

ABM University Health Board	
1 <sup>st</sup> February 2018 Quality & Safety Committee Agenda item: 8.1	
<b>Subject</b>	<b>Clinical Outcomes Group Report</b>
<b>Prepared by</b>	<b>Anne Biffin, Clinical Effectiveness &amp; Governance Manager Sharon Rağbetli, Clinical Audit &amp; Effectiveness Manager</b>
<b>Approved by</b>	<b>Hamish Laing, Executive Medical Director</b>
<b>Presented by</b>	<b>Hamish Laing, Executive Medical Director</b>

## **1.0 Situation**

**1.1** ABMU participates in all of the mandated national clinical audits and clinical outcome reviews included in the National Clinical Audit and Outcome Review (NCA&OR) Advisory Committee Annual Plan.

Following publication of a report, the Health Board submits a two-part “assurance proforma” to Welsh Government within set timescales. Clinical teams are asked to indicate which of the report’s recommendations they are going to focus on, and what improvement actions are going to be taken to address those recommendations. Improvement actions are discussed when the report is presented at the Clinical Outcomes Group. A list of reports published in November & December 2017 is attached at Appendix i.

An action log is maintained by the Executive Medical Director’s Department which is reviewed at each Clinical Outcomes Group meeting for progress and any gaps or concerns are escalated to the relevant Unit Medical Director (Appendix ii).

**1.2** Local (Delivery Unit) clinical audit is registered with the Clinical Audit & Effectiveness Department (CA&ED) following scrutiny by the designated lead for each audit and monitored through Delivery Unit governance structures.

**1.3** Clinical Audit arrangements are set out in the Health Board’s Clinical Audit Policy. The policy has been reviewed and revised by the Clinical Outcomes Group and is attached at Appendix iii for approval.

## **2.0 Background**

The National Clinical Audit and Outcome Review Advisory Committee (NCA&ORAC) Annual Plan is adopted as the ABMU Clinical Audit Annual Plan. The Clinical Outcomes Group receives presentations on the published reports resulting from these projects. A standardised presentation template ensures that there is a focus on

benchmarking local performance against key recommendations, the learning for the Health Board and identification of areas for improvement and action plans. The areas for improvement and improvement actions populate the first and second parts of the Welsh Government assurance proforma respectively.

### 3.0 Assessment

#### 3.1 Updates on NCA&ORAC audits and databases

- The deadline for the Clinical Outcomes Review Programme (CORP) **Acute Heart Failure Study** passed. All clinical questionnaires were completed.
- The CA&ED continues to collect data for the **National Chronic Obstructive Pulmonary Disease (COPD) Secondary Care Audit**.
- It is anticipated that the IT problems with the **National Ophthalmology Audit (Adult Cataract Surgery)** will be resolved very shortly to enable data to be submitted during the first quarter of 2018.
- Morriston, Princess of Wales and Singleton contributed data to the **Dementia - Delirium Spotlight Audit** undertaken in November 2017.
- There was a short extension to the deadline for data entry into the **National Audit of Psychosis** which closed on 1<sup>st</sup> December 2017. Of an expected 100 cases, ABMU submitted 46.
- A letter dated 30<sup>th</sup> November 2017 was received from the **National Lung Cancer Audit (NCLA)** team alerting the Health Board to its outlier status. A review of cases identified an additional five patients for inclusion. These data, together with an analysis of the existing cohort were presented at a Lung Cancer multi-disciplinary team (MDT) meeting and an action plan was agreed;
  - Review of automated processes for data transfer between chemotherapy prescribing system and MDT data record system to ensure oral chemotherapy data is captured
  - Prospective validation of oncological data prior to submission to NCLA to ensure all relevant patients are included and data is as complete as possible
  - Review of performance status at diagnosis to ensure this is as accurate as possible
  - Aim for oncological referral in a timely manner to maximise the chance of Systemic Anti-Cancer Therapy (SACT) for these patients where clinically appropriate

Further discussion will take place at the COG meeting on 26<sup>th</sup> January.

- The Princess of Wales Unit hosted the **National Emergency Laparotomy (NELA) Audit** workshop on 14<sup>th</sup> December, showcasing software developed by Medway Foundation Trust to convert data submitted to NELA into dashboard posters for display within the relevant clinical areas. Representation from ABMU was strong with clinicians from the Surgical, ITU and Anaesthetics Departments in addition to Clinical Audit Department participation.

### **3.2 Key points from presentations to the Clinical Outcomes Group November & December 2017**

- **Mental Health CORP Annual Report: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness**

The Crisis Team contact policy is under review, moving towards face-to-face contact rather than telephone contact alone.

There is variation between pharmacies in their opioid prescribing practices. Dual diagnosis management plans are being developed for mental health patients with a drug dependency to help address this.

ABMU is piloting an all Wales mortality review process. This will be particularly helpful in capturing the learning in patients who had underlying metabolic illness as well as their mental health condition.

- **National Audit of Breast Cancer in Older Patients: First Year Annual Report 2017**

Welsh data is not included in this report but will be included from 2018 onwards. Locally collected ABMU data was presented for comparison.

ABMU patients have a longer length of stay than the report data show. The Information Department is going to provide the Clinical Lead with more detailed length of stay data so that the team can explore ways to reduce it.

The clinical team is intending to review the International Consortium for Health Outcomes Measurement (ICHOM) breast cancer dataset with a view to adopting it in ABMU.

Working relationships between care of the Elderly and Breast Cancer teams will be strengthened and frailty assessments undertaken when women are admitted. The long term aim is to recruit an Oncogeriatrician.

### **3.3 Assurance Proformas**

The process seeks assurance that the Health Board as a whole has considered the recommendations in each report and that there are improvement actions in place to address any gaps. Support to complete and submit the proformas is provided by the Clinical Audit & Effectiveness and Executive Medical Director's Departments. As at 19<sup>th</sup> January there were 14 outstanding proformas. These are listed in Appendix iv

### **4.0 Recommendation**

The Committee is asked to approve the draft Clinical Audit Policy and note the remainder of the report.

