amended to clarify that the figures refer to national results
- Page 10 - where appropriate, the percentage figures in the ‘Participation summary’ table have been amended to reflect the correction to the number of participating EDs
- Bottom of page 30, revised pie chart inserted. The commentary to be revised to account for the correction to percentage figures mentioned in the text, along with the sample size figures updated.
- Page 35 – 1st paragraph on the analysis amended to reflect new standard 1 figures.
- Page 46 – amend bottom of table for standard 4 and 5 with formula so consistent with pages 47 & 49
Fractured Neck of Femur report

- Total number of cases submitted has changed from 12642 to **12724** and the number of participating EDs has changed from 185 to **186** - all references to sample sizes throughout the report have been amended accordingly
- Page 4 – the number of EDs with a written FNOF protocol changes from 87% to **86%**
- Page 5 - the performance summary (‘spider’) graph has been amended to account for revised Standard 2 and 3 results (see note below)
- Page 6 - the Standard 2 and 3 lower quartile, median and upper quartile results have been recalculated with the correct patient subsample
- Page 6 - the explanatory note at the bottom of the page, showing the ‘Summary of national findings’, has been amended to clarify that the figures refer to national results
- Page 8 - where appropriate, the figures in the ‘Participation summary’ table have been amended to reflect the correction to the number of participating EDs
- Page 20-22, the chart has been updated to correct an analysis error in the calculation of local results for standard 2 and 3.
- Page 34 – organisational data updated from 131 to **133** EDs
Procedural Sedation report

- Total number of cases submitted has changed from 8774 to 8815 and the number of participating EDs has changed from 182 to 183 - all references throughout the report have been amended accordingly
- Page 6 - the performance summary (‘spider’) graph has been amended to account for revised Standard 7 results (see note below)
- Pages 6 and 7 – if your ED’s performance for Standard 7 is shown as 0% but you did not submit any cases that underwent invasive procedures, please read this result as ‘n/a’.
- Page 7 - the Standard 7 lower quartile, median and upper quartile results have been recalculated and they are now all 0% (see note, below, for correction to page 28)
- Page 7 - the explanatory note at the bottom of the page, showing the ‘Summary of national findings’, has been amended to clarify that the figures refer to ‘national’ results
- Page 9 - where appropriate, the percentage figures in the ‘Participation summary’ table have been amended to reflect the correction to the number of participating EDs
- Page 28, the commentary has been revised to account for the correction to the number of EDs supplying cases that are relevant to Standard 7 and the subsequent impact on the lower quartile, median and the upper quartile results
- Page 42 – Bassetlaw Hospital has been added to the list of participating Emergency Departments in Appendix 2