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<b>Meeting Date</b>	<b>2<sup>nd</sup> August 2018</b>		<b>Agenda Item</b>	<b>6b</b>
<b>Meeting</b>	<b>Quality and Safety Committee</b>			
<b>Report Title</b>	<b>Clinical Audit &amp; Effectiveness Department Annual Report</b>			
<b>Report Author</b>	Sharon Rağbetli, Clinical Audit & Effectiveness Manager Anne Biffin, Clinical Effectiveness & Governance Manager			
<b>Report Sponsor</b>	Hamish Laing, Executive Medical Director			
<b>Presented by</b>	Pushpinder Mangat, Interim Executive Medical Director			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	For the 2017/18 period, provide assurance of participation in and the learning generated from, the Health Boards forward Clinical Audit Plan and Mortality Reviews.			
<b>Key Issues</b>	<p>Since 2015-16, the Health Board's forward Clinical Audit Plan has mirrored the list of mandated projects identified by the Welsh Government National Clinical Audit and Outcome Review (NCA&amp;OR) Advisory Committee that relate to the services we provide.</p> <p>Mortality Review of all inpatient deaths is in place across NHS Wales. Mortality review is considered to provide more learning for organisations than the risk adjusted mortality indicator (RAMI) data that was used in the past. Currently only the first part of the process, using the standard Universal Mortality Review (UMR) questions to signpost to a more comprehensive review, is mandatory and performance managed by Welsh Government.</p> <p>Local clinical audit activity is also supported and registered by the Clinical Audit and Effectiveness team.</p>			
<b>Specific Action Required</b>  (please ✓ one only)	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			✓	
<b>Recommendations</b>	Members are asked to note the contents of the report.			



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# **CLINICAL AUDIT & EFFECTIVENESS DEPARTMENT ANNUAL REPORT 2017/18**

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## **1. INTRODUCTION**

This report provides an overview of clinical audit activity in ABMU during 2017/18. Since 2015-16, the Health Board's forward Clinical Audit Plan mirrors the list of mandated projects identified by the National Clinical Audit and Outcome Review (NCA&OR) Advisory Committee that relate to the services we provide.

## **2. CLINICAL AUDIT ACTIVITY 2017-18**

### **2.1 NHS Wales National Clinical Audit and Outcome Review Advisory Committee Plan**

The National Clinical Audit and Outcome Review (NCA&OR) Advisory Committee produces a list of national clinical audits and clinical outcome reviews on an annual basis which all health boards and trusts that provide the relevant services must participate in. Projects can be limited to NHS Wales, or undertaken on a wider basis, often through Royal Colleges or national associations.

Those studies included in the Clinical Outcomes Review Programme (CORP, formerly known as "Confidential Enquiries") identified by the Healthcare Quality Improvement Partnership (HQiP) are also incorporated into the mandated list.

In 2017-18 there were 35 projects included in the NCA&ORAC programme pertinent to the services we provide at ABMU (Appendix 1). Many topics collect data continuously, whilst other audits are time-limited and collect data at prescribed intervals.

The NCA&ORAC periodically publishes its own summaries of published reports, highlighting key findings, recommendations and any actions taken. These summaries when available are included in bi-monthly reports to the newly named Clinical Outcomes Group and are posted onto the CA&E Department [webpage](#).

During this past audit year, contributions were made to 5 Clinical Outcome Review Programme topics; Cancer in Children, Teens and Young Adults, Acute Heart Failure, Young People's Mental Health Study, Chronic Neurodisability and Perioperative Diabetes

During 2017/18 the Clinical Outcomes Group (COG) received presentations on 15/37 published reports which were delivered by the clinical leads. The presentations are required to focus on benchmarking local performance against key recommendations, the learning for ABMU and the identification of areas for improvement and actions plans. Unit Medical Directors are members of the COG. Delivery Unit Service Directors and Nurse Directors are welcome to attend all COG meetings. Scheduling presentations from similar clinical areas reduces pressure on the teams' time and ensures that issues that arise

from more than one report can be addressed together. An action log is maintained by the Executive Medical Director's Department (Appendix 2).

A two-stage proforma developed and introduced by Welsh Government's Healthcare Policy Division requires organisations to summarise their improvement plans following national reports and document their progress. The first part of the proforma is required to be submitted within four weeks of the report being published and sets out the national and local recommendations that the health board is going to focus on. The second part is submitted within twelve weeks of publication and describes how recommendations will be addressed. Compliance with the assurance process is monitored by Welsh Government and reported at the NCA&OR Committee.

The Executive Medical Director's Department continually monitors progress of these assurance proformas and any issues with compliance. For the period, 37 assurance proformas have been issued and 23 completed in full.

