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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	7th June 2018		Agenda Item	6d
Report Title	Clinical Outcomes Group Report			
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Report Sponsor	Hamish Laing, Executive Medical Director			
Presented by	Hamish Laing, Executive Medical Director			
Freedom of Information	Open			
Purpose of the Report	To provide assurance of participation in the mandatory NHS Wales National Clinical Audit and Outcome Review Advisory Committee (NCA&ORAC) programme and summarise issues and outcomes.			
Key Issues	<p>The Health Board continues to participate in all the NCA&ORAC audits and outcome databases included relevant to the services it delivers. To date the 2018-19 programme has not been published but we have had sight of the draft programme and the few changes from the 2017-18 programme will be accommodated to maintain 100% participation.</p> <p>A letter of thanks was recently received from the Facing the Future Audit project team following their visit in November 2017. The audit collects data against standards for acute general paediatric services and Together for Child Health Standards UK. The team were particularly impressed by the “strong leadership demonstrated by the Lead Nurse in facilitating a strong and engaged Children and Young People’s network”.</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	Members are asked to note the contents of the report.			

Report of the Clinical Outcomes Group

1. INTRODUCTION

This report outlines the current position with regard to participation in the mandatory National Clinical Audit and Outcome Review Advisory Committee Programme. It provides a summary of the discussion and actions from the audit and outcome review reports presented to the Clinical Outcomes Group.

2. BACKGROUND

On an annual basis the NHS Wales National Clinical Audit and Outcomes Advisory Committee (NCA&ORAC) publishes a list of audits and registries. Health Boards and Trusts that provide the services that the audits and outcome databases refer to must participate in them.

ABMU participation is monitored by the Clinical Outcomes Group (COG). Presentations on published reports and the recommendations for local action are received and agreed at these bi-monthly meetings.

Welsh Government introduced a two-part assurance proforma in October 2016. Part A should identify the national recommendations that need to be addressed locally and highlight areas of good practice. Part A has to be completed and submitted within four weeks of the report's publication.

Part B provides more detail about actions taken, in progress, or planned to address the areas for improvement identified in Part A. Input from Service and Management teams is essential to ensure alignment of priorities and links with local and Health Board service delivery plans.

The Clinical Audit and Effectiveness Department provides support for many of the topics on the NCA&ORAC programme. The Welsh Government assurance process is facilitated jointly by the Medical Directors Department and the Clinical Audit and Effectiveness Department.

3. GOVERNANCE AND RISK ISSUES

The Health Board continues to participate in all the NCA&ORAC audits and outcome databases included relevant to the services it delivers. To date the 2018-19 programme has not been published but we have had sight of the draft programme and the few changes from the 2017-18 programme will be accommodated to maintain 100% participation.

Links to the latest national audit and registry publications issued since the last report are provided in Appendix 1.

3.1 Updates on individual NCA&ORC Projects

- Patient level data collection for the **National Confidential Enquiry into Perioperative Diabetes** is still underway. There are a number of surgical and anaesthetic questionnaires still to be completed at Neath Port Talbot and Princess of Wales.
- The Open Eyes software for the **National Ophthalmology Audit (Adult Cataract Surgery)** is now in use within the Health Board. In the short-term we still need to use the in-house theatre system for a number of these patients alongside the new system. It is anticipated that this will cease following further developments.
- Patient identification for the **National Audit of Dementia** is open. Due to difficulties in identifying these patients prospectively in the past, the Health Board will be reliant on retrospective coding data. The target will be fifty patients per Unit. The deadline for data entry is the end of June 2018.
- A letter of thanks was recently received from the Facing the Future Audit project team following their visit in November 2017. The audit collects data against standards for acute general paediatric services and Together for Child Health Standards UK. The team were particularly impressed by the “strong leadership demonstrated by the Lead Nurse in facilitating a strong and engaged Children and Young People’s network”.

3.2 Key discussion points from national audit/review presentations to the Clinical Outcomes Group meetings in March and April

Improvement actions and the progress against them are included in the log attached at Appendix 2. It was agreed at the Clinical Outcomes Group (COG) meeting on 21st May that the action log would be discussed at the monthly meetings that the Executive Medical Director has with Unit Medical Directors so that they can provide regular updates to the COG.

