



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 December 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Audit Programme
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Mr 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

The Clinical Audit Programme is being presented to the Committee for approval, ensuring that the internally commissioned audits are aligned with the Health Boards strategic priorities.

Cefndir / Background

The Health Board develops an annual Clinical Audit Programme which is undertaken by the operational Services. This programme consists of a list of key clinical audit projects that have been prioritised in line with Health Board (Service specific or otherwise) aims and objectives. This programme also includes all projects mandated by Welsh Government (WG), National Clinical Audit and Outcome Review Plan (NCAORP) and other national bodies. National benchmarking is possible through this mechanism.

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.

National Clinical Audit

NCAORP is a mandatory audit programme in Wales. The programme is set and monitored by WG and derived from the mandatory English programme.

The Health Board is responsible for participating in 45 mandatory national audits that feature in the NCAORP. In addition to this there are ad hoc Outcome Reviews (e.g. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies) that are also mandated.

Benefits

The benefits to participating in these projects are that they;

- make benchmarking between local sites/services as well as other Health Board's possible
- are based on evidence based practice and often factor in National Institute of Care Excellence (NICE) and Royal College guidance
- provide national reports, detailed analysis, results and recommendations

Local Clinical Audit Programmes

The Clinical Audit Department (CAD) liaise with a number of services to establish a local programme each financial year. Clinical Audit Programmes are split into two 6 monthly segments to allow services to focus on more timely audit completion as well as grant more opportunities for services to contribute to the programme.

The programme audits are set by key governance and quality groups/committees representing the various service areas. The CAD and other bodies may be given indicators as to which audits should be included in audit programmes and provides suggestions when appropriate.

Priorities for inclusion in the programme:

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

Asesiad / Assessment

Clinical Audit Programme 2025/26

The Clinical Audit Programme for 2025/26 (October-March) has a total of 49 clinical audit projects with 3-5 additions expected imminently. A number of audits featured on the programme are continuous audits or re-audits and will continue to future programmes. The importance of re-audit is critical to demonstrate that we are continuing to make improvements where standards of practice are not being met. These types of projects generally have more impact than isolated audits and are encouraged whenever possible.

The 45 NCAORP projects are automatically included in addition, bringing the total to 94. The CAD are continuing to work with services to expand this programme as well as to ensure projects are completed and focused on quality improvement. Projects are not typically called out as aligning with Safe, Timely, Equitable, Efficient, Effective (STEEEP) domains of quality; however all audit projects are intended to creating safer, timely, effective and more equitable care. All clinical audits should be centred around evidence based practice. Clinical audit is therefore a key component in demonstrating and evidencing STEEEP. A number of Nursing audits are directly related to the STEEEP principles.

A copy of the programme is attached Appendix 1) for this Committee to discuss and review.

A separate list of the NCAORP audits has also been included. Reporting, data collection, and other parameters vary significantly between national audits. A distinction is made to avoid confusion when reporting as well as to highlight the priority of these key projects.

Shared Learning

The CAD is continuing to run the Whole Hospital Audit Meetings (WHAM). WHAM events are held each quarter and alternate between site specific and Health Board wide events. The most recent event was held on 24 September 2025, the next is scheduled for 4 December 2025. The following projects have been presented in 2025:

- Re-Audit of A&E Referrals to TIA (Transient Ischaemic Attack) Clinic Compared to the NICE Guidelines for Diagnosis and Referral of Transient Ischemic Attack (TIA) and Stroke
- Appropriate Cardiac Monitoring
- Chaperone Procedure Documentation in Digital Rectal Examination for rectal bleeding Patients in A&E, Bronglais Hospital (BGH), Second Cycle
- Rate of Sentinel Node Positivity in Breast Cancer Patients Diagnosed in Withybush Hospital (WGH)
- Reduce Fetal Movement Management Audit in BGH
- Delays in Administering PCC to Patients with Intracranial Haemorrhages
- Maternity Record Keeping Audit
- School Nurse Led Nocturnal Enuresis
- Board-Wide Peer Review Consent Audit
- All Wales HCQ Retinal Toxicity Screening Audit 2023
- Venous Thromboembolism Inpatients Audit NICE QS 201 S1 - Cycle 3
- The Role of Local Anaesthetic Biopsy in Meeting Guidelines for Timeline of Head and Neck Cancer Referral to MDT Per NHS Guidelines
- Orthogeriatric Discharge Advice Letter (DAL) Information Quality Audit
- Perioperative Management of Patients with Diabetes
- Re- Audit Compliance with NICE Guidelines in Suspected Cases of Community Acquired Pneumonia
- Benchmarking Patellar Dislocation Management: An Audit of British Orthopaedic Association (BOA) Compliance
- Re-Audit of follow-up Within 3 Days on Discharge from the Mental Health Unit, Bryngofal Ward in Prince Phillip Hospital (PPH)
- Outcome of Vacuum Assisted Biopsy in Patients with Suspicious Micro calcifications on Mammography
- National Chronic Obstructive Pulmonary Disease (COPD) Secondary Care 2022/2023 - 2023/2024
- Chronic Hepatitis B Assessment
- Audit of Nasogastric Tube in Hywel Dda University Health Board.
- National Pulmonary Rehabilitation 2022 - 2023

This demonstrates the varied uses of clinical audit as well as demonstrating that clinical audit is used by different specialties and has varied drivers.