## Appendix i

National Reports Published November 2017 to date	
<a href="#">National Maternity and Perinatal Audit</a> ; Largest ever maternity audit publishes report to help NHS services deliver improvements for women and babies.	9 <sup>th</sup> November 2017
<a href="#">National Prostate Cancer Audit</a> ; Fewer men receive potentially unnecessary treatments for prostate cancer.	21 <sup>st</sup> November 2017
<a href="#">National Lung Cancer Audit</a> ; Record number of lung cancer operations as patient survival rates continue to rise	21 <sup>st</sup> November 2017
<a href="#">National Vascular Registry</a> ; Survival rates for patients undergoing abdominal aortic surgery continue to improve.	22 <sup>nd</sup> November 2017
<a href="#">Falls and Fragility Fractures Audit Programme</a> ; Prevention of inpatient falls has improved but further change is needed	22 <sup>nd</sup> November 2017
<a href="#">Mothers and Babies, Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE)</a> ; Enquiry outlines measures to prevent labour-related deaths of babies in the future.	28 <sup>th</sup> November 2017
<a href="#">Stroke Sentinel National Audit Programme (SSNAP) 4<sup>th</sup> Annual Report</a> ; The report is partially focusing on how regional and local hospital teams are using SSNAP data in quality improvement (QI) initiatives to improve services across the patient journey from acute care into rehabilitation and beyond.	29 <sup>th</sup> November 2017
<a href="#">Maternal, Newborn and Infant Clinical Outcome Review Programme – Saving Lives, Improving Mothers' Care 2013-15</a> ; Delivered by MBRRACE, the report includes surveillance data on women who died during or up to one year after pregnancy between 2013 and 2015 in the UK.	7 <sup>th</sup> December 2017
<a href="#">National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme Primary Care (Welsh Data Only)</a> ; Feedback from stakeholders and learning from that work resulted in a reduction to 14 queries for this extraction, with an increased focus on queries that directly relate to opportunities for improving quality.	14 <sup>th</sup> December 2017
<a href="#">National Bowel Cancer Audit 2017</a> ; The eighth report includes data on over 30,000 patients diagnosed with bowel cancer between April 2015 and March 2016. The overall case ascertainment for England and Wales was 95%.	14 <sup>th</sup> December 2017
<a href="#">National Oesophago-gastric Cancer Audit</a> ; This 2017 Annual Report from the National Oesophago-Gastric Cancer Audit provides the most up-to-date information on the care and outcomes of patients diagnosed with OG cancer or oesophageal high grade dysplasia.	14 <sup>th</sup> December 2017
<a href="#">National Chronic Kidney Disease Audit (Part 2)</a> ; The audit reports the processes and care of outcomes for patients who were seen in primary care between April 2015 and June 2016. The report includes data linked from 1,005 practices representing approximately 75% of the Welsh practice population and 10% of the practice population in England. It has produced the largest sample of patients with CKD in primary care globally.	14 <sup>th</sup> December 2017

# Clinical Outcomes Group

Total Number of Actions: 73

Total Completed: 39

Total In Development: 36

Total on Hold: 6

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Actions on Hold – Page 3

Actions in Development – Pages 5 - 7

Actions Completed – Pages 9 - 14

Actions '*In Development*' are categorised as follows;

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



Table of Actions on Hold

Date	Report	Action Required	Job Title	Note
22/07/2016	<b>Parkinsons (Neurology Services)</b>	Review nursing levels at Gorseinon centre and explore recruitment options to meet the minimum of six in line with the national standard.	Consultant Neurologist	No funding available to recruit another nurse. 0.5 WTE funded by PDUK.
28/11/2016	<b>Acute Pancreatitis Audit (MORR)</b>	Investigate the establishment of an ERCP/Interventional Radiographer rota.	UMD	Radiology posts vacant with national shortage of radiologists.
		Establish Hot Gall Bladder list.	Consultant Upper GI Surgeon	Currently no theatre space to accommodate extra list.
28/11/2016	<b>Acute Pancreatitis Audit (POW)</b>	Explore possibility of all upper GI consultant surgeons doing an extra list weekly.	Consultant Upper GI Surgeon	Too few consultant surgeons available to accommodate an extra list.
		Establish a hot gall bladder list.		Staffing is an issue as well as theatre capacity.
		Recruit a radiologist or gastroenterologist that is able to carry out ERCP to replace retiring staff member.		Recruitment of radiologists currently a national issue due to shortages of staff in the speciality.





## Table of Actions in Development

Date	Report	Action Required	Job Title	Notes
21/03/2017	National Paediatric Diabetes Audit Report Part 1: Care Processes and Outcomes	Ensure that the retinopathy screening results available on the Welsh Clinical Portal.	Consultant Paediatrician x2	
21/04/2017	Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (Morriston)	Work toward the establishment of private interview spaces on wards (Discuss with the Director of Strategy). Establish a 24/7 liaison psychiatry service.	Consultant Psychiatrist Interim UMD Mental Health & Learning Disabilities	
21/04/2017	National Diabetes Audit Core Report 1: Care Processes and Treatments	Improve patient uptake of structured education programs(tasters, evening & weekend sessions) and promote use of PocketMedic	General Practitioner Professor, Diabetes	Initial Update due end of July 2017
25/09/2017	Non-Invasive Ventilation Report 2017	Establish 7 day respiratory service. Review Clinical Lead for NIV job plan to allocate time for audit and governance.	X3 Respiratory Consultant	Initial update due Jan 2018

		Daily consultant review of all patients receiving acute NIV.		
25/09/2017	National Audit of Dementia	<p>Improve assessment and recording of delirium.</p> <p>Promote use of 'This is me' and electronic patient held records.</p> <p>Promote and improve the nutritional needs of dementia patients. (E.g. attendance of carers (Johns Campaign) and provision of finger foods.)</p> <p>Support dementia champions and increase numbers.</p>	X3 Consultant Psychiatrist	Initial update due Jan 2018
27/10/2017	National Paediatric Diabetes Audit Report 2 : Hospital Admissions and Complications	<p>Liaise with UMD for Primary Care to discuss new ABMU Educator post.</p> <p>Explore options of potentially employing a youth worker.</p> <p>Extend implementation of SEREN outside of POW.</p>	Consultant Paediatrician	Initial update due Feb 2018
15/11/2017	National Confidential Inquiry into Suicide and Homicide [NCISH] by <i>People with Mental Illness</i>	<p>Implement dual diagnosis service.</p> <p>Further Development of Services for Personality Disordered patients</p> <p>Develop Audit Programme</p>	UMD Mental Health & Learning Disabilities	Initial update due Feb 2018
11/12/2017	National Audit of Breast Cancer in Older Patients	Review MDT pathways for breast cancer patients.	Consultant Breast Surgeon	Initial update due March 2018

## Clinical Outcomes Group

	<b>1<sup>st</sup> Annual Report</b>	Explore ways to strengthen links with the Care of the Older Person Team in the care of the frail with the breast cancer.		
<b>26/01/2018</b>	<b>National COPD Audit – Primary Care</b>		UMD Primary Care	<b>Initial update due April 2018</b>
<b>26/01/2018</b>	<b>National Emergency Laparotomy Audit (NELA)</b>		Consultant General Surgeon (x2)  Consultant Anaesthetist (x2)	<b>Initial update due April 2018</b>



## Table of Actions Completed

Date	Report	Action Required	Job Title	Notes
22/07/2016	Parkinsons (Elderly Care Services)	Explore the options of providing clerical (health records) support in order to re-establish a service at NPTH.	Unit Medical Director	5 <sup>th</sup> January 2017 – Parkinsons clinic supported by cardiology secretaries.
19/01/2017	Making Mental Health Safer: Annual Report and 20 year Review 2016	Discuss the Regional Suicide Group and its incorporation in to the role of the Director of Public Health as well as the new Unit Medical Director for Mental Health.	UMD for Mental Health & LD	
19/01/2017	National Bowel Cancer Audit	Discuss adapting consultant job plans to allow dedicated time for data collection and review prior to submission.	Consultant General & Colorectal Surgery x2	
		Seek assurance from the Health Board's Lead Clinician for cancer services that a replacement Consultant Oncologist is actively being sought.	Deputy Medical Director	
19/01/2017	Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: National Primary Care Audit Wales 2014-15	Promote Spirometry Methodology Course being run by Swansea University	GP  Respiratory Medicine Consultant	
		GP's to do patient reviews and record findings. (Reviews to be carried out during summer months when exacerbations of COPD are less prevalent.)		

