



AGENDA ITEM

6.6

AUDIT COMMITTEE

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)
NATIONAL CLINICAL AUDIT PROGRAMME
QUARTER 3 UPDATE 2020-21**

Date of meeting	08/02/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Townsend - Head of Clinical Audit and Quality Informatics & Natalie Morgan-Thomas Deputy Head & Lead Nurse for Clinical Effectiveness
Presented by	Dr Nick Lyons – Executive Medical Director
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Audit & Risk Committee Quality & Safety Committee	(08/02/2021)	NOTED

ACRONYMS	
ABMUHB	Abertawe Bro Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board
RTE	Rhondda and Taff Ely
MC	Merthyr and Cynon
ILG	Integrated Locality Group

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide an update for the Audit and Risk and Quality, and Safety Committees on progress against the Cwm Taf Morgannwg University Health Board (CTMUHB) Clinical Audit Forward Plan 2020-21, for quarter 3 2020-21. The report will also provide an update on adoption of NICE guidelines and standards and the impact of Covid19 on delivery of the CTMUHB Clinical Audit Forward Plan 2020-21 (See current national audit plan compliance position at **Appendix 1**).
- 1.2 In November and December 2019 CTMUHB approved a number of funding bids to strengthen the Clinical Audit & Quality Informatics department's ability to monitor compliance against the forward plan and improve the data quality across all national audits. This report provides evidence of progress against the objectives set out in the *Resource Evaluation to Improve Data Quality across CTMUHB for National Clinical Audits SBAR*, approved in the December 2019, Management Board.
- 1.3 **29** out of 35 national (tier 1) and organisation priority (tier 2) audits are green fully compliant and **4** amber where the audits are delayed, a backlog exists but a plan is in place to comply with national audit deadline. **2** national audits are red as the deadlines have been passed due to clinical pressures. Only one national audit has been suspended by the National Audit Group due to the impact of COVID-19, the National Audit for Care at the End of Life (NACEL).
- 1.4 The report highlights the impact of the organisation coding function not being able to meet the 30-day post discharge clinical coding target on national audits that depend on clinical coding to identify audit cases. In light of COVID-19 it is proposed that a review is undertaken to identify a new approach to identify cases for the MINAP, Heart Failure, COPD and Asthma national audits that is more robust and timely and not dependent on coding. This would provide timelier information for Government / Health Board reporting for patients with comorbidities to monitor the long term effects of COVID-19.
- 1.5 Due to the impact of COVID-19 on clinician time Welsh Government have relaxed the response times for proforma submissions. (See current national audit report outcome compliance position at **Appendix 2**)

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

2.1 Clinical Audit Forward Plan 2020-21 Current Position

29 out of 35 national are green fully compliant, 4 amber delayed a plan is in place to comply with national audit deadline and 2 national audits are red as the deadlines have passed due to clinical pressures. The current focus for the audit team in quarter 4, 2020-21 is to work with the clinical teams during the pandemic to ensure a reduction in the clinical burden to comply with national audits and ensure completion of the CTMUHB Clinical Audit Forward Plan 2020-21. Where possible 'Business as Usual' is being maintained. (See **appendix 1** for full national audit compliance position)

Welsh Government have advised that the first National COVID Audit, undertaken in March to June 2020, is to be repeated in quarter 4 2020-21. This will be a significantly bigger audit than the first due to the higher number of COVID case and consequently will require considerably more clinical input to undertake. Preparations are underway to commence the audit in January-February 2021.

2.2 There are 4 national audits that require monitoring and mitigating actions taken to ensure compliance is maintained within the CTMUHB Clinical Audit Forward Plan for 2020-21. These include:

- 1. National Hip Fracture Database (NHFD).** Due to some patients still being inpatients at date of deadline, not all patient data will be fully completed, but all cases have been entered as draft and will be populated when the patients are discharge from UHB.
- 2. National Inpatient Falls Audit** a subset of the NHFD audit that looks at patients who have had a fractured neck of femur because of a fall whilst in hospital (approximately 35 cases per year across CTMUHB). Delays in completion of data for the NHFD affect data completeness for this audit.

