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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Pwyllgor Archwilio a Sicrwydd Risg/ Audit and Risk Assurance Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Audit Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	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

This report provides the Audit and Risk Assurance Committee with assurance on the performance, risks and impact of the Health Board's Clinical Audit function, including national audit compliance, progress in implementing the Audit Management and Tracking (AMAT) software system, levels of engagement across services and key improvements delivered during 2026-27.

Cefndir / Background

During 2025-26, significant structural and digital changes have helped reshape the Clinical Audit function, including the roll-out of AMAT, integration with Clinical Care Groups and improved alignment with strategic priorities. These changes enable more consistent tracking, stronger re-audit cycles and clearer visibility of risk areas.

The Health Board delivers an annual Clinical Audit Programme (CAP) that is aligned to organisational priorities and directly supports assurance on the quality and safety of clinical care. The programme sets out a targeted suite of audit projects selected to address key areas of clinical risk, variation, and improvement, and is delivered operationally through Clinical Care Groups and relevant services. In addition to locally-defined priorities, the CAP incorporates all mandatory audits required through the National Clinical Audit and Outcome Review Plan and other national bodies, ensuring full compliance with external standards. Participation in these audits enables the Health Board to benchmark performance nationally, identify variations in clinical practice, and access advanced analysis that informs improvement actions and strengthens overall governance.

National Clinical Audit

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

Non-participation in mandatory national clinical audits presents a material risk to the Health Board, as it prevents us from benchmarking our clinical practice against other organisations and limits our ability to evidence compliance with key professional standards and national guidelines. While non-participation does not, in itself, indicate deficiencies in clinical care, it creates a gap in the assurance available to the Board by reducing the breadth and depth of comparative data.

The Health Board does utilise a wider range of quality and safety intelligence such as Quality Improvement activity, the Safety Dashboard, performance indicators, National Institute of Clinical Excellence (NICE) compliance processes and service evaluations to assess the overall health of services. However, national audits remain a critical component of our assurance framework, providing external comparison, independent scrutiny, and visibility of variation that cannot be replicated through local mechanisms alone.

Some specialties have identified that full participation in all mandatory national audits is not achievable without additional investment. Where this is the case, the Health Board has taken proactive steps to ensure that risks are understood, owned, and mitigated. Services are required to assess the impact of limited participation and incorporate the associated risks into their specialty risk registers, business cases, and annual planning objectives.

Clinical Care Groups and the Clinical Audit Team are working with these specialties to prioritise audit participation based on clinical risk, patient outcomes, and national expectations. This includes agreeing phased engagement plans, identifying resource gaps, and ensuring that areas with the greatest potential quality benefit are supported first.

This approach enables the Health Board to continue demonstrating the value of audit participation—through targeted improvements, clearer visibility of variation, and strengthened assurance—while ensuring that constraints are actively managed rather than becoming barriers to clinical quality improvement.

Key findings from 2025-26:

- 192 standard audits completed in 2025-26 via AMAT with 36 remaining in progress, representing a significant increase in transparency and re-audit opportunities
- A total of 2,412 improvement actions were completed prior to 2026/27, with a further 359 actions remaining in progress, evidencing continued implementation of recommendations identified through the Nursing Audit Programme.
- Full or near-full participation in most mandatory National Clinical Audits, with additional escalation processes being developed for exceptions.
- Improved clinical leadership capacity following new appointments in Diabetes and Care of the Elderly.
- Clinical Care Group escalation saw an increase in the submission of clinical audit action plans. However, several projects had delayed submissions for action plans, and a small number of projects remain significantly behind.

Asesiad / Assessment

Audit Management and Tracking Software

The Ward and Area module continues to expand with a current total of 27 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 all fall primarily under the nursing remit. Outputs are monitored through various groups and actions are embedded within AMAT and are being carried out regularly. 10 additional audits are being planned.