## **2.2 Patient Safety Audits**

Patient safety audits can be undertaken by the Clinical Audit & Effectiveness team at the request of Health Board committees in response to incidents or concerns, or as part of the Health Board's assurance processes. None were requested from the team for the period covered.

## **2.3 Audit in Primary Care**

The NCA&OR Advisory Committee topics include a number of projects with a primary care element; National Chronic Obstructive Pulmonary Disease (COPD) Audit, National Diabetes Audit, Chronic Kidney Disease (CKD).

Local audit activity specific to individual GP practices, or to GP practice clusters, is not currently centrally registered with the Clinical Audit & Effectiveness Department.

## **2.4 ABMU HB Delivery Unit Clinical Audit Activity 2017/18**

The Clinical Audit & Effectiveness Department supports local clinical audit activity subject to the projects meeting the Health Board's required standards for support. A central register of local clinical audit projects, their resulting outcomes and action plans is maintained. A list of the completed projects for 2017/18 is available to view on the CA&E Department [webpage](#). Here are just a few examples;

- Pathway to prudent healthcare – an audit of **Current Practice in Referral to ENT from Audiology** reported that in a sample of 100 patients, 48% could have potentially been managed by an Audiologist. It is proposed that expansion of Audiologists remit would significantly reduce the volume of referrals to ENT. Further discussion is planned with Audiology with a view to amending their referral protocol and expanding their service in line with prudent health care. A follow up audit will be undertaken within six months of the changes to the patient pathway.

- Access to services – the **Audit of Access to Specialist Speech and Language Therapy Services for Children Transferring From Flying Start Areas of Swansea, Neath Port Talbot and Bridgend** established the need for a working party to map the alignment of the models of service delivery across ABMU areas.
- Monitoring national guidance - New stroke guidance was issued by the National Institute for Health and Care Excellence (NICE) in 2016, recommending the use of **Magnetic Resonance Imaging (MRI) in patients where there is uncertainty about the stroke diagnosis**. Prior to this, the Inpatient Magnetic Resonance Imaging (MRI) service was re-organised to improve Inpatient (IP) waiting times and following reconfiguration, the waiting times for MRI's were re-evaluated. The service evaluation confirmed the significant improvement in IP MRI waiting times for stroke patients despite a doubling of the workload from 2015 to 2016. The time taken for the teams to refer the patient for an MRI was much longer than the waiting time to have the investigation. The positive scan rates were very high, confirming an appropriate patient selection.

Improving Record Keeping – the **Re-audit of the Quality of Record Keeping in Endodontics** using the European Society of Endodontology Guidelines, highlighted how the introduction of a simple record keeping form, supported by a patient information and consent leaflet, improved the documentation of key clinical information. In cases where the new endodontic record keeping form was used, there was a significant improvement. Further education will aim to secure 100% compliance.

The total number of locally initiated projects reported to the department for 2017-18 was 192. This number is declining year on year, which reflects the focus towards National audit and other quality improvement activity. Those projects registered for the Primary and Community Care and Mental Health and Learning Disabilities Units are supported by clinical audit and effectiveness staff working out of the acute hospitals. 42% of registered projects required support from the audit team. (Appendix 3).

A project is only considered to be complete on receipt of an outcome form. 67 projects (35%) were completed by the end of the audit year (Appendix 3). This has declined from 42% last year.

Each audit year an additional number of projects that were initiated in a previous report period are completed. In 2017/18, 19 projects were completed that had been started in 2016/17. This brought the eventual completion rate up from 42% to 52% for that year.

This past audit year, the Clinical Audit and Effectiveness Department has initiated categorising a project as abandoned if, following several attempts, there

is no update or outcome form received from the identified project contacts. At time of reporting, 7% of projects registered had been marked as abandoned.

A total of 4358 case-notes were tracked and retrieved in support of clinical audit activity, national databases and registries and the Mortality Reviews process, a significant decrease from 6454 in 2016/17 (Appendix 3).

### **3. MORTALITY REVIEWS**

Welsh Government requires the review of all in-hospital deaths. This is facilitated by the CA&E Department and requires that for each in-hospital death, a doctor certifying death answers a standardised set of All Wales Universal Mortality Review (UMR) questions. Currently only completion of the UMR questions is mandatory, there is no standard process in Wales for a further in-depth review by a consultant if the answers to the UMR suggest that a more detailed review would help to identify learning points.

Pilot work has been undertaken within the Health Board with mortality reviews undertaken for deaths within a “virtual” community ward and also for deaths within the Emergency Department.