3. Myocardial Ischaemia National Audit Project (MINAP)

This audit is affected by the backlog in clinical coding for identification of audit cases and nursing availability for clinical assessments. Specialist nurse availability has diminished or stopped for this audit. Clinical Audit and Quality Informatics department nursing resources are providing through overtime to mitigate the impact of the reduced nursing input.

4. Heart Failure National Audit

This audit is also affected by the backlog in clinical coding for identification of audit cases and Heart Failure nurse availability for clinical assessments.

A review of nursing input for the MINAP and Heart Failure audits will be undertaken with the ILGs and an options appraisal prepared to identify the most appropriate way to remove the current reliance on clinical coding for case ascertainment for national audits that will enable the use of this critical data to underpin COVID-19 analysis.

2.3 CTMUHB has been unable to fully participate in 2 national audits due to the impact of COVID-19 and other clinical pressures. The deadlines for compliance have passed so no further mitigating actions can be taken to bring the audits within audit deadlines. These are:

- **National Diabetes Inpatient Audit:** Due to COVID-19 pressure on clinical time RTE ILG were unable to participate for 2020-21. Bridgend and MC ILGs fully participated.
- **National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12):** All data was successfully submitted for this audit for RTE ILG, a delay has been noted for Bridgend ILG, but MC ILG were unable to complete the necessary records within the audit period due to competing clinical pressures. MC ILG data was only partially incomplete as their patients managed by RT ILG were submitted on time.

2.4 Key issues affecting clinical audit compliance as detailed in the *Resource Evaluation to Improve Data Quality across CTMUHB for National Clinical Audits SBAR*, approved in the December 2019, Management Board.

Clinical Coding delays and the need to identify an alternative approach to provide more timely data for national audits for COVID-19 analysis

Four national audits are dependent on clinical coding to identify audit cases. The impact of incomplete clinical coding is that a false picture of the number of patients that fit the audit criteria is presented, lower than the number of patients actually treated in CTMUHB. In addition audits, which depend on clinical coding for case ascertainment, are at the forefront of the race to establish the long term impact of COVID-19 on the health of patients with comorbidities. The clinical coding approach cannot support the COVID-19

data requirements for as real time as possible information for cardiac and respiratory based audits.

Welsh Government have highlighted the importance of the cardiology and respiratory group of audits in the management of COVID-19 and the long-term effects on patients.

Reduced Clinician Cover for 6 National Audits

For 6 national audits clinician input is required to complete all or elements of the national audits. The pandemic has meant that clinical resources have been reduced or withdrawn. To minimise the impact, national audit database data sets have been reviewed to identify what additional data can be retrieved by the clinical audit team.

During the COVID-19 period where possible clinicians who are shielding have assisted. Senior nurses within the Clinical Audit and Quality Informatics department have also been diverted to assist where possible in completion of nursing assessments. The reintroduction of shielding rules by Welsh Government in January 2021 is likely to affect clinician support further, so will be monitored closely during quarter 4 2020-21.

2.5 Development of Clinical Dashboard

- The first online clinical dashboard to support the Major Trauma Programme of work was released in October 2020. The dashboard reports have been well received (example report available on request). The quarterly dashboards are reviewed within the ILG Trauma meetings and have provided invaluable information on key service improvement measures.
- In response to the pandemic a COVID-19 Qlik Sense dashboard has been developed, made live and being utilised to monitor a number of key COVID metrics on a daily basis across the organisation and to report compliance to the Quality and Safety Committee on a by-monthly basis. (Live dashboard available on Health Board intranet site, via Qlik Sense)

In addition, working with colleagues in the Information and Performance team the following dashboards are under development:

- Recognising Acute Deterioration and Resuscitation (RADAR) dashboard. The dashboard will include a number of key measures identified by the organisation RADAR group. It is hoped to have an early release in Quarter 1, 2021-22. The development will be an interactive process.
- NELA National Audit based surgical dashboard for use by surgical teams to monitor the quality of service from organisation, ILG, speciality and consultant level, including PEER review capabilities.

