



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 April 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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report seeks to provide the 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) system, levels of engagement across services and key improvements delivered during 2025-26.

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 a 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 (NCAORP) 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 (NCAORP) 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 for Health and Care 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 finding from 2025-26:

- 316 standard audits completed via AMAT, representing a significant increase in transparency and re-audit opportunities
- 2000 completed improvement actions and 700 in progress, evidencing operational update of audit findings from the Nursing Audit Programme
- Re-audit doubled year on year, strengthening assurance that improvements are embedded.
- Full or near-full participation in most mandatory National Clinical Audits, with clear escalation processes developed for exceptions
- Improved clinical leadership capacity following new appointments in Diabetes and Care of the Elderly
- Clinical Care Group escalation has seen an increase in the submission of clinical audit action plans. However, a number of projects have delayed submissions for action plans and a small number of projects remain significantly behind

Asesiad / Assessment

Audit Management and Tracking (AMAT) Software

The Ward & Area module continues to expand, with a current total of 21 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. Additional audits are being planned.

Audit activity has provided consistent assurance for several projects that have maintained high levels of compliance e.g.:

- Bare below the elbows 98.9%
- Hand hygiene 94.2%
- Personal Protective Equipment 99.3%
- Positive Patient Identification 95.6%
- Controlled Drugs 100%

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

- NEWS 2 and the Burden of Illness 67.5% increased to 82.1%
- Fluid Balance Chart Audit 72.7% increased to 86.2%

The system will help ensure that these trends are continued and track the actions assigned to these audit projects e.g. there are currently 247 improvement actions aligned with the NEWS2 audit.

Across these Ward based audits there have been approximately 2000 improvement actions completed since roll out began in May 2025. A further 700+ improvements are being progressed. Whilst each action may only have a small (or varying) impact, this does represent 2000 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:

- Lying and standing BP carried out post fall
- Identification of child risk (Health visiting)
- Recording of IV fluid rate
- Increase in paediatric observation frequency (when required)
- Restrictive Practice Care Plan and Risk Assessment completion

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 21 projects of 32.7%. The Clinical Audit Department have met several times with Senior Nursing representatives, who have agreed to focus on participation levels for the current portfolio of audits to ensure Health Board wide consistency, assurance and improvement.

A total of 316 “standard” clinical audits have been completed on the system since it was implemented. 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. The number of re-audits more than doubled from 2024-25 to 2025-26.

National Clinical Audit

Hywel Dda continues to meet the majority of national audit participation requirements. The Health Board has seen an increase in engagement and the completion of clinical audit improvement plans. The main areas requiring strengthened engagement in 2026/27 are Planned Care and Specialist Services, Care of the Elderly and Diabetes. 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.

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)
- Escalated to Effective Clinical Practice Advisory Panel
- 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. 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.

The recent appointment of new Clinical Leads will support the appointment of Audit Leads for several key areas such as Diabetes and Care of the Elderly.

National audit findings have driven targeted improvements across multiple specialties, sites and for many patient groups. Examples of some of these improvements are:

- We now have a dedicated triple diagnostic assessment for every patient with a breast problem (National Cancer Audit Collaborating Centre (NATCAN) - Breast Cancer)
- Initiation of an acute asthma care bundle (National Adult Asthma Audit)
- Improved oxygen prescribing (National Chronic Obstructive Pulmonary Disease)
- Hywel Dda has adopted widespread use of cgm technology. Hywel Dda has higher numbers of women hitting Hba1c targets before and during pregnancy because of this (National Pregnancy in Diabetes)

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

Clinical Audit Programme (CAP) 2026/27

A new approach to compiling the CAP is being undertaken in 2026/27. This new approach is designed to further align the programme with Strategic/Organisational objectives. The Clinical Audit Department have written letters to the Quality, Safety and Experience Committee as well as this Committee. The Committees, and members thereof, are being asked to consider projects for inclusion. The letter has been provided as a separate attachment (Appendix 2).

The new CAP methodology ensures that projects are explicitly linked to strategic risks, clinical variation, and priority areas identified through performance dashboards. This supplements the committee-driven model and ensures greater organisational alignment.

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 attached for information (Appendix 3).

