



**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	14 October 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Clinical Audit Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mark Henwood, Medical Director
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ian Bebb, Clinical Audit Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to provide the Audit and Risk Assurance Committee with an update on the Health Board's Clinical Audit Function and Programmes.

**Cefndir / Background**

The Health Board develops an annual Clinical Audit Programme (CAP) which is carried out by the Operational Services. This programme consists of a list of key clinical audit projects which have been prioritised in line with Health Board (service specific or otherwise) aims and objectives. The programme also includes all projects mandated by Welsh Government (NCAORP) and other national bodies. National benchmarking is possible through this mechanism, as well as access to advanced analysis and reporting.

**National Clinical Audit**

The National Clinical Audit and Outcome Review Plan (NCAORP) is a mandatory audit programme in Wales.

The risk associated with non-participation is the inability to benchmark our practice with other sites and health boards. This does not directly indicate that there are issues with clinical care; only that we do not have sufficient data to assess Health Board compliance with key guidelines and professional standards. There are other ways to demonstrate the "health" or quality within a service through other Quality Improvement (QI) work, Safety Dashboard, performance targets, clinical effectiveness process e.g. National Institute for Health and Care Excellence (NICE), service evaluation, etc.

The programme of audits is mandatory; therefore, there is always the potential for reputational damage with non-participation or clinical standards not being met. Potentially, Welsh Government may write to health boards for a response. National audit reports are also in the public domain, so there is the potential for negative feedback from patients and other service users, etc. As national clinical audits are used as a benchmarking tool, they could impact on recruitment and retention, where higher performing trusts/health boards could attract the interest of new staff.

Full participation with each mandatory audit is considered by some specialties as not possible without further investment. In these cases, we would expect the risk to be addressed by the appropriate services where they can factor compliance with an audit into their other risks, business cases and key objectives.

### **Local Clinical Audit Programmes**

The Clinical Audit Department (CAD) liaise with a number of services to establish a local programme each financial year. The 2025-26 programme has been split into 6 monthly sections to allow services more opportunities to contribute and create more accurate time frames for audit commencement and completion.

The April-September 2025-26 programme included 30 audits from 12 different committees/groups. The 45 National audits are automatically included as standard. A number of the groups are no longer running and have now been superseded by the Clinical Care Group structure.

The October-March 2025-26 programme is currently being compiled and the Clinical Audit Department have written out to a number of groups including the Clinical Care Groups. All Clinical Care Groups have clinical audit on their quality agendas and include clinical audit representation.

### **Audit Management and Tracking (AMAT) Software**

The CAD are implementing the AMAT software within the Health Board. All clinical audit projects are now registered via the system. Outputs are also monitored through this system. The system is being used as a data collection platform. The transparency and ease of access of the system is proving very beneficial, as it can be widely accessed by all users. The roll-out of the system requires the training of various staff, and ad hoc training is also provided.

## **Asesiad / Assessment**

### **Clinical Audit Department**

As of April 2025, the Clinical Audit Department have been moved to sit within the Medical Directorate. This has been welcomed as a positive move, to allow further integration with the Medical Directorate teams (e.g. Medical Education and Clinical Effectiveness) and the Clinical Audit Manager meets regularly with the other Directorate teams.

### **Audit Management and Tracking (AMAT) Software**

The Ward & Area module is now up and running, with a total of 11 active audits that are being carried out Health Board wide. The software acts as a data collection platform and audit results and actions can be tracked through dashboard displays with instant outputs. These audits fall primarily under the nursing remit. Outputs are monitored through various groups and actions are embedded within AMAT and are carried out regularly. An additional 10 audits are currently being planned.

Funding for the AMAT system is secured from the Medical Directorate until 2026. Funding beyond this has also been secured and AMAT is being considered as part of the Digital Programme.

A total of 223 audits have been completed on the system since it was implemented. All of this information is available for all users to view and learn from, as the system offers high levels of transparency.