- National Hip Fracture Database Qlik Sense dashboard development to monitor clinical data quality for 6 key indicators. Due to the urgent requirement to develop the COVID application, no development date has yet been set for this application.

Head and Deputy for Clinical Audit and Quality Informatics to work with ILGs to develop a suite of online Reporting / Dashboard tools that will utilise information from Clinical Audit, NICE Compliance and Mortality Review outcome data. Discussions will commence in quarter 4, 2020-21.

2.6 Clinical Audit Training

The clinical audit team provide a comprehensive training package that includes a programme of training spread over 4 sessions that cover; clinical audit overview, identifying your audit criteria, preparing an audit proforma and data collection; analysing audit results; preparing for presentation and sharing the findings; report writing and action plan development.

Prior to the pandemic regular monthly clinical audit training sessions were provided. In response to COVID adhoc group or one to one sessions have been provided. The sessions are primarily being provided through Microsoft Teams in a condensed format.

In addition to formalised training sessions, all clinical audit staff are able to provide clinical audit advice, support and training on an adhoc basis.

2.7 Clinical Audit & NICE Monitoring System (AMaT) Implementation

With the implementation of AMaT the organisation is now able to monitor the CTMUHB Clinical Audit Forward Plan in real-time and compliance with NICE guidelines, standards will be available once this module is rolled out in 2021-22.

Further benefits will include the ability for directorates to present real-time feedback on national audit and NICE compliance, and review audit action plan deadlines as part of directorate governance meetings. All information will be available on demand for transparent internal and external scrutiny.

The rollout of the AMaT system across the organisation is progressing with a focus on Maternity services. Over **1,142** users are now registered to use the system and formal training has been provided via Teams to **134** clinicians. Due to COVID and the impact on clinician availability for training the rollout programme is likely to continue through to March 2022.

Figure 2: AM&T System Training

	MC	RT	B
Number of user that have received formal training	50	45	39

A number of online data entry forms are being developed that will enable the capture of clinical audit, infection prevention and control, medication safety, health and safety, nursing and midwifery assessment information, as part of a Maternity pilot of the AMaT ward audit module.

2.8 NICE Compliance Programme of work

Central to progressing the NICE agenda was the appointment of the Deputy Head and Lead Nurse for Clinical Effectiveness in January 2021. She has responsibility for taking forward the monitoring of NICE compliance through establishment and chairing the organisations NICE Reference Group (NRG). The NRG will monitor and review organisation / ILG compliance against NICE guidelines and standards.

AIMS: To have a pragmatic and structured approach to NICE implementation and monitoring that meets the needs of CTMUHB and the population it serves.

To collaborate with others to have a more systematic approach to NICE guidance in Wales.

Investment in a NICE Coordinator and along with the NICE Compliance Monitoring System (AMaT) has enabled the organisation to start to closely monitor NICE compliance and streamline its clinical audit processes.

Implementation Plan 2020-21 (Quarter 4)

- Develop a strategy / pathway for managing NICE guidance
- Establish effective NICE reference group. Key to success will be suitable membership from across specialties and ILGs

Implementation Plan 2021-22

- Implement robust administrative processes
- Develop process to review national audit findings (NICE Compliance)
- Introduce NICE champions across each ILG
- Develop NICE SharePoint page
- Launch this new service

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

- 3.1 Lack of timely information for cardiac and respiratory group of national audits hampering the organisations ability to comply or fully participate with 4 tier 1 national audits.
- 3.2 A lack of early detection of 'outlier status' or assurance around the monitoring of NICE clinical guidance and standards and risk of failure to comply with national audit programme tier 1 targets.
- 3.3 The detrimental impact of poor data quality submission to national audits has a cost to organisational reputation, loss of confidence of the service users and time spent on retrospective data validation and resubmission.
- 3.4 A lack of reliable benchmark data can result in a failure to identify key areas for improvement as in the report on Health Boards Maternity services.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Effective Care If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Choose an item.
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 That the committee **NOTE** receipt of the compliance position and mitigating action being taken to achieve compliance for the CTMUHB Clinical Audit Forward Plan for 2020-21.