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19/01/2017	<b>National Prostate Cancer Audit 2016</b>	<p>Participation and data completeness to be improved through increased collection of performance status data.</p> <p>Discuss job plans with clinical lead to allocate dedicated time for audit activity.</p>	Consultant Urologist x2	
21/03/2017	<b>National Neonatal Audit Programme 2016 Report – Singleton</b>	<p>Further improve breast feeding rates at discharge at Singleton</p> <p>Nominate a middle-grade to champion Badgernet; cascade training to new and old staff (new additions to data every year)</p> <p>ROP screening and culture information to be mandatory</p> <p>Implement consultant rota for neonatal unit – consultant cover now available every morning</p> <p>Increase data entry for 2 year developmental outcomes</p> <p>Improve thermal care of preterm infants at both units</p> <p>Further reduction of CLABSI</p>		
21/03/2017	<b>National Neonatal Audit Programme 2016 Report – POW</b>	<p>Improve consultant participation with – checking input, discharge summaries etc.</p> <p>Nominate a middle-grade to champion Badgernet; cascade training to new and old staff (new additions to data every year)</p>	Consultant Paediatrician	No funding for data manager at present.

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		Regular data quality checks and feedback.		
		Research possibility of a data manager.		
21/03/2017	<b>National Diabetes Inpatient Audit England And Wales 2016</b>	<p>Continue the THINKGLUCOSE initiative.</p> <p>Plan to increase the numbers of diabetes nurse specialists, dieticians &amp; podiatrists.</p> <p>Liaise with primary care care/podiatry services regarding diabetic foot care.</p> <p>Discuss job plans with clinical lead to allocate dedicated time for audit activity.</p> <p>Seriously consider the introduction of diabetes in-patient teams.</p> <p>Increase diabetes consultant numbers.</p>	Professor, Diabetes	
21/03/2017	<b>National Paediatric Diabetes Audit Report Part 1: Care Processes and Outcomes</b>	<p>Formulate Structured Education in conjunction with the SEREN project.</p> <p>Explore the possibilities of appointing a dietician for the service.</p> <p>Explore and expand upon the role of the recently appointed psychologist.</p>	Consultant Paediatrician x2	
21/04/2017	<b>National Diabetes</b>	Improve audit participation to 100%	General Practitioner	



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	<b>Audit Core Report 1: Care Processes and Treatments</b>	Improve achievement of all 8 care bundles in diabetes type 1 patients.	Professor, Diabetes	
		Explore how best to free up resources to fund community and hospital Diabetes Specialist Nurses		
21/04/2017	<b>National Diabetes Audit: Foot Care Report</b>	Link in with NWIS via ABM Informatics regarding funding for development of an e-form	Podiatry & Orthotics Manager  Informatics Programme Manager	
		Develop inpatient hospital podiatry service.	Deputy Head of Podiatry  Podiatry & Orthotics Manager	
		Utilise Patient Knows Best accounts to encourage patient education.		
		Utilise the iPads provided to primary care practitioners to improve communication between primary and secondary care services.		
			Discuss establishment of diabetic foot care as part of nurse competency training at nursing forums.	Senior Nurse for Safety & Quality
21/04/2017	<b>Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (Morriston)</b>	Continue working toward Psychiatric Liaison Accreditation Network accreditation.	Consultant Psychiatrist	
21/04/2017	<b>Medical and</b>	Triage all liaison referrals.	Locum Consultant	

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	<b>Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (POW)</b>	Standardise and introduce Mental Health Liaison Psychiatry Referral Form.	Psychiatrist	
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## ***Clinical Audit 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 Effectiveness & Governance Manager, Clinical Audit & Effectiveness Manager***

***Approved by:***

***Approval Date:***

***Review Date:***

***Document No:***

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## References

## Appendices

Appendix 1.	Healthcare Quality Improvement (HQiP) Three Dimensions of a High Quality Healthcare Service
Appendix 2.	Clinical Outcomes Group - Terms of Reference
Appendix 3.	ABMU HB Clinical Audit Registration Form
Appendix 4.	ABMU HB Clinical Audit Action Plan Form
Appendix 5.	Welsh Government Assurance Proforma
Appendix 6.	ABMU HB Process for Welsh Government Assurance Proformas

## 1. Policy Statement

Clinical Audit is a quality improvement process and a mechanism that provides assurance about the quality and safety of our services. It supports ABMU staff to embrace the Health Board's vision of continuous improvement as demonstrated in its value framework - "Always Improving".

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

This policy sets out what the Health Board includes in its Clinical Audit Annual Plan and clarifies the role of the corporate Clinical Audit & Effectiveness team, Delivery Units and individuals in carrying out and managing national & local clinical audit activity.

The policy identifies the structures and processes in place to support the dissemination and monitoring of the ABMU Clinical Audit Plan in line with National guidance<sup>1</sup> and to meet the requirements of the Health and Care Standards<sup>2</sup>. It also sets out the registration requirements for all local clinical audit activity within the Health Board.

## 2. Scope of Policy

This 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. The policy also applies when individuals from ABMU participate in clinical audit across organisational boundaries.

## 3. Aims and Objectives

This policy aims to set out a framework for the prioritisation and conduct of clinical audit within the Health Board and the support available for it. It provides standards and guidelines for all staff participating in clinical audit activities and includes the procedures and expectations to ensure that:

### 3.1 **An Annual Clinical Audit Plan is in place incorporating National priorities.**

**3.1.1** The Health Board adopts the National Clinical Audit and Outcomes Review Advisory Committee (NCA&ORAC) programme as its Clinical Audit Plan. The NCA&ORC Programme is published by Welsh Government annually and includes national audits and outcome reviews that relate to a wide range of services. The current [NCA&ORAC Programme](#) is available on the Clinical Audit & Effectiveness Department intranet pages. The Health Board is mandated by Welsh Government to participate in all audits and outcome databases that relate to the services it delivers.

**3.1.2** Additional local/Delivery Unit-based audits may be carried out, in addition to the national audits, in order to improve services and provide opportunities for staff and students to develop their skills and knowledge in clinical audit. Before conducting these local audits, the subject and protocol must be agreed by the relevant Delivery Unit Quality & Safety group to ensure that the planned audits are in line with Health Board priorities for service improvement, or there has been an identified issue that may be resolved through the effective use of clinical audit.

**3.2 Clinical Audit is properly resourced** and that it has an appropriate status within Delivery Units and the Health Board to be an effective component of the Health Board's Governance Framework. The prime responsibility for auditing clinical care lies with the clinicians who provide that care. The Health Board is committed to supporting individuals who carry out clinical audit by providing advice, training and assistance from clinical audit staff with the appropriate competencies and experience. Training can also be provided for patients or carers who are involved in clinical audit.

