

Clinical Audit Forward Plan 2020-21



Standard 3.1:
Safe and Clinically Effective Care
Effective Care

Version 1.0, 30 September 2020



NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme

All organisations in Wales are required as part of their Quality Strategy to have an annual Clinical Audit Forward Plan in place to fully participate in all national clinical audits and outcome reviews listed in the annual National Clinical Audit & Outcome Review Annual Plan.

The Cwm Taf Morgannwg University Health Board (CTMUHB) Clinical Audit Forward Plan identifies all of the clinical audit projects from the 9th National Clinical Audit and Outcome Review Plan for 2020/21 that must be undertaken by CTMUHB in 2020-21. It is essential that they are treated as priorities and that appropriate resources are provided to support them. Failure to participate or deliver on these externally 'must do' audits may carry a penalty for the health board, either financially, or in the form of a failed target, or non-compliance with regulations.

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.

National clinical audits are a major source of information aimed at measuring and benchmarking the 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 make a big difference to 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 Plan details the role each of us has for taking this work forward and includes the list of National Clinical Audits and Outcome Reviews which all healthcare organisations must fully participate when they provide the service.

Key aims of participation include:

- Improved communication and encouragement of audit feeding back on the **benchmarked performance of individual health board and trusts** within clinical audits and reviews to organisations as appropriate for reflection and action.
- Identifying areas needing a national approach to improvement **ensuring the findings and recommendations from audits are fully considered by health boards and trusts** and include in appropriate Delivery Plan implementation groups.
- **Addressing clinical services where performance may give cause for concern** ensuring issues are considered in regular performance review meetings between health boards/trusts and the Welsh Government Performance & Delivery Unit.
- Developing, publishing and confirming the arrangements for the identification and handling of sites or organisations identified in audits and reviews as being “**Outliers**” including such activity designed to improve and encourage quality improvement

What are the responsibilities of Welsh health boards and trusts?

Welsh health boards and trusts should provide appropriate clinical audit and clinical resources to enable their staff to participate in all audits, reviews and national registers included in the annual plan (where they provide the service). They should ensure the full audit cycle is completed and that findings and recommendations from audit link directly into the quality improvement programme and lead to improved patient care and outcomes.

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The following key criteria will also be used for judging success:

- 100% participation, appropriate levels of case ascertainment and submission of complete data sets by all health boards and trusts (where applicable) in the full programme of National Clinical Audits and Clinical Outcome Reviews.
- Improvements in the quality and safety of patient outcomes and experience brought about by learning and action arising from the findings of National Clinical Audit and Clinical Outcome Review reports.

The findings and recommendations from national clinical audit, outcome reviews and all other forms of reviews and assessments will be one of the principal mechanisms for assessing the quality and effectiveness of healthcare services provided by health boards and trusts in Wales. This report establishes the first fully integrated baseline clinical audit position for the Cwm Taf Morgannwg University Health Board, as at the 31/03/2020 following creation of the new organisation.

The Welsh Government's COVID Planning and Response Group issued a national hospital pathway for the management and treatment of COVID-19 in March 2020. This pathway was developed to support health boards to respond to the COVID-19 pandemic in a consistent way and support staff with training and education. It has been widely adopted throughout the NHS in Wales and is subject to regular updates as international evidence emerges on the treatment of the disease. In May 2020 Welsh Government established a National COVID audit, which has now been included in the Health Board forward plan.

Compliance Key

RED	Cause for concern. Full compliance not achieved by audit deadline.
AMBER	Tier 1: National audit delayed, backlog exists but plan in place to comply with national audit deadline. Tier 2: Organisation priority audit delayed by one quarter, but plan in place to comply with revised audit deadline.
GREEN	Audit on track at 31/03/2020 or completed, evidence of audit compliance provided.
BLUE	Audit completed, audit report assurance proforma completed by audit leads and signed off by Clinical Lead, Clinical Audit and Quality Improvement on behalf of the Medical Director (nominated executive).

Due to COVID submission deadlines and planned report release deadlines are constantly changing and in most cases being delayed.

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Outcome Reviews in which all Welsh Health Boards and Trusts must participate (across sites where services are provided)

National Audit	Audit Period	Submission Deadline	Planned Report Publication	Specialty	Compliance Position 2019/20	RAG Status 2019/20
Acute						
National Joint Registry (NJR)	operates continuous data capture	N/A	TBC	Trauma and Orthopaedics	Organisation wide compliance.	GREEN
National Emergency laparotomy Audit (NELA)	operates continuous data capture	N/A	TBC	Surgery / Anaesthetics	Organisation wide compliance.	BLUE
Case Mix Programme (CMP) ICNARC	operates continuous data capture	Monthly	TBC	Anaesthetics	Organisation wide compliance.	BLUE
Major Trauma Audit # (TARN)	operates continuous data capture	Quarterly Dashboards	TBC	Emergency Medicine	Organisation wide compliance.	GREEN
Long Term Conditions						

