Meeting Date	14 September 2021	Agenda Item	4.1
Report Title	**Clinical Audit and Effectiveness Report**		
Report Author	Sharon Rağbetli, Clinical Audit & Effectiveness Manager Alastair Roeves. Interim Deputy Medical Director		
Report Sponsor	Richard Evans, Executive Medical Director		
Presented by	Richard Evans, Executive Medical Director		
Freedom of Information	Open		
Purpose of the Report	To provide assurance regarding participation in the Welsh Government mandated list of audit and registry topics relevant to the services SBUHB provides, summarising issues and exceptions. To provide an introduction to the new Clinical Audit & Effectiveness Policy which was approved at the Clinical Outcomes and Effectiveness Group meeting on 13th August 2021.		
Key Issues	Alongside the mandated programme of topics is and associated two stage assurance process following the publication of national reports. This process was temporarily paused during the worst of the pandemic and has recently restarted.		

Specific Action Required *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐

Recommendations	Members are asked to: • **NOTE THE CONTENTS OF THE REPORT**

Clinical Audit & Effectiveness Report for the Audit Committee

1.   Introduction

This report aims to provide an overview of the Health Board's position in relation to participation in the Welsh Government list of mandated audit and outcome registry topics and the associated two stage assurance process following publication of results.

2.   Background

The Health Board is required to participate in the mandated national audits/registries and clinical outcome reviews that are relevant to the services it provides. Under normal circumstances the list which includes the Clinical Outcome Review Programme (formerly NCEPOD) studies collecting data during the period, is refreshed annually. A refreshed list is expected soon. (Appendix 1.)

On publication of results, Welsh Government requires that Health Boards and Trusts complete and submit a two-stage assurance proforma. Part A is required within four weeks of publication and identifies those national recommendations that require action locally. Part B requires more detail around the specific actions and any progress made and should be submitted within 12 weeks of publication.

The Clinical Audit and Effectiveness Department (CAED) supports a small number of the mandated topics, with other topics resourced outside of the central team. During the pandemic, the CAED were able to continue to facilitate the areas under their remit, largely due to their offices being situated within or near to the Health Record libraries.

A temporary pause on the WG assurance process during the worst of the pandemic was lifted at the end of May 2021.

3.   Governance and Risk Issues

Participation in mandated projects and the associated Welsh Government assurance process is monitored by the Clinical Outcomes and Effectiveness Group (COEG) that reports to the Quality and Safety Governance Group.

In a previous paper we reported that we were unable to adequately determine whether audit processes were required for Patient Safety Notices or whether adherence to quality standards was assured.   COEG now provides a forum to ensure the effective dissemination, review and discussion of information from several areas, including those listed above.

In addition, COEG has taken on the role of quality checking WG assurance questionnaire responses and the assurance mechanisms in place for all mandated audit and registry topics, providing a forum for the receipt of presentations for any areas without strong governance arrangements in place.

a.   Updates on individual NCA&ORC Projects

- The **National Emergency Laparotomy Audit** (NELA) now has a Task Force meeting on a regular basis to review results and refine individual case feedback processes.

- The deadline for submission of responses to questionnaires on the **Physical Healthcare in Mental Health Hospitals** study is 20th August 2021. All photocopies have seen sent. Questionnaires are now completed electronically. There is one remaining submission which is currently 69% complete whilst additional volumes of case-notes have been requested.

- Work is underway on the photocopying required for the **Epilepsy: Hospital Attendance** study. Six questionnaires have been issued with a deadline of 17th September 2021 for completion and submission.

- The request for a coding information spreadsheet for an upcoming study on **Transition from Child to Adult Health Services** has been forwarded to IT colleagues for completion.

3.2   Welsh Government Assurance Process

Following the recent restart there are a small number of topics with overdue returns;

- The **Out of Hospital Cardiac Arrest Study** response has been completed from an ITU point of view and is now with cardiac colleagues for their input.

- A change in a management role for the **National Hip Fracture Database** has delayed the complete response. The Service Delivery Group Medical Director is aware.

- The **Mental Health CORP Annual Report** response will be submitted as one piece of work to meet the Part B deadline of 2nd September with a view to being reviewed at the COEG meeting scheduled for 10th September.

- The **Fracture Liaison Database 2020 Annual Report** will be submitted as one piece of work to meet the Part B deadline of 2nd September with a view to being reviewed at the COEG meeting scheduled for 10th September.

3.3   Presentations to the Clinical Outcomes & Effectiveness Group (COEG)

The group were recently asked by the Executive Medical Director to add Infection Prevention Control (IPC) and Antimicrobial Stewardship to their terms of reference with a view to discussing the outcomes and effectiveness of actions taken within Delivery Groups to improve IPC and enhance antimicrobial stewardship. To this end, three presentations were received at the recent COEG meeting;

- **Infection, Prevention and Control,** Delyth Davies, Head of IP&C and Joanne Walters, Matron, Quality Improvement IP&C

- **Antimicrobial Stewardship,** Julie Harris, Consultant Antimicrobial Pharmacist
- **Controlled Drugs,** Rhys Howell, Pharmaceutical Advisor

Actions resulting from the presentations included;

- the Service Delivery Group Medical Directors tasked with making assessments in their own areas against the actions listed within the slides and reporting back to the next meeting with an update
- COEG Chair to meet with infection prevention control and antimicrobial stewardship pharmacist colleagues to formulate a framework mirroring the successful approach taken with Controlled Drugs and
- update from the Pharmaceutical Advisor on the Controlled Drugs Framework following the first round of reviews

An additional focus presentation on the **Hospital Acquired Thrombosis** Audit by Jayne Morgan, Anticoagulation Department Manager will now be a recurring agenda item on a quarterly basis. Through discussion it was agreed that there was a need for medical staff to assess and prescribe as soon as possible.

Actions resulting from the presentation included;

- the need for the existing assessment form to be revised by the Anticoagulation Manager to prompt and underline the required tasks

3.4   Clinical Audit & Effectiveness Policy

The Clinical Audit & Effectiveness Policy (Appendix 2.) was approved at the COEG meeting on 13th August. It outlines the Executive Medical Directors hierarchy of audit that accommodates;

- Full participation in nationally mandated topics and the associated assurance forms process
- Regular review and use of data emerging from national and local audit and improvement activities
- Meeting the needs of doctors in training for evidence of participation in audit and quality improvement activities and
- Focusing planned local activities on audit, improvement and assurance priorities for the Health Board and Delivery Groups

4.   Financial Implications

None.

5.   Recommendation

The Audit Committee is asked to note the report.