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

**3.4 There are appropriate structures in place** to commission register and monitor clinical audit activity to provide assurance to the Health Board that the organisation participates fully in the NCA&ORC programme and uses the findings to drive improvement. These structures will also confirm that local clinical audit across the organisation is relevant, is undertaken in line with Nationally agreed best practice standards and addresses evidence of effectiveness and monitors the implementation of effective clinical practice.

ABMU references best practice guidance in approaching the issue of improvement and assurance, utilising the definitions and guidance set out by the Healthcare Quality Improvement Partnership (HQiP), (Appendix 1.)

#### 4. Definitions

ABMU Health Board adopts the definitions endorsed by the National Institute of Clinical Excellence, the Commission for Health Improvement and the NHS Executive:

**Clinical Audit** is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery <sup>3</sup>

**Clinical Effectiveness** is the extent to which specific clinical interventions, when deployed in the field for a particular patient or population, do what they are supposed to do, i.e. maintain and improve health and secure the greatest possible health gain from available resources <sup>4</sup>

#### 5. Responsibilities

- 5.1 The **Executive Medical Director** (EMD) is the Executive Lead for clinical audit in ABMU HB and chairs the Clinical Outcomes Group (COG) Terms of reference for the COG are attached (Appendix 2).

The EMD ensures that protected time is made available to directly managed staff for bi-monthly Clinical Governance Days. These days provide an opportunity to discuss clinical audit findings and agree improvement actions to be discussed at the COG and submitted to Welsh Government as part of its National audit assurance process.

- 5.2 The HB's Clinical Effectiveness and Governance Manager who sits within the Executive Medical Director's Department, reporting directly to the Executive Medical Director, is the **Corporate Operational Lead** for clinical audit.

The Clinical Effectiveness and Governance Manager has overarching management responsibilities for the Clinical Audit & Effectiveness Department as well as Library and Information Services and Post Graduate Education. They sit on key linking groups and committees including; Clinical Outcomes Group, Consent to Treatment Group and the Medical Education Committee, ensuring effective integration and communication between the clinical effectiveness components. They also represent ABMU on the National Clinical Audit and Outcomes Review Advisory Committee and the All Wales Mortality Review Steering Group.

- 5.3 Under the management of the Clinical Effectiveness and Governance Manager, the **Executive Medical Director's Department** (EMDD) coordinates the Health Board's participation in the Clinical Audit Plan & the Welsh Government National Audit & Outcomes Review Assurance Proforma process and provides administrative support to the Clinical Outcomes Group (COG), monitoring the COG improvement actions log.
- 5.4 **Unit Medical Directors** (UMDs) are responsible for ensuring appropriate structures are in place to enable full participation in all clinical audit projects/registries included in the Health Board's Clinical Audit Plan that relate to the services that are delivered in their Unit.

UMDs must ensure that each project/registry on the HB Clinical Audit Plan has a named clinical lead who has the necessary time allocated within their job plan to fulfill their responsibilities (See 5.5).

UMDs are responsible for planning, commissioning, prioritising, approving, and monitoring local clinical audit projects ensuring that these are registered (Appendix 3) with the Clinical Audit & Effectiveness Department, are carried out in line with best clinical audit practice and that resulting actions are completed (Appendix 4). Local clinical audit plans must be developed in line with best practice guidance<sup>1</sup>.

All local Clinical Audit activity must be scrutinised for a clear need and authorised by a senior consultant/manager or identified Clinical audit Lead, and approved by the relevant Delivery Unit Quality & Safety/governance group before being registered with the CA&E Department.

UMDs are responsible for ensuring that improvement action is being taken to address issues highlighted by National and local clinical audit findings and that those improvement actions are aligned with National and local delivery plans. UMDs are responsible for reporting progress against the actions agreed in their Delivery Unit both within the Delivery Unit via the appropriate Quality & Safety/governance group and, for HB Plan audits & outcome databases, the Clinical Outcomes Group.

UMDs may delegate their Delivery Unit lead responsibility for clinical audit to an identified individual or individuals within their management structure. These can be Associate Medical Directors, Clinical Directors or Clinical Leads. The individuals who have the delegated lead for clinical audit in each Delivery Unit are responsible for ensuring that the UMD's commitments in relation to clinical audit are met, including full participation in the audits and databases that form the HB's clinical audit plan and that appropriate prioritisation/approval/registration/monitoring of local clinical audit projects takes place.

## **5.5 Health Board Clinical Audit Plan National Audit & Registry Clinical Leads**

nominated by the relevant Unit Medical Director(s) may be responsible for that audit or registry across the Health Board or for one or more Delivery Units. They are responsible for ensuring that:

- The Health Board participates fully in the project, meeting all deadlines set by the organisation that hosts it
- Any constraints to full participation are escalated to the Unit Medical Director in a timely way so that they be reported to the next available Clinical Outcomes Group meeting to achieve a solution
- If data is available on a continuous basis, the clinical lead must ensure that these data are regularly reviewed by the clinical teams and are used to drive continuous improvement in patient outcomes and service delivery. Any concerns identified during this regular review must be reported to the UMD for discussion at the Unit Quality & Safety Group and the Clinical Outcomes Group.
- When a report is published by the audit or registry, the lead must liaise with clinical and management colleagues to ensure that the report is reviewed so that recommendations to be prioritised are agreed and actions to meet those recommendations are developed in line with local and National delivery plans.

- The lead is responsible for ensuring that the Welsh Government assurance process for national audits and registries is fully complied with and that the deadlines are met. The first part of the assurance proforma (Appendix 5.) must be completed within 4 weeks of the report's publication. The recommendations to be prioritised are set out in this part of the proforma (Part A). The second part, Part B, must be completed within 12 weeks of the report's publication and set out SMART objectives to meet the recommendations cited in Part A.
- The lead is responsible for presenting the report and proposed improvement actions to the Clinical Outcomes Group (COG). When the lead is not the overall Health Board lead, they are responsible for liaising with other Delivery Unit leads to agree who will present an overview of the report to avoid duplication.
- The lead must ensure that progress against agreed improvement actions is monitored and reported to the Unit Medical Director, or the individual in their Delivery Unit who has delegated responsibility for clinical audit, and the Executive Medical Director's Department bi-monthly for reporting at COG.

#### **5.6 Independent Contractors (Primary Care & Community Services Unit)**

Where services are not provided through directly managed staff, but through independent contractors (General Medical Practitioners, General Dental Practitioners, Optometrists and Community Pharmacists), special arrangements for Clinical Audits apply. Clinical Audits may occur in different circumstances;

- A mandated component of the independent contractor essential service contract
- A requirement of enhanced service contracts
- Voluntary participation in a national clinical audit (e.g. COPD, Diabetes, CKD national clinical audits)
- Personal or Practice-based clinical audits conducted for the use by the independent contractor for their organisational or appraisal/revalidation benefit.

In i-iii a summary report will be compiled annually and presented to the Clinical Outcomes Group by the UMD for Primary Care & Community Services or appointed deputy. In the case of personal or practice-based audits (iv), there will be no requirement for independent contractors to register these audits with the health board, and no requirement for the Primary Care & Community Services Unit to collate information on these audits.

Independent Contractors are responsible for arranging their own protected time for conducting clinical audits.