Audit activity has provided consistent assurance for several projects that have maintained high levels of compliance. Examples below (% current compliance):

- Bare below the elbows 99.1%
- Hand hygiene 96.8%
- Personal Protective Equipment 98.9%
- Medicines Management (Patient Audit) 85.9%
- Medicines Management (Ward Audit) 90.0%
- Supportive Practice Review (Health Visiting) 91.8%
- Positive Patient Identification 96.9%
- Paediatric Early Warning Audit 88.4%
- Medical Emergency Trolley Audit 93.0%

Other audit activity has provided opportunities for improvement, and the Health Board can evidence patient safety improvements, for example:

- Mealtime (Patient Audit) 82.6% increased to 88.7%
- Controlled Drugs Audit 95.6% increased to 100%
- Falls Extensive Check Audit 65.6% to 71.1%

Across these Ward based audits there have been approximately 763 improvement actions completed since April 2026. A further 686 improvements are being progressed. Whilst each action may only have a small (or varying) impact, this does represent instances of safer, timely or effective care for patients. Evidence for these actions has also been uploaded to the AMAT system. Once the programme has been fully rolled out this number will increase significantly.

Specific examples of improvements across the portfolio of audits include:

- Multi- factorial Risk Assessment for Falls
- Usage of the falling star (Patient Status at a Glance)
- Blue plate initiative for those with cognitive impairments
- Review of the adequacy of mealtime intake for patients
- NEWS – Management plan in place for escalated patients
- Rostering improvements for nursing staff
- Waste/excess medication protocols

All actions on the Ward module are tracked to a specific Ward Area and improvements are highly targeted. Areas of poor compliance are easily identified utilising this software and the system will automatically highlight low compliance.

Participation remains below expected levels with an average participation across the 25 live projects of 48%. This is an increase of 10% from April 2026. However, some audit participation remains exceptionally low ranging from 14.2% - 100%. The Clinical Audit Department have met several times with Senior Nursing representatives who will continue to focus on participation levels for the current portfolio of audits to ensure Health Board wide consistency, assurance and improvement.

There are currently 80 open “standard” clinical audits live on the system with 45 of these being added in 2026-27. A total of 48 audits have been completed on the system since April 2026 which represents 48 opportunities for assurance and quality improvement with multiple improvements stemming from any given project. All this information is available for all users to view and learn from as the system offers high levels of transparency. This allows the Health Board to focus more on re-audits in needed areas as opposed to “orphan” (e.g. single cycle) projects.

National Clinical Audit

Hywel Dda University Health Board (HDdUHB) continues to meet the majority of national audit participation requirements with contributions to the national programme at approximately 93%. Completion of appropriate improvement plans remains the biggest challenge with compliance at around 59%. The Health Board continues to see an increase in engagement and the timely completion of these improvement plans.

The main areas requiring strengthened engagement in 2026/27 are Planned Care and Specialist Services, Care of the Elderly and Diabetes. This remains the same as it did in April 2026. Improvement plans have not yet been agreed for all areas, and the Clinical Audit Department continue to escalate exceptions through standardised processes. More engagement will be required if the Health Board is to be compliant with the National Clinical Audit Programme. There has been an increase in engagement across most of these areas, however, only a small number of areas have made progress.

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)
- Escalated to Effective Clinical Practice Advisory Panel
- Continually monitored

The table below indicates audits that are currently non-compliant for participation (either data collection or delayed improvement plans). All projects are escalated through the Clinical Care Group (CCG) structures regularly at monthly forums. Outstanding concerns are also raised through the Clinical Audit Scrutiny Panel and escalated further to the Effective Clinical Practice Advisory Panel (last reported 21.05.2026). Clinical Leads and Service Delivery Managers are also aware of outstanding concerns.

Audit Title	Escalation Route
National Maternity and Perinatal Audit (NMPA)	Women & Family Health CCG Planned Care & Specialist Services CCG
NCAORP Epilepsy 12	Women & Family Health CCG

National Audit of Metastatic Breast Cancer (NAoMe)	Planned Care & Specialist Services CCG Effective Clinical Practice Advisory Panel
National Ovarian Cancer Audit (NOCA)	
Comparative Audit of Critical Care Unit Adult Patient Outcomes (ICNARC)	Planned Care & Cancer Services CCG Planned Care & Specialist Services CCG Effective Clinical Practice Advisory Panel
National Emergency Laparotomy Audit (NELA)	
National Bowel Cancer Audit (NBOCA)	
National Non-Hodgkin Lymphoma Audit (NNHLA)	
National Kidney Cancer Audit (NKCA)	
National Prostate Cancer Audit (NPCA)	
National Lung Cancer Audit (NLCA)	County Community & Integrated Medicine CCGs
National Audit of Dementia (NAD)	Health Board Community & Integrated Medicine CCG
National Audit of Care at the End of Life (NACEL)	Effective Clinical Practice Advisory Panel
National Diabetes Foot Care Audit (NDFA)	
National Core Diabetes Audit (NCDA)	
National Diabetes Inpatient Safety Audit (NDISA)	
National Audit of Cardiac Rehabilitation (NACR)	Cardiology Q&S Forum County Community & Integrated Medicine CCGs Health Board Community & Integrated Medicine CCG Effective Clinical Practice Advisory Panel

A full list of national audits can be found in the accompanying attachment.