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 Enabling Quality Improvement in Practice (EQIIP), Clinical lead forums etc.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:

- **NOTE** the performance improvements evidenced through the Audit Management and Tracking (AMAT) system and the volume of completed improvement actions
- **TAKE ASSURANCE** that services with low national audit engagement are implementing agreed improvement plans
- **TAKE ASSURANCE** from the continuation of most mandatory national audits and the processes followed for escalation
- **DISCUSS** the development of the 2026/27 April-September programme
- **TAKE ASSURANCE** from the continued shared learning through Whole Hospital Audit Meetings (WHAM) and other activities
- **ENDORSE** the revised Clinical Audit Programme (CAP) prioritisation approach to strengthen alignment with organisational risk

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

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 a Sgôr
Cyfredol:

Audit specific risks are included and owned by the Services and will feature on other risk registers.

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research
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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National Clinical Audit and Outcome Review Programme Hywel Dda UHB Forward Clinical Audit Programme
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable

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.

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

Mandatory National Clinical Audits 2026-27
National Clinical Audit and Outcome Review Plan (NCAORP)

National Audit Title	Expected Participation 2026-27
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)	TBC – On Risk Register
National Diabetes Core Audit (PC)	
NDA: National Diabetes Footcare	Yes
NDA: National Diabetes Inpatient Safety Audit (NDISA)	TBC – On Risk Register
NDA: National Pregnancy in Diabetes Audit (NPID)	Yes
NDA: National Integrated Specialist Survey	TBC – On Risk Register
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

MEMORANDWM / MEMORANDUM

I / To: Distribution list – see below

Oddiwrth / From: Mr Stefan Bajada
Clinical Director for Clinical Audit
Chair of the Clinical Audit Scrutiny Panel

Dyddiad / Date: 26.02.2026

Dear Colleagues,

The Clinical Audit Department will be collating a Health Board wide Clinical Audit Programme. This Programme will be a summary of planned clinical audit activity regularly updated and prioritised in accordance with Health Board strategy and policy.

We would like to invite you to consider what clinical audit projects might be beneficial to the organisation. As members of a Senior Organisational Committee, you will have a unique and overarching view of priorities and can support the alignment of clinical audits with organisational objectives.

Projects proposed for the programme are intended to be pre-defined, planned clinical audits that will be carried out within the next 6 months. As a committee, you may not be able to suggest something so specific and may wish to suggest “topics” or areas of concern instead. Discussing these projects/topics with the relevant operational team will be the most effective way of seeing these projects being implemented. The Clinical Audit Department can support this process by highlighting these projects to operational teams as a priority audit topic.

We would ask you to:

- Consider audit topics/projects for inclusion within the programme
- Notify the relevant Operational Team that you have highlighted this topic for inclusion
- Notify the Clinical Audit Department of this project/topic

Please note that all projects on the programme will still be required to go through the Health Board clinical audit proposal/approval process. When the audit is ready to be undertaken it will need to be registered on the AMAT system at that time.

To include proposed projects in the audit programme we will need to receive all responses by the 30th April 2026. Any project proposals submitted after this date will be required to go through additional processes for inclusion in the programme as existing audits will have been allocated a priority.

We look forward to hearing from you. In the meantime, if you have any questions, please contact the Clinical Audit Manager or Director for Clinical Audit. Additional information and contact details can be found below.

Yours Sincerely

S Bajada

Mr Stefan Bajada
Consultant Trauma & Orthopaedics

I J Bebb

Ian Bebb
Clinical Audit Manager



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

**Clinical Director for Clinical Audit
Chair, Clinical Audit Scrutiny Panel
Stefan.Bajada2@wales.nhs.uk**

ian.bebb@wales.nhs.uk

Hywel Dda University Health Board Clinical Audit Programme 2026/27 (Apr – Sept)

Name of person completing submission: *E-mail:*.....