At ABMU we have agreed our own “trigger” questions that flag up the need for a second stage review, undertaken by a consultant not connected to the care of the patient. A final thematic review is undertaken by the Unit Medical Directors who appraise all information gathered to generate themes, suggested actions and learning points to be fed back to the clinical teams.

The database originally created by the Information Department to store death certificate information has been further developed into e-MRA – the electronic Mortality Review Application. The application has been designed to flag up any Datix incident reporting recorded for the patient, the clinical coding information and recent discharges from hospital to aid the completion of the reviews.

e-MRA can be adapted to accommodate any changes in the documentation we use. A number of other Health Boards in Wales have undertaken to adopt the system and DATIX have been working closely with us with a view to developing their own mortality review module.

The Health Board continues to have consistent representation on the All-Wales Mortality Review Steering Group to inform discussions and agreement of an All-Wales mortality review process. This will be driven by the need to fit in with the implementation of the Medical Examiner function due to be introduced across England and Wales. The initial ‘go live’ date was planned for April 2108 but this has since been delayed until April 2019.

For the 2017/18 audit year, 3240 in-hospital deaths were recorded. Compliance with UMR was 94%. 216 second stage reviews were triggered, 70% of the required stage two reviews for the period have been completed to date. Thematic Reviews have been completed so far for 73 patients. In 24 cases

nothing untoward was found. For the remaining 49 patients, 74 themes were identified. (Appendix 4).

#### 4. OBJECTIVES

Departmental objectives for 2018/19 are to;

- continue support for Health Board participation in all mandated projects listed on the 2018/19 programme pertinent to the services provided by ABMU.
- implement the All Wales Mortality Review Process when agreed.
- rollout electronic completion of Mortality Reviews.
- improve turnaround times for Stage 2 Mortality Reviews. Departmental processes have been improved to better support clinicians. The impact of these changes will be monitored to inform further change.

#### 5. INFORMATION, EDUCATION AND TRAINING

The CA&E website provides links to Healthcare Quality Improvement Partnership (HQiP) site and its educational material for Clinical Audit, including e-learning and how to guides.

Our website also features; links to NICE (the National Institute for Health and Care Excellence) for the ease of access to quality standards, technology appraisals, clinical guidelines, pathways and audit tools, all contact details, local audit dates, NCA&ORAC topics, the Register and all requisite registration and outcomes documentation.

Requests from departments for educational sessions on clinical audit are now rare. Most advice is provided face to face regarding specific projects.

#### 6. EXHIBITIONS

Health Technology Wales and the Welsh Clinical Audit Association organised a joint workshop and poster display in Cardiff on 16<sup>th</sup> March 2018, focusing on the use and impact of national institute of clinical excellence (NICE) guidance.

#### 7. REPORTING & MONITORING

The **Clinical Outcomes Group** (formerly known as the Clinical Outcomes Steering Group) continues to receive high-level clinical outcomes data and presentations from clinical areas. Strengthened representation from each of the Delivery Units at these meetings enables progress against agreed actions in relation to published reports. Meetings are held bi-monthly with the exception of August.

Registration and monitoring of local clinical audit activity continues to be supported by the CA&E Department. The information gathered is available on the department's website, collated by Delivery Unit for ease of use by teams looking for evidence for **Standards for Health Services in Wales** Standard 6;










Participating in Quality Improvement Activities and Standard 7; Safe and Clinically Effective Care. Responsibility for monitoring any local audit plans, ad-hoc local audit activity and resulting actions now lies with the Delivery Units.

The COG submits a reports to each **Quality and Safety Committee (Q&SC)** meeting outlining progress against the NCA&ORAC clinical audit plan and in recent months, progress with the national assurance forms. The reports include:

- updates on the Health Board's compliance with the NHS Wales NCA&OR Advisory Committee audits and assurance proforma deadlines, escalating issues of non-compliance as required.
- a summary of the presentations received at the Clinical Outcomes Group meetings and agreed actions and
- information about newly initiated patient safety projects