Clinical Audit and Effectiveness Policy, 2021

Governance and Assurance			
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**		
	Partnerships for Improving Health and Wellbeing		☐
	Co-Production and Health Literacy		☐
	Digitally Enabled Health and Wellbeing		☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		
	Best Value Outcomes and High Quality Care		☒
	Partnerships for Care		☐
	Excellent Staff		☐
	Digitally Enabled Care		☐
	Outstanding Research, Innovation, Education and Learning		☐
Health and Care Standards			
(please choose)	Staying Healthy		☐
	Safe Care		☒
	Effective Care		☒
	Dignified Care		☐
	Timely Care		☐
	Individual Care		☐
	Staff and Resources		☐
Quality, Safety and Patient Experience			
Participation in the Welsh Government mandated list of topics and its associated assurance process provides insight into the quality, safety and patient experience for these patient cohorts, benchmarking the Health Board's performance nationally.			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
None			
Report History	The report was previously submitted via the Clinical Outcomes Group to the Q&S Committee.		
Appendices	Appendix 1. National Clinical Audit and Outcomes Review Advisory Committee Programme 2019/20 Appendix 2. Clinical Audit & Effectiveness Policy		

Appendix 1. National Clinical Audit Priorities (SBUHB Clinical Audit Plan)

Current National Clinical Audit Plan (to be updated)

Acute	Audit website homepage
National Joint Registry	www.njrcentre.org.uk
National Emergency laparotomy Audit	www.nela.org.uk
Case Mix Programme (CMP)	www.icnarc.org
Major Trauma Audit #	https://www.tarn.ac.uk/

Long Term Conditions	Audit website homepage
National Diabetes Audit **Note this covers the following areas** • National Diabetes Foot Care Audit • National Diabetes Inpatient Audit (NaDia) • National Pregnancy in Diabetes Audit • • National Core Diabetes Audit • National Diabetes Transition Audit	General: https://digital.nhs.uk Foot care: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-foot-care-audit NaDia: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-inpatient-audit Pregnancy: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-pregnancy-in-diabetes-audit Core: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit Transition: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-transition-audit
National Diabetes Paediatric Audit (NPDA)	www.rcpch.ac.uk/npda
National Asthma and COPD Audit Programme (NACAP) **Note this covers the following areas** • COPD • Adult Asthma • Children and Young People Asthma	https://www.rcplondon.ac.uk/projects/national-copd-audit-programme https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-copd https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-adult-asthma

• Pulmonary Rehabilitation	https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-children-and-young https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-pulmonary-rehabilitation-workstream
Renal Registry (Renal Replacement Therapy)	https://www.renalreg.org/
National Early Inflammatory Arthritis Audit	https://www.rheumatology.org.uk/Practice-Quality/Audits/NEIA-Audit
All Wales Audiology Audit	

Older People	Audit website homepage
Stroke Audit (SSNAP)	www.strokeaudit.org
Falls and Fragility Fractures Audit Programme Including: • Inpatient Falls • National Hip Fracture Database • Fracture Liaison Service Database	https://www.rcplondon.ac.uk/projects/falls-and-fragility-fracture-audit-programme-fffap
National Dementia Audit	www.nationalauditofdementia.org.uk

End of Life	Audit website homepage
National Audit for Care at the End of Life (NACEL)	https://www.nhsbenchmarking.nhs.uk/nacel

Heart	Audit website homepage
National Cardiac Audit Programme (NCAP)	https://www.nicor.org.uk/
• National Heart Failure Audit	https://www.nicor.org.uk/national-cardiac-audit-programme/heart-failure-heart-failure-audit/
• Cardiac Rhythm Management	https://www.nicor.org.uk/national-cardiac-audit-programme/cardiac-rhythm-management-arrhythmia-audit/
• National Adult Cardiac Surgery Audit	https://www.nicor.org.uk/national-cardiac-audit-programme/adult-cardiac-surgery-surgery-audit/
• National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	https://www.nicor.org.uk/adult-percutaneous-coronary-interventions-angioplasty-audit/
• National Congenital Heart Disease Audit	https://www.nicor.org.uk/national-cardiac-audit-programme/congenital-heart-disease-in-children-and-adults-congenital-audit/

	https://www.nicor.org.uk/national-cardiac-audit-programme/myocardial-ischaemia-minap-heart-attack-audit/
• Myocardial Ischaemia National Audit Project (MINAP)	www.vsqip.org.uk
• National Vascular Registry Audit (includes Carotid Endarterectomy Audit)	
Cardiac Rehabilitation Audit	http://www.cardiacrehabilitation.org.uk/

Cancer	Audit website homepage
National Lung Cancer Audit	https://www.rcplondon.ac.uk/projects/national-lung-cancer-audit
National Prostate Cancer Audit	www.npca.org.uk
National Gastrointestinal Cancer Audit Programme	https://www.nogca.org.uk/
National Audit of Breast Cancer in Older People (NABCOP)	https://www.nabcop.org.uk/

Women's and Children's Health	Audit website homepage
Paediatric Intensive Care (PICaNet)	www.picanet.org.uk
National Neonatal Audit Programme Audit	www.rcpch.ac.uk/nnap
National Maternity and Perinatal Audit	http://www.maternityaudit.org.uk/pages/home
Perinatal Mortality Review Tool	https://www.npeu.ox.ac.uk/pmrt

Other	Audit website homepage
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit
National Clinical Audit of Psychosis	https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis

Clinical Outcomes Review Programme

Clinical Outcomes Review Programme	Programme website homepage
Medical and Surgical programme	http://www.ncepod.org.uk/ - Dysphagia in Parkinson's Disease *Patients with Parkinson's disease* - Physical Healthcare of Inpatients in Mental Health Hospitals - In Hospital Management of Out of Hospital Cardiac Arrests
Mental Health programme	http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci
Child Health Clinical Outcome Review Programme	http://www.ncepod.org.uk/ National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Maternal, Newborn and Infant Clinical Outcome Review Programme	https://www.npeu.ox.ac.uk/mbrrace-uk

Appendix 2. Clinical Audit & Effectiveness Policy

Clinical Audit and Effectiveness Policy

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

Document Author: Clinical Audit & Effectiveness Manager
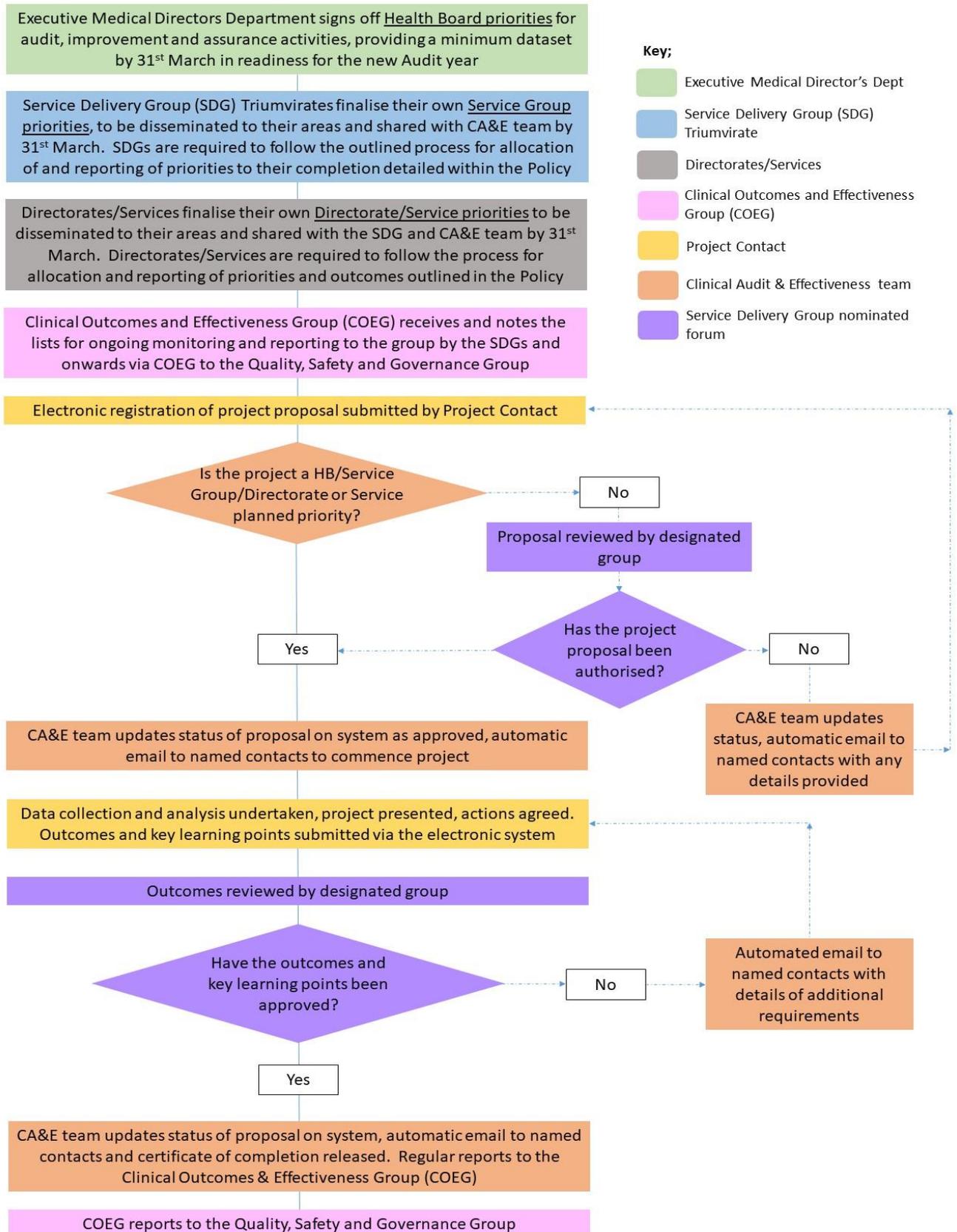
Approved by:

Approval Date:

Review Date:

Document No:

CONTENTS

1. Process for prioritisation and registration of audit activities not included on the Audit Plan

Executive Medical Directors Department signs off Health Board priorities for audit, improvement and assurance activities, providing a minimum dataset by 31st March in readiness for the new Audit year

Service Delivery Group (SDG) Triumvirates finalise their own Service Group priorities, to be disseminated to their areas and shared with CA&E team by 31st March. SDGs are required to follow the outlined process for allocation of and reporting of priorities to their completion detailed within the Policy

Directorates/Services finalise their own Directorate/Service priorities to be disseminated to their areas and shared with the SDG and CA&E team by 31st March. Directorates/Services are required to follow the process for allocation and reporting of priorities and outcomes outlined in the Policy

Clinical Outcomes and Effectiveness Group (COEG) receives and notes the lists for ongoing monitoring and reporting to the group by the SDGs and onwards via COEG to the Quality, Safety and Governance Group

Electronic registration of project proposal submitted by Project Contact

Key;

- Executive Medical Director's Dept
- Service Delivery Group (SDG) Triumvirate
- Directorates/Services
- Clinical Outcomes and Effectiveness Group (COEG)
- Project Contact
- Clinical Audit & Effectiveness team
- Service Delivery Group nominated forum

Is the project a HB/Service Group/Directorate or Service planned priority?

No

Proposal reviewed by designated group

Has the project proposal been authorised?

No

Yes

CA&E team updates status of proposal on system as approved, automatic email to named contacts to commence project

CA&E team updates status, automatic email to named contacts with any details provided

Data collection and analysis undertaken, project presented, actions agreed. Outcomes and key learning points submitted via the electronic system

Outcomes reviewed by designated group

Have the outcomes and key learning points been approved?

No

Automated email to named contacts with details of additional requirements

Yes

CA&E team updates status of proposal on system, automatic email to named contacts and certificate of completion released. Regular reports to the Clinical Outcomes & Effectiveness Group (COEG)

COEG reports to the Quality, Safety and Governance Group

2.   Introduction

When carried out in accordance with best practice standards, clinical audit provides assurance of compliance with clinical standards, identifies and minimises risk, waste and inefficiencies and improves effectiveness of care and the quality of patient outcomes and experience.

The Health Board complies with the Welsh Government mandated list of national audits, registries and studies for those topics that are relevant to the services they provide. The programme of topics is refreshed annually and adopted as the Health Board's Clinical Audit Plan.

Local audit and improvement activities should reflect corporate and Service Delivery Group priorities and risks, informed by the review of various data and work streams e.g., national audits, NICE guidance, themes generated via concerns and redress processes etc.

As an improvement and assurance process, clinical audit supports SBUHB staff to embrace the Health Board's values framework, specifically "Working Together" and "Always Improving".

3. Purpose and Scope

This policy sets out the local framework for the prioritisation, conduct, delivery and governance of clinical audit, in line with best practice guidance[1, 2] and the requirements of the Health and Care Standards[3]. It identifies the structures, roles and processes in place to support the Health Board, doctors in training and other healthcare professionals[4].

The policy applies to all individuals involved in undertaking, managing and facilitating clinical audit within the Health Board; clinical and non-clinical staff (including staff on short-term or honorary contracts), trainees and students on placement. It also applies when individuals from SBUHB participate in projects across organisational boundaries.

4.   Definitions

The Health Board adopts the Healthcare Quality Improvement Partnership (HQiP) [1] definition for clinical audit, supporting the view that it is a quality improvement process, not simply data collection:

"a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes."

5. Hierarchy of Priorities for Clinical Audit, Improvement and Assurance Activities

The policy outlines the hierarchy of clinical audit priorities, how these are determined and the procedures and expectations of delivery;

- National Clinical Audit priorities

- Health Board Clinical Audit priorities

- Service Delivery Group Clinical Audit priorities

- Directorate/Service Clinical Audit priorities

- Audit of clinicians' own practice

- Trainee and medical student participation in clinical audit

5.1   National Clinical Audit Priorities

5.1.1   The hierarchy of clinical audit priorities will ensure that the annual Clinical Audit Plan will incorporate the National Clinical Audit priorities.

5.1.2   The Health Board adopts the Welsh Government mandated list of audits, registries and national studies as its Clinical Audit Plan. Refreshed annually, it covers a wide range of topics and the Health Board is mandated to participate in all that relate to the services it delivers. Audit Plan projects do not need to be registered with the Clinical Audit and Effectiveness Department (CAED).

5.1.3   The Clinical Audit Plan (Appendix 1.) will be received by the Clinical Outcomes and Effectiveness Group (COEG), posted on the CAED intranet pages and circulated to all Service Delivery Group Medical Directors, their management teams, Clinical Directors and identified Audit Leads.

5.1.4   COEG will request regular updates on each of the mandated topics.

5.1.5   Responsibility for completion of the audits lies with each designated lead. Group Medical Directors (and their nominated Group Clinical Audit Lead) will oversee the delivery of the audit and provide assurance that the information submitted is accurate and appropriate for submission.

5.1.6   The hierarchy of clinical audit priorities will also ensure that the two stage Welsh Government (WG) Assurance Process following publication of a national report is followed and the information required submitted within given timescales:

Part A requires the Health Board to identify within four weeks of publication any national recommendations for local action. Part B requiring more detail on actions, timelines and any progress, should be submitted within twelve weeks.