Name of committee or group this submission originates from:

Specialty	Audit Topic	Project Lead	Proposed Location	Reasons for Inclusion* <i>(please see below)</i>

**Reasons for inclusion - Please provide details of the following:*

- *Details of the key objective, risk register reference etc. that the project is linked to*
- *Reference to the high priority nature of this project and other relevant details including consideration of why this project should be chosen over other audits*

Projects that do not meet the criteria for inclusion cannot be added to the forward programme

Prince Philip
carol.williams10@wales.nhs.uk

☎ 01554 783699

Glangwilli
Liz.evans2@wales.nhs.uk

☎ 01267 229635

Bronglais
chloe.robertson-brock@wales.nhs.uk

☎ 01970 635617

Withybush
George.Ruloff@wales.nhs.uk

☎ 01437 773717



Additional Information

How we can support you

All clinical audit projects will be assigned a priority level based on the clinical audit proposal and supplementary information that we receive regarding the audit. The Clinical Audit Department aims to support clinical audit projects on the Health Board Wide programme. Support will be allocated based on priority and availability of Department resources.

The finalised programme will be available to view on the intranet, allowing all staff to view current/planned audit activity within the Health Board. All clinical audit activity is also viewable using the AMAT system and can be accessed by any AMAT user.

Why we are doing this

The Health Board needs to support effective clinical audit that leads to improvements in the quality of care that we provide. Audit projects should contribute to the achievement of Health Board priorities and be clear about how patient care will be improved. There is a need to adhere to all external mandatory priorities whilst continuing to support quality local audit activity related to Health Board priorities. With finite resources for audit activity there is a limited number of projects which can be supported by the Clinical Audit Department and the wider Health Board, therefore, it is vital that we have a robust system to prioritise, approve, and monitor audits.

It will be an annual programme broken down into two 6 monthly periods with reports produced each financial year.

Functions of the programme

The programme will fulfil several functions and allows us to:

- Meet the requirements for external priorities
- Monitor progress made in completing the programme
- Monitor the quality of clinical audit activity
- Monitor the impact of the programme
- Focus audit activity on quality improvement
- Identify specialties/departments with low levels of clinical audit activity

Priorities for inclusion in the programme

- National Clinical Audit and Outcome Review Plan - automatically included on the programme (**see below**)
- Patient Safety Issues
- NICE guidance
- Welsh Risk Pool required audits
- Audits associated with the risk register
- Complaints/Incidents/Litigation that require clinical audit
- Important local audit priorities

Re-audit, in order to identify the impact of change, will be a core part of the programme.

Mandatory National Clinical Audits Update for 2026

- **Acute**
 - National Joint Registry

- National Laparotomy Audit (NELA)
- Case Mix Programme (ICNARC)
- National Major Trauma Registry

- **Long Term Conditions**
 - National Core Diabetes Audit (Primary Care)
 - National Diabetes Footcare
 - National Diabetes Inpatient Safety Audit
 - National Gestational Diabetes Audit
 - National Pregnancy in Diabetes
 - National Paediatric Diabetes Audit
 - National Diabetes Prevention Programme Audit
 - National Diabetes Integrated Specialist Survey Audit
 - Transition (Adolescents and Young Adults) and Young Type 2 Audit
 - National Chronic Obstructive Pulmonary Disease (COPD)
 - National Pulmonary Rehabilitation
 - National Adult Asthma Audit
 - Wales Primary Care Audit (Asthma & COPD)
 - National Early Inflammatory Arthritis
 - All Wales Audiology Audit

- **Older People**
 - SSNAP (Stroke)
 - National Audit of Inpatient Falls
 - National Hip Fracture Database
 - Fracture Liaison Service Database
 - National Audit of Dementia

- **End of Life**
 - National Audit of Care at the End of Life (NACEL)

- **Heart**
 - National Heart Failure
 - Cardiac Rhythm Management
 - Myocardial Ischaemia National Audit Project (MINAP)
 - Cardiac Rehabilitation

- **Cancer**
 - National Lung Cancer
 - National Prostate Cancer
 - National Oesophago-Gastric Cancer Audit
 - National Audit of Metastatic Breast Cancer
 - National Audit of Primary Breast Cancer
 - National Bowel Cancer Audit
 - National Ovarian Cancer Audit
 - National Pancreatic Cancer Audit
 - National Non-Hodgkin Lymphoma Audit
 - National Kidney Cancer Audit

- **Women's and Children's Health**
 - National Neonatal Audit Programme
 - National Maternity and Perinatal
 - National Children and young people's asthma



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University Health Board

- National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)
- **Mental Health**
 - National Clinical Audit of Psychosis

N.B. All projects listed above have the potential to run in the 2026/27 year, however most, but not all of them will do so.

Clinical Audit Programme (CAP) 2025-2026 (Oct-Mar)						
AUDIT STATUS	ORIGINATING COMMITTEE	SPECIALITY	AUDIT TITLE	REGISTRATION DATE	AUDIT LEADS	COMPLETION DATE
In Progress	HDUHB RADAR	Cross Speciality Improvement	All Wales Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)	01/11/2025	David Wastell	31/3/26
In Progress	HDUHB RADAR	Cross Speciality Improvement	PEWS Audit	10/01/2025	David Wastell / Jenna Davies	Continuous
In Progress	HDUHB RADAR	Cross Speciality Improvement	NEWS2	10/01/2025	David Wastell	Continuous
In Progress	SNMT	Professional Standards Team	Bare Below the Elbows - All Wales Core	01/04/2025	Louise Mills	Continuous
In Progress	SNMT	Professional Standards Team	Continence Care Audit	01/04/2025	Louise Mills	Continuous
In Progress	SNMT	Professional Standards Team	Controlled Drugs Audit	11/01/2025	Louise Mills	Continuous
In Progress	SNMT	Professional Standards Team	Falls Extensive Check Audit	01/06/2025	Louise Mills	Continuous
In Progress	SNMT	Professional Standards Team	Hand Hygiene - All Wales Core Audit	01/04/2025	Louise Mills	Continuous
In Progress	SNMT	Mental Health & Learning Disabilities	Learning Disabilities Audit	01/01/2026	Louise Mills	Continuous
In Progress	SNMT	Professional Standards Team	Medicines Management Patient Audit - All Wales Core	01/04/2025	Louise Mills	Continuous
In Progress	SNMT	Professional Standards Team	Medicines Management Ward Audit - All Wales Core	01/04/2025	Louise Mills	Continuous
In Progress	SNMT	Professional Standards Team	Personal Protective Equipment (PPE) - All Wales Core	01/04/2025	Louise Mills	Continuous
In Progress	SNMT	Professional Standards Team	Positive Patient Identification Audit	09/01/2025	Louise Mills	Continuous
In Progress	SNMT	Professional Standards Team	Rostering Audit	01/05/2025	Louise Mills	Continuous
In Progress	HDUHB Cardiology Quality, Safety & Assurance	Cardiology	WHO Surgical and Safety Checks Audit	11/01/2025	Chris Soanes	Continuous
In Progress	Nutrition and Hydration Group	Nutrition & Dietetics	Meal Time Audit	12/01/2025	Lindsey Clark	Continuous
In Progress	Nutrition and Hydration Group	Nutrition & Dietetics	WAASP	12/01/2025	Lindsey Clark	Continuous
In Progress	Nutrition and Hydration Group	Nutrition & Dietetics	Fluid Balance	03/02/2026	Lindsey Clark	Continuous
In Progress	Respiratory Annual Forum	Respiratory	Acute NIV Health Board Wide	22/01/2025	Professor Keir Lewis	
In Progress	MH CAEG	Mental Health	Physical Health Monitoring on Adult Acute Psychiatric Wards of Hywel Dda University Health Board	11/11/2025	Ross Farrup	17/03/2026
In Progress	MH CAEG	Mental Health	Rapid Tranquilisation Monitoring Standards	17/10/2025	Sophie Jones	08/01/2026
In Progress	Care of the Elderly	Hywel Dda Palliative and End of Life Care Group	All Wales Care Decisions for the Last Days of Life (April 2024 - March 2025)	27.06.23	TBC	Continuous
In Progress	SNMT	Professional Standards Team	Maternity Record Keeping Audit: January 2025 - January 2026	09/01/2025	Faith Worrall	Continuous
In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Inpatients Audit NICE QS 201 S1 - Cycle 4	21/05/2025	Emma Phillips	Continuous
In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Lower Limb Immobilisation Audit NICE QS 201 S2 - Cycle 4	21/05/2025	Emma Phillips	Continuous
In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 Venous Thromboembolism Radiology Referral USS Audit NICE QS 201 S3 (H61) - Cycle 2	21/05/2025	Emma Phillips	Continuous
Complete - Current Implementation	Planned Care	Critical Care	Rehabilitation After Critical Illness in Adults	8th July 2024	Manon Griffiths & Chloe Atkinson-Davies	25/11/2025
Complete Implemented	Planned Care	Critical Care	Central Line Care Bundle - A Clinical audit to Assess Compliance with the Completion of Care Bundles within Critical Care, HDUHB.	15th Feb 2024	Nerys Davies	31/12/2025
Complete Implemented	Planned Care	Critical Care	Ventilator Care Bundle - A Clinical audit to Assess Compliance with the Completion of Care Bundles within Critical Care, HDUHB.	8th Feb 2024	Nerys Davies	31/12/2025
Complete Implemented	Mental Capacity and Consent Group	Mental Capacity and Consent	Audit of Form 4: Treatment in Best Interests	14/03/2025	Stewart Mills Chris Sayer	17/03/2025