The CAD continues to support the Enabling Quality Improvement in Practice (EQIIP) programme by attending event days and giving presentations on the links between quality improvement (QI) and Clinical Audit, how they can complement each other and in particular how clinical audit activity can inform improvement activities. The majority of EQIIP projects from the most recent cohort in 2025 included or were linked to clinical audits.

Clinical Audit Activity

A total of 259 audits have been completed on the Audit Management and Tracking System (AMAT) system since it was implemented. All of this information is available for all users to view and learn from as the system offers high levels of transparency. More requests are being made regarding previous audits and outcomes.

The below figures represent an overall snapshot of audit activity at time of writing this report. Clinical audits have a number of distinct stages of completion and are not considered complete until the action plan/improvement work has been completed. There is naturally an extended time frame for these projects to be *fully* completed (as opposed to data collection or the submission of an action plan) which is reflected in the results. This is however a more meaningful and complete measure of the impact of clinical audit. The below table illustrates the completion rates from current and previous years which continues to increase over time.

	2023-2024	2024-2025	2025-2026
Total No. of Projects	96	106	98
- Currently In progress	13 (14%)	29 (27%)	76 (78%)
- Improvement stage	10 (77%)	10 (34%)	10 (10%)
Fully completed	83 (86%)	77 (73%)	22 (22%)

**NCAORP projects are not included in the above figures due to the extended time frames for these types of projects*

Nurse Led Audit Programmes

Whilst many Nurse led audits have been undertaken, historically, the AMAT system has provided the technology to fully support and embed these audits as well as expand on their scope and remit. The CAD has supported 13 of these audits since April 2025 with many more planned. The system allows the audits to be undertaken Health Board wide (including community settings) with instantaneous results and dashboard functionality. This allows the results to be monitored at all organisational levels as needed. Benchmarking is not easily accessible both against the standards themselves and across all other areas (e.g. wards) with the aim of improving equitably of care.

The nature and technical elements of these AMAT based audits requires strong interactions between the CAD and the various services. It has allowed services to voice their views on how and which data should be captured, and with support from the CAD is ensuring that these audits are grounded in evidence based practice and Health Board policy. In time, all audits will be monitored by appropriate governance groups, with outcomes reviewed and discussed on a regular basis. At present, the majority of are managed by the Senior Nursing and Midwifery Team (SNMT).

Across the audits there have been approximately 1000 improvement actions completed since roll out began in May 2025. A further 600+ improvements are being progressed. Whilst each action may only have a small (or varying) impact, this does represent 1000 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. The list of these audits is included within the Clinical Audit Programme attachment.

National Clinical Audits (NCAORP)

All national audits have national and (often) Health Board specific reports and results available. The reports hold detailed information regarding benchmarking, compliance with standards as well as national recommendations. Some of these recommendations will apply to the Health Board and the Health Board is expected to generate local recommendations and an action plan to meet these.

Mandatory national audits are subject to the same internal requirements as all other audits, each one requiring an improvement plan. All mandatory audits are now being reported through the Clinical Care Group Governance structures and clinical audit features on all of these agendas.

The CAD is liaising with the audit leads and governance groups to ensure that all national audits have an appropriately implemented action plan.

Audit information can be provided upon request; however due to its high volume, complexity and variability, it is not practical to summarise within the body of this report.

Record Keeping Audit Programme

Services undertake record keeping audits regularly throughout the year. Establishing a standardised and consistent approach has remained challenging, a difficulty also experienced by other Health Boards.

In November 2024 the CAD and Medical Directorate developed an audit based on the Health Board Record Keeping policy. The Clinical Coding Department agreed to undertake a pilot audit. The new audit would allow a standardised approach to record keeping audits as well as provide scale and scope to the project. The audit was completed successfully. The main objective was to test the audit tool, methodology etc. and develop future audits.

Following the success of the pilot a Record Keeping Audit Programme has been agreed. The Clinical Coding Department will undertake an annual audit to “screen” record keeping quality across multiple specialties. The Medical Directorate will then contact Clinical Leads outlining where good and poor practice has been identified, prompting quality improvement activity, re-audits and if required, work with other teams (e.g. The Quality Improvement Service Team) to improve culture and practice.