National Bowel Cancer Audit

- Data quality issues were experienced across Wales. These were related to the software used to support the audit. Data quality was further compromised by only the first of multiple procedure entries for a patient being recorded by the software. For example if a patient goes on to receive a bowel resection but has had a polypectomy first, only the polypectomy will be recorded.
- AMBU has a large number of surgeons who are able to undertake laparoscopic bowel resections but the proportion of procedures carried out laparoscopically is lower than in other centres in Wales. There may be scope to increase the laparoscopic resection rate to 40 - 45% in Morriston.
- POWH has a very high rate of patients waiting over 18 months for stoma reversal. This is currently being addressed.
- There is a move toward using Cardiopulmonary Exercise Testing (CPET) over p-POSSUM pre-operative risk scoring, as it identifies more individualised risks,

including the patient's risk of post-operative infection and whether an extended length of stay is likely. Currently two anaesthetists run the CPET service. Funding has been provided to extend the service.

- Adjuvant treatment rates vary across the Health Board.
- There is currently no oncology representative available at Neath Port Talbot multi-disciplinary team meetings as it has not been possible to recruit into the vacant Consultant Oncologist post in Singleton.
- Many specialised procedures undertaken at Morriston in its capacity as a regional centre are not being fully reimbursed by other health boards. It is commonplace for the allocation of funding to be well below the actual cost.

National Diabetes Inpatient Audit 2016-17 Report

- Average length of stay has been shown to decrease in diabetic inpatients who are seen by a member of the specialist diabetic team during their stay.
- The incidence of medical errors recorded in the audit has decreased overall in Wales. The majority of medication errors are related to insulin prescribing, incorrect usage of units or being unfamiliar with the pens. These incidents are managed through the Medicines Management Board.
- There are ongoing difficulties in recruiting to diabetic specialist nurse posts. None of the specialist nurses are full time.
- A diabetes masters/diploma is now being offered to nurses and dieticians.

National Diabetes Audit, Care Processes and Treatment Targets 2016 – 2017

- The audit is carried out on the eight care processes stipulated by Diabetes UK. Younger patients particularly don't tend to have all eight care processes because of less availability to be able to attend regular appointments.
- There are issues with the recording of the blood testing data as some GPs will not automatically transfer tests that were ordered within secondary care.
- The issue of poor uptake of structured education for patients was discussed, with many failing to see the importance of attending. The DAFYDD course is the gold standard; there is only one trained nurse to deliver this programme within ABMU.
- There was a referral of six hundred patients back to secondary care due to insulin prescribing issues. This is being addressed.

National Diabetes Foot Care Audit

- The podiatry service model is open access and allows patients to self-refer to the service. Patients in ABMU tend to present much later than the national average. Work is being undertaken to help patients to understand the importance of early presentation, this is being done in collaboration with Primary Care.
- It is recognised that healthcare professionals also need to be made aware that early treatment of diabetic ulcers by the specialist podiatry service has the best outcomes for patients.

3.2 Welsh Government Assurance process

ABMU is working towards 100% compliance with the Welsh Government assurance process within prescribed timescales. Current compliance is shown in Appendix 3.

The ABMU process for managing assurance proformas is being reviewed, reflecting on other organisations' best practice shared at the NCA&ORC meetings over the past year. A draft proposal for a revised process will be completed by the end of June.

3.3 National Clinical Audit and Outcome Review Advisory Committee (NCA&ORAC)

The Executive Medical Director is the Executive Lead for Clinical Audit in ABMU. He is represented at the quarterly NCA&ORAC meetings by the Clinical Effectiveness and Governance Manager. A summary of the discussions and actions from the meeting held on 10th May will be included on the agenda for the Quality & Safety Forum in July. This will include a report of the review considering the extent that the national audit programme has driven improvements in healthcare in Wales. The review was commissioned by the NCA&ORAC and undertaken by a Public Health Registrar whilst on placement with the Directorate for Health Policy Business, Welsh Government.

4. FINANCIAL IMPLICATIONS

None.

5. RECOMMENDATION

The Committee is asked to note the report.

Governance and Assurance											
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships		
			✓								
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources				
		✓	✓								
Quality, Safety and Patient Experience											
Participation in the National Clinical Audit and Outcomes Review Advisory Committee programme of topics and associated assurance process provides insight into the quality, safety and patient experience for these patient cohorts, benchmarking the Health Board's performance nationally.											
Financial Implications											
None											
Legal Implications (including equality and diversity assessment)											
None											
Staffing Implications											
None											
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)											
None											
Report History		The Clinical Outcomes Group reports to each Q&S Committee meeting.									
Appendices		Appendix 1. Links to Recent National Audit and Registry Publications Appendix 2. Clinical Outcomes Group Improvement Actions Log Appendix 3. Health Board Compliance with the Welsh Government Assurance Process									

Appendix 1. Links to Recent National Audit and Registry Publications

National Reports Published April 2018 to date		
<u>National Maternity and Perinatal Audit (NMPA): Clinical report 2017 REVISED</u>		
The NMPA measures a range of care processes and outcomes and provides these data to maternity providers to facilitate quality improvement. Not all measures are accompanied by a national standard or acceptable ranges, and the NMPA does not limit its set of audit measures to only those that have 'auditable standards'. Very few such standards exist in maternity that can be measured via a national audit.		April 2018
<u>Chronic Obstructive Pulmonary Disease (COPD): Secondary care clinical audit 2017: Working together</u>		
The continuous audit, which captures the process and clinical outcomes of treatments in patients admitted to hospital in England and Wales with COPD exacerbations, launched on 1 February 2017. This report, which is the first report post launch of continuous data collection, presents the results of the cohort of patients discharged between the audit's launch date and 13 September 2017.		April 2018
<u>COPD National Report 2018: Pulmonary rehabilitation, an exercise in improvement</u>		
This report outlines summary findings of the second round of pulmonary rehabilitation (PR) component of the National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme, which comprises snapshot audits of: the resources and organisation of PR services across England and Wales conducted between 3 January and 28 April 2017, the process and clinical outcomes of treatment in patients with COPD assessed for PR between 3 January and 31 March 2017. The report summarises key findings, mapped to the appropriate 2014 British Thoracic Society (BTS) Quality Standard (QS) where relevant, and priorities for quality improvement presented under three broad categories: access to PR, quality of PR services, outcomes of treatment.		April 2018
<u>COPD National Audit Programme: Resources and organisation of care in hospitals: Time to integrate care</u>		
This report presents the results from a snapshot audit of the organisation and resourcing of COPD care that was undertaken in hospitals in England and Wales in the spring of 2017. Where possible, the results are displayed alongside the equivalent results from the previous audits (in 2014, 2008 and 2003). The recommendations in this report should be considered alongside the recommendations from the earlier audit reports.		April 2018

Appendix 2. Clinical Outcomes Group Improvements and Action Log

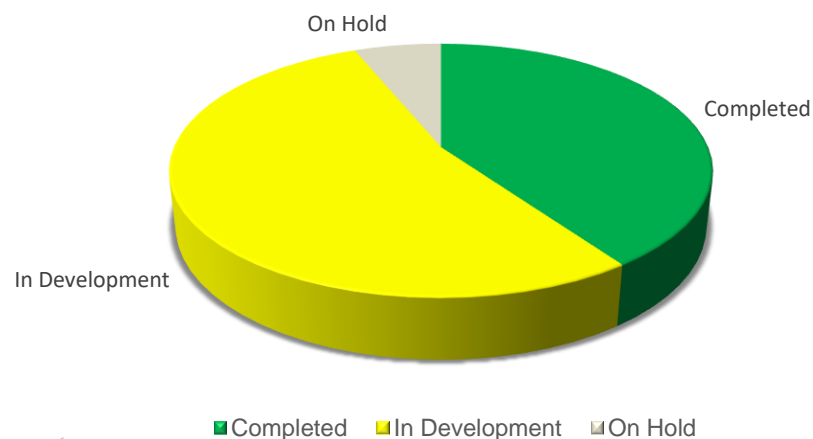
Total Number of Actions: 95

Total Completed: 39

Total In Development: 52

Total on Hold: 5

Actions



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
28/11/2016	Acute Pancreatitis Audit (MORR)	Investigate the establishment of an ERCP/Interventional Radiology 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. Update 22.05.18 – POWH experience of implementing a hot gall bladder list to be shared
28/11/2016	Acute Pancreatitis Audit (POW)	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. Update 22.05.18 -Hot gall bladder list now in place.
		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 have still not available on WCP.

21/04/2017	Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (Morrison)	<p>Work towards the establishment of private interview spaces on wards (Discuss with the Director of Strategy).</p> <p>Establish a 24/7 liaison psychiatry service.</p>	<p>Consultant Psychiatrist</p> <p>Interim UMD Mental Health & Learning Disabilities</p>	Letters drafted for UMDs for Morrison and MH & LD 13/04/2018
25/09/2017	Non-Invasive Ventilation Report 2017	<p>Establish 7-day respiratory service.</p> <p>Review Clinical Lead for NIV job plan to allocate time for audit and governance.</p> <p>Daily consultant review of all patients receiving acute NIV.</p>	X3 Respiratory Consultant	<p>Initial update due Jan 2018</p> <p>21/02/18 Morrison – Agreed that a dedicated NIV unit in Anglesey Ward is best option. Investment needed and business plans submitted.</p> <p>Email request 14/03/2018</p>
25/09/2017	National Audit of Dementia	<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	<p>Initial update due Jan 2018</p> <p>Contacted 13/12/17</p> <p>Singleton Update (13/12/17) – Increased use of delirium screening as a result of teaching and increased geriatrician presence at front door.</p> <p>Contacted 04/01/2018</p> <p>- 14/2/18</p> <p>- 15/03/2018</p>
27/10/2017	National Paediatric Diabetes Audit Report 2 : Hospital Admissions and Complications	<p>Explore options for potentially employing a youth worker.</p> <p>Extend implementation of SEREN outside of POW.</p>	Consultant Paediatrician	<p>Initial update due Feb 2018</p> <p>14/2/18 – 1 action completed, Educator post now gone for band matching.</p>

15/11/2017	National Confidential Inquiry into Suicide and Homicide [NCISH] by People with Mental Illness	Implement dual diagnosis service.	UMD Mental Health & Learning Disabilities	Initial update due Feb 2018 -Update requested 20/02/18 -2 nd request 16/03/2018
11/12/2017	National Audit of Breast Cancer in Older Patients 1st Annual Report	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	
26/01/2018	National COPD Audit – Primary Care	Review Respiratory Health Delivery Plan (25/01/18 publication) and consider ABMU priorities.	UMD Primary Care	(One action completed 23/2/18)
26/01/2018	National Emergency Laparotomy Audit (NELA)	<p>Explore the possibility of electronic form ED for emergency laparotomies via TOMS. Capacity to record P-POSSUM score to be enabled.</p> <p>Provide case reports to relevant individual consultants.</p> <p>Report quarterly to unit level Quality & Safety Group.</p> <p>Explore possible establishment of a Post Anaesthetic Care Unit (PACU).</p> <p>Participate in the 1000 Emergency Laparotomy Collaborative</p> <p>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.</p>	<p>Consultant General Surgeon</p> <p>Consultant Anaesthetist</p>	

		Timely geriatrician review of emergency laparotomy patients to be included in Elderly Care Improvement work.	AMD Consultant General Surgeon	23/02/18 – Cons Gen Surgeon & AMD working towards the appointment of surgical liaison geriatrician.
		Review case ascertainment of patients receiving emergency laparotomies to and relating data.	Head of Information Services	
27/02/2018	The National Joint Registry Annual Report (Morrison)	Encourage surgeons to access their own performance data on the registry. (e.g. Form part of appraisal discussions)	Consultant Orthopaedic Surgeon	Initial update due June 2018
		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.	Product Specialist, Informatics	
		Liaise with information analyst/coding to narrow down backlog cases that require review before being added to registry.	Information Delivery Manager	
27/02/2018	The National Joint Registry Annual Report (POWH)	A list of the NJR unmatched patients to be shared with Information Delivery Manager to ascertain if there is a coding issue.	Consultant Orthopaedic Surgeon	Initial update due June 2018

		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.	Product Specialist, Informatics	
27/02/2018	National Vascular Registry Annual Report	Explore ways of improving surgical patient pathway.	Consultant Vascular Surgeon	Initial update due June 2018
		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.		
		Continue development of Plans for Hybrid Theatre.	UMD Morriston Service Director - Morriston	
		Explore ways to increase theatre capacity for vascular procedures.		
23/03/2018	National Bowel Cancer Audit (Morriston)	Identify patients with outstanding ileostomies and ensure they are offered timely reversal. Ensure Clear documentation of reasons for non-reversal (e.g. patient choice, medically unfit).		Initial update due June 2018
		Continue to improve rate of laparoscopic resections for suitable		

		patients.		
		Carry out local audit of uptake of adjuvant chemotherapy in stage III patients.		
23/03/2018	National Bowel Cancer Audit (POWH)	Continue to address stoma reversal backlog.		Initial update due June 2018
		Continue to improve rate of laparoscopic resections for suitable patients.		
		Carry out local audit of uptake of adjuvant chemotherapy in stage III patients.		
30/04/2018	National Diabetes Inpatient Audit 2016-17 Report	Explore steps towards the establishment of a diabetic MDT at Morriston.		Initial update due July 2018
		Explore and increase the links between secondary and primary care.		
		Promote Masters/diploma in diabetes.		
30/04/2018	National Diabetes-Report 1: Care Processes & Treatment Targets 2016-17	Review delivery of structured education options.		Initial update due July 2018
		Look at ways to improve uptake of structured education. (i.e. Referral at time of first diagnosis)		
30/04/2018	National Diabetes Foot Care Report	Monitor the 'Putting Feet First' pathway that has been implemented.		Initial update due July 2018
		Explore options for improvement of data collection.		