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. Services also have the option of applying to the Quality Impact Assessment Panel for further support.

All audits that are currently not being contributed to are on the respective services risk register.

National audit findings have driven targeted improvements across multiple specialties, sites and for many patient groups. Several action plans are currently being compiled. Completed examples since April 2026:

- Improved care for patients with Kidney Cancer through multi-disciplinary team (MDT) discussions and nephron sparing treatment and increased review from specialist consultants
- Educational events for GPs regarding Lymphoma diagnosis to support patients with Non-Hodgkin Lymphoma
- Increased support for national audit data collection across cancer, cardiology audits and joint registry
- Increased Governance through discussion of National Joint Registry reports at key Governance meetings
- Equitable access to surgery for Hip Fracture patients
- Improved shared learning from falls related incidents

- Introduction of Clinical Care Unit-based treat and transfer process at Prince Philip Hospital (PPH) to support timely transfer of Non-ST-Segment Elevation Myocardial Infarction (NSTEMI) patients to Morriston Hospital.
- Introduction of a Band 4 Healthcare Support Worker (HCSW) role to undertake routine physical health assessments for patients with Psychosis
- Spirometry hubs have been established to support primary care

There have also been some notable improvements in sampling and patient identification for the Cardiology and Children and Young Persons Asthma Audits. Refining these samples ensures that we are focusing on the correct patient cohort, maximising the efficiency of the audits as well as audit outcomes.

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

Clinical Audit Programme 2026/27

The Clinical Audit Department have been working on some key projects this year.

- The Internal Operational Standards Audit focused on patient flow through Accident and Emergency Units and other Acute Assessment areas. This audit was carried out by the Clinical Effectiveness Team and reported and acted on at Senior Level within the Health Board.
- An Evidence Based Intervention audit programme has been started in collaboration with the Clinical Effectiveness Team and Senior Quality Improvement Leads and AMDs. This work focuses on Interventions that should not be undertaken without meeting specific criteria (for example, Tonsillectomy, Carpal Tunnel Repair and Inguinal Hernia).

The new 6 monthly programme is now in development, and key groups have been written to. There is expected to only be a small number of additions during this second window for inclusion in the 2026-27 programme.

A large portion of the audits now on the CAP are “continuous” in nature or are regular re-audits. This holds a lot of value as the audit cycles will be repeated and improved upon.

The current programme is available on request and on SharePoint.

Shared Learning

The CAD are continuing to hold Whole Hospital and Whole Health Board Audit meetings. They also contribute to other Medical Directorate forums, newsletters etc. as well as EQIIP, Clinical lead forums, Clinical Care Groups.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:

- **TAKE ASSURANCE** from the performance improvements evidenced through AMAT and the volume of completed improvement actions.

- **TAKE ASSURANCE** that services with low national audit engagement are implementing agreed improvement plans.
- **NOTE** the services that are experiencing delays in participation or improvement plans
- **TAKE ASSURANCE** from the continuation of most mandatory national audits and the processes followed for escalation
- **TAKE ASSURANCE** from the continued shared learning through WHAM and other activities

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	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. 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. 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.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg 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 Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective
Galluogwyr Ansawdd: Enablers of Quality:	3. Data to knowledge 4. Learning, improvement and research

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of the modern NHS
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (<i>complete for strategic change and/or significant service changes</i>)	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National Clinical Audit and Outcome Review Programme 2023/24 Hywel Dda UHB Forward Clinical Audit Programme 2023/24, 2024/25 (draft)
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Clinical Audit Manager Interim Director of Nursing, Quality and Patient Experience

Effaith: (rhaid cwblhau)
Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	The principals of audit imply that quality/patient care will be impacted. However, no specific audit results are called out within this report.
Gweithlu: Workforce:	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.
Tegwch Iechyd: Health Equity:	Not Applicable
Risg: Risk:	Audit specific risks are contained within service/specialty specific risk registers. This includes non-participation with mandatory national audits.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	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.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable