



AGENDA ITEM

2.1.4

QUALITY & SAFETY COMMITTEE

CLINICAL AUDIT & EFFECTIVENESS POLICY & STRATEGY

Date of meeting

18/05/2021

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

Dr Nick Lyons – Executive Medical Director

Approving Executive Sponsor

Executive Medical Director

Report purpose

FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

Integrated Locality Groups,
Interim Deputy Medical Director

26/04/2021
10/05/2021

ENDORSED FOR APPROVAL

ACRONYMS

1. SITUATION/BACKGROUND

- 1.1 All organisations in Wales are required as part of their Quality Strategy to have a Clinical Audit Policy & Strategy in place ensuring clinical audit is a fundamental component of the organisations quality assurance process, based on transparency and candour. Quality assurance provides a systematic approach to maintaining consistently high quality by constantly measuring and

reporting on effectiveness, highlighting the need for improvement and enabling the sharing of good practice.

- 1.2 In line with other organisations in the UK the Clinical Audit Policy and Strategy are presented as one document.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	Awaiting EQIA review
Informal Consultation with interested parties	14/02/2020 – 06/01/2021
Formal Consultation	26/04/2021 – 10/05/2021
Committee – For approval	Quality & Safety Committee

- 2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.
- 2.3 The Integrated Locality Groups have been engaged in the consultation and the Strategy and Policy have been endorsed for Approval by the Interim Deputy Medical Director.
- 2.4 Organisational values and behaviours have been reflected within the policy.



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 In response to the consultation the following amendments have been made: Amendments to the reporting timeframe to align with the Quality and Safety Committee meeting schedule.

Minor typographical amendments were made as a result of the various consultation stages.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Effective Care
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	No (Include further detail below)
	Awaiting EQIA review. No issues have been identified, but if any adverse issues are raised this will be reported back to the Committee
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

- 5.1 The Quality & Safety Committee are asked to **APPROVE** the Clinical Audit & Effectiveness Policy & Strategy (Appendix 1: Clinical Audit & Effectiveness Policy & Strategy)

Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site

APPENDIX 1: CLINICAL AUDIT & EFFECTIVENESS POLICY & STRATEGY

Document Type:	Choose an item.
Ref:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk For Clinical References – Contact: CTM_ClinicalPolicies@wales.nhs.uk
Author:	Mark Townsend - Head of Clinical Audit and Quality Informatics & Natalie Morgan-Thomas Deputy Head & Lead Nurse for Clinical Effectiveness
Executive Sponsor:	Executive Medical Director
Approved By:	Choose an item.
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	1.0

Target Audience:

People who need to know about this document in detail	ILG Management Teams, Clinical Audit & Quality Informatics department
People who need to have a broad understanding of this document	Board Members, Management Board. Senior Leaders. Board Committees.
People who need to know that this document exists	All staff, both clinical and non-clinical, including staff on short-term, agency, locum, voluntary or honorary contracts, students and trainees

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date:
Welsh Language Standard	Outcome:
Date of approval by Equality Team:	No
Aligns to the following Wellbeing of Future Generation Act Objective	(00/00/0000)
	Provide high quality, evidence based, and accessible care



Disclaimer:



If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

1. POLICY & STRATEGY STATEMENT

Statutory and mandatory requirements for clinical audit

Welsh Government publish an annual National Clinical Audit & Outcome Review Plan (NCA&ORP) that lists all the national clinical audits that each organisation in Wales is required to participate in, if they provide the services. The organisations is required to have a Clinical Audit Forward Plan that details the tier 1 national audits from the NCA&ORP that CTMUHB is required to participate in and any additional tier 2 organisation priority audits identified by CTMUHB for inclusion.

In addition, NICE Quality Standards and Indicators provide an opportunity for the organisation to improve health and social care through evidence-based guidance issued by NICE.

Failure to participate or deliver on these externally 'must do' audits or evidence compliance with NICE guidelines and standards may carry a penalty for the health board, either financially, or in the form of a failed target, loss of reputation, non-compliance with regulations, or harm for its patients and staff.

Clinical audits are a major source of information aimed at measuring and benchmarking the quality and improvement of healthcare services in Wales. The audit data are used to assess the quality and effectiveness of the healthcare provided by health boards and trusts and can positively influence the way we provide services when coupled with suitable improvement actions. It is essential all parts of NHS Wales participate fully in the national programme.

The Health Board must use the findings from clinical audit to ensure that action is taken to protect people who use services from risks associated with unsafe care, and sub optimal treatment and support. They must also ensure healthcare professionals are enabled to participate in clinical audit in order to comply with the standards set by the relevant professional bodies and as part of a continuous professional development framework ensure that professionals have accountability for the care and services that they provide ensuring that it is patient centred and safe.

