



Agenda Item

8.2.4

Quality, Safety & Experience Committee

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)
NATIONAL CLINICAL AUDIT PROGRAMME QUARTER 2 UPDATE 2025-
2026**

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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
CA&QI	Clinical Audit & Quality Informatics Department
PWH	Princess of Wales Hospital
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
AMD	Assistant Medical Director
AMaT	Audit Management and Tracking
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NICE	National Institute for Health and Care Excellence
HQIP	Healthcare Quality Improvement Partnership



WG	Welsh Government
NCA&ORP	National Clinical Audit and Outcome Review Plan
CEC	Clinical Effectiveness Committee
NEIAA	National Early Inflammatory Autoimmune Diseases Audit
NRAP	National Respiratory Audit Programme
NLCA	National Lung Cancer Audit
COPD	Chronic Obstructive Pulmonary Disease
BTS	British Thoracic Society
PR	Pulmonary Rehabilitation
EEG	Electroencephalogram
MRI	Magnetic Resonance Imaging
HCL	Hybrid Closed Loop
MDT	Multidisciplinary team
CNS	Clinical Nurse Specialists
ANP	Advanced Nurse Practitioner
KPI	Key Performance Indicator
QoL	Quality of Life
BCUHB	Betsi Cadwaladr University Health Board
C&VUHB	Cardiff & Vale University Health Board
CYP	Children and Young People
NELA	National Emergency Laparotomy Audit

1. Situation /Background

- 1.1 The purpose of this report is to provide an update for the Quality, Safety & Experience Committee on progress against the CTMUHB Clinical Audit Forward Plan 2025-2026. The CTMUHB plan based on information from the HQIP directory of United Kingdom wide agreed audits and reviewed against the [NCA&ORP for Wales \(2025/26\)](#) published 17 June 2025.
- 1.2 **39** out of 41 national audits (tier 1) are green fully compliant and 2 amber (NEIAA, NELA) where the audits are delayed, a backlog exists work is ongoing to partially or fully comply with the national audit deadlines.
- 1.3 The CYP and Respiratory themed CEC meetings have taken place in Quarter 2. The main purpose of the CECs is to use national audit data to monitor quality of care across CTMUHB using evidence-based approaches.
- 1.4 The AMaT system continues to be extensively used across CTMUHB with significant work being undertaken to develop Business Intelligence (BI) dashboards based on a number of ward audits routinely undertaken for medicines management, falls and pressure ulcer monitoring and to explore the use of the Mortality Review module with colleagues from across Wales.

2. Specific Matters for Consideration

2.1 NCA&ORP for Wales (2025/26)

39 out of 41 national audits (tier 1) are green fully compliant and 2 amber (NEIAA, NELA) where the audits are delayed, a backlog exists work is ongoing to partially or fully comply with the national audit deadlines.

2.2 Clinical Audit Forward Plan 2025-2026 Current Position

Two audits have been highlighted as amber:

NEIAA due to clinical pressures and limited administration resources to support the service in the PWH. This resulted in case ascertainment falling below the minimum requirement for the 2024/25, work is ongoing to improve compliance for 2025/26.

NELA due to change in clinical leadership for the audit. Work is ongoing to improve compliance across CTMUHB in readiness for the audit deadline of May 2026.

2.3 Clinical Effectiveness Committee findings and actions

On the 24 June 2025 the CEC met to review outcomes from national audits relating to the Children and Young People's programme. The meeting, chaired by the AMD for Clinical Audit, brought together multidisciplinary professionals across all CTM sites (POW, PCH, RGH) to review data from Epilepsy12, the National Paediatric Diabetes Audit (NPDA), and the National Respiratory Audit Programme (NRAP) – Asthma.

In addition, during quarter 2 the CEC met on 9 September 2025 to review outcomes from key national respiratory audits, including the NRAP (COPD, Asthma, Pulmonary Rehabilitation) and the NLCA. The meeting was chaired by the AMD for Clinical Audit and attended by multidisciplinary representatives from across all CTMUHB sites (POW, PCH, RGH).

The purpose of the CEC meetings was to analyse audit results, share best practice, address local challenges, and agree quality improvement actions to enhance care delivery and data integrity across the respiratory pathway. This included a review of findings from the following national audits:

Children and Young People National Audit Programme

Epilepsy12 Audit

- High performance in access to Epilepsy Specialist Nurse (ESN) (CTM 92.2% vs National 80.7%).
- Strong ECG (81.1%) and tertiary input (61.5%) results.
- 100% completion of parental prolonged seizure plans.
- Challenges: Limited access to paediatricians with epilepsy expertise (29.4%), delays in EEG and MRI reporting, and gaps in care plan documentation (21.6%).
- Variation between sites due to neurophysiology capacity and MRI access for young children.
- **Actions:**
 - Increase First Fit and Epilepsy Clinic capacity.
 - Improve EEG and MRI turnaround through discussions with neurophysiology teams in Cardiff/Swansea.
 - Continue to strengthen School Individual Health Care Plans.
 - Establish adult transition pathways once adult neurology consultants in post.