## Appendix 1 – National Clinical Audit and Outcomes Review Plan 2017/18

						
Acute	Long Term	Heart	Older People	Cancer	Women and Children	CORP
<a href="#">National Joint Registry</a> <a href="#">National Emergency Laparotomy Audit</a> <a href="#">Case Mix Programme Audit (ICNARC)</a> <a href="#">Trauma Audit and Research Network (TARN)</a> <a href="#">National Ophthalmology Audit Adult Cataract Surgery</a>	<a href="#">National Paediatric Diabetes Audit</a> <a href="#">National Chronic Kidney Disease Audit</a> <a href="#">Rheumatoid and Early Inflammatory Arthritis</a> <a href="#">National Diabetes Audit (inc. Primary Care, Diabetes in Pregnancy, Inpatients Audit and Foot Care)</a> <a href="#">National Chronic Obstructive Pulmonary Disease Audit</a> <a href="#">Inflammatory Bowel Disease</a> <a href="#">All Wales Audiology Audit</a> <a href="#">Renal Registry</a>	<a href="#">National Heart Failure Audit</a> <a href="#">National Adult Cardiac Surgery Audit</a> <a href="#">Myocardial Ischaemia National Audit Project (MINAP)</a> <a href="#">National Audit of Percutaneous Coronary Interventions</a> <a href="#">National Cardiac Rehabilitation Audit</a> <a href="#">National Cardiac Rhythm Management Audit</a> <a href="#">National Vascular Registry</a> <a href="#">National Congenital Heart Disease Audit (not applicable to ABMU)</a>	<a href="#">Sentinel Stroke National Audit (SSNAP)</a> <a href="#">Falls and Fragility Fractures Audit Programme (inc. National Hip Fracture Database)</a> <a href="#">National Audit of Dementia</a>	<a href="#">National Bowel Cancer Audit</a> <a href="#">National Lung Cancer Audit</a> <a href="#">National Head and Neck Cancer Audit</a> <a href="#">National Oesophago-gastric Cancer Audit</a> <a href="#">National Prostate Cancer Audit</a>	<a href="#">National Neonatal Audit Programme</a> <a href="#">Paediatric Intensive Care Audit (not applicable to ABMU)</a>	<a href="#">Mental Health Programme</a> <a href="#">Medical and Surgical Programme</a> <a href="#">Maternal, Newborn and Infant Programme</a> <a href="#">Child Health Programme</a> <a href="#">Cardiff University Child Head Injury Project</a>