The Health Board is required to certify that they have effective arrangements in place for the purpose of monitoring and continually improving the quality of healthcare provided to patients, and must ensure they have in place system processes and procedures to monitor, audit and improve standards of care.

2. SCOPE OF POLICY & STRATEGY

2.1 This policy applies to anyone involved in the clinical audit process within the Health Board; this includes:

- All staff, both clinical and non-clinical, including staff on short-term, agency, locum, voluntary or honorary contracts
- Students and trainees.

3. AIMS AND OBJECTIVES

3.1 *Aims*

The aims of this document are to:

- Define a framework for carrying out clinical audits to be followed by staff, consistent with current evidence of best practice in clinical audit
- Explain the process for the registration of an audit through the use of the Clinical Audit & NICE Compliance Monitoring System (AMaT) online clinical audit registration form
- Facilitate a shared understanding of the purpose of clinical audit and the clinical audit process
- Clarify responsibilities for carrying out, approving and acting on the clinical audit programme
- Define the process for reviewing, implementing and monitoring NICE guidelines and standards
- Inform staff carrying out clinical audits about data protection requirements to be followed

3.2 *Objectives*

The intended objectives of this document is to evidence that:

- There is a robust clinical audit operational plan being implemented across the Health Board and its composite areas and services
- The clinical audit process is being carried out consistent with best practice in clinical audit
- Good practice in comparison with national and professional guidance is being provided or improvements are being made as a result of the findings of clinical audits, in line with evidenced based standards and guidelines, e.g. NICE, Royal College guidelines, National Frameworks and Standards for Health Services

- Roles, responsibilities and accountabilities for the clinical audit programme are clear and are being implemented consistently across the Health Board

4. RESPONSIBILITIES

The roles and responsibilities for clinical audit in CTMUHB are outlined below and are also available as flowcharts in Appendix B (Clinical Audit Responsibilities Flowchart) and Appendix C (Clinical Audit Health Board Reporting Structure).

4.1 Executive Medical Director

The Executive Medical Director (MD) has overall responsibility for all aspects of clinical audit management and delivery within CTMUHB; this includes ensuring:

- The Clinical Audit Strategy is aligned to the Board's strategic interests and concerns
- Clinical audit is used appropriately to support the Board Assurance Framework
- The Clinical Audit Policy is implemented across all clinical areas
- Adequate resources are available to support delivery of this policy
- Any serious concerns regarding the Health Board's policy and practice in clinical audit, or regarding the results and outcomes of clinical audits, are brought to the attention of the Board.

4.2 Deputy Assistant Medical Director for Clinical Audit

The Deputy Assistant Medical Director for Clinical Audit has responsibility for overseeing the Health Board clinical audit and clinical effectiveness functions on behalf of the MD; this includes ensuring:

- Ensuring clinical audit is used appropriately to support the Board Assurance Framework
- Working with ILGs to prioritise, develop and implement the organisations Clinical Audit Operational Plan
- Co-chairing the NICE Reference Group

4.3 Head of Clinical Audit & Quality Informatics & Deputy Head and Lead Nurse for Clinical Effectiveness

The Head of Clinical Audit & Quality Informatics & Deputy Head and Lead Nurse for Clinical Effectiveness has overall responsibility for managing the clinical audit process; this includes ensuring:

- The Clinical Audit Policy is fit for purpose
- Resources are used effectively and efficiently to support the delivery of the Clinical Audit Policy
- Performance monitoring arrangements are in place at Health Board and ILG level.
- Deputy Head and Lead Nurse for Clinical Effectiveness is also responsible for chairing the NICE Reference Group

4.4 *Clinical Audit Manager / Clinical Effectiveness Manager*

The Clinical Audit Manager / Clinical Effectiveness Manager has overall responsibility for supporting the clinical audit process, including:

- Developing the Clinical Audit Operational Plan
- Supporting ILGs in prioritisation, development and implementation of the Clinical Audit Operational Plan
- Advising, supporting and training staff in clinical audit methodology, project management and reporting of clinical audit activity
- Monitoring and reporting activity undertaken against the Clinical Audit Programme to Clinical Safety & Effectiveness Committee and ILG Governance Groups
- Co-ordinating participation in national clinical audits to ensure timely and accurate data submission
- Maintaining the Health Board's Clinical Audit & NICE Compliance Monitoring System (AMaT)

4.5 *ILG Directors*

ILG Directors are responsible for ensuring:

- The Clinical Audit Policy is implemented throughout their ILG
- The ILG participates in all national clinical audits which are relevant to the services it provides
- Support implementing audit recommendations
- Specialties review clinical practices through effective clinical audit arrangements
- Relevant service and quality issues are included in the Clinical Audit Operational Plan

- Each speciality has a nominated Clinical Audit Lead

4.6 *ILG Head of Quality and Patient Safety*

ILG Head of Quality and Patient Safety have overall responsibility for ensuring:

- Relevant service and quality issues are included in the Clinical Audit Operational Plan, including findings from complaints, incidents or claims
- Reviewing the Clinical Audit Operational Plan
- Monitoring the progress of action plans from clinical audit
- Supporting and directing the delivery of clinical audit within the ILGs.
- Ensuring that audit workstreams arising from concerns management such as complaints, serious incidents, Ombudsman, claims, inquests and Redress are incorporated into the Annual Clinical Audit Programme as appropriate
- Ensuring that clinical audit findings are shared appropriately with the ILG and its key partners, and that arising actions for learning and improvement are implemented

4.7 *Speciality Clinical Audit Lead*

Each specialty is required to identify an individual to co-ordinate clinical audit activities for the area; these individuals are responsible for:

- Agreeing clinical audit priorities for the specialty
- Ensuring that clinical audit projects are registered on the Clinical Audit Operational Plan
- Allocating projects from the Clinical Audit Operational Plan to members of the team
- Ensuring that national clinical audit data is reviewed and submitted prior to the deadline
- Ensuring recommendations from agreed action plans are implemented

4.8 *Clinical Audit Project Lead / Supervisor*

Each audit project must have a Project Lead / Supervisor, who retains overall responsibility for the project. For projects being undertaken by medical staff the Project Supervisor must be a consultant, who will retain overall responsibility for the project when junior doctors move on to their next placement or leave the Health Board.

The Project Lead / Supervisor has responsibility for:

- Ensuring the project is registered on the Clinical Audit Operational Plan
- Ensuring the project meets the criteria for clinical audit
- Providing a summary of the project's progress to the Clinical Audit Manager when requested
- Ensuring the outcome of the project is reported and presented to relevant peer groups for discussion of recommendations and actions for improvement
- Ensuring action plans are implemented

4.9 *Health Board*

The Health Board has responsibility for receiving and reviewing a summary of clinical audit activity in the organisation.

4.10 *Audit & Risk Committee*

The Audit & Risk Committee has responsibility for receiving and reviewing quarterly performance reports which consider:

- Approving the Health Board's Clinical Audit Policy & Strategy
- Approving the Health Board's Annual Clinical Audit Forward Plan
- Participation in relevant national clinical audits
- Recommendations to address risks and shortfalls in the required standards

4.11 *Quality & Safety Committee*

The Quality & Safety Committee are responsible for:

- Receiving a quarterly performance and monitoring report which considers:
 - Progress against the Health Board Clinical Audit Forward Plan
 - Compliance with defined key performance indicators for clinical audit
 - Findings of national and local clinical audits, including outcomes and recommendations to address risks
 - Actions to address risks identified through clinical audit, ensuring these are appropriately captured on

the Risk Register and implemented.

4.12 Clinical Audit & Effectiveness Group

The Clinical Audit & Effectiveness Group is responsible for:

- Reviewing reports to the Audit & Risk and Quality & Safety Committees
- Supporting development of the annual Clinical Audit Forward Plan
- Identifying Health Board priority clinical audit topics to register on the Clinical Audit Forward Plan
- Monitoring national clinical audit recommendations and action plans
- Receiving summaries of national clinical audit reports and completed baseline assessments to agree recommendations and actions
- Receiving completed local clinical audit reports and recommendations
- Reviewing progress of the ILG Clinical Audit Operational Plan and escalate concerns

4.13 ILG Quality & Safety Group Groups

The ILG Governance Groups are responsible for:

- Approving the ILG Clinical Audit Operational Plan
- Reviewing progress of the Clinical Audit Operational Plan
- Ensuring appropriate resources are in place to meet Clinical Audit Operational Plan requirements
- Monitor ILG Risk Registers, including actions to address risks identified through clinical audit
- Escalating significant clinical or operational concerns to Clinical Directors Meeting and Health Board Executive Group, respectively
- Ensuring learning from clinical audit recommendations are disseminated to staff for learning, improvement and promotion of positive patient experience and safety

Department / Specialty / Ward Clinical Audit Meetings are responsible for:

- Identifying clinical audit topics to register on the Clinical Audit Operational Plan
- Monitoring progress of Department / Speciality / Ward clinical audits
- Receiving national and local clinical audit results to discuss and

agree recommendations and actions.