		Increase and explore the links between secondary and primary care.		
		Establish an inpatient podiatry service.		

Table of Actions Completed

Date	Report	Action Required	Job Title	Notes
21/03/2017	National Neonatal Audit Programme 2016 Report – Singleton	Further improve breast feeding rates at discharge at Singleton		
		Nominate a middle-grade to champion Badgernet; cascade training to new and old staff (new additions to data every year)		
		ROP screening and culture information to be mandatory		
		Implement consultant rota for neonatal unit – consultant cover now available every morning		
		Increase data entry for 2 year developmental outcomes		
		Improve thermal care of preterm infants at both units		
		Further reduction of CLABSI		
21/03/2017	National Neonatal Audit Programme 2016 Report	Improve consultant participation with – checking input, discharge summaries	Consultant Paediatrician	No funding for data manager at present.

	– POW	<p>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>		
21/03/2017	National Diabetes Inpatient Audit England and Wales 2016	<p>Continue the THINKGLUCOSE initiative.</p> <p>Plan to increase the numbers of diabetes nurse specialists, dieticians & 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	National Paediatric Diabetes Audit Report Part 1: Care Processes and Outcomes	<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	National Diabetes Audit	Improve audit participation to 100%	General Practitioner	

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

21/04/2017	Medical and Surgical Clinical Outcome Review Programme: Mental Health in Acute General Hospitals Report (POW)	Triage all liaison referrals.	Locum Consultant Psychiatrist	
		Standardise and introduce Mental Health Liaison Psychiatry Referral Form.		
25/09/2017	National Audit of Dementia	Improve assessment and recording of delirium.	X3 Consultant Psychiatrist	
27/10/2017	National Paediatric Diabetes Audit Report 2 : Hospital Admissions and Complications	Liaise with UMD for Primary Care to discuss new ABMU Educator post.		
15/11/2017	National Confidential Inquiry into Suicide and Homicide [NCISH] by <i>People with Mental Illness</i>	Further Development of Services for Personality Disordered patients	UMD Mental Health & Learning Disabilities	
		Develop Audit Programme		
11/12/2017	National Audit of Breast Cancer in Older Patients 1st Annual Report	Review MDT pathways for breast cancer patients.	Consultant Breast Surgeon	
26/01/2018	National COPD Audit – Primary Care	Create a job plan for a 6 th Respiratory Consultant at Morriston. Include capacity to contribute towards early supported discharge initiative and pulmonary rehabilitation.	UMD Primary Care	

Appendix 3. Health Board Compliance with the Welsh Government Assurance Process

Delivery Unit	Outstanding Proformas
Primary Care	<ul style="list-style-type: none"> • COPD - Primary Care Report (Part B) • National Chronic Kidney Disease Audit National Report: Part 2 (Part B)
Mental Health & Learning Disabilities	<ul style="list-style-type: none"> • National Confidential Inquiry into Suicide and Homicide by People with Mental Illness; Safer Care for Patients with Personality Disorder (Part B)
Neath Port Talbot	<ul style="list-style-type: none"> • CORP - Chronic Neurodisability Report 'Each and Every Need' (Part A & B)
Morriston	<ul style="list-style-type: none"> • Fall and Fragility Fractures Audit Programme: Fracture Liaison Service Database Report 2017 (Parts A) • CORP - Chronic Neurodisability Report 'Each and Every Need' (Part A & B) • COPD - Secondary Care Clinical Report (Part A) • COPD - Secondary Care Organisational Report (Part A)
Princess of Wales	<ul style="list-style-type: none"> • National Emergency Laparotomy Audit (Part B) • Fall and Fragility Fractures Audit Programme: Fracture Liaison Service Database Report 2017 (Parts A) • CORP - Chronic Neurodisability Report 'Each and Every Need' (Part A & B)
Singleton	<ul style="list-style-type: none"> • National Bowel Cancer Audit 2017 Annual Report (Part B) • Fall and Fragility Fractures Audit Programme: Fracture Liaison Service Database Report 2017 (Parts A) • CORP - Chronic Neurodisability Report 'Each and Every Need' (Part A & B) • COPD - Secondary Care Clinical Report (Part A) • COPD - Secondary Care Organisational Report (Part A)