## Appendix 2 – Clinical Outcomes Group Action Log

Total Number of Actions: 77

Total Completed: 38

Total In Development: 34

Total on Hold: 5

### CONTENTS

Actions on Hold – Page 3

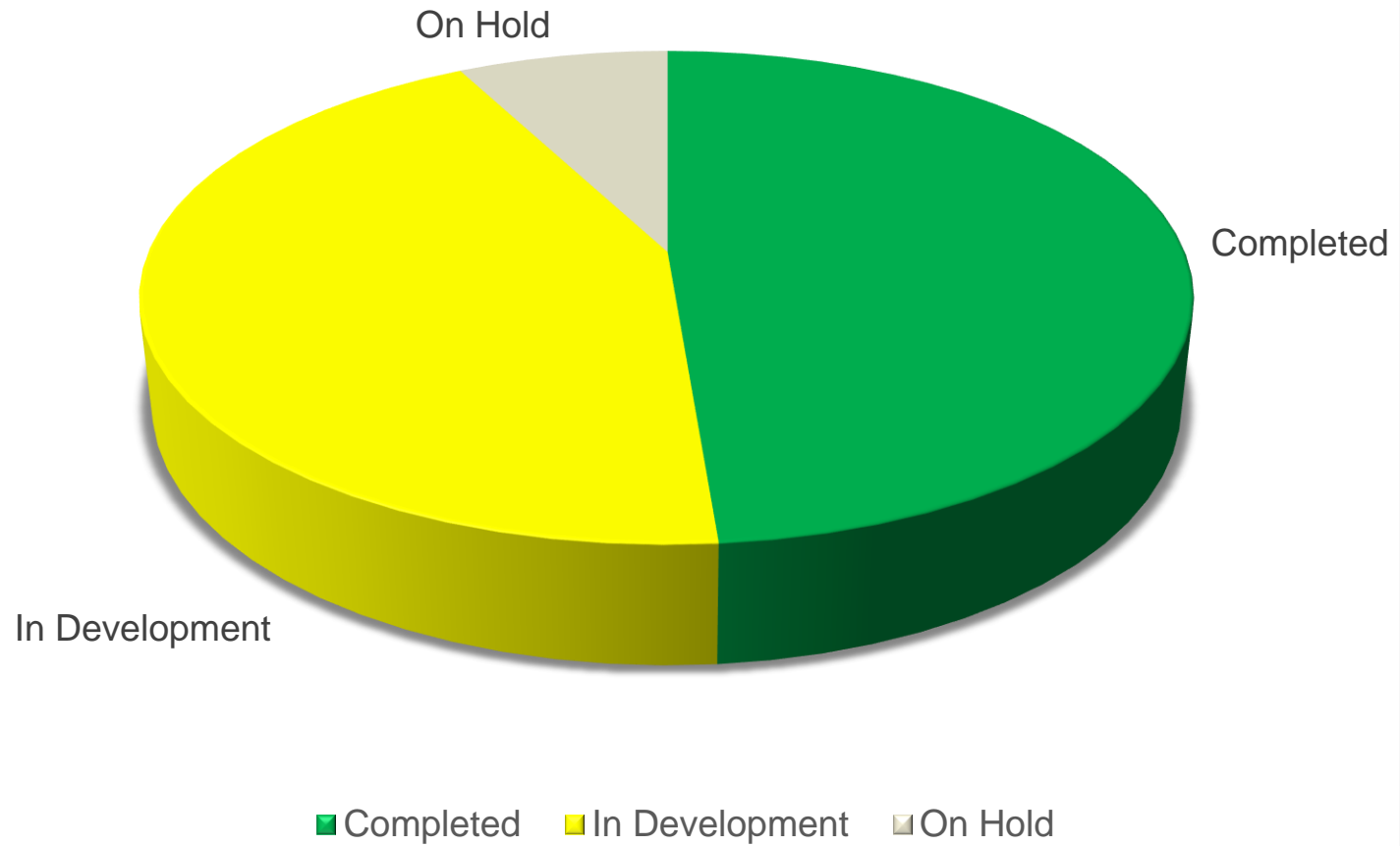
Actions in Development – Pages 4 - 7

Actions Completed – Pages 8 - 10

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.

## Actions



## Table of Actions on Hold

Date	Report	Action Required	Job Title	Note
28/11/2016	<b>Acute Pancreatitis Audit (MORR)</b>	Investigate the establishment of an ERCP/Interventional Radiographer rota.	<b>UMD</b>	Radiology posts vacant with national shortage of radiologists.
		Establish Hot Gall Bladder list.	<b>Consultant Upper GI Surgeon</b>	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.	<b>Consultant Upper GI Surgeon</b>	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 are available on the Welsh Clinical Portal.	Consultant Paediatrician x2	4/1/18 – Team from Retinopathy Screening Wales have requested access to Twinkle but the results are still not available on WCP.
21/04/2017	Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (Morrison)	Work towards 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	Update requested 14/3/18
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. Daily consultant review of all patients receiving acute NIV.	X3 Respiratory Consultant	Initial update due Jan 2018  21/02/18 Morrison – Agreed that a dedicated NIV unit in Anglesey Ward is best option. Investment needed and business plans submitted. (Provided by Service Director)
25/09/2017	National Audit of Dementia	Promote use of 'This is me' and electronic patient held records. Promote and improve the nutritional needs of dementia patients. (e.g. attendance of carers (Johns Campaign) and provision of finger foods.) Support dementia champions and increase numbers.	X3 Consultant Psychiatrist	Initial update due Jan 2018  Singleton Update (13/12/17) – Increased use of delirium screening as a result of teaching and increased geriatrician presence at front door.
27/10/2017	National Paediatric Diabetes Audit Report 2 : Hospital Admissions and Complications	Explore options for potentially employing a youth worker. Extend implementation of SEREN outside of POW.	Consultant Paediatrician	Initial update due Feb 2018  1 action completed, Educator post now gone for band matching.

15/11/2017	National Confidential Inquiry into Suicide and Homicide [NCISH] by <i>People with Mental Illness</i>	Implement dual diagnosis service.	UMD Mental Health & Learning Disabilities	Initial update due Feb 2018
11/12/2017	National Audit of Breast Cancer in Older Patients 1 <sup>st</sup> Annual Report	Review MDT pathways for breast cancer patients. Explore ways to strengthen links with the Care of the Older Person Team in the care of the frail with the breast cancer.	Consultant Breast Surgeon	Initial update due March 2018
26/01/2018	National COPD Audit – Primary Care	Review Respiratory Health Delivery Plan (25/01/18 publication) and consider ABMU priorities.	UMD Primary Care	Initial update due April 2018 (One action completed 23/2/18)
26/01/2018	National Emergency Laparotomy Audit (NELA)	Explore the possibility of electronic form in ED for emergency laparotomies via TOMS. Capacity to record P-POSSUM score to be enabled. Provide case reports to relevant individual consultants. Report quarterly to unit level Quality & Safety Group. Explore possible establishment of a Post Anaesthetic Care Unit (PACU). Participate in the 1000 Emergency Laparotomy Collaborative Review sustainability of new (Jan 18) on-call consultant rota to have 2 on-call. One to cover 'front-door' and ambulatory clinic and one to run CEPOD list.	Consultant General Surgeon  Consultant Anaesthetist	Initial update due April 2018