### **6. Consultation Process**

The Clinical Outcomes Group (COG) receives and reviews the draft Clinical Audit Policy. Each Unit Medical Director is a member of the COG.

The final draft is submitted to the Quality and Safety Committee for approval.

### **7. Publication and Dissemination**



The approved Clinical Audit Policy is made available on the Health Board's Clinical Online Information Network (COIN). There is a link to the relevant COIN page on the HB's [Clinical Audit and Effectiveness intranet site](#).

All Unit Medical Directors, Service Directors, Clinical Directors and identified Audit Leads in addition to Service Managers receive the link to the Clinical Audit Policy by email.

The Annual Clinical Audit Plan is circulated to all Unit Medical Directors, Clinical Directors and identified Audit Leads and posted onto the CA&ED intranet site.

## 8. Compliance

The **Clinical Outcomes Group (COG)** receives the Clinical Audit Policy, monitors participation in the Health Board plan audits and databases, and monitors compliance with Welsh Government's assurance process.

Once each audit or database publishes a report the COG receives a presentation on each publication. The results and action plans generated from local participation in National Audits and Registries enable the Health Boards performance to be benchmarked and appropriate action plans to be agreed with clinical areas. Terms of Reference for the COG can be found in Appendix 2.

The agreed actions added to the improvement log are reviewed for progress at each COG meeting and included in the COG report to the Quality and Safety Forum. As well as being monitored by the COG, compliance with the Welsh Government National audit & outcome database assurance process is monitored by Welsh Government and reported at the NCA&OR Advisory Committee. The ABMU process for managing the mandatory audits is described in Appendix 6.

## 9. Reporting

Assurance of participation in all audits and databases included in the Health Board's Clinical Audit Plan and the Welsh Government National audit assurance process, as well as progress against improvement actions, are reported to the Quality & Safety Committee bi-monthly as part of the Clinical Outcomes Group report.

The Clinical Audit Annual Report is received by the Clinical Outcomes Group and forwarded to the next available Quality & Safety Committee meeting for noting.

## 10. Support and Operational Arrangements

The **Clinical Audit and Effectiveness Department (CA&ED)** is managed by the **Clinical Audit and Effectiveness Manager (CA&E Manager)**.

The CA&ED provides the expertise, training and support in line with best practice and National requirements<sup>1, 10, 11 & 12</sup> and via representation on the Welsh Clinical Audit and Effectiveness Association, keeps in touch with national issues and changes. Links to various training packages and key documents are available on the [CA&ED intranet pages](#).

The Department prioritises support for audits included in the Health Board Clinical Audit Plan in its work programme. (*The other main task of the CA&ED is to manage the Mortality Review process*). One of the senior members of the CE&E team is assigned to support, coordinate and monitor participation in these mandated topics.

The team also undertakes and supports audit work in response to Risk, Incidents, Ombudsman Reports initiated by Health Board committees or groups to provide assurance, or to evaluate data from other sources. The COG approves support for

these audits and receives the reports and action plans relating to them. Reports and action plans relating to audits initiated by other Health Board groups will be received and considered by those groups in the first instance. These “Corporate” audits are included in the Clinical Audit Register but are not included in the forward Clinical Audit Annual Plan.

Locally registered audits are provided with practical support from the CA&E Department when capacity allows subject to them meeting the best practice criteria, established following review of the registration form by the CA&E Manager.

It is the individual clinician’s responsibility to ensure that accurate records of all clinical audit work are maintained to support reporting and appraisal & revalidation requirements. However to support this all audits registered with the CA&ED are included in the Audit Register published on the Clinical Audit webpages.

With the exception of busy periods, the Audit Register is updated weekly to accurately reflect the level of local clinical audit activity. This supports clinical areas in being able to identify the progress of projects and to review outcome summaries and action plans.

## **11. Review and Monitoring**

The policy will be reviewed by the Clinical Outcomes Group at least annually and following any relevant service changes or recommendations made by Internal Audit.

Participation in the Clinical Audit Plan, compliance with the Welsh Government Assurance process and completion of agreed improvement actions will be monitored by the Clinical Outcomes Group.

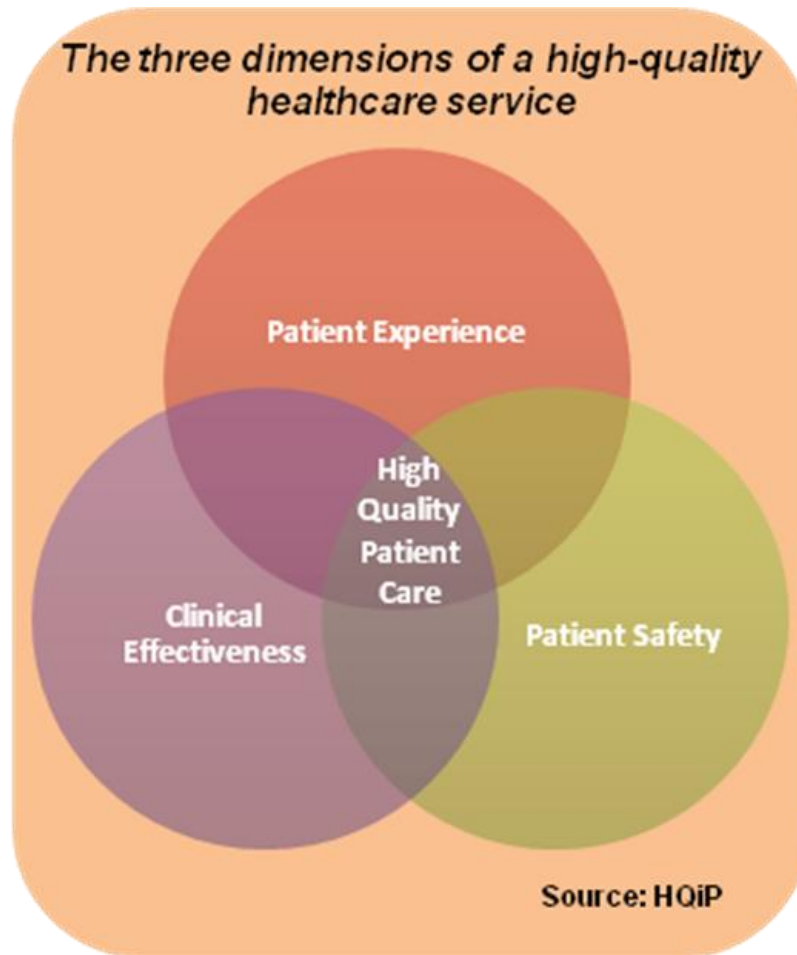
Approval and monitoring of Delivery Unit clinical audit plans will be undertaken by the individual Delivery Unit Quality & Safety Groups.