5. DEFINITIONS

5.1 *Clinical audit*

“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.” Burgess (2011).

Clinical audit is a tool which enables staff to assess if best practice standards have been met and to identify which (if any) aspects of care need to be improved. It is an approach used to reflect and review practice as part of a continuous cycle to improve the quality of care for patients.

5.2 *Clinical Audit Project Team*

The Clinical Audit Project Team is a clinical speciality or professional group that assumes responsibility and accountability for the completion of a specific clinical audit.

5.3 *Project Lead*

Project Leads are members of staff who are also members of the Clinical Audit Project Team and are responsible for supervising the progress of the clinical audit. If the clinical audit covers more than one profession or speciality the overall lead must be agreed when the online clinical audit registration form is submitted for approval on the AMaT system.

5.4 *Clinical Audit Operational Plan*

The Clinical Audit Operational Plan is the electronic register of all clinical audit activity tier 1-4 (national, organisation priority, local and clinician preference) planned to be undertaken across the Health Board that identifies the following:

- The clinical audit topics to be carried out over the financial year
- The drivers for clinical audits; including national, regional and local priorities
- The names of members of staff who are responsible for leading the clinical audits
- The Integrated Locality Group (ILG) which the clinical audit project belongs to
- The committee which will receive the clinical audit report, as defined in the **reported** field within the audit registration form on AMaT
- The status of the clinical audit project

- The planned activity for the clinical audit project
- The specialty covered by the audit and the timeframes for completion

6. IMPLEMENTATION/COMPLIANCE

Procedure for conducting a clinical audit

6.1 *Registering a clinical audit*

The clinical audit registration form should be completed online via the AMaT system by the Clinical Audit Project Team once the scope of the project has been agreed. (Available via the AMaT application link from the CTMUHB App intranet page). The form will then be reviewed for approval by the Clinical Audit Manager.

6.2 *Approval of the clinical audit project*

The Clinical Audit Manager will review the clinical audit registration form and may offer suggestions about how the proposal could be changed to improve the appropriateness and / or effectiveness of the clinical audit. This will include ensuring that the audit is aligned to best practice guidelines and standards. When the scope of the clinical audit has been agreed the Clinical Audit Manager will approve the clinical audit project on the AMaT system and it will then be automatically added to the Clinical Audit Programme.

6.3 *Completion of the clinical audit report*

Once the data has been collected and analysed the Clinical Audit Project Team should discuss the findings and make recommendations for improvement. The team should then write a report of the clinical audit (a standardised clinical audit report template is available through the AMaT system ensuring consistency in the format and presentation of findings).

Every report should include an action plan with specific, measurable and realistic actions that have clear implementation timescales with identified leads for each action. When the report has been completed it should be sent to the Clinical Audit Manager for reporting and updating the Clinical Audit Programme.

6.4 *Sharing the learning from clinical audit*

Clinical audit findings, sharing of good practice and lessons learnt should be shared through the ILG Governance Groups and recommendations fed back down through the Department / Specialty / Ward Clinical Audit Meetings.

Process for developing, monitoring and reporting the Clinical Audit Operational Plan

6.5 *Development of the Clinical Audit Operational Plan*

The Clinical Audit Manager will ensure that a draft online Clinical Audit Operational Plan is in place for the Head / Deputy Head of Clinical Audit & Quality Informatics at the beginning of each financial year that will consist of the following:

- National clinical audits (Tier 1) that are relevant for CTMUHB to participate in (where services are provided)
- Requirements for clinical audit imposed by the Welsh Government that do not form part of the NHS Wales National Clinical Audit and outcome Review Plan
- National guidance for which evidence of implementation is required
- Organisation priority audits (tier 2) that have been identified through incidents, Patient Safety Alerts, Ombudsman findings and/or through the organisation improvement process

It is the responsibility of the Specialty Clinical Audit Lead, in liaison with relevant clinicians, to add local clinical audits to the draft Clinical Audit Operational Plan.

The Clinical Audit Operational Plan should be discussed annually at ILG Governance Group meetings to ensure projects and resources are agreed, prioritised and appropriate support is in place to facilitate completion.

6.6 *Training and Development*

Staff who require training or support to carry out the clinical audit process should contact the Clinical Effectiveness Manager, who can coordinate or provide training as required. A Guide to Clinical Audit, which offers a structured layout of the key aspects of clinical audit, is also available on the Health Board Clinical Audit & Effectiveness intranet page.