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National Audit	Audit Period	Submission Deadline	Planned Report Publication	Specialty	Compliance Position 2019/20	RAG Status 2019/20
National Diabetes Audit * Note this covers the following areas : <ul style="list-style-type: none"> National Diabetes Foot Care Audit (NDFCA) 	operates continuous data capture	TBC	TBC	Therapies	Organisation wide compliance.	BLUE
<ul style="list-style-type: none"> National Diabetes Inpatient Audit (NaDia) 	TBC	N/A	TBC	General medicine	Organisation wide compliance.	BLUE
<ul style="list-style-type: none"> National Pregnancy in Diabetes Audit (NPDA) 	operates continuous data capture	N/A	TBC	Obstetrics and Gynaecology	Organisation wide compliance.	GREEN
<ul style="list-style-type: none"> National Core Diabetes Audit (NCDA) 	operates continuous data capture	N/A	TBC	General medicine	Organisation wide compliance.	GREEN
<ul style="list-style-type: none"> National Diabetes Transition Audit (NCDA) 	N/A	Data will be collated from existing submissions	TBC	Primary / Secondary Care	New Audit 2019/20 data to be reviewed from NDA and NPDA existing data	N/A
National Diabetes Paediatric Audit (NPDA) * #	operates continuous data capture	N/A	TBC	Paediatrics	Organisation wide compliance.	BLUE

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National Audit	Audit Period	Submission Deadline	Planned Report Publication	Specialty	Compliance Position 2019/20	RAG Status 2019/20
National Asthma and COPD Audit Programme (NACAP)* # Note this covers the following areas:	operates continuous data capture	N/A	TBC	General medicine	Organisation wide compliance.	GREEN
COPD	operates continuous data capture	N/A	TBC	General medicine	Organisation wide compliance.	GREEN
Adult Asthma	operates continuous data capture	N/A	TBC	General medicine	Organisation wide compliance.	GREEN
Children and Young People Asthma	operates continuous data capture	N/A	TBC	Paediatrics	Organisation wide compliance.	GREEN
Pulmonary Rehabilitation	operates continuous data capture	N/A	TBC	General medicine	Organisation wide compliance.	GREEN
National Early Inflammatory Arthritis Audit * # (NEIRT)	TBC	N/A	TBC	Rheumatology	Backlog exists but plan in place to comply with national audit deadline. (Process review in place)	AMBER
All Wales Audiology Audit #	operates continuous data capture	N/A	TBC	Ears, Nose and Throat	Organisation wide compliance.	GREEN
Older People						
Stroke Audit (SSNAP) *	operates continuous data capture	N/A	TBC	General medicine	Organisation wide compliance.	GREEN

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National Audit	Audit Period	Submission Deadline	Planned Report Publication	Specialty	Compliance Position 2019/20	RAG Status 2019/20
Falls and Fragility Fractures Audit Programme Including: • Inpatient Falls * (IFA)	operates continuous data capture	N/A	TBC	General Medicine / Trauma & Orthopaedics	Organisation wide compliance.	GREEN
• National Hip Fracture Database (NHFD)	operates continuous data capture	N/A	TBC	General Medicine / Trauma & Orthopaedics	Organisation wide compliance.	GREEN
• Fracture Liaison Service Database <i>(Currently no fracture liaison service established with CTMUHB)</i>	N/A	N/A	N/A	General Medicine / Trauma & Orthopaedics	Proforma submitted for this audit to WG, but POWH/ RGH/PCH currently no service established. Business Case Submitted for review as part of IMTP process.	N/A
National Dementia Audit * (NDA)	(delayed due to COVID)	TBC	TBC	Mental Health	Organisation wide compliance.	BLUE
End of Life						
National Audit for Care at the End of Life (NACEL) *	TBC	TBC	TBC	Palliative Care / Medicine	Organisation wide compliance.	GREEN
Heart						

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National Audit	Audit Period	Submission Deadline	Planned Report Publication	Specialty	Compliance Position 2019/20	RAG Status 2019/20
National Cardiac Audit Programme (NCAP)	operates continuous data capture	N/A	TBC	Cardiology	Organisation wide compliance.	BLUE
<ul style="list-style-type: none"> National Heart Failure Audit * (NHFA) 	operates continuous data capture	N/A	TBC	Cardiology	Organisation wide compliance.	GREEN
<ul style="list-style-type: none"> Cardiac Rhythm Management * (CRM) 	operates continuous data capture	N/A	TBC	Cardiology	Organisation wide compliance. (excludes Bridgend)	GREEN
<ul style="list-style-type: none"> Myocardial Ischaemia National Audit Project (MINAP)* 	operates continuous data capture	N/A	TBC	Cardiology	Organisation wide compliance.	BLUE
<ul style="list-style-type: none"> National Vascular Registry Audit (includes Carotid Endarterectomy Audit) * (NVRA) 	operates continuous data capture	N/A	TBC	Surgery	Organisation wide compliance. (RGH ONLY)	BLUE
Cardiac Rehabilitation Audit (CRA)	operates continuous data capture	N/A	TBC	Cardiology	Organisation wide compliance.	GREEN
Cancer						
National Lung Cancer Audit * (NLCA)	operates continuous data capture Closing in summer 2020	N/A	TBC	Respiratory Medicine	Organisation wide compliance. Managed through cancer services.	GREEN