- 5.2 That the committee **NOTE** the requirement to provide more timely information to meet real-time COVID-19 analysis requirements and the importance of the quality improvement work undertaken to underpin the clinical audit, and NICE compliance programme of work both locally and nationally.

Appendix 1: CTMUHB Annual Audit Programme 2020/21 Compliance Position



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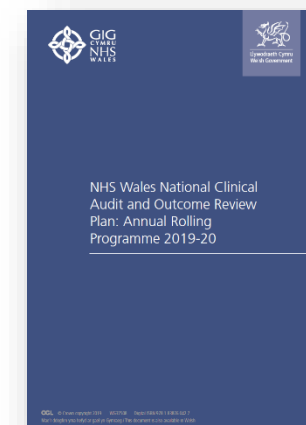
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Compliance Key

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 time of report or completed, evidence of audit compliance provided.



1 national audit postponed (NACEL), 1 not applicable (service not provided) and 1 Tier 2 organisational audit not due until 2021-22



National Audit	How are cases identified?	Data Sources	Audit Period	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
Acute								
National Joint Registry (NJR)	Weekly report from the Theatre Operating Management System (TOMS)	Audit Forms, TOMS, Casenote	Continuous Data Capture	Trauma and Orthopaedics	Audit on track at time of report. (SBUHB have ceased inputting NPT cases undertaken by PoWH consultants. Activity picked up by CTM Clinical Audit team)	G	G	G
National Emergency Laparotomy Audit (NELA)	Weekly report from the TOMS	TOMS, PAS, Welsh Clinical Portal (WCP), Casenote	Continuous Data Capture	Surgery / Anaesthetics	Audit on track.	G	G	G
Case Mix Programme (CMP) ICNARC	Daily via ITU Systems (CareVue for PCH & RGH)	Audit form, CareVue, Casenote	Continuous Data Capture	Anaesthetics	Audit on track.	G	G	G

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National Audit	How are cases identified?	Data Sources	Audit Period	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
Major Trauma Audit # (TARN)	<p>Band 4 TARN coordinators track all trauma case on admission at PCH, POWH and RGH inc. rehabilitation cases.</p> <p>(Previously cases identified via clinical coding report)</p>	CareVue, TOMS, PAS, WCP, Casenote	Continuous Data Capture	Emergency Medicine	<p>Gaps remain for 2019 - 20 due to clinical coding backlog.</p> <p>Audit on track for 2020 – 21 and achieving 40 day post discharge target on all sites since the introduction of the Clinical Audit TARN Coordinator posts in January 2020</p>	G	G	G
Long Term Conditions								
<p>National Diabetes Audit *</p> <p>Note this covers the following areas :</p> <ul style="list-style-type: none"> National Diabetes Foot Care Audit (NDFCA) 	Audit form complete by directorate and separate consent form (both need to exist before cases can be validated for input)	Audit Form	Continuous Data Capture	Therapies	Audit on track.	G	G	G
<ul style="list-style-type: none"> National Diabetes Inpatient Audit (NaDia) 	Automatic process run by NWIS on previous dietetic audit data	National Audit Repositories, Organisational Survey	2020-21	General medicine	Organisational Audit Not completed for RGH due to clinician workload	G	R	G
<ul style="list-style-type: none"> National Pregnancy in Diabetes Audit (NPIA) 	Clinicians identify as part of patient reviews	Audit Form, Casenote, MITS	Calendar Year	Obstetrics and Gynaecology	Audit on track.	G	G	G