National Paediatric Diabetes Audit (NPDA)

- Strong overall audit performance with >95% completion for all six NICE health checks across sites.
- High uptake of HCL technology (70%).
- Wales performing above UK average (79% vs 66%).
- **Challenges:**
 - Variations in urine and retinopathy testing uptake.
 - Workforce pressures in dietetics and obesity management.
- **Actions:**
 - Continue HCL rollout and participation in pilot retinopathy study.
 - Develop equitable obesity and weight management service.
 - Review MDT workforce capacity (dietetic, nursing, psychology).
 - Embed poverty-proofing initiatives to ensure equitable access.

NRAP – Children and Young People’s Asthma

- Marked improvement in case ascertainment across CTMUHB (POW 94%, RGH 90%).
- Ongoing work to improve steroid administration within one hour and discharge bundle completion.
- **Challenges:**
 - Data discrepancies between sites due to staffing shortages and clerical access issues.
 - Over-inclusion of non-qualifying viral wheeze cases in some sites.
- **Actions:**
 - Continued audit department support with coding and case verification.

- Regular joint review meetings between audit facilitators and specialist nurses.
- Ongoing development of ward discharge checklists to improve compliance.

National Respiratory Audit Programme (NRAP) – COPD

- Case ascertainment improving across sites.
- Specialist review within 24 hours remains below target; accuracy of data questioned.
- Positive progress with oxygen prescribing and discharge bundles.
- **Action:** COPD clinicians to meet with audit facilitators across all sites to review data capture accuracy and methodology.

COPD Discharge Bundle Update

- Implementation ongoing with e-prescribing integration from October 2025 (starting POW).
- Positive engagement from pharmacy and clinical teams.

National Lung Cancer Audit (NLCA)

- Consistent high performance across CTMUHB lung cancer services.
- **Main risk:** insufficient CNS workforce impacting patient navigation, holistic needs assessments, and service sustainability.
- **Action:** Business case to be developed for CNS workforce expansion.

NRAP – Adult Asthma

- Improvement in smoking cessation referrals (24% to 46%).
- Persistent gaps in timely specialist review and access to dedicated respiratory wards.
- Workforce constraints identified (limited ANP/CNS capacity).
- **Action:** Asthma clinicians to meet with audit facilitators to review data accuracy.
- Directorate exploring creation of a dedicated respiratory ward at RGH.

NRAP – Pulmonary Rehabilitation

- Strong KPI performance, with CTM among top-performing Health Boards in Wales.
- 100% compliance for key indicators (exercise plans, QoL improvements).
- **Challenges:** Limited ability to complete dual walk tests; need to refine standard operating procedures.
- Service expansion underway to four community locations.

The forward plan of themed CEC meetings includes the following further 2 themed meetings for 2025:

October

Cardiology

November

Diabetes

2.4 Clinical Audit Training

To date over 876 Health Board staff have received training on the ward and area module.

2.5 AMaT Implementation

A review of the Mortality Review (MR) module in AMaT is currently underway in collaboration with BCUHB and C&VUHB. The module would provide greater capacity to learn from the MR process.

2.6 NICE Compliance Programme of work

The assurance oversight, scrutiny and a governance function in relation to NICE guidance within CTMUHB is the responsibility of the care groups.

Work is currently underway to look at utilisation of the guideline module within the AMaT system with a focus on NICE guidelines related to medicines management.

3. Key Risks / Matters for Escalation

No key risks or concerns to note for quarter 2, 2025/26.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Learning, Improvement & Research



<i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	If more than one applies please list below: Data to Knowledge
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective If more than one applies please list below: Efficient and Safe Care
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: The potential consequences on quality of service have been considered and any necessary mitigating actions outlined in the paper	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is not a policy or service review
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i>	There is no direct impact on resources as a result of the activity outlined in this report.	



Resource Impact
(People / Financial)

5. Recommendation

- 5.1 That the committee **NOTE** receipt of the compliance position and mitigating action being taken to achieve compliance for the CTMUHB.

6. Next Steps

- 6.1 To ensure completion of the full CTMUHB Clinical Audit Forward Plan 2025-2026, by the end of March 2026.