		Timely geriatrician review of emergency laparotomy patients to be included in Elderly Care Improvement work.	<b>AMD Consultant General Surgeon</b>	<b>23/02/18</b> – Cons Gen Surgeon & AMD working towards the appointment of surgical liaison geriatrician.
		Review case ascertainment of patients receiving emergency laparotomies to and relating data.	<b>Head of Information Services</b>	
<b>27/02/2018</b>	<b>The National Joint Registry Annual Report (Morriston)</b>	Encourage surgeons to access their own performance data on the registry. (e.g. form part of appraisal discussions)	<b>Consultant Orthopaedic Surgeon</b>	<b>Initial update due May 2018</b>
		Explore how patient consent is obtained for inclusion on to registry and adapt process to provide assurance.		
		Apply for a clinical code to be generated for patellofemoral replacement procedure.		
		Explore ways of eliminating the manual input of data where possible. Such as through use of the TOMS Module.	<b>Product Specialist, Informatics</b>	
		Liaise with information analyst/coding to narrow down backlog cases that require review before being added to registry.	<b>Information Delivery Manager</b>	
<b>27/02/2018</b>	<b>The National Joint Registry Annual Report (POWH)</b>	A list of the NJR unmatched patients to be shared with Information Delivery Manager to ascertain if there is a coding issue.	<b>Consultant Orthopaedic Surgeon</b>	<b>Initial update due May 2018</b>
		Encourage surgeons to access their own performance data on the registry. (e.g. form part of appraisal discussions)		
		Explore ways of eliminating the manual input of data where possible. Such as through use of the TOMS Module.	<b>Product Specialist, Informatics</b>	



<b>27/02/2018</b>	<b>National Vascular Registry Annual Report</b>	Explore ways of improving surgical patient pathway.	<b>Consultant Vascular Surgeon</b>	<b>Initial update due May 2018</b>
		Continue planning and introduction of community PVD pathways.		
		Improve consultant presence in theatre.		
		Form links with rehabilitation and ongoing care services with a view to decreasing average LoS.		