The first round of this audit has commenced in November 2025.

Summary

There are a number of audits, both national and local that are highlighting the need for improvement. Some of these projects highlight the need for previously unanticipated improvements, governance concerns, risks etc. that would not have been known had the audits not been undertaken. There are also projects that deliver assurance because all standards are being maintained at a satisfactory level. The potential for audit is therefore one for quality improvement, identifying concerns as well as providing assurance. It remains the goal of the CAD and the Health Board to maximise this functionality as much as possible.

The CAD could propose specific projects for consideration, while this Committee may also identify projects it wishes to review. Updates on these projects would be provided by the Audit

and Service Leads with support from the CAD. With this approach the Committee can align Committee and Organisational priorities with the Clinical Audit programmes as appropriate.

There is an opportunity for this and other Committees to directly influence clinical audit activity by raising the profile of key projects, “commissioning” audits where the need arises and ultimately to create a stronger clinical audit programme.

Argymhelliad / Recommendation

The Committee is asked to:

- **Approve** the Annual Clinical Audit Plan, and receive assurance that internally commissioned audits are aligned with strategic priorities
- **Consider** the approach outlined above regarding the Committee’s involvement in determining the Clinical Audit Programme and presentation to QSEC.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.17 Approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
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 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 2023/24 Hywel Dda UHB Forward Clinical Audit Programme 2022/23, 2023/24
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Rhestr Termau: Glossary of Terms:	NCAORP – National Clinical Audit and Outcome Review Programme CAD – Clinical Audit Department
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Mandy Davies, Assistant Director of Nursing and Quality Improvement Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	The principals of audit imply that quality/patient care will be impacted. However, the impact of the audits held within this report are positive examples of improvement activities and are individually called out.
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 2025-26
National Clinical Audit and Outcome Review Plan (NCAORP)

National Audit Title	Expected/Actual Participation 2025-26
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)	Yes
National Diabetes Core Audit (PC)	
NDA: National Diabetes Footcare	Yes
NDA: National Diabetes Inpatient Safety Audit (NDISA)	Yes
NDA: National Pregnancy in Diabetes Audit (NPID)	Yes
NDA: National Integrated Specialist Survey	Yes
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