## **National Clinical Audit**

The Health Board is contributing to all of the mandatory national projects. A full list of national audits can be found in the accompanying attachment (Appendix 1).

Any exceptions to expected participation or good practice have been:

- Escalated to senior management within the respective services
- Reported to the relevant Clinical Care Group(s)
- Reviewed at the Clinical Audit Scrutiny Panel (CASP)
- Continually monitored

Discussions with audit and service leads are underway for all areas where low participation or engagement has been identified. Where participation shortfalls are identified and not mitigated, services are asked to include details within the relevant risk register and provide an improvement plan. Services also have the option of applying to the Quality Impact Assessment Panel for further support.

More detailed information about the status of each registered audit is available on request.

## **Clinical Audit Programme 2025/26**

Letters were sent to owning groups regarding the October-March 2025/26 CAP, with a deadline for submission of 30 September 2025. The new programme will largely feature the continued audits from the previous programme, with a small number having already been completed. A total of 45 National audits will be included.

The current programme is attached for information (Appendix 2).

## **Shared Learning**

The CAD are continuing to hold Whole Hospital and Whole Health Board Audit meetings. An additional two events have been held since last reporting.

The CAD continue to support the Enabling Quality Improvement in Practice (EQIIP) programme by attending event days and giving presentations on the links between QI and Clinical Audit and how they can complement each other. The most recent event was held on 9 July 2025, where a presentation on the links between Quality Improvement and Clinical Audit was given, as well as a clinical audit "market stall". A number of groups from the day have come forward and made links with the CAD.

## **Argymhelliad / Recommendation**

The Audit and Risk Assurance Committee is asked to:

- **TAKE ASSURANCE** from the increased use of Audit Management and Tracking (AMAT) software within the Health Board, as well as the secured funding for the system
- **TAKE ASSURANCE** from the continuation of the majority of mandatory national audits and the processes followed for escalation
- **TAKE ASSURANCE** from the integration of clinical audit within all Clinical Care Groups
- **NOTE** the development of the 2025/26 programme
- **TAKE ASSURANCE** from the continued shared learning through Whole Hospital and Whole Health Board Audit Meetings

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.</p> <p>3.9 Provide assurance with regard to the systems and processes in place for clinical audit, and consider recommendations from the Effective Clinical Practice Working Group on suggested areas of activity for review by internal audit.</p> <p>3.20 The Audit and Risk Assurance Committee and the Quality, Safety and Experience Committee both have a role in seeking and providing assurance on Clinical Audit in the organisation. The Audit and Risk Assurance Committee will seek assurance on the overall plan, its fitness for purpose and its delivery. The Quality, Safety and Experience Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit. The internal audit function will also have a role in providing assurance on the Annual Clinical Audit Plan.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Audit specific risks are included and owned by the Services and will feature on other risk registers.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	<ol style="list-style-type: none"> <li>1. Safe</li> <li>2. Timely</li> <li>3. Effective</li> </ol>
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	<ol style="list-style-type: none"> <li>3. Data to knowledge</li> <li>4. Learning, improvement and research</li> </ol>
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
<b>Ar sail tystiolaeth: Evidence Base:</b>	National Clinical Audit and Outcome Review Programme Hywel Dda UHB Forward Clinical Audit Programme
<b>Rhestr Termau: Glossary of Terms:</b>	Contained within the body of the report
<b>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:</b>	Clinical Audit Manager Medical Director

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The principals of audit imply that quality/patient care will be impacted. However, no specific audit results are called out within this report.
<b>Gweithlu: Workforce:</b>	Workforce engagement in Clinical Audit provides an understanding of the impact of quality of service and clinical care delivery, and is a key driver for appraisal for medical staff and professional practice development in all clinical disciplines.
<b>Risg: Risk:</b>	Audit specific risks are contained within service/specialty specific risk registers. This includes non-participation with mandatory national audits.
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	There is the potential for reputational impact when the Health Board does not participate in mandatory audit projects. None of the criteria in the impact assessment apply.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