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National Audit	How are cases identified?	Data Sources	Audit Period	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
• National Core Diabetes Audit (NCDA)	Extracted from Primary Care Database based on set audit criteria	GP Systems	Calendar Year	General medicine	Audit on track.	G	G	G
• National Diabetes Transition Audit (NCDA)	Retrospective data collected from other audits	National Audit Repositories	2020-21	Primary / Secondary Care	Audit on track.	G	G	G
National Diabetes Paediatric Audit (NPDA) * #	Clinicians identify as part of patient reviews (PAS clinic lists)	PAS, Laboratory System, Departmental Diabetic System	Continuous Data Capture	Paediatrics	Audit on track.	G	G	G
National Asthma and COPD Audit Programme (NACAP) * # • COPD	Clinical Coding list	PAS, WCP, Casenote	Continuous Data Capture	Respiratory medicine	100% of identified cases complete, cannot guarantee all "actual" cases submitted by deadline due to clinical coding backlog	G	G	G
• Adult Asthma	Clinical Coding list	PAS, WCP, Casenote	Continuous Data Capture	Respiratory medicine	100% of identified cases complete, cannot guarantee all "actual" cases submitted by deadline due to clinical coding backlog	G	G	G
• National Children and Young People Asthma Audit (NACAP) * #	Clinical Coding list	PAS, WCP, Casenote	Continuous Data Capture	Paediatrics	100% of identified cases complete, cannot guarantee all "actual" cases submitted by deadline due to clinical coding backlog	G	G	G

Appendix 1: CTMUHB Annual Audit Programme 2020/21 Compliance Position



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National Audit	How are cases identified?	Data Sources	Audit Period	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
National Early Inflammatory Arthritis Audit * # (NEIRT)	Outpatient Clinic list	Patient Questionnaire, PAS, WCP, Casenote	Continuous Data Capture	Rheumatology	Revised SOP introduced to ensure all patients are identified. Bridgend cases are managed through SLA with SBUHB	G	G	G
All Wales Audiology Audit #	Audit patient criteria script run against operational system	Audiology System	Continuous Data Capture	Ears, Nose and Throat	No issues have been reported	G	G	G
Older People								
Stroke Audit (SSNAP) *	Extract of patients that fit the audit criteria from the PAS	PAS	Continuous Data Capture	General medicine	No issues have been reported	G	G	G
Falls and Fragility Fractures Audit Programme Including: • Inpatient Falls * (IFA)	Identified as a sub set of the National Hip Fracture Database data collection	NHFD	Calendar Year	General Medicine / Trauma & Orthopaedics	Dependant on NHFD cases being complete	A	A	A
• National Hip Fracture Database (NHFD)	TOMS weekly extract, supplemented by clinical coding	TOMS, PAS Clinical Coding	Continuous Data Capture	General Medicine / Trauma & Orthopaedics	Due to some patients still being inpatients at date of deadline, not all patient data will be fully completed. These cases will be entered as draft with all obtainable information entered. Cases will be saved as "final" upon discharge from UHB	A	A	A

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National Audit	How are cases identified?	Data Sources	Audit Period	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
<ul style="list-style-type: none"> Fracture Liaison Service Database 	We don't currently participate in this audit	We don't currently participate in this audit	NA	General Medicine / Trauma & Orthopaedics	The organisation does not currently have a FLS service. (Business case under review)	NA	NA	NA
National Audit of Breast Cancer in Older People (NABCOP)	Cases identified via CANISC report	CANISC	Data reported on a 4 year period	General Surgery	No issues have been reported	G	G	G
End of Life								
National Audit for Care at the End of Life (NACEL) *	Bereavement records	PAS, Casenote	N/A	Palliative Care / Medicine	Audit postponed due to COVID	NA	NA	NA
Heart								
National Cardiac Audit Programme (NCAP) <ul style="list-style-type: none"> National Heart Failure Audit * (NHFA) 	Clinical Coding lists	Audit Form, PAS, WCP, Casenote	Continuous Data Capture	Cardiology	100% of identified cases complete, cannot guarantee all "actual" cases submitted by deadline due to clinical coding backlog Risk that HF Nurses will be unable to complete the audit due to assistance required during COVID to support clinical services	A	A	A
<ul style="list-style-type: none"> Cardiac Rhythm Management * (CRM) 	PAS list	Audit Form, PAS, WCP, Casenote	Continuous Data Capture	Cardiology	No issues have been reported	G	G	G