The Health Board process facilitated by the CAED will be moving towards electronic completion (Appendix 2). COEG will receive updates at each meeting.

Responsibility for completion of Part A and Part B responses lies with each designated audit lead. Group Medical Directors (and their nominated Group Clinical Audit Lead) will oversee the delivery of the responses and provide assurance that the information submitted is accurate and appropriate for submission.

5.2   Health Board Clinical Audit Priorities

5.2.1   The hierarchy of clinical audit priorities will ensure that the Health Board audit, improvement and assurance priorities are identified and allocated to Service Groups for delivery.

5.2.2   The choice of audits will be informed by outcomes and risks emerging from reviews of data submitted to national and local audits/registries, risks/incidents/feedback, mortality reviews, etc. Health Board clinical audit priorities will typically apply to more than one Service Group and reflect system risk (Appendix 3.).

5.2.3   These priorities will be set by the **Executive Medical Director** and the COEG.

5.2.4   Group Medical Directors will allocate these audit activities to relevant teams and appoint a nominated clinician to lead. Responsibility for completion of the audits lies with each designated lead. Group Medical Directors (and their nominated Group Clinical Audit Lead) will oversee the delivery of the audit and provide assurance that the information submitted is accurate.

5.2.5   The outcomes of the audits will be received by the Clinical Outcomes and Effectiveness Group (COEG), posted on the CAED intranet pages and circulated to all Service Delivery Group Medical Directors, their management teams, Clinical Directors and identified Audit Leads.

5.2.6   COEG will request quarterly updates on each of the assigned audits, and a report from the Service Group following completion of the audit.

5.3   Service Group Clinical Audit Priorities

5.3.1   The hierarchy of clinical audit priorities will ensure that Service Groups will identify their clinical audit priorities for the year. The choice of audits will be informed by outcomes and risks emerging from reviews of data submitted to national and local audits/registries, risks/incidents/feedback, mortality reviews, assurance requirements, where these are specific to their Service Groups and not covered by the Health Board priorities.

5.3.2   These priorities will be set by the **Service Group Medical Director** with the Service Group Triumvirate. Audits may apply to several directorates within the Service Group, or to specific services.

5.3.3 Groups Medical Directors will allocate these audit activities to relevant teams and appoint a nominated clinician to lead. Each audit will be registered with the Clinical Audit department.

5.3.4 Responsibility for completion of the audits lies with each designated lead. Group Medical Directors (and their nominated Group Clinical Audit lead) will oversee the delivery of the audit and provide assurance that the information submitted is accurate and appropriate for submission.

5.3.5 Within the Service Group the outcomes of the audits will be reported through the Service Group Quality & Safety meetings. Where issues are identified for further improvement work, these will be agreed and an action plan developed through the direction of the **Group Medical Director**.

5.3.6 The outcomes of the audits will be received by the Clinical Outcomes and Effectiveness Group (COEG), posted on the CAED intranet pages and circulated to all Service Delivery Group Medical Directors, their management teams, Clinical Directors and identified Audit Leads.

5.3.7 COEG will request quarterly updates on each of the assigned audits, and a report from the Service Group following completion of the audit.

5.4 Directorate/Service Clinical Audit Priorities

5.4.1 The hierarchy of clinical audit priorities will ensure that Directorates and clinical services set annual clinical audit priorities. These priorities will be set by the Clinical Director or Clinical Lead. Services will identify their own clinical audit priorities. The choice of audits will be informed by outcomes and risks emerging from reviews of data submitted to national and local audits/registries, risks/incidents/feedback, mortality reviews, assurance requirements, where these are specific to their service and not covered by the Service Group Board priorities.

5.4.2 Clinical Directors/Clinical Leads will allocate these audit activities to relevant teams and appoint a nominated clinician to lead. Each audit will be registered with the Clinical Audit and Effectiveness Department.

5.4.3 Responsibility for completion of the audits lies with each designated audit lead. Group Medical Directors (and their nominated Group Clinical Audit Lead) will oversee the delivery of the audit and provide assurance that the information submitted is accurate.

5.4.4 Within the Directorate/Service, the outcomes of these audits will be presented at the Directorate Quality and Safety meetings. Where issues are identified for further improvement work, these will be agreed and an action plan developed through the direction of the **Clinical Director**. The outcomes of all audits and associated action plans will be reported by the Clinical Director to the Group Medical Director. The

Group Medical Director may wish to report the audit for wider sharing at the Service Group Quality and Safety meeting.

5.4.5 The outcomes of the audits will be received by the Clinical Outcomes and Effectiveness Group (COEG), posted on the CAED intranet pages and circulated to all Service Delivery Group Medical Directors, their management teams, Clinical Directors and identified Audit Leads.

5.4.6 COEG will request quarterly updates on each of the assigned audits, and a report from the Service Group following completion of the audit.

5.5   Audit of Clinicians' Own Practice

5.5.1 The hierarchy of clinical audit priorities will ensure that Audit of clinicians' own practice is incorporated into the record of annual clinical audits.

5.5.2 It is recognised that clinicians are required to participate in clinical audit as part of the process of appraisal and revalidation.

5.5.3 Clinicians wishing to undertake audit for this purpose should discuss this with their Clinical Director/Clinical Lead and, where possible, offer to lead one of the Directorate or Service Group audit priorities. In some circumstances it may be agreed that it is appropriate for the clinician to undertake an audit of his/her own practice, or an audit that focuses on an area outside the Directorate's priorities. This may be agreed at the Clinical Director/Clinical Lead's discretion.

5.5.4 Each Service Group's annual audit plans will be registered with the Clinical Audit and Effectiveness Department. Audits that fall outside of the Service Groups' annual plans must be approved as described in 5.6, below.

5.5.5 Responsibility for completion of the audits lies with the individual clinician. Clinical Directors will oversee the completion of individual clinicians' audits and report through the Group Medical Director.

5.5.6 The outcomes of the audits will be received by the Clinical Outcomes and Effectiveness Group (COEG), posted on the CAED intranet pages and circulated to all Service Delivery Group Medical Directors, their management teams, Clinical Directors and identified Audit Leads.

5.5.7 COEG will request quarterly updates on each of the assigned audits, and a report from the Service Group following completion of the audit.

5.6   'Ad-hoc' local clinical audit and improvement activities are initiated, recorded and supported as necessary.

It is recognised that not all audit and improvement activity can be planned and that there is a place for ad hoc, service-specific projects that are responsive to need e.g. a review of national audit/registry data indicates outlier status or the need for analysis of a particular area of care. Project proposals for ad hoc audits must be approved by the Service/Directorate audit lead.

When such a requirement is identified, the process followed should reflect the reporting requirements described above, depending on the part of the organisation initiating the audit (organisation-wide, Service Group, Directorate, etc.). All ad hoc audits, once approved by the Directorate/Service audit lead must be registered with the Clinical Audit & Effectiveness Department.

5.7   Trainee and medical students participate in clinical audit

Doctors in training and medical students frequently ask to participate in clinical audit and this is an important practice and skill to develop.

All audits undertaken by trainees and medical students should, where possible, align to the clinical audit priorities set by services. Rather than initiating new clinical audits, trainees should be directed towards assisting in delivering local audit priorities. This activity should be supported by the relevant Clinical Director/Clinical Lead.

The Clinical Audit and Effectiveness Department (CAED) will provide a list of topics to interested trainees/students and direct them to the designated lead for that audit. Topics outside of those listed in the annual audit plans must be treated as 'ad hoc' audits (see 5.6, above)

Opportunities for multi-disciplinary and multi-professional projects are encouraged within the Health Board and across organisational boundaries to achieve improvements for the patients' journey, outcomes and experience.

6.   Governance of Clinical Audit

6.1   Annual clinical audit plans for the Health Board, Service Groups and Directorates should be submitted to the Executive Medical Director and CAED **by 31st March each year.**

6.2   Clinical Audit should be properly resourced and have an appropriate status within Service Delivery Groups and the Health Board to be an effective component of the Health Board's Governance Framework. Service Delivery Groups must work with their clinicians to quantify the resources available to support participation in the mandated national topics and to ensure that appropriate contingency and succession plans are in place.

6.3 Clinical Audit is integrated with other quality improvement programmes, risk management and incident reporting. Audit findings are a valuable resource to inform improvement in services, outcomes and experiences. Re-audit and/or improvement metrics should be employed to confirm that the changes made have had a positive impact on patient outcomes and experience.

6.4 The registration of Health Board, Service Group and Directorate/Service priorities and ad-hoc proposals via the CAED is required for monitoring and onward reporting.

6.5 Outcomes, key learning points and actions should be logged in a timely manner with the CAED.

6.6 Retrospective registration of audit and improvement activities and outcomes is not permitted.

6.7 Updates will be provided at each COEG meeting of the proposals received and approved, their progress and outcomes.

7. Information Governance

7.1. Information governance principles for the collection, storage, confidentiality and retention of data will be adhered to. The European General Data Protection Regulation (GDPR) [5] was released in 2018, requiring updates be made to the Data Protection Act[6]. This legislation is reflected in the All Wales and Health Board Policy[7] for the processing, retention and storage of information relating to individuals.

7.2. Data for the purposes of clinical audit must take into account the following principles; it is lawfully and transparently processed for specified, legitimate purposes, that it is; adequate, accurate, relevant, is held securely and for no longer than is absolutely necessary.

7.3. Guidance from the Department of Health[8] requires that "records" be retained for five years. The CAED retains records on registered activity indefinitely. The raw data collected to undertake a project should be destroyed as soon as a project has been completed and presented.

7.4. Service Groups, Clinical Directorates and Clinical Services should act in accordance with the Caldicott Guardian Principles, and in particular …

Principle 8: inform patients and service users about how their confidential information is used

This may be achieved by displaying notices in waiting areas or on webpages.

8. Responsibilities

8.1 The **Executive Medical Director** (EMD) is the Executive Lead for clinical audit in the Health Board and is responsible for ensuring that the Health Board makes adequate provision to support clinicians and managers in undertaking clinical audit.

8.2 The EMD will delegate the role of corporate operational lead for clinical audit to a **Deputy Medical Director**, who will sit on key groups and committees including the Clinical Outcomes and Effectiveness Group (COEG) and the All Wales Mortality Review Steering Group.

8.3 As the specialist for the Health Board, the **Clinical Audit and Effectiveness Manager** is responsible for; agreeing with senior colleagues strategic direction and current Health Board priorities, development of policies and supporting documents, ad-hoc, quarterly, mid-year and Annual Reports for clinical audit, NICE guidance assurance and mortality reviews. They oversee day-to-day operational matters and line manage the CAED based across three hospital sites.

8.4 The CA&E Manager represents or deputises for, the Executive Medical Director's Department on all relevant Health Board, regional and national groups as required.

8.5 As part of its remit, the **Clinical Outcomes and Effectiveness Group** receives and monitors compliance with necessary policies, the Clinical Audit Plan and the associated Welsh Government assurance process. It receives mid-year and annual reports and has oversight of all local clinical audit/improvement activities. It will report at the required frequency to both the Quality, Safety & Governance Group. Full terms of reference are attached as Appendix 4.

8.6 **Service Group Medical Directors** are responsible for

8.6.1 Ensuring appropriate structures are in place to enable full participation in mandated national audit/registry topics and the associated Welsh Government assurance process.

8.6.2 Ensuring that there is clinical leadership at a Service Group level and within each Directorate/Service to lead and deliver the clinical audit plans.

8.6.3 Determining priorities for their Service Group annual clinical audit plans.

8.6.4 Delivery of all clinical audit plans identified within their Service Group.

8.6.5 Identifying National Audit Leads for each mandated Clinical Audit Plan project to ensure full participation and acting as the escalation point for any issues with full compliance.

8.6.6 Ensuring that the Welsh Government assurance process following publication of a national report is followed in a timely manner, acting as the escalation point for the Clinical Audit and Effectiveness Department for any issues with compliance.

8.6.7 Nominating Service Delivery Group forum/s to include a Data Outlier Lead and Learning from Deaths Lead. Forums can be supported by specialist groups e.g. Occupational Therapy, Palliative Care etc. with responsibility for the review and approval of relevant topics.

8.7 **National Audit/Registry Leads** are in place for each planned, mandated topic, are responsible for participation, monitoring and reporting on data regularly within their Service Delivery Group and onwards to COEG. The lead may also hold the role of **Directorate Audit Lead**, with allocated dedicated time in their job plan. They are required to;

8.7.1 Ensure that the Health Board participates fully in any mandated audit plan topics that fall within their remit, meeting all deadlines and reporting any issues and constraints to the nominated Service Delivery Group forum.

8.7.2 Participate in the regular review and presentation of key metrics, issues and improvement actions to the Clinical Outcomes and Effectiveness Group (COEG).

8.7.3 Participate in and where necessary co-ordinate, responses to the Welsh Government assurance forms process within given timescales, agreeing and assigning required actions with set timeframes.

8.7.4 Monitoring actions until completion.

8.8 **Directorate Audit Leads** are required to ensure that local clinical audit activities address outlined Health Board priorities and urgent needs of the service within specialties.

8.8.1 That healthcare professionals and doctors in training are signposted to the list of Health Board priorities to meet training and appraisal requirements[9, 10] and the needs of the Health Board.

8.8.2 Link in with the appropriate Service Delivery Group forum/s, they will ensure that relevant and appropriate ad-hoc clinical audit activity is undertaken under the leadership of a named senior clinician.

8.8.3 Ensure that registration processes are followed, that projects are completed in a timely manner and that

8.8.4 Findings of local audit projects are presented and discussed at monthly audit and improvement sessions and outcome documentation is completed.

8.8.5 Ensuring that necessary actions resulting from projects are delivered within agreed timescales and that updates are provided to the designated Service Delivery Group forum/s for onward shared learning.

8.9 **Independent Contractors (Primary Care, Community and Therapies Services Group)**. Where services are provided through independent contractors (General Medical Practitioners, General Dental Practitioners, Optometrists and Community Pharmacists), special arrangements for clinical audits apply.

Independent contractors are responsible for arranging their own protected time for conducting clinical audits. If a project is a mandated component of the independent contractor essential service contract, a requirement of enhanced service contracts or voluntary participation in a national clinical audit (e.g. COPD, Diabetes), a summary report will be compiled annually by the **Service Group Medical Director for Primary Care, Community and Therapies,** or nominated deputy.

Independent contractors are encouraged to register audits with the CAED.

8.10   It is an **individual clinician's** responsibility to ensure that they comply with the Clinical Audit and Effectiveness Policy.