Complete Implemented	Nutrition and Hydration Group	Nutrition & Dietetics	Audit of Nasogastric Tube in HDUHB	24/04/2025	Health Board Wide	30/09/2025
Complete Implemented	Mental Capacity and Consent Group	Mental Capacity and Consent	Welsh Risk Pool All Wales Peer Review Consent Audit	11/09/2023	Chris Sayer	Audit extended
Complete Implemented	Public Health & Wellbeing QSE	Smoking Cessation & Wellbeing	Hywel Dda Inpatient Smoking Re-Audit	23/07/2024	Cath Eynon	20/10/2025
Complete Implemented	Nutrition & Hydration	Nutrition & Dietetics	An Audit of the Process of Care of Patients who Receive Parenteral Nutrition	02/10/2025	Kathryn Francis	14/01/2026
Complete Implemented	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Outpatient Follow Up Audit NICE QS 201 S4 & S5 - Cycle 4	21/05/2025	Emma Phillips	07/11/2025
Planning	Care of the Elderly	Hywel Dda Palliative and End of Life Care Group	All Wales Care Decisions for the Last Days of Life (April 2025 - March 2026)	TBC	TBC	n/a
Planning	Thrombosis	Thrombosis	RE-AUDIT '25 Venous Thromboembolism Radiology Referral USS Audit NICE QS 201 S3 (H61) - Cycle 3	TBC	Emma Phillips	n/a
Planning	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Outpatient Follow Up Audit NICE QS 201 S4 & S5 - Cycle 5	TBC	Emma Phillips	n/a
Planning	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Lower Limb Immobilisation Audit NICE QS 201 S2 - Cycle 5	TBC	Emma Phillips	n/a
Planning	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Inpatients Audit NICE QS 201 S1 - Cycle 5	TBC	Emma Phillips	n/a
Planning	Safeguarding Steering Group	Paediatrics	Female Genital Mutilation	TBC	Emma Appleton & Others	n/a
Planning	Safeguarding Steering Group	Sexual Health, Paediatrics	Child Sexual Exploitation Risk Questionnaire (CSERQ)	TBC	Judith Bowler	n/a
Planning	Safeguarding Steering Group	W&CH	Routine Enquiry	TBC	Kristy Hutch	n/a
Planning	SNMT	Professional Standards Team	Senior Peer Review/15 steps audit	TBC	Louise Mills	n/a
Planning	SNMT	Professional Standards Team	Record Keeping - Content	TBC	Louise Mills	n/a
Planning	SNMT	Professional Standards Team	Record Keeping - General	TBC	Louise Mills	n/a
Planning	SNMT	Professional Standards Team	Pressure Damage Management	TBC	Louise Mills	n/a
Planning	SNMT	Professional Standards Team	Mouthcare	TBC	Louise Mills	n/a
Planning	SNMT	Professional Standards Team	Infection Prevention & Control Management Audit	TBC	Rebecca Richards	n/a
Planning	HDUHB RADAR	Cross Speciality Improvement	Sepsis Medical Emergency	TBC	David Wastell	n/a
Planning	HDUHB RADAR	Cross Speciality Improvement	Medical Emergency Trolley Audit	TBC	David Wastell	n/a