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National Prostate Cancer Audit * (NPCA)	operates continuous data capture	N/A	TBC	Surgery	Organisation wide compliance. Managed through cancer services.	GREEN
National Gastrointestinal Cancer Audit Programme * (NGCAP)	operates continuous data capture	N/A	TBC	Surgery	Organisation wide compliance. Managed through cancer services.	BLUE
National Audit of Breast Cancer in Older People (NAB COP)	operates continuous data capture	N/A	TBC	General Medicine	Organisation wide compliance. Managed through cancer services.	BLUE
Women's and Children's Health						
National Neonatal Audit Programme Audit * # (NNAPA)	operates continuous data capture	N/A	TBC	Paediatrics	Organisation wide compliance. (Action Plan completed July 2020)	GREEN
National Maternity and Perinatal Audit * # (NM&PA)	operates continuous data capture	N/A	TBC	Obstetrics / Midwifery	Organisation wide compliance.	BLUE
Perinatal Mortality Review Tool	TBC	TBC	N/A		New for 2020/21	N/A
Other						

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National Audit	Audit Period	Submission Deadline	Planned Report Publication	Specialty	Compliance Position 2019/20	RAG Status 2019/20
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) *# (NASECYP)	TBC	TBC	TBC	Paediatrics	No actions required.	GREEN
National Clinical Audit of Psychosis * (NCAP)	TBC	TBC	TBC	Mental Health	Organisation wide compliance.	GREEN

(* denotes NCAPOP Audits)

(# denotes reports likely to include information on children and / or maternity services)

Other National Priority Audits (Tier 1)	Audit Period	Submission Deadline	Report Publication	Specialty	Compliance Position 2019/20	RAG Status 2019/20
National COVID Audit	Mar – Jun 2020	October 2020	N/A	Medicine	New for 2020/21	N/A

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Clinical Outcomes Review Programme (2020/21)

The Clinical Outcome Review Programme (CORP) is designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by enabling learning from adverse events and other relevant data. It aims to complement and contribute to the work of other agencies such as NICE, the Royal Colleges and academic research studies which support changes to improve NHS healthcare.

The Clinical Outcome Review Programme (Tier 1)	Audit Period	Completion Deadline	Report Publication	Programme	Compliance Position 2019/20	RAG Status 2019/20
<ul style="list-style-type: none"> Dysphagia in Parkinson's Disease 	N/A	N/A	Winter 2020	Medical & Surgical programme	Organisation wide compliance.	GREEN
<ul style="list-style-type: none"> Physical Healthcare of Inpatients in Mental Health Hospitals 	Feb 2020 Delayed due to COVID	TBC	Summer 2021	Medical & Surgical programme	Delayed due to COVID	N/A
<ul style="list-style-type: none"> In Hospital Management of Out of Hospital Cardiac Arrests 	N/A	N/A	Delayed due to COVID	Medical & Surgical programme	Organisation wide compliance.	GREEN
<ul style="list-style-type: none"> National Confidential Inquiry into Suicide and Safety in Mental Health 	N/A	N/A	TBC	Mental Health Programme	Organisation wide compliance.	BLUE
<ul style="list-style-type: none"> National Confidential Enquiry into Patient Outcome and Death (NCEPOD) 	N/A	N/A	TBC	Child Health Clinical Outcome Review Programme	Organisation wide compliance.	GREEN

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The Clinical Outcome Review Programme (Tier 1)	Audit Period	Completion Deadline	Report Publication	Programme	Compliance Position 2019/20	RAG Status 2019/20
<ul style="list-style-type: none"> MBRRACE 	operates continuous data capture	TBC	TBC	Maternal, Newborn and Infant Clinical Outcome Review Programme	Organisation wide compliance.	BLUE

Cwm Taf Morgannwg University Health Board Organisation (Tier 2) Priority Annual Audit Programme 2019/20

Organisation Priority Audits (Tier 2)	Audit Period	Completion Deadline	Report Publication	Specialty	Compliance Position 2019/20	RAG Status 2019/20
Case Note Documentation Audit	Next audit 2021/22	N/A	N/A	All relevant specialities	Organisation wide compliance.	BLUE
Consent to Treat Audit	Quarter 3	TBC	Quarter 4	Surgery	Organisation wide compliance.	BLUE
National Ophthalmology Audit (Adult Cataract surgery) * (NOD)	Under Review	TBC	TBC	Ophthalmology	CTM agreed as an organisation priority audit, but due to COVID-19 Bridgend inclusion delayed until 2021-22	BLUE