9.   Compliance Monitoring and Reporting

COEG receives the Clinical Audit Plan, Policy, mid-year and Annual Reports. It receives as a minimum, quarterly updates on participation and compliance with the Clinical Audit Plan topics and the associated Welsh Government assurance process.

The group will receive updates on the activities undertaken across the Health Board to address the audit, improvement and assurance priorities and summaries of ad-hoc local clinical audit projects.

COEG reports at the required frequency to the Quality, Safety & Governance Group.

Service Delivery Groups should utilise the monthly audit and improvement sessions and/or Quality and Safety meetings to discuss compliance with and outcomes from national topics and local audit and improvement activities. The sessions provide doctors in training and other healthcare professionals with opportunities to present on findings and actions.

Nominated Service Delivery Group forums will be able to monitor progress of projects they have authorised via the CAED webpages and will be required to review and authorise outcomes and key learning points prior to release of certificates of completion.

10.   Equality and Diversity

Clinical audit projects do not require formal ethical approval as they should not involve a new treatment or intervention, the use of control groups or placebo treatment etc. However, clinical audit should be undertaken within an ethical framework and patient samples address the principles of equality and diversity.

References

The following documents were reviewed during the creation of this policy;

1. Healthcare Quality Improvement Partnership (HQiP) New Principles of Best Practice in Clinical Audit, 2011

2. Healthcare Quality Improvement Partnership (HQiP) Best Practice in Clinical Audit, 2020

3. Welsh Government Health and Care Standards, 2015

4. Healthcare Quality Improvement Partnership (HQiP) Guide to involving junior doctors in clinical audit and quality improvement, 2016

5. General Data Protection Regulation, 2018

6. Data Protection Act, 2018

7. All Wales Information Governance Policy, 2021

8. Department of Health Records Management NHS Code of Practice, 2006

9. A Reference Guide for Postgraduate Specialty Training in the UK, The Gold Guide Eighth Edition, 2020 (incorporating the 'Purple Guide' for foundation training version: 2019)

10. Good Medical Practice, General Medical Council, updated 2019

Appendix 1. National Clinical Audit Priorities (SBUHB Clinical Audit Plan)

Current National Clinical Audit Plan (to be updated)

Acute	Audit website homepage
National Joint Registry	www.njrcentre.org.uk
National Emergency laparotomy Audit	www.nela.org.uk
Case Mix Programme (CMP)	www.icnarc.org
Major Trauma Audit #	https://www.tarn.ac.uk/

Long Term Conditions	Audit website homepage
National Diabetes Audit **Note this covers the following areas** • National Diabetes Foot Care Audit • National Diabetes Inpatient Audit (NaDia) • National Pregnancy in Diabetes Audit • • National Core Diabetes Audit • National Diabetes Transition Audit	General: https://digital.nhs.uk Foot care: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-foot-care-audit NaDia: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-inpatient-audit Pregnancy: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-pregnancy-in-diabetes-audit Core: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit Transition: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-transition-audit
National Diabetes Paediatric Audit (NPDA)	www.rcpch.ac.uk/npda
National Asthma and COPD Audit Programme (NACAP) **Note this covers the following areas** • COPD • Adult Asthma • Children and Young People Asthma	https://www.rcplondon.ac.uk/projects/national-copd-audit-programme https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-copd https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-adult-asthma

Clinical Audit and Effectiveness Policy, 2021

• Pulmonary Rehabilitation	https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-secondary-care-workstream-children-and-young https://www.rcplondon.ac.uk/projects/national-asthma-and-copd-audit-programme-nacap-pulmonary-rehabilitation-workstream
Renal Registry (Renal Replacement Therapy)	https://www.renalreg.org/
National Early Inflammatory Arthritis Audit	https://www.rheumatology.org.uk/Practice-Quality/Audits/NEIA-Audit
All Wales Audiology Audit	

Older People	Audit website homepage
Stroke Audit (SSNAP)	www.strokeaudit.org
Falls and Fragility Fractures Audit Programme Including: • Inpatient Falls • National Hip Fracture Database • Fracture Liaison Service Database	https://www.rcplondon.ac.uk/projects/falls-and-fragility-fracture-audit-programme-fffap
National Dementia Audit	www.nationalauditofdementia.org.uk

End of Life	Audit website homepage
National Audit for Care at the End of Life (NACEL)	https://www.nhsbenchmarking.nhs.uk/nacel

Heart	Audit website homepage
National Cardiac Audit Programme (NCAP)	https://www.nicor.org.uk/
• National Heart Failure Audit	https://www.nicor.org.uk/national-cardiac-audit-programme/heart-failure-heart-failure-audit/
• Cardiac Rhythm Management	https://www.nicor.org.uk/national-cardiac-audit-programme/cardiac-rhythm-management-arrhythmia-audit/
• National Adult Cardiac Surgery Audit	https://www.nicor.org.uk/national-cardiac-audit-programme/adult-cardiac-surgery-surgery-audit/
• National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	https://www.nicor.org.uk/adult-percutaneous-coronary-interventions-angioplasty-audit/
• National Congenital Heart Disease Audit	https://www.nicor.org.uk/national-cardiac-audit-programme/congenital-heart-disease-in-children-and-adults-congenital-audit/

Clinical Audit and Effectiveness Policy, 2021

	https://www.nicor.org.uk/national-cardiac-audit-programme/myocardial-ischaemia-minap-heart-attack-audit/
• Myocardial Ischaemia National Audit Project (MINAP)	
	www.vsqip.org.uk
• National Vascular Registry Audit (includes Carotid Endarterectomy Audit)	
Cardiac Rehabilitation Audit	http://www.cardiacrehabilitation.org.uk/

Cancer	Audit website homepage
National Lung Cancer Audit	https://www.rcplondon.ac.uk/projects/national-lung-cancer-audit
National Prostate Cancer Audit	www.npca.org.uk
National Gastrointestinal Cancer Audit Programme	https://www.nogca.org.uk/
National Audit of Breast Cancer in Older People (NABCOP)	https://www.nabcop.org.uk/