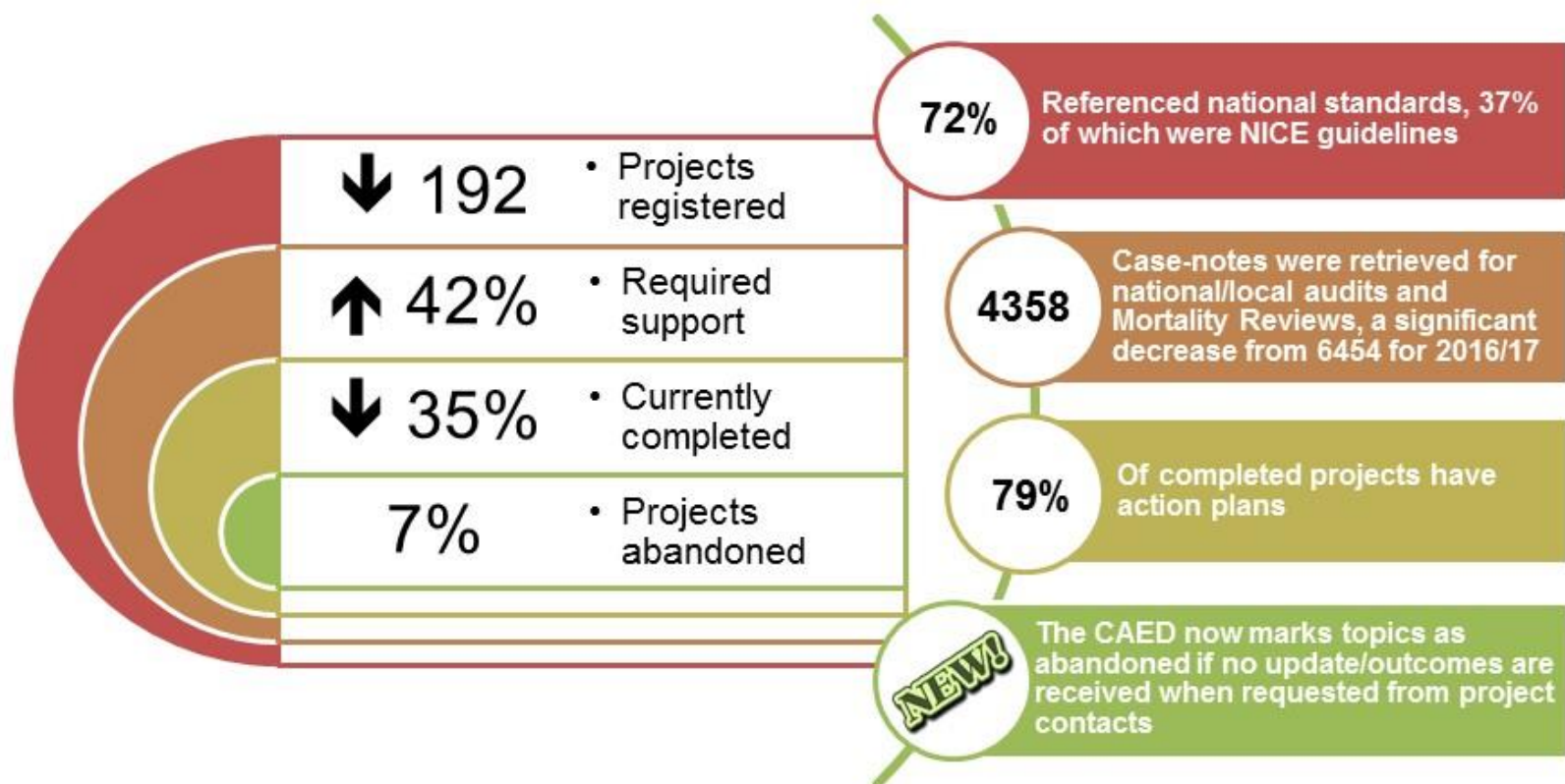
## Table of Actions Completed

Date	Report	Action Required	Job Title	Notes
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>	<b>Consultant Paediatrician</b>	
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> <p>Regular data quality checks and feedback.</p> <p>Research possibility of a data manager.</p>	<b>Consultant Paediatrician</b>	No funding for data manager at present.
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>	<b>Professor, Diabetes</b>	

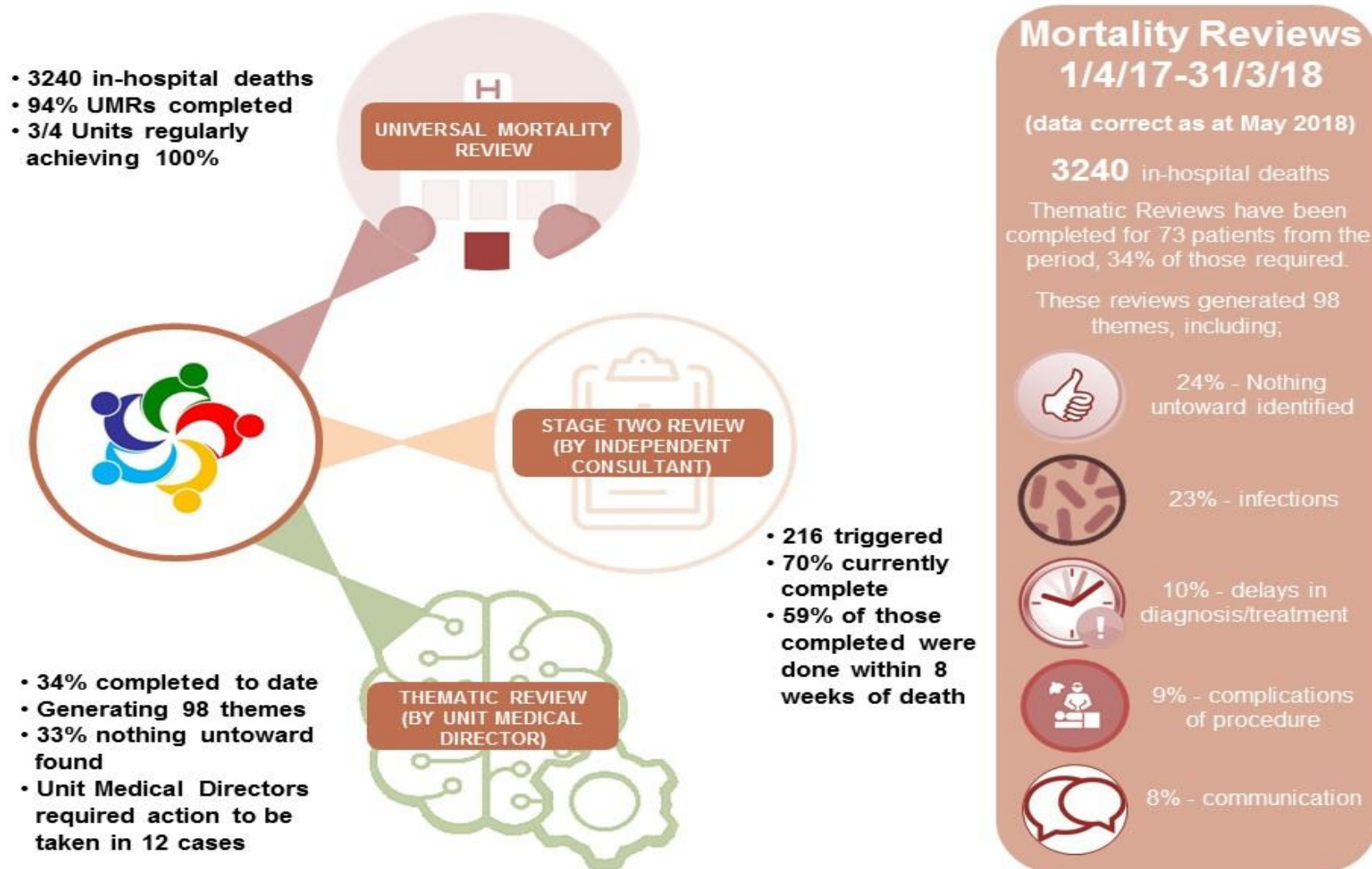
		Seriously consider the introduction of diabetes in-patient teams.		
		Increase diabetes consultant numbers.		
21/03/2017	<b>National Paediatric Diabetes Audit Report Part 1: Care Processes and Outcomes</b>	Formulate Structured Education in conjunction with the SEREN project.	<b>Consultant Paediatrician x2</b>	
		Explore the possibilities of appointing a dietician for the service.		
		Explore and expand upon the role of the recently appointed psychologist.		
21/04/2017	<b>National Diabetes Audit Core Report 1: Care Processes and Treatments</b>	Improve audit participation to 100%	<b>General Practitioner</b>	
		Improve achievement of all 8 care bundles in diabetes type 1 patients.	<b>Professor, Diabetes</b>	
		Explore how best to free up resources to fund community and hospital Diabetes Specialist Nurses		
		Improve patient uptake of structured education programs(tasters, evening & weekend sessions) and promote use of PocketMedic		
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	<b>Podiatry &amp; Orthotics Manager</b> <b>Informatics Programme Manager</b>	
		Develop inpatient hospital podiatry service.	<b>Deputy Head of Podiatry</b> <b>Podiatry &amp; Orthotics Manager</b>	
		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.	<b>Senior Nurse for Safety &amp; Quality</b>	