## References

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

1. Criteria and Indicators for Best Practice in Clinical Audit, HQIP 2016
2. Health and Care Standards, 2015
3. NICE Principles of Best Practice in Clinical Audit, 2002
4. NHS Executive, Promoting Clinical Effectiveness. A Framework for Action in and through the NHS, 1996
5. Template for Clinical Audit Policy, HQIP 2016
6. Policy for the Production, Consultation, Approval, Publication and Dissemination of Strategies, Policies, Protocols, Procedures and Guidelines, ABMU HB, 2015
7. ABMU HB Internal Audit Report, Clinical Audit Framework, Follow Up Review 2014/15: 007/2014
8. ABMU HB Internal Audit Report, Medical Directorate, ref ABM-1718-035
9. ABMU HB Internal Audit Report, Clinical Governance Framework, ref ABM-1617-015
10. A Reference Guide for Postgraduate Specialty Training in the UK, The Gold Guide Sixth Edition, February 2016
11. Good Medical Practice, General Medical Council, March 2013
12. The UK Foundation Programme Curriculum, 2016
13. NHS Wales Audit Committee Handbook, June 2012

## Appendix 1.



**Patient experience:** quality care is delivered for a positive experience, including being treated according to individual wants or needs, and with compassion, dignity, and respect

**Clinical effectiveness:** quality care is delivered according to the best evidence regarding what is clinically effective in improving an individual's health outcomes

**Patient safety:** quality care is delivered to prevent all avoidable harm and risks to an individual's safety

**Quality improvement** in healthcare is a process that seeks to enhance patient experience and individual health outcomes, through measuring and improving the effectiveness and safety of clinical services.

**Quality assurance** in healthcare is the planned and systematic monitoring of activity to ensure that the requirements for safe, clinically effective services and positive patient experience are met. Quality assurance aims to provide confidence and certainty in the quality of services.

## **Appendix 2.**

### **ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD CLINICAL OUTCOMES GROUP TERMS OF REFERENCE**

#### **1. Introduction**

The Clinical Outcomes Group is an assurance group that reports to the Quality & Safety Forum.

The Quality & Safety Forum has been established to support the role and function of the Quality & Safety Committee which, in line with standing orders (and the LHB's scheme of delegation), has been nominated by the Board to ensure the quality and safety of healthcare, including activities traditionally referred to as "clinical governance".

The Clinical Outcomes group is chaired by the Executive Medical Director and has representation from each of the Health Board's Delivery Units. Membership of the group is set out in Section 3 below.

The Clinical Outcomes Group was established to:

- Provide assurance of the quality and safety of care provided by the Health Board to the Quality & Safety Committee via the Quality & Safety Forum
- Ensure that there is equity of service provision across sites
- Provide assurance that national and local outcome data are being scrutinised and used to drive improvement.

The function of the Clinical Outcomes Group supports the delivery of the Health & Care Standard 3.1 Safe and Clinically Effective Care.

#### **2. Purpose**

##### **2.1 Mandatory National audits and databases**

- Scrutinise the clinical outcome data arising from national audits and databases that form part of the NHS Wales National Clinical Audit and Outcome Review (NCA&OR) Annual Plan.
- Ensure that Delivery Unit clinical and senior management teams have reviewed the findings of the published reports and online data relating to the NCA&OR audits and databases, considered the implications for their service and set out improvement actions linked to their IMTP process to address any gaps highlighted.
- Ensure that the Health Board's Welsh Government National Audit Assurance Proforma process is followed by the relevant Delivery Units so that the completed proformas are submitted on time.
- Receive the completed Welsh Government National Audit Assurance Proformas in order to review and approve the improvement actions contained in them, ensuring that there is clear alignment with local service improvement plans and the Health Board's overarching plans.

- Monitor progress against the agreed improvement actions.
- Note ad hoc responses provided by the Executive Medical Director on behalf of the Health Board to Welsh Government and national audit programmes
- Provide assurance to the Quality & Safety Forum that quality and service improvements in response to NCA&OR audit and database reports have been identified and progress is being monitored effectively

## **2.2 Mortality data**

- Ensure that the Health Board's mortality review process is fully implemented and that the process meets the requirements set by NHS Wales.
- Review Health Board high level mortality data and mortality review performance and learning, highlighting any areas of concern.
- Commission Delivery Unit, specialty or clinical team level investigation into mortality data/review concerns and anomalies and receive an outcome report from the Delivery Unit management team within the agreed timescale
- Review the Mortality Review and Mortality performance cards that are submitted to Quality & Safety Committee and form part of the Quality & Safety Committee's performance report to the Health Board
- Provide assurance to the Quality & Safety Committee that all in- hospital deaths are being reviewed and that lessons learned from the reviews are being used to inform local and Health Board improvement programmes

## **3. Membership & terms of operation**

Chair	Executive Medical Director
Vice Chair	Deputy Executive Medical Director
Members	All Delivery Unit Medical Directors (6) Director of Nursing & Patient Experience Director of Therapies & Health Sciences Director of Public Health Professor of Public Health & Co-Director of the Health Information Research Unit Assistant Medical Director - Patient Safety Head of Information Senior Information Analyst - Clinical Benchmarking Clinical Effectiveness & Governance Manager

All members will have a named deputy who will attend in their absence. It is expected that Delivery Unit Medical Directors (UMDs) will ensure that their Delivery Unit is represented at each meeting. Any member of the Delivery Unit senior management team is welcome to deputise for the UMD. Other members will be co-opted as appropriate.

The quorum of the group will be six, to include the Chair or Vice Chair, two UMDs, Corporate Nursing representative, Head of Information or their deputy, Clinical Effectiveness & Governance Manager or their deputy.

The group's work programme will be determined by the publication schedule for reports generated from audits and databases that form the NHS Wales National Clinical Audit and Outcome Review (NCA&OR) Annual Plan.

Secretariat will be provided by the Executive Medical Director's team.

#### **4. Reporting**

The Clinical Outcomes Group will provide reports to the Quality & Safety Forum at least three times year

#### **5. Evaluation**

The Clinical Outcomes Group (COG) report to the Quality & Safety Committee will include a summary of presentations received by the COG, compliance with the Welsh Government assurance proforma process, agreed improvement actions in response to national audit and outcome database reports included in assurance proformas, and progress against those actions.