## Mandatory National Clinical Audits 2025-26

National Audit Title	Expected Participation 2025-26
National Joint Registry	Yes
National Laparotomy Audit (NELA)	Yes
Case Mix Programme (ICNARC)	Yes
Major Trauma Audit (TARN)	Yes
National Early Inflammatory Arthritis Audit (NEIAA)	Yes
National Diabetes Paediatric Audit	Yes
National Adult Diabetes Audit (NDA)	Yes
National Diabetes Core Audit (PC)	
NDA: National Diabetes Footcare	Yes
NDA: National Diabetes Inpatient Safety Audit (NDISA)	Yes
NDA: National Pregnancy in Diabetes Audit (NPID)	Yes
NDA: National Integrated Specialist Survey	Yes
NDA: Transition and Young Type 2 Audit	Yes
National Respiratory Audit Programme (NRAP)	Yes
COPD Secondary Care	
NRAP: Adult Asthma Secondary Care	Yes
NRAP: Paediatric Asthma Secondary Care	Yes
NRAP: Pulmonary Rehabilitation	Yes
NRAP: Wales Primary Care Audit	Yes
National Audit of Chronic Obstructive Pulmonary Disease (PC)	Yes
All Wales Audiology Audit	Yes
Stroke Audit (SSNAP)	Yes
National Audit of Inpatient Falls	Yes
National Hip Fracture Database	Yes
Fracture Liaison Service Database	Yes
National Audit of Dementia	Yes
National Audit of Cardiac Rehabilitation	Yes
National Cardiac Audit Programme (NCAP)	Yes
Myocardial Ischaemia National Audit Project (MINAP)	
NCAP: National Audit of Cardiac Rhythm Management (CRM)	Yes
National Heart Failure Audit	Yes
National Clinical Audit of Psychosis	Yes
National Audit of Metastatic Breast Cancer	Yes
National Audit of Primary Breast Cancer	Yes

National Bowel Cancer Audit (NBOCA)	Yes
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes
National Lung Cancer Audit	Yes
National Prostate Cancer Audit	Yes
National Ovarian Cancer Audit	Yes
National Pancreatic Cancer Audit	Yes
National Non-Hodgkin Lymphoma Audit	Yes
National Kidney Cancer Audit	Yes
National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy 12)	Yes
National Maternity and Perinatal Audit	Yes
National Neonatal Audit Programme	Yes
National Perinatal Mortality Review Tool (PMRT)	Yes
National Audit for the Care at the End of Life (NACEL)	Yes
Epilepsy 12 Children and Young People National Clinical Audit	Yes