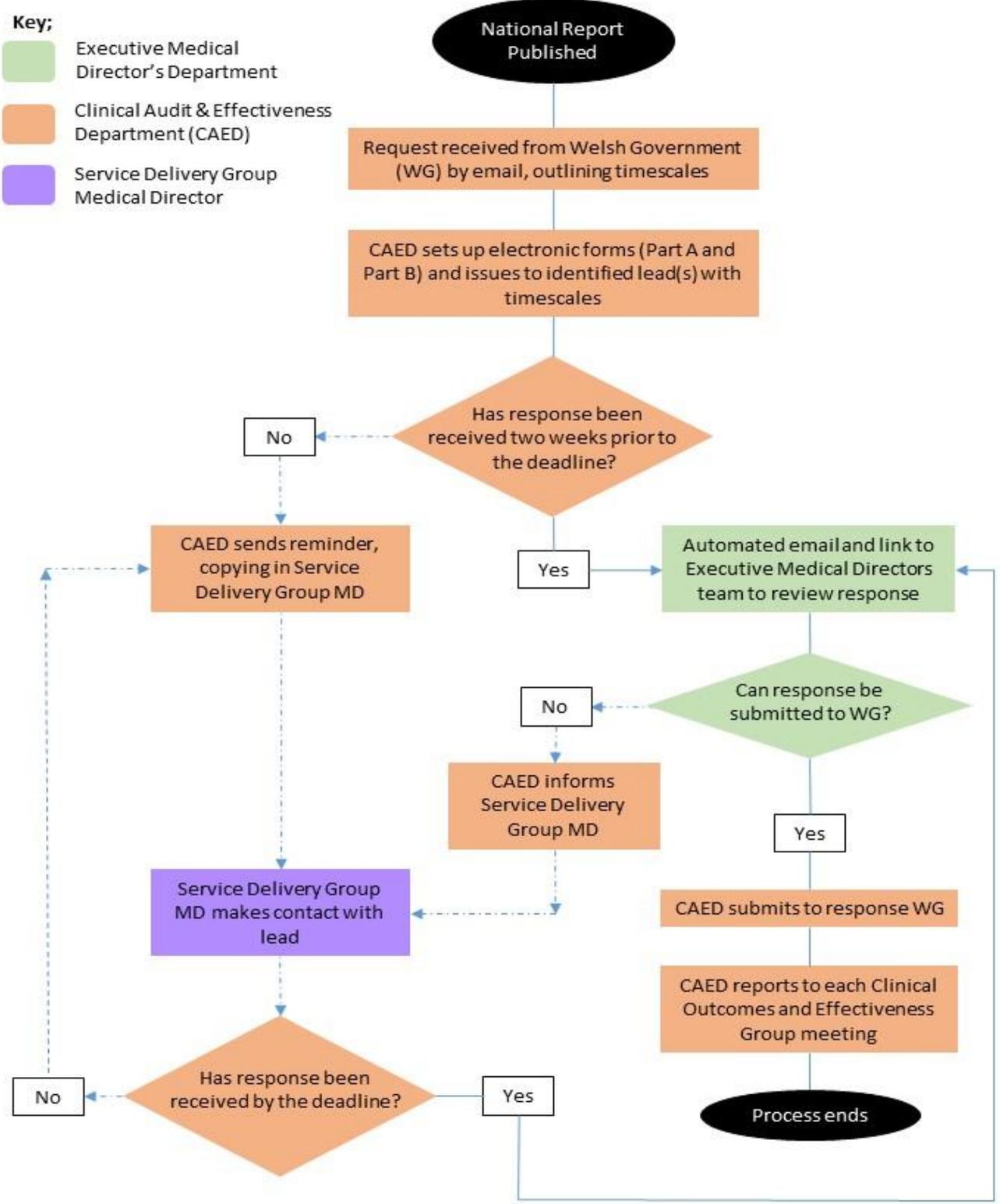| Women's and Children's Health	Audit website homepage
Paediatric Intensive Care (PICaNet)	www.picanet.org.uk
National Neonatal Audit Programme Audit	www.rcpch.ac.uk/nnap
National Maternity and Perinatal Audit	http://www.maternityaudit.org.uk/pages/home
Perinatal Mortality Review Tool	https://www.npeu.ox.ac.uk/pmrt

Other	Audit website homepage
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit
National Clinical Audit of Psychosis	https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis

Clinical Outcomes Review Programme

Clinical Outcomes Review Programme	Programme website homepage
Medical and Surgical programme	http://www.ncepod.org.uk/ - Dysphagia in Parkinson's Disease *Patients with Parkinson's disease* - Physical Healthcare of Inpatients in Mental Health Hospitals - In Hospital Management of Out of Hospital Cardiac Arrests
Mental Health programme	http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci
Child Health Clinical Outcome Review Programme	http://www.ncepod.org.uk/ National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Maternal, Newborn and Infant Clinical Outcome Review Programme	https://www.npeu.ox.ac.uk/mbrrace-uk

Appendix 2.

SBUHB Welsh Government Assurance Forms Process

Key;

- Executive Medical Director's Department
- Clinical Audit & Effectiveness Department (CAED)
- Service Delivery Group Medical Director

National Report Published

Request received from Welsh Government (WG) by email, outlining timescales

CAED sets up electronic forms (Part A and Part B) and issues to identified lead(s) with timescales

Has response been received two weeks prior to the deadline? — No

No → CAED sends reminder, copying in Service Delivery Group MD

Yes → Automated email and link to Executive Medical Directors team to review response

Can response be submitted to WG? — No

No → CAED informs Service Delivery Group MD

CAED informs Service Delivery Group MD → Service Delivery Group MD makes contact with lead

Has response been received by the deadline? — No / Yes

Yes → CAED submits to response WG

CAED submits to response WG → CAED reports to each Clinical Outcomes and Effectiveness Group meeting

Process ends

Appendix 3. Current Health Board Audit Priorities

Audit title	Audit tools
WHO Surgical Checklist	Pending approval
DNACPR	Pending approval
Consent	Pending approval
End of Life Care	Pending approval
Antimicrobial Prescriptions	Pending approval
Newly published / amended NICE Guidance	[Follow link to specific NICE guideline and tool](#)

Appendix 4.

Clinical Outcomes & Effectiveness Group (COEG)
Terms of Reference

Author: Dr Alastair Roeves, Interim Deputy Medical Director and Chair of COEG

Introduction

Swansea Bay University Health Board's standing orders provide that *"The board may and, where directed by the Welsh Government must, appoint committees of the health board either to undertake specific functions on the board's behalf or to provide advice and assurance to the board in the exercise of its functions. The board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".*

In line with standing orders (and the Health Board's scheme of delegation), the board shall annually nominate a committee to be known as the Quality and Safety Committee. This committee's focus is on all aspects aimed at ensuring the quality and safety of healthcare, including activities traditionally referred to as "clinical governance".

The Clinical Outcomes & Effectiveness Group (COEG) is a sub-committee to the Quality & Safety Governance Group, which feeds into the Quality and Safety Committee. The detailed terms of reference and operating arrangements in respect of this committee are set out below.

Purpose

The purpose of the Clinical Outcomes & Effectiveness Group (COEG) is to:

- Provide assurance to the Quality & Safety Committee, via the Quality & Safety Governance Group, that there are appropriate systems in place for the development and monitoring of policy and standards relating to
    - National and Local Clinical Audits
    - Mortality Reviews
    - NICE Guidance (as it applies in Wales)
    - Health Technology Wales (HTW) reports
- The committee will identify, manage and escalate risks to the Quality and Safety Committee via the Quality & Safety Governance Group, as identified.

Delegated Powers

The Clinical Outcomes & Effectiveness Group (COEG) will, in respect of its assurance role, operate as necessary to ensure that it is confident that arrangements for clinical audits, mortality reviews, NICE guidance and HTW reports are operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the health board.