## Appendix 3.

### ABMU Health Board Audit Registration Form

<ul style="list-style-type: none"> <li>For the use of all healthcare professionals who undertake a clinical audit project within ABMU Health Board</li> <li>Clinical Audit activity is scrutinized regularly, please complete all data fields to avoid delays in registration and support</li> <li>Advice on completing the form and carrying out your project is available from the Clinical Audit &amp; Effectiveness Department and within the Guidance document</li> <li>To complete on-line, <i>protect form</i> button  on the Form Menu to click appropriate boxes; <i>Unprotect form</i> to enter text</li> </ul>				
For Office Use Only Project Code	Date Received	Site	CAF	On Plan? Y <input type="checkbox"/> N <input type="checkbox"/>
Title of Project:				
Contact Name:		Position/Job Title:	Extension/Bleep:	
Email:				
Directorate:		Specialty/Dept		
Lead Consultant/Senior Manager:				
<p>Start Date ____/____/____ Proposed end date ____/____/____ (Action plan agreed &amp; submitted to Clinical Audit &amp; Effectiveness Dept.)</p> <p>Are you leaving the Health Board in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? ____/____/____</p> <p>Please identify who has <u>agreed</u> to be responsible for completing the project on your behalf if necessary &amp; ask them to sign. Completion of audit projects is actively monitored and reported. Evidence of the quality and completion of audit projects is also made available for the purposes of appraisals and interviews.</p> <p>Name ..... Contact Details.....</p> <p>Signature..... Date ____/____/____</p>				
<b>Reason for Audit</b> (Please tick as many as appropriate)				
Have you reviewed your Directorate/Locality Audit Plan? (Available on the CAED Website) <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Mandatory Audit from Welsh National Audit Plan <input type="checkbox"/> National/Regional Comparative Audit <input type="checkbox"/> National Clinical Guidance (e.g. NICE, NSF, Royal College) <input type="checkbox"/> Risk Management/high risk area <input type="checkbox"/> Complaint <input type="checkbox"/> 1000 Lives+		<input type="checkbox"/> Service change/reconfiguration <input type="checkbox"/> Feedback from Patient Experience Department <input type="checkbox"/> Topic on Audit Plan <input type="checkbox"/> Area of concern <input type="checkbox"/> Care Pathway <input type="checkbox"/> Personal Interest <input type="checkbox"/> Other .....		
<b>Scope of Project</b> (Please tick as many as appropriate)				
<input type="checkbox"/> National (UK) <input type="checkbox"/> All Wales	<input type="checkbox"/> Health Board wide <input type="checkbox"/> Multi-Directorate	<input type="checkbox"/> One Department <input type="checkbox"/> One Hospital Site	<input type="checkbox"/> New Audit <input type="checkbox"/> Re-Audit	
<b>Overall purpose of Audit</b> The aim of the audit, e.g. "To improve management of patients with pressure sores"				
<b>Methodology</b>				
<input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective <input type="checkbox"/> Review of case-notes <input type="checkbox"/> Review of computer database(s)				
<input type="checkbox"/> Face to face interview <input type="checkbox"/> Questionnaire <input type="checkbox"/> NICE Audit Tool <input type="checkbox"/> Other .....				
<b>Data Source</b> (which patients will be audited, time period, sample size and how the sample will be identified)				

Adapted from documentation developed by United Bristol Health Care NHS Trust





## Appendix 4.



### Clinical Audit Action Plan

Please complete & return to the Clinical Audit & Effectiveness Department as soon as possible with a copy of the Audit Presentation and/or Report				
<i>Office Use Only</i>				
Audit Number	Audit results attached	Y <input type="checkbox"/> N <input type="checkbox"/>	Lead Clinician	
Audit Title				
Audit Results Disseminated		Departmental Meeting <input type="checkbox"/>	Multi-disciplinary Meeting <input type="checkbox"/>	Clinical Outcomes Steering Group (COSG) <input type="checkbox"/>
(Please tick all that apply)		Conference <input type="checkbox"/>	Publication <input type="checkbox"/>	Clinical Audit & Effectiveness Website <input type="checkbox"/>
No Action required, standards for best practice were met		<input type="checkbox"/>		
		Action Plan required and agreed to meet/implement standards <input type="checkbox"/>		
Date Actions Agreed	.....	Date for Re-audit	.....	Directorate/Locality ..... Audit Lead Signature
Completion of audit projects is actively monitored and reported. Evidence of the quality and completion of audit projects is also made available for the purposes of appraisals and interviews.				
Action to be taken prior to re-audit	Date Initiated	Date Completed	Staff member responsible & email address	Evidence (attach)
• E.g. Reinforce standards, introduction of new standards	...../...../.....	...../...../.....		E.g. Records of meetings/teaching sessions and attendance lists etc.
•	...../...../.....	...../...../.....		
•	...../...../.....	...../...../.....		
•	...../...../.....	...../...../.....		
•	...../...../.....	...../...../.....		
•	...../...../.....	...../...../.....		
<i>Office Use Only;</i>				
Date received ...../...../.....		Re-audit entered onto current Plan? Y <input type="checkbox"/> N <input type="checkbox"/>		Copy sent to Dir/Loc Audit Lead ...../...../.....

## Appendix 5.

### NAME OF NHS HEALTH BOARD / TRUST

#### National Clinical Audit & Outcome Review Programme

All health boards / trusts participating in national clinical audits and outcome reviews must electronically send a completed front page and Part A version of this form to the mailbox address below within 4 weeks of the publication of reports and, a completed Part B within 3 months to : Mailbox address : [wqclinicalaudit@wales.nhs.uk](mailto:wqclinicalaudit@wales.nhs.uk)

Audit / Registry Title -

Date of published report -

HB Clinical Lead / Champion -

Is the HB currently participating in this audit? YES / NO (indicate as appropriate)

if the answer is "Yes" are all relevant services included in the audit? YES / NO (indicate as appropriate)

If your organisation or any relevant services are not participating please indicate why

If you are participating please complete the following table.

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

Has the audit formally identified your organisation or any parts of your organisation as an "Outlier"? YES / NO (indicate as appropriate)

If the answer is YES please describe what actions are being taken to address concerns	
---	--

**PART A.** What are the key national and local findings / recommendations from the last published report which your organisations needs to address (see guidance note below)

National	•
	•
	•
Local	•
	•

#### **Part A Guidance Note**

The recommendations which your organisation needs to address must be listed. On a separate sheet however, you may choose to highlight areas which the audit recognises you are doing particularly well (this information may be useful to other health boards / trusts looking for information to guide their service improvement).

National findings are common problems identified across the audit where healthcare nationally is generally falling below the standard identified by the audit. If your organisation is meeting these standards or performing significantly better than the audit average it should not be necessary to list them (see comment above).

Local findings are where specific weaknesses have been identified within your organisation. This may be an organisation wide issue or relate to individual hospitals or services, but significant variation in the delivery of services across the organisation should be highlighted.

For information a link to NICE guidance on how audit data is mapped to recommendations and quality measures is provided below:

<https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance>

**PART B. Describe the actions already taken or in the process of being developed to address the key findings and recommendations above with timescale and details of named lead.**

Action (provide additional detail on separate page(s) when required)	Timescale (incl. milestones)	Clinical Lead

If there are resource implications in the actions detailed above are they included in the health board / trust integrated medium term plans ?

**YES / NO** (please indicate as appropriate).

If the answer is **No**, how is the matter being addressed ?

**Part B Guidance Note**

The over-riding principle is that actions being taken must relate directly to the issues highlighted in Part A and, **lead to clear evidence of improvement when services are next re-audited.**

Information from audits and reviews hasn't always been used effectively in the past to improve services, but in future **must directly align with organisation's quality improvement programmes and lead to improved patient care.** Information demonstrating there has been a comprehensive review of report findings which are clearly feeding into local action plans is important

Information from audits and reviews should demonstrate a pattern of year on year improvement

Bear in mind that many important improvements are often linked to relatively simple changes of procedure or process

Information provided should be focussed on addressing the audit / review findings. Organisations must resist the temptation to include information on quality improvement initiatives which have little or no direct relevance to the specific findings and recommendations listed in Part A.

Where findings confirm significant variation of services within an organisation, details of how variation is being addressed and, the learning from the best performing units is being shared should be provided. Clear evidence that report details are feeding into change across the organisation is important.