21/04/2017	<b>Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (Morrison)</b>	Continue working toward Psychiatric Liaison Accreditation Network accreditation.	<b>Consultant Psychiatrist</b>	
21/04/2017	<b>Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (POW)</b>	Triage all liaison referrals. Standardise and introduce Mental Health Liaison Psychiatry Referral Form.	<b>Locum Consultant Psychiatrist</b>	
25/09/2017	<b>National Audit of Dementia</b>	Improve assessment and recording of delirium.	<b>X3 Consultant Psychiatrist</b>	
27/10/2017	<b>National Paediatric Diabetes Audit Report 2 : Hospital Admissions and Complications</b>	Liaise with UMD for Primary Care to discuss new ABMU Educator post.	<b>Consultant Paediatrician &amp; UMD Primary Care</b>	
15/11/2017	<b>National Confidential Inquiry into Suicide and Homicide [NCISH] by <i>People with Mental Illness</i></b>	Further Development of Services for Personality Disordered patients Develop Audit Programme	<b>UMD Mental Health &amp; Learning Disabilities</b>	
26/01/2018	<b>National COPD Audit – Primary Care</b>	Create a job plan for a 6 <sup>th</sup> Respiratory Consultant at Morrison. Include capacity to contribute toward early supported discharge initiative and pulmonary rehabilitation.	<b>UMD Primary Care</b>	

## Appendix 3 – Locally Registered Clinical Audit Activity 2017/18



## Appendix 4 – Mortality Review Data



Governance and Assurance							
<b>Link to corporate objectives</b> <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce
			✓				
<b>Link to Health and Care Standards</b> <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓	✓				
<b>Quality, Safety and Patient Experience</b>							
Participation in both Mortality Reviews and the National Clinical Audit and Outcomes Review programme and its associated assurance process, provides insight into the quality, safety and patient experience for our patients, benchmarking the Health Board's performance nationally.							
<b>Financial Implications</b>							
None							
<b>Legal Implications (including equality and diversity assessment)</b>							
None							
<b>Staffing Implications</b>							
None							
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>							
None							
<b>Report History</b>	The Clinical Outcomes Group reports to each Q&S Committee meeting. The full Clinical Audit and Effectiveness Annual Report is provided once a year.						
<b>Appendices</b>	Appendix 1 NHS Wales National Clinical Audit and Outcome Review Advisory Committee (NCA&ORAC) Programme  Appendix 2 Clinical Outcomes Group Action Log 2017/18  Appendix 3 Clinical Audit Activity 2017/18  Appendix 4 Mortality Reviews 2017/18						