6.7 *Monitoring of the Clinical Audit Operational Plan*

The Clinical Audit Manager will monitor compliance of the Clinical Audit Operational Plan, including checking if clinical audits are being carried out in accordance with the planned timetable and if any interventions are needed to keep the programme on schedule. (A weekly national audit compliance report produced and circulated with ILGs any deviation from plan are escalated to the Head and Deputy Head of service).

6.8 *Reporting of the Clinical Audit Operational Plan*

The Head of Clinical Audit & Quality Informatics will regularly report the status of the Clinical Audit Operational Plan to the ILG Quality, Safety and Risk Governance Groups and annual Clinical Audit Forward Plan of national and organisation priority clinical audit to the Quality & Safety Committee.

6.9 *Data Protection*

All clinical audit projects must adhere to the NHS Information Governance policies and standards. Clinical Audit Project Teams should pay particular attention to the Data Protection Act (2018) and the Caldicott Principles (1997):

- Justify the purpose(s) of using confidential information
- Do not use patient-identifiable information unless it is absolutely necessary
- Use the minimum necessary patient-identifiable information that is required
- Access to patient-identifiable information should be on a strictly need-to-know basis
- Take in to consideration the topic of the audit and consider whether this will identify a patient/s
- Everyone with access to patient-identifiable information should be aware of their responsibilities to manage data in accordance with statutory requirements, information governance, GDPR and their professional codes of conduct
- Understand and comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality.

Patient or professional identifiable data should never be reported in any clinical audit project.

6.10 *Ethical Approval*

Any clinical audit project that involves the following should contact the CTMUHB Research and Development Team for guidance on applying for ethical approval:

- The clinical audit includes any clinical significant departure from usual clinical care, for example; implementing a significant change in practice
- Patient information that is being collected is beyond the information ordinarily collected as part of providing routine patient care

- Patients or carers are being asked directly for information that would subject them to burden or risk, for example; requesting sensitive information or completion of a long questionnaire or interview
- The clinical audit collects or discloses any data that could be used to identify a patient or practitioner.

6.11 Compliance Monitoring

The Quality & Safety Committees will monitor implementation, compliance and effectiveness of this policy. This will be achieved through reporting against defined key performance indicators and quarterly review of progress against the Health Board Clinical Audit Operational Plan. Key performance indicators for this policy are as follows:

Activity	Key Performance Indicator	Target
Planning	Clinical Audit Forward Plan agreed by Audit & Risk Committee by the end of April evidenced through the minutes of the meeting	100%
Implementation	Arrangements are in place to support clinical audit activities at ILG / Specialty levels	100%
	Each specialty identifies a Clinical Audit Lead	100%
	Agreed priority audits from Health Board / ILG programmes are undertaken with appropriate support	100%
	Multidisciplinary forums are in place to discuss audit findings	100%
	Discussion of audit findings at multidisciplinary forums are minuted / recorded	100%
Learning	Each completed audit to have recommendations	100%
	Action plans are formulated from recommendations that suggest a change in practice	100%
	Action plans are implemented or progress reported to the relevant ILG Governance Group within three months of approval of plan	100%
	Training in clinical audit methodology and AMaT system available to all staff as needed	100%

7. EQUALITY IMPACT ASSESSMENT

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

8. GETTING HELP

Please contact the Head of Clinical Audit and Quality Informatics & Deputy Head & Lead Nurse for Clinical Effectiveness for interpretations, resolution of problems and other special situations in relation to this policy and strategy.

9. APPENDICES

1. Clinical Audit Process
2. Clinical Audit Responsibilities Flowchart
3. Clinical Audit Trust Reporting Structure
4. NICE NICE Guidance Pathway

APPENDIX 1 - Clinical audit process

The clinical audit process is best represented as a cycle, whereby each stage needs to be completed before moving onto the next stage.

The clinical audit process involves the following steps:

Identify topic

High priority topics include areas where problems have been identified by:

- staff, service users or carers
- areas where there is potential to improve patient care
- compliance with national guidance, local policies and procedures.

Identify the topic, identify who will carry out the audit with consideration to relevant stakeholders including; clinicians, clinical audit staff, managers/supervisors, and service users. Define aims and objectives of the audit and create a project plan.

Set standards

Set evidence-based standards to measure clinical practice against; standards may incorporate agreed national and/or local measures, or consensus among colleagues in the absence of agreed standards. Design methodology with consideration of target population, sample size, sampling techniques, questions, data collection methods, consent and ethics.

Collect data

Collect data based on agreed methodology.

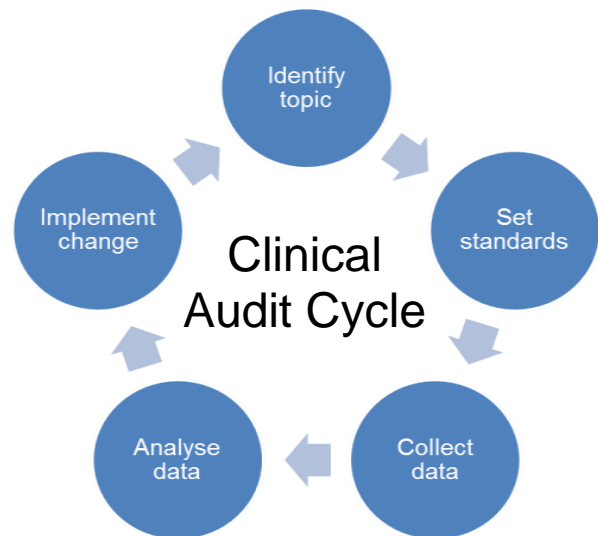
Analyse data

Analyse data to determine if the standards have been met. If the findings show the standards are being met, provide feedback on good practice. If the findings show that standards are not being met, analyse and identify the root causes.

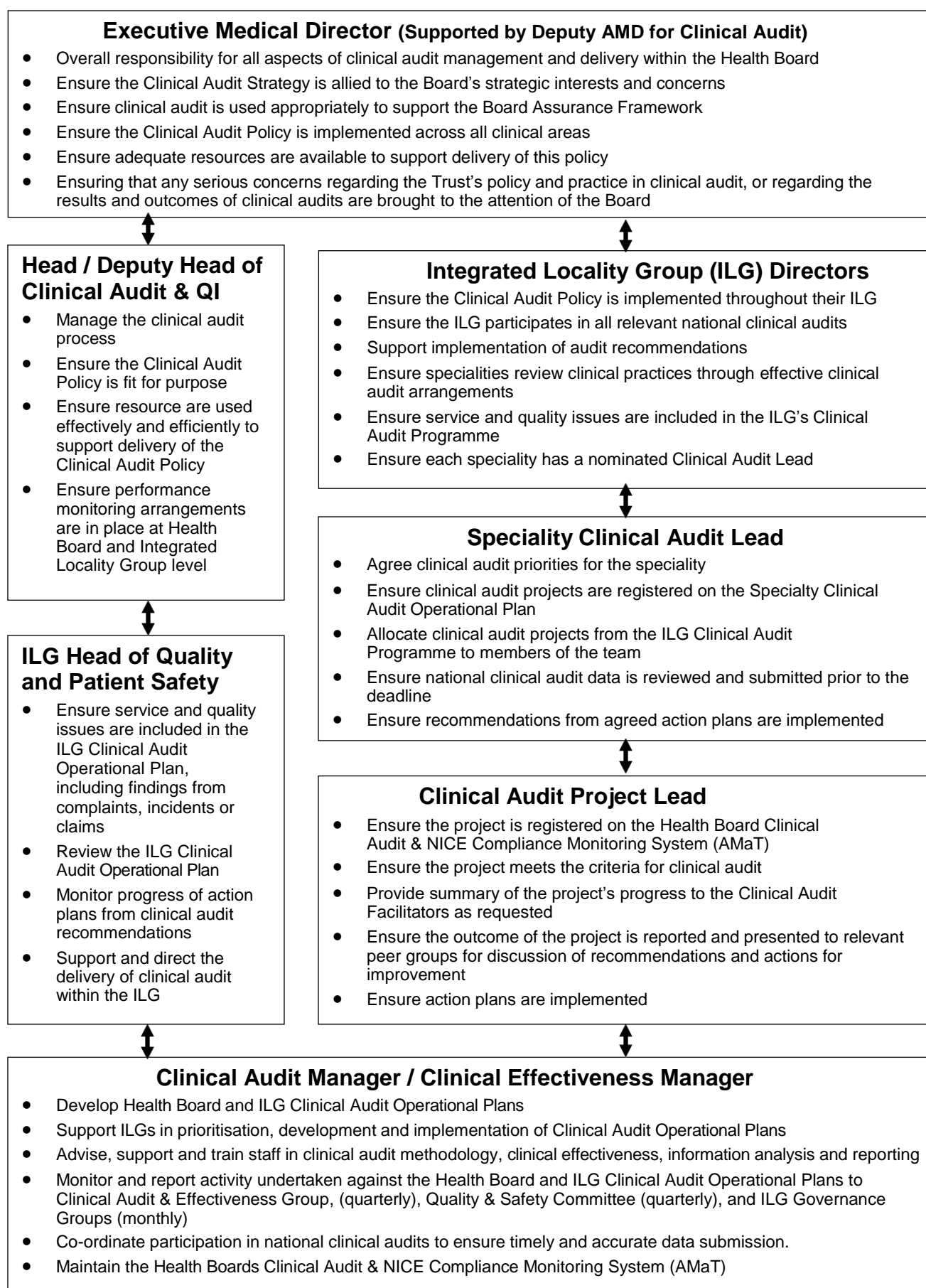
Implement change

Take action to eliminate or minimise the causes of any problems identified in the analysis. Re-audit when action is taken to check that implemented actions and changes have led to quality improvement.

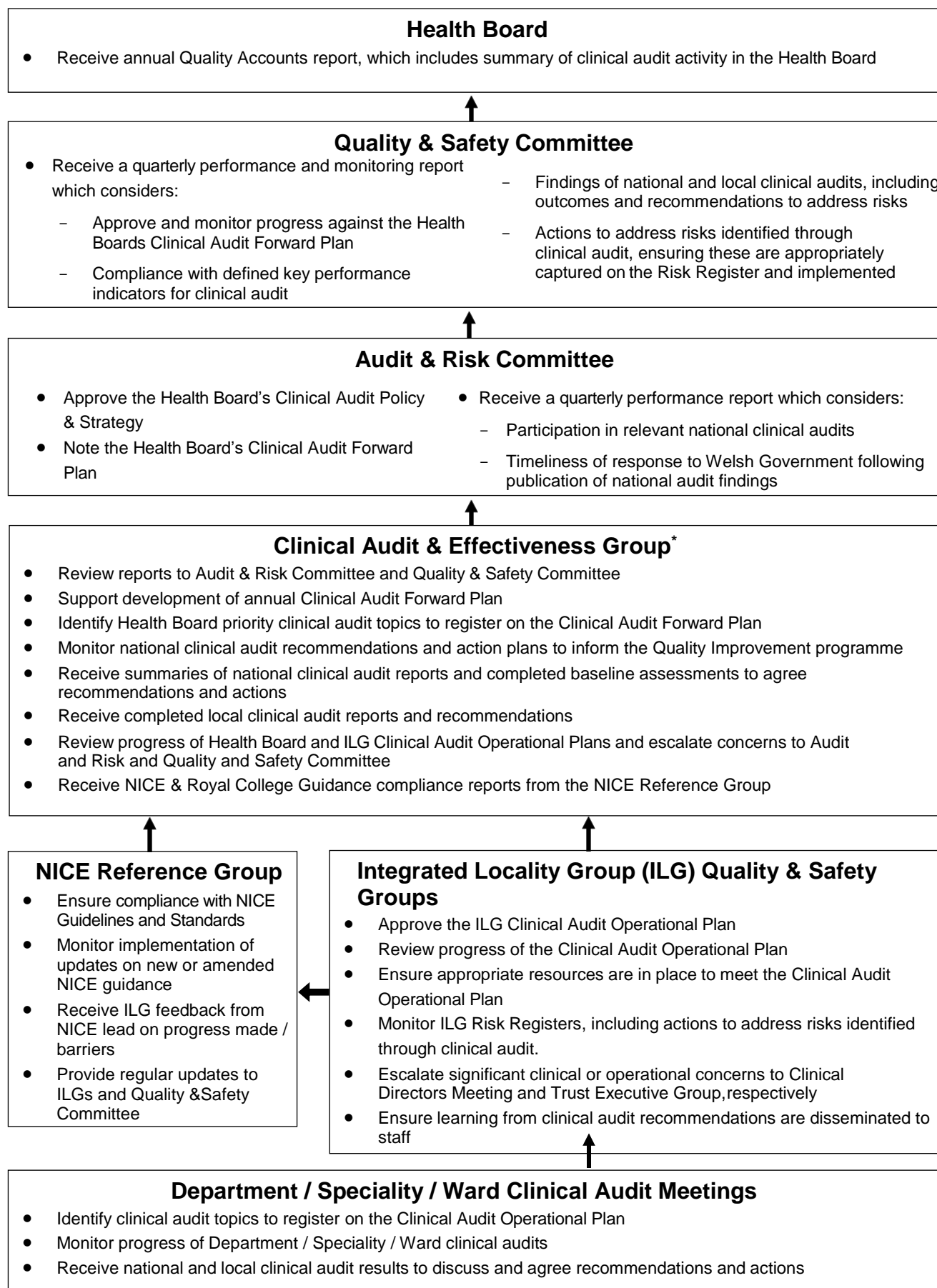
A Guide to Clinical Audit, which offers further information about each stage of the clinical audit process is available on the HQIP internet page.