Where appropriate, organisations should also provide information to demonstrate how they are using the learning from other high performing organisations in Wales or from across the wider audit.

**Issues to bear in mind:**

- Health boards should take the opportunity to maximise the investment in national audits and utilise findings to direct service improvement.
- Report plans should demonstrate information from audits and reviews is part of on-going local governance
- Reports should feed into on-going MDT working across the organisation
- Information to show reports are driving/guiding change and improvement is important
- information from audits should provide evidence on ongoing year on year improvement

**Overall Assessment**

**How would you assess your organisations progress in relation to this Audit?**

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

The completed assurance pro-forma should be signed by the health board clinical lead for the audit / review and the Medical Director or their representative.

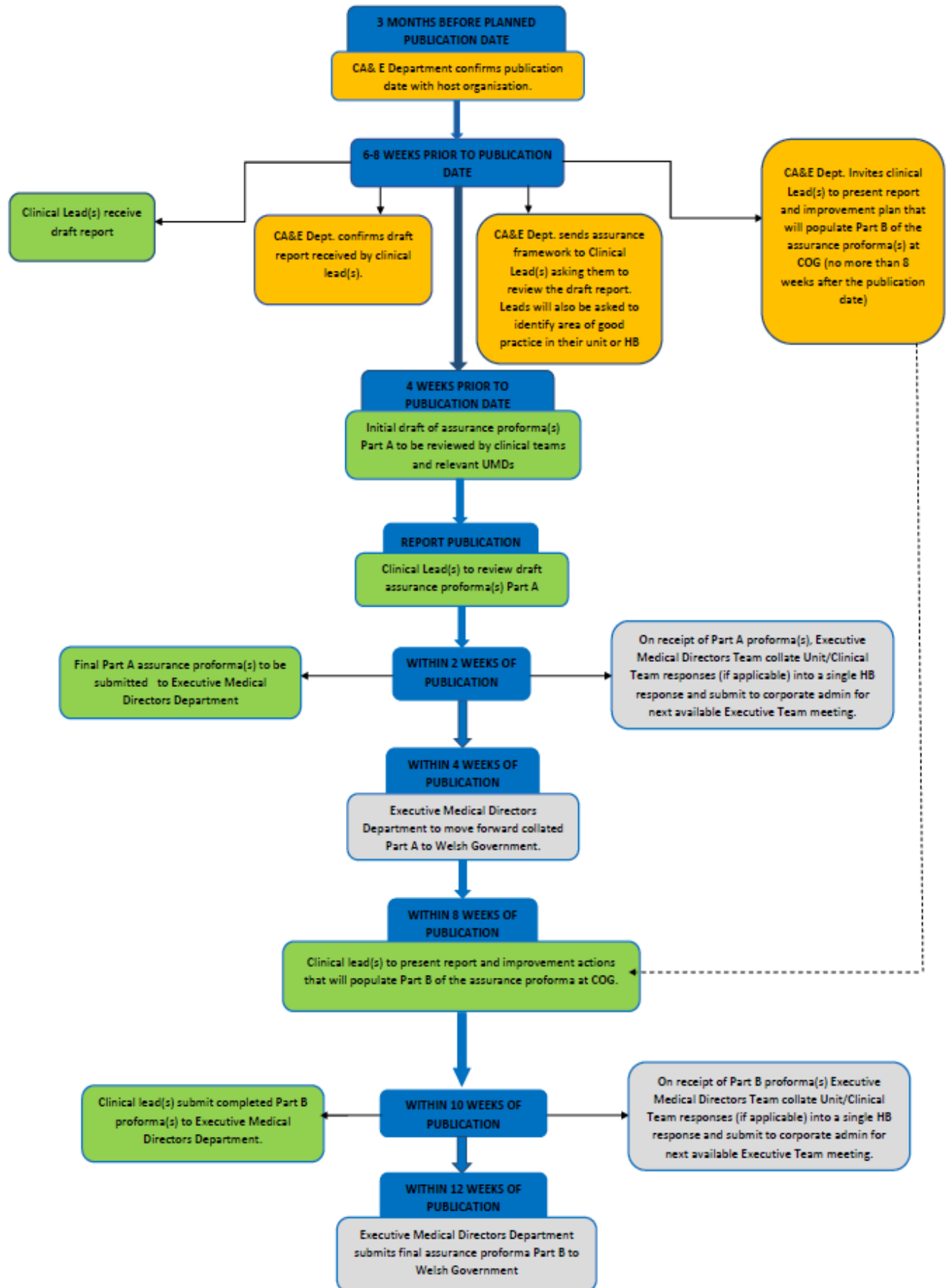
Health board / trust clinical lead for the audit / review : .....

Medical Director's Office : .....

Date .....

## Appendix 6.

### ABMU Process for Welsh Government Assurance Proformas



## Appendix iv

### Outstanding Assurance Proformas as at 19<sup>th</sup> January 2018

Delivery Unit	Outstanding proformas
Mental Health & Learning Disabilities	<ul style="list-style-type: none"> <li>• Mental Health Clinical Outcome Review programme Annual Report: National Confidential Inquiry into Suicide &amp; Homicide by People with Mental Illness (Part B) <i>Presented at COG</i></li> </ul>
Morriston	<ul style="list-style-type: none"> <li>• National Audit of Percutaneous Coronary Interventions (Parts A &amp; B)</li> <li>• Sentinel Stroke Annual Report (Part A)</li> <li>• National Chronic Obstructive Pulmonary Disease Audit Programme (Part B)</li> <li>• National Diabetes Audit: Foot Care Supplementary Report (Part B)</li> </ul>
Neath Port Talbot	<ul style="list-style-type: none"> <li>• National Diabetes Audit: Foot Care Supplementary Report (Part B)</li> </ul>
Princess of Wales	<ul style="list-style-type: none"> <li>• National Maternity and Perinatal Audit Clinical Report, National Maternity and Perinatal Audit Clinical Report, Maternal, Newborn and Infant Clinical Outcome Review Programme Term Intrapartum Stillbirths and Intrapartum Neonatal Deaths, Maternal, Newborn and Infant Clinical Outcome Review Programme Saving Lives, Improving Mothers' Care 2013-15 (Part A)</li> <li>• National Prostate Cancer Audit (Part A)</li> <li>• National Lung Cancer Audit (Part B)</li> <li>• National Emergency Laparotomy Audit (Part B) – <i>Presenting at COG 26<sup>th</sup> January 2018</i></li> <li>• National Diabetes Audit: Foot Care Supplementary Report (Part B)</li> </ul>
Singleton	<ul style="list-style-type: none"> <li>• National Maternity and Perinatal Audit Clinical Report, National Maternity and Perinatal Audit Clinical Report, Maternal, Newborn and Infant Clinical Outcome Review Programme Term Intrapartum Stillbirths and Intrapartum Neonatal Deaths, Maternal, Newborn and Infant Clinical Outcome Review Programme Saving Lives, Improving Mothers' Care 2013-15</li> <li>• National Diabetes Audit: Foot Care Supplementary Report (Part B)</li> <li>• National Chronic Obstructive Pulmonary Disease Audit Programme (Part B)</li> </ul>