Appendix 1: CTMUHB Annual Audit Programme 2020/21 Compliance Position



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National Audit	How are cases identified?	Data Sources	Audit Period	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
<ul style="list-style-type: none"> Myocardial Ischaemia National Audit Project (MINAP)* 	Identified through pathology and Clinical Coding lists . Ward attendance lists and cardiology system (POWH only)	Audit Form, Casenote	April 2018 – March 2019	Cardiology	<p>MC support provided by HF Nurse who is under pressure to support clinical services.</p> <p>Limited Bridgend clinical support via SLA with SBUHB (SLA under review).</p> <p>RT support temporarily being provided by clinical audit nurse lead.</p>	A	A	A
<ul style="list-style-type: none"> National Vascular Registry Audit (includes Carotid Endarterectomy Audit) * (NVRA) 	Cases identified via TOMS report	TOMS, PAS, Casenote	Calendar Year	Surgery	No issues have been reported	G	G	G
Cardiac Rehabilitation Audit (CRA)	Outpatient lists	PAS	Calendar Year	Cardiology	<p>No issues have been reported</p> <p>Services intermittently suspended across the HB due to COVID restrictions</p>	G	G	G
Cancer								
National Lung Cancer Audit * (NLCA)	Cases identified via CANISC report	CANISC	Continuous Data Capture	Respiratory Medicine	No issues have been reported	G	G	G

Appendix 1: CTMUHB Annual Audit Programme 2020/21 Compliance Position



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National Audit	How are cases identified?	Data Sources	Audit Period	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
National Prostate Cancer Audit * (NPCA)	Cases identified via CANISC report	CANISC	Continuous Data Capture	Surgery	No issues have been reported	G	G	G
National Gastrointestinal Cancer Audit Programme * (NGCAP)	Cases identified via CANISC report	CANISC	13 June 2019 - OGC Short Report 1	Surgery	No issues have been reported	G	G	G
Women's and Children's Health								
National Neonatal Audit Programme Audit * # (NNAPA)	Badgernet report	Badgernet system	Continuous Data Capture	Paediatrics	No issues have been reported	G	G	G
National Maternity and Perinatal Audit *# (NM&PA)	MITs, PAS clinical coding, casenote, Child Health System	MITs, PAS Clinical Coding, Casenote	Continuous Data Capture	Obstetrics / Midwifery	No issues have been reported	G	G	G
Perinatal Mortality Review Tool	MITs, PAS clinical coding, casenote	MITs, PAS Clinical Coding, Casenote	Continuous Data Capture	Obstetrics / Midwifery	No issues have been reported (New audit for 2020-21)	G	G	G

Appendix 1: CTMUHB Annual Audit Programme 2020/21 Compliance Position

National Audit	How are cases identified?	Data Sources	Audit Period	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
Other								
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) *# (NASECYP)	Clinic lists	Audit Form, Casenote	Continuous Data Capture	Paediatrics	RT fully compliant and RT supported MC cases also complete. MC Cohort 2 data will not be submitted due to clinical pressures. Bridgend data delayed but working to complete within audit deadline.	R	G	A
National Clinical Audit of Psychosis * (NCAP)	Clinical team caseload	Audit Form	October – November 2020	Mental Health	Fully compliant.	G	G	G
Other National Priority Audits (Tier 1)								
National COVID Audit	Clinical Coding List	COVID System	March – June 2020	Medicine	Fully compliant. Currently preparing for the planned phase 2 of this new audit.	G	G	G

Appendix 1: CTMUHB Annual Audit Programme 2020/21 Compliance Position

National Audit	How are cases identified?	Data Sources	Audit Period	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
Organisation Priority Audits (Tier 2)								
Case Note Documentation Audit	Undertaken on pre agreed wards / units	Audit Form, Casenote	Next audit 2021/22	All relevant specialities	Bi Annual audit not due until 2021-22	NA	NA	NA
National Ophthalmology Audit (Adult Cataract surgery) * (NOD)	All cataract cases are recorded directly onto the system by clinicians (used instead of TOMS).	NOD System	Continuous Data Capture	Ophthalmology	CTM agreed as an organisation priority audit, but due to COVID-19 Bridgend inclusion delayed until 2021-22 (work in progress to implement required IT solution for data collection)	G	G	NA
Consent to Treat Audit	Undertaken on pre agreed wards / units	Audit Form, Casenote	Quarter 3	Surgery	Audit complete	G	G	G

(* denotes NCAPOP Audits)

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

Appendix 1: CTMUHB Annual Audit Programme 2020/21 Compliance Position

National Audit	How are cases identified?	Data Sources	Deadline	Specialty	Compliance Position (Quarter 3)	Compliance		
						MC	RT	B
Clinical Outcome Review Programme								
Dysphagia in Parkinson's Disease (NCPOD)	PAS list, NCPOD Inform us which patients. Questionnaire reviewed by consultant	Casenote, Questionnaire	NA	Medical & Surgical programme	Awaiting NCPOD Report	NA	NA	NA
Physical Healthcare of Inpatients in Mental Health Hospitals (NCPOD)	PAS list, NCPOD Inform us which patients. Questionnaire reviewed by consultant	Casenote, Questionnaire	February	Medical & Surgical programme	Pulling Casenotes and assigning consultants	G	G	G
In Hospital Management of Out of Hospital Cardiac Arrests (NCPOD)	PAS list, NCPOD Inform us which patients. Questionnaire reviewed by consultant	Casenote, Questionnaire	NA	Medical & Surgical programme	Awaiting NCPOD Report	NA	NA	NA
National Confidential Inquiry into Suicide and Safety in Mental Health	ONS, Home Office Homicide Index, Questionnaire reviewed by consultant	Questionnaire	Continuous Data Capture	Mental Health Programme	Managed by MH directorate and audit group	NA	NA	NA
MBRRACE Maternal, Newborn and Clinical Outcome Review	MITs, PAS clinical coding, casenote, Child Health System	MITs, PAS Clinical Coding, Casenote	Continuous Data Capture	Maternal, Newborn and Infant Clinical Outcome Review Programme	No issues have been reported (maintained by maternity staff)	G	G	G

Appendix 2: Audit Outcome Review Compliance



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Month Published	Published Audit Reports 2020-21	Completion Deadline		Compliance Position
		Date Part A Findings	Date part B Action Plan	
July 2020	Breast Cancer in Older Patients 2020 Annual Report	10/08/2020	05/10/2020	Fully Compliant
	COPD 2018-19 Clinical Audit Report	10/08/2020	05/10/2020	Awaiting Clinician Response, delayed due to COVID pressures
	NACEL - Second Round	10/08/2020	05/10/2020	Fully Compliant
September 2020	Epilepsy 12 combined organisational and clinical audits: Report for England and Wales Round 3 Cohort 1 (2018-19)	03/12/2020	28/01/2020	Part A submitted on track
	National Clinical Audit of Psychosis – Early Intervention in Psychosis 2019-2020 Wales Report	22/01/2021	19/03/2021	Not due
November 2020	Vascular Registry Annual Report	13/01/2021	10/03/2021	Fully Compliant
	NELA - Sixth Annual Report	NA	NA	WG advised proforma not required
	NNAP 2020 Annual Report	13/01/2020	10/03/2020	Part A delayed
December 2020	National Oesophago-Gastric Cancer Audit Annual Report 2020	NA	NA	WG advised proforma not required
	National Bowel Cancer Audit Annual Report 2020	NA	NA	WG advised proforma not required
	National Cardiac Audit Programme - MINAP	01/02/2020	29/03/2020	Not due
	National Cardiac Audit Programme - Heart Failure	01/02/2020	29/03/2020	Not due
	National Cardiac Audit Programme - Cardiac Rhythm	01/02/2020	29/03/2020	Not due
	National Diabetes Audit 2018-19 Full Report 1: Care Processes and Treatment Targets	NA	NA	WG advised proforma not required

Appendix 2: Audit Outcome Review Compliance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Month Published	Published Audit Reports 2020-21	Completion Deadline		Compliance Position
		Date Part A Findings	Date part B Action Plan	
December 2020	MBRRACE Perinatal Mortality Surveillance Report Jan-Dec 2018	NA	NA	WG advised proforma not required
	Perinatal mortality Review Tool - Second Annual report	04/02/2020	01/04/2020	Not due
	Pulmonary Rehabilitation Clinical and Organisational Audit 2019	NA	NA	WG advised proforma not required