Clinical Audit Programme (CAP) 2025-2026 (Apr-Sept)					
AUDIT CODE	AUDIT STATUS	ORIGINATING COMMITTEE	SPECIALITY	AUDIT TITLE	REASON FOR INCLUSION
Mat/CA/2024-25/01	In Progress	HDUHB W&CH'S QSE	Women & Child Health	Maternity Record Keeping Audit: January 2025 - January 2026	
Respiratory/CA/2024-25/01	In Progress	Respiratory Annual Forum	Respiratory	Acute NIV Re-audit	Deemed a critical priority by BTS. It forms part of the prioritised NRAP which the Health Board has committed to. On an even more urgent basis, concerns have been raised by frontline staff in at last ¼ of our hospitals that their NIV service is not safe. We must therefore compare all the data for HDUHB. Welsh and UK standards are calling for the establishment of RSSUs (Respiratory Support Units) in all hospitals admitting general medical /respiratory patients (post COVID). This would require very significant investment and new staff. I feel we do not need these RSSUs in HDUHB and satisfactory performance in this NIV unit would reassure me a lot.
Rost/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Rostering Audit	High Priority for Service
AWC/WA/2025-26/04	In Progress	SNMT	Professional Standards Team	Medicines Management Patient Audit - All Wales Core	All Wales agreed core audit
AWC/WA/2025-26/05	In Progress	SNMT	Professional Standards Team	Medicines Management Ward Audit - All Wales Core	All Wales agreed core audit
AWC/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Bare Below the Elbows - All Wales Core	All Wales agreed core audit
AWC/WA/2025-26/02	In Progress	SNMT	Professional Standards Team	Hand Hygiene - All Wales Core Audit	All Wales agreed core audit
AWC/WA/2025-26/03	In Progress	SNMT	Professional Standards Team	Personal Protective Equipment (PPE) - All Wales Core	All Wales agreed core audit
Falls/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Falls Management Audit	High Priority for Health Board
Cont/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Contenance Care Audit	Ombudsmen Case
RADAR/WA/2025-26/02	In Progress	HDUHB RADAR	Cross Speciality Improvement	NEWS 2 and the Burden of Acute Illness	High priority audit – To ensure that all observations are being undertaken on the NEWS chart, that they are accurate and there is the appropriate response and escalation to patients who are deteriorating.
TBC	In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Inpatients Audit NICE QS 201 S1 - Cycle 4	Improve compliance with the VTE risk assessment. Provide assurance of NICE Quality standards 201. Welsh risk pool have recently indicated that they may not support claims for hospital acquired thrombosis unless there is evidence of staff being trained and risk assessments being completed.
TBC	In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Lower Limb Immobilisation Audit NICE QS 201 S2 - Cycle 4	Improve compliance with the VTE risk assessment. Provide assurance of NICE Quality standards 201. Welsh risk pool have recently indicated that they may not support claims for hospital acquired thrombosis unless there is evidence of staff being trained and risk assessments being completed.
TBC	In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Outpatient Follow Up Audit NICE QS 201 S4 & S5 - Cycle 4	Improve compliance with the VTE risk assessment. Provide assurance of NICE Quality standards 201. Welsh risk pool have recently indicated that they may not support claims for hospital acquired thrombosis unless there is evidence of staff being trained and risk assessments being completed.

TBC	In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 Venous Thromboembolism Radiology Referral USS Audit NICE QS 201 S3 (H61) - Cycle 2	Improve compliance with the VTE risk assessment. Provide assurance of NICE Quality standards 201. Welsh risk pool have recently indicated that they may not support claims for hospital acquired thrombosis unless there is evidence of staff being trained and risk assessments being completed.
Crit/CA/2023-24/01	Awaiting Action Plan	QSE	Critical Care	Central Line Care Bundle - A Clinical audit to Assess Compliance with the Completion of Care Bundles within Critical Care, HDUHB.	Critical care is undergoing Peer Review from the NHS executive in April 2024. We are required to supply evidence of audits completed re: care bundles used within our critical care units. This information will be relayed to the Welsh Government. There is currently no evidence of these audits being undertaken in the last 3 years, it is an expectation that these audits are undertaken and will therefore come under scrutiny from the NHS executive.
Crit/CA/2023-24/02	Awaiting Action Plan	QSE	Critical Care	Ventilator Care Bundle - A Clinical audit to Assess Compliance with the Completion of Care Bundles within Critical Care, HDUHB.	Critical care is undergoing Peer Review from the NHS executive in April 2024. We are required to supply evidence of audits completed re: care bundles used within our critical care units. This information will be relayed to the Welsh Government. There is currently no evidence of these audits being undertaken in the last 3 years, it is an expectation that these audits are undertaken and will therefore come under scrutiny from the NHS executive.
Path/CA/2023-24/04	Awaiting Action Plan	Blood Transfusion Committee	Haematology	Path/CA/2023-24/04: Audit of NICE Quality Standards QS138	Welsh Blood Service requires us on each site in Wales to run this every quarter to ensure standards are being met and are improving
Nutrition & Dietetics/CA/2025	Awaiting Action Plan	Nutrition and Hydration Group	Nutrition & Dietetics	Nasogastric Tube Insertion and Care Audit	To provide the Health Board with an understanding of current nasogastric tube insertion and care practice with doctors and nurses.
Crit/CA/2024-25/01	Awaiting Action Plan	QSE	Critical Care	Rehabilitation after critical illness in adults	The audit is to assess our compliance to the NICE CG83 guidelines in the provision of rehabilitation after critical illness. The data is intended to support the peer review process (Critical care network – welsh government) and provide an evidence base to outline areas of service deficit and as such areas for service development. Whilst currently we have anecdotal evidence of adherence to the guidelines, we have no measureable data. This audit will be essential to establish baseline for future service delivery targets. Provision of AHP staffing in Critical care and its subsequent impact on rehabilitation after critical illness is currently being drafted for inclusion on the risk register
Multiple/CA/2023-24/01	Complete (being implemented)	Mental Capacity and Consent Group	Mental Capacity and Consent	Welsh Risk Pool All Wales Peer Review Consent Audit	Required by Welsh Risk Pool as part of a national consent audit.
Multiple/CA/2024-25/02 (Form 4) Multiple/CA/2023-24/02 (Form 5)	Complete (being implemented)	Mental Capacity and Consent Group	Mental Capacity and Consent	Audit of Form 4: Treatment in Best Interests, Consent Form 5: Refusal of blood and blood products	To ensure compliance with the Mental Capacity Act and to protect the rights of patients who lack capacity to consent to their surgical procedure.

Smoke/CA/2024-25/02	Complete (being implemented)	Public Health & Wellbeing QSE	Smoking Cessation & Wellbeing	Smoke/CA/2024-25/02: Hywel Dda Inpatient Smoking Re-Audit -	<p>Royal College of Physicians – Hiding in plain sight document - If smokers aren't identified routinely then they are not offered access to nicotine replacement to prevent withdrawal often leading to discomfort or aggression. Hospitalisation provides a teachable moment that prompts a long term quit in large numbers of smokers. Access to support prevents relapse on discharge but also prevents withdrawal during a hospital stay. Without this support 50% of those who have remained abstinent whilst in hospital will relapse within 2 days of discharge.</p> <p>Identification of smokers is vital to allow them to access medication to treat their withdrawal, to offer them support to remain smoke free but also as smoking has an impact on the metabolism of medication.</p> <p>The health board has to show report on its compliance with identification of smokers to NICE, Welsh Gov and central PHW. The Welsh Nursing Care Records provide the opportunity to electronically record smoking status and offers of help. This re-audit is to assess if there is any difference in the reliability of the reporting via this package and whether offers of support (both pharmacotherapy &amp; behavioural support) are accepted by patients. Smoking prevalence has historically been higher in the inpatient population than in the general population yet the recent audit found this not to be the case according to WNCr (10% verses 12.5% in the general population)</p>
TBC	Planning	Nutrition and Hydration Group	Nutrition & Dietetics	Meal Time Audit	
TBC	Planning	Nutrition and Hydration Group	Nutrition & Dietetics	Fluid Balance	
TBC	Planning	Hywel Dda Palliative and End of Life Care Group	Care of the Elderly	All Wales Care Decisions for the Last Days of Life (April 2024 - March 2025)	This is a national audit looking at the evidence the quality of care provided at the end of life in Wales
TBC	Planning	HDUHB Cardiology Quality, Safety & Assurance	Cardiology	TOE Audit	High Priority for Service
RADAR/WA/2025-26/03	Planning	HDUHB RADAR	Cross Speciality Improvement	Medical Emergency Trolley - Daily Audit	High priority audit
RADAR/WA/2025-26/04	Planning	HDUHB RADAR	Cross Speciality Improvement	Medical Emergency Trolley - Weekly Audit	High priority audit
RADAR/WA/2025-26/01	Discontinued	HDUHB RADAR	Cross Speciality Improvement	NEWS and the Burden of Acute Illness	High priority audit – To ensure that all observations are being undertaken on the NEWS chart, that they are accurate and there is the appropriate response and escalation to patients who are deteriorating.