Appendix 2: Clinical Audit Responsibilities Flowchart

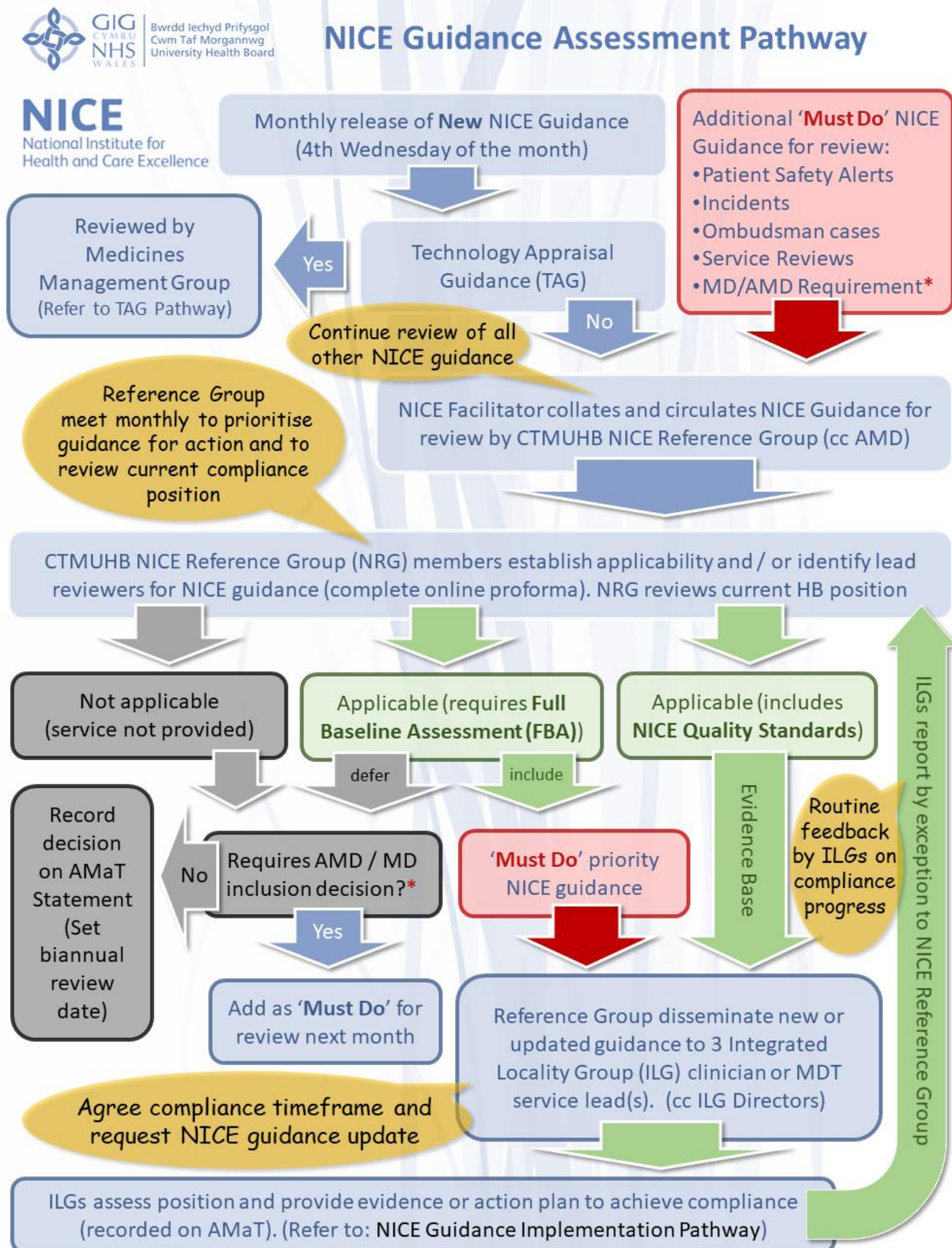


Appendix 3: Clinical Audit Health Board Reporting Structure



* Formerly the Quality Improvement & Clinical Audit Operational Group

Appendix 4: NICE Guidance Pathway



Authors: Natalie Morgan-Thomas & Lauren Dyton, Version 1.0 Last Update date: 01/09/2020

Appendix 4: NICE Guidance Pathway