Objectives

To achieve this, the Clinical Outcomes & Effectiveness Group (COEG) programme of work will be designed to ensure that:

1. **Mandatory National Clinical Audits - COEG will**
   Receive the NHS Wales National Clinical Audit **and** Outcome Review (NCA&OR) Annual Plan,
   a. **Communicate** to all Service Delivery Groups those audits the Health Board will participate in during the next audit year
   b. **Agree** a single named clinical lead for each audit at local health board level who will be responsible for coordinating any responses
   c. **Ensure** that any required responses back to Welsh Government regarding National Clinical Audits are coordinated and appropriate
   d. **Ensure** that Service Delivery Group clinical and senior management teams have, with respect to the published reports and online data relating to the NCA&OR audits
      i. reviewed the findings
      ii. considered the implications for their service (including a risk assessment)
      iii. set out improvement actions
      iv. Identify actions in their Service Delivery Group IMTP process to address any gaps highlighted.
   e. **Scrutinise** clinical outcome data arising from national audits
   f. **Monitor** progress against the agreed improvement actions
   g. **Note** ad hoc responses provided by the Executive Medical Director on behalf of the Health Board to Welsh Government and national audit programmes
   h. **Provide assurance** to the Quality & Safety Governance Group that quality and service improvements in response to NCA&OR audit reports have been identified and progress is being monitored effectively

2. **Mortality data - COEG will**

a. **Ensure** that the Health Board's mortality review process is fully implemented and meets the requirements set by NHS Wales and the Lead Medical Examiner for Wales from 1st April 2021.
b. **Ensure** that Service Delivery Group clinical and senior management teams have, with respect to mortality review processes,
   i. reviewed any findings
   ii. considered the implications for their service (including a risk assessment)
   iii. set out improvement actions
   iv. Identify actions in their Service Delivery Group IMTP process to address any gaps highlighted.
c. **Scrutinise** trends arising from mortality reviews and mortality statistics
d. **Monitor** progress against the agreed improvement actions.
e. **Provide assurance to the Quality & Safety Group**, that all deaths (from April 1st 2021) are being reviewed and that lessons learned from these reviews are being used to inform Health Board and national improvement programmes

3. **NICE Guidance - COEG will**
a. **Receive** publications from NICE, including guidance, guidelines, quality standards and pathways (but NOT when publications relate specifically to medicines, which should be addressed by the Medicines Management Strategy Board)
b. **Ensure** that the Health Board has signed up as a NICE stakeholder
c. **Ensure** that there is a Health Board process for providing comment to contribute to NICE guideline development
d. **Receive** information from Service Delivery Groups regarding the identity of named clinical lead/s for each NICE guidance, who will be responsible for submitting responses to COEG
e. **Oversee** the systems and processes for dissemination of NICE guidance
f. **Ensure** that Service Delivery Group clinical and senior management teams have, with respect to NICE guidance,
   i. reviewed the NICE guidance
   ii. considered the implications for their service (including a risk assessment)
   iii. set out improvement actions
   iv. Identify actions in their Service Delivery Group IMTP process to address any gaps highlighted.
g. **Provide assurance** to Welsh Government that NICE guidelines have been considered, if requested

4. **Health Technology Wales (HTW) - COEG will**
a. **Receive** publications from Health Technology Wales, which may include, but is not limited to, medical devices, surgical procedures, psychological therapies, tele-monitoring or rehabilitation
b. **Agree** a single named clinical lead or established group for each Health Technology Wales guidance, at health board level, that will be responsible for coordinating responses.
c. **Oversee** the systems and processes for dissemination of Health Technology Wales publications
d. **Ensure** that Service Delivery Group clinical and senior management teams have, with respect to Health Technology Wales,
   i. reviewed the HTW guidance
   ii. considered the implications for their service (including a risk assessment)
   iii. set out improvement actions
   iv. Identify actions in their Service Delivery Group IMTP process to address any gaps highlighted

e. **Provide assurance** to Welsh Government that HTW guidance has been considered, if requested

5. **Patient Safety Notices - COEG will**
   a. **Ensure** effective dissemination of Patient Safety Notices

6. **Interventional Procedures - COEG will**
   a. Receive requests from Service Delivery Group Medical Directors on behalf of clinicians to introduce new techniques/procedures
   b. Agree a standard operating procedure for assessing and endorsing requests for the introduction of new techniques/procedures
   c. Provide assurance to the Quality & Safety Committee that appropriate governance has been applied in assessing all requests

7. **Discharge Summaries - COEG will**
   a. Receive from Service Delivery Groups their performance data in relation to discharge summary completion rates

8. **Local Clinical Audits - COEG will**   a.
   Receive reports from the Service Delivery Groups on progress with their plans and the Health Board priority topics, as set out in the Clinical Audit and Effectiveness Policy hierarchy of audit
   b. **Oversee** a process of local clinical audit that ensures robust methodology, that progress is monitored and that outcomes are reviewed
   c. **Provide assurance** to the Quality & Safety Governance Group that quality and service improvements in response to local audit reports have been identified and progress is being monitored effectively

9. **Infection Prevention Control & Antimicrobial Stewardship COEG will**
   a. **Discuss** the outcomes and effectiveness of actions taken by Service Delivery Groups to improve infection prevention and control and enhance antimicrobial stewardship

10. **National & Local Safety Standards for Invasive Procedures COEG will**
    a. **Oversee** the Improvement Plan for LocSSIPs and
    b. **Report** on progress to the Quality & Safety Governance Group

Authority

The group is authorised by the Quality & Safety Governance Group to investigate or have investigated any activity within its terms of reference. In doing so, COEG shall have the right to inspect any records or documents of the Health Board relevant to the COEG's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by COEG); and

- other committee, sub-committee or group set up by the board to assist in the delivery of its functions.

COEG is authorised by the board to obtain outside legal or other independent professional

advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the board's procurement, budgetary and other requirements.

Access

The chair of COEG shall have reasonable access to executive directors and other relevant senior staff.

Sub-Committees

COEG may, subject to the approval of the health board, establish sub-committees or task and finish groups to carry out on its behalf, specific aspects of COEG business.

Membership

Chairperson - Interim Deputy Medical Director, or AMD for Quality & Safety

Members - All Service Delivery Group Medical Directors

Associate Medical Directors for

- Research
- Education & Training
- Quality & Safety
- Information & Digital
- Transformation
- Innovation
- Non-COVID-19 Services

Executive Medical Directorate Manager – post vacant

Clinical Audit & Effectiveness Manager (Executive Medical Directorate)

Head of Quality & Safety (Corporate Nursing Directorate)

Director of Public Health

Clinical Director of Pharmacy

Clinical Effectiveness & Formulary Pharmacist

Assistant Director of Therapies & Health Sciences

Head of Information Services

Secretary - Executive Medical Directorate

If a member is unable to attend the meeting, a deputy may attend. However, the deputy must have sufficient authority to make decisions on behalf of the usual member.

The chair may extend invitations to attend COEG meetings as required to the following:

- Any persons identified as having a role within clinical audit, mortality reviews, NICE Guidance and assessment of health technologies,

- Anyone from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

Clinical Outcomes and Effectiveness (COEG) Meetings

Meetings shall be held no less than quarterly and otherwise as the chair of the committee deems necessary.

At least five members must be present to ensure the quorum of the committee and must include the following:

- The COEG chair or vice-chair.
- Four Service Delivery Group Medical Directors or their deputies

Reporting and Assurance Arrangements

The Clinical Outcomes & Effectiveness Group (COEG) will report directly into the Quality & Safety Governance Group. The minutes of the Clinical Outcomes & Effectiveness Group (COEG) will be submitted to the Quality & Safety Governance Group.

The committee chair shall:

- bring to the Quality & Safety Governance Group specific attention to any significant matters under consideration by the committee;
- ensure appropriate escalation arrangements are in place to alert the health board chair, chief executive or chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the health board.

Applicability of Standing Orders to COEG Business

The requirements for the conduct of business as set out in the health board's standing orders are equally applicable to the operation of the Clinical Outcomes and Effectiveness group (COEG), except in the following areas;