Clinical Audit Programme (CAP) 2025-2026 (Oct-Mar)							
AMAT REFERENCE	AUDIT STATUS	ORIGINATING COMMITTEE	SPECIALITY	AUDIT TITLE	SOURCE OF STANDARDS	REGISTRATION DATE	COMPLETION DATE
Nutrition & Dietetics/CA/2025-26/02:	In Progress	Nutrition & Hydration	Nutrition & Dietetics	An Audit of the Process of Care of Patients who Receive Parenteral Nutrition	NCEPOD	TBC	TBC
Respiratory/CA/2024-25/01	In Progress	Respiratory Annual Forum	Respiratory	Acute NIV Health Board Wide	British Thoracic Society Quality Standards for acute non-invasive ventilation in adults	22nd January 2025	Jan-26
Multiple/CA/2023-24/01	In Progress	Mental Capacity and Consent Group	Mental Capacity and Consent	Welsh Risk Pool All Wales Peer Review Consent Audit	Consent Case Law Welsh Risk Pool Consent Standard		Continuing to audit Ortho data as at 15.10.25
RADAR/WA/2025-26/06	In Progress	HUHB RADAR	Cross Speciality Improvement	PEWS Audit	924 - Paediatric Monitoring and Observation Guideline (HB)	10/01/2025	Continuous
RADAR/WA/2025-26/02	In Progress	HUHB RADAR	Cross Speciality Improvement	NEWS2	351 - Monitoring And Recording Of Adult Phys	10/01/2025	Continuous
Rost/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Rostering Audit	436 - Rostering Policy (HB)	01/05/2025	Continuous
AWC/WA/2025-26/04	In Progress	SNMT	Professional Standards Team	Medicines Management Patient Audit - All Wales Core	268 - Medicines Policy (HB)	01/04/2025	Continuous
AWC/WA/2025-26/05	In Progress	SNMT	Professional Standards Team	Medicines Management Ward Audit - All Wales Core	268 - Medicines Policy (HB)	01/04/2025	Continuous
AWC/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Bare Below the Elbows - All Wales Core	149 - Hand Hygiene Policy (HB)	01/04/2025	Continuous
AWC/WA/2025-26/02	In Progress	SNMT	Professional Standards Team	Hand Hygiene - All Wales Core Audit	149 - Hand Hygiene Policy (HB)	01/04/2025	Continuous
AWC/WA/2025-26/03	In Progress	SNMT	Professional Standards Team	Personal Protective Equipment (PPE) - All Wales Core	151 - Personal Protective Equipment (PPE) Policy and Procedure (HB)	01/04/2025	Continuous
Falls/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Falls Extensive Check Audit	401 - Preventing Falls and Post Fall Care in Inpatient Areas Policy (HB) & 273 - Manual Handling Policy (HB)	01/06/2025	Continuous
Cont/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Contenance Care Audit	222 - Contenance Care Policy (HB)	01/04/2025	Continuous
CD/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Controlled Drugs Audit	268 - Part 7 - Controlled Drugs (HB)	11/01/2025	Continuous
ID/WA/2025-26/01	In Progress	SNMT	Professional Standards Team	Positive Patient Identification Audit	136 - Positive Patient Identification (HB) Policy	09/01/2025	Continuous
Quality Improvement/CA/2025-26/01	In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Inpatients Audit NICE QS 201 S1 - Cycle 4		21/05/2025	Continuous
Quality Improvement/CA/2025-26/02	In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Lower Limb Immobilisation Audit NICE QS 201 S2 - Cycle 4		21/05/2025	Continuous
Quality Improvement/CA/2025-26/03	In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Outpatient Follow Up Audit NICE QS 201 S4 & S5 - Cycle 4		21/05/2025	Continuous
Radiology./CA/2025-26/02	In Progress	Thrombosis	Thrombosis	RE-AUDIT '25 Venous Thromboembolism Radiology Referral USS Audit NICE QS 201 S3 (H61) - Cycle 2		21/05/2025	Continuous
TBC	In Progress	SNMT	Professional Standards Team	Maternity Record Keeping Audit: January 2025 - January 2026	22 guidelines (see AMaT)	09/01/2025	TBC
Nutrition & Dietetics/CA/2025-2026/01	Complete Implemented	Nutrition and Hydration Group	Nutrition & Dietetics	Audit of Nasogastric Tube in HDUHB	NPSA NG alert (2011) PSA 008/May 2017	24th April 2025	30/09/2025
Multiple/CA/2024-25/02 (Form 4)	Complete 3 months Follow up	Mental Capacity and Consent Group	Mental Capacity and Consent	Audit of Form 4: Treatment in Best Interests,	All Wales Consent to Examination or Treatment Policy	Mental Capacity Act Legislation	17/03/2025
Smoke/CA/2024-25/02	Complete Implemented	Public Health & Wellbeing QSE	Smoking Cessation & Wellbeing	Hywel Dda Inpatient Smoking Re-Audit	1. The Welsh Government's Tobacco Control Strategy for Wales 'A smoke-free Wales' and Delivery Plan 'Towards a smoke-free Wales delivery plan 2022 to 2024'. 2. All Wales Medicines Strategy Group – Initial clinical management of adult smokers in secondary care document	23/07/2024	20/10/2025
Crit/CA/2024-25/01	Awaiting Action Plan	QSE	Critical Care	Rehabilitation after critical illness in adults	NICE CG 83 & GUIDELINES FOR THE PROVISION OF INTENSIVE CARE SERVICES	8th July 2024	TBC
Crit/CA/2023-24/01	Outstanding	QSE	Critical Care	Central Line Care Bundle - A Clinical audit to Assess Compliance with the Completion of Care Bundles within Critical Care, HDUHB.	Ventilator bundle: 1,000 lives campaign (Institute for healthcare Improvement). Central line Bundle: 1,000lives campaign (Institute for health improvement). Gpics Nutrition Support guideline (Intenisve Care Society) SKIN bundle 1,000 lives campaign (Institute for healthcare Improvement).	15th Feb 2024	TBC

Crit/CA/2023-24/02	Outstanding	QSE	Critical Care	Ventilator Care Bundle - A Clinical audit to Assess Compliance with the Completion of Care Bundles within Critical Care, HDUHB.	Ventilator bundle: 1,000 lives campaign (Institute for healthcare Improvement). Central line Bundle: 1,000lives campaign (Institute for health improvement). Gpics Nutrition Support guideline (Intensive Care Society) SKIN bundle 1,000 lives campaign (Institute for healthcare Improvement).	8th Feb 2024	TBC
N&H/WA/2025-26/02	Planning	Nutrition and Hydration Group	Nutrition & Dietetics	Meal Time Audit	829 - Mealtime Co-ordination Procedure (HB)	TBC	Continuous
N&H/WA/2025-26/01	Planning	Nutrition and Hydration Group	Nutrition & Dietetics	Fluid Balance	Nutrition and Hydration Policy, Procedures an	TBC	Continuous
N&H/WA/2025-26/02	Planning	Nutrition and Hydration Group	Nutrition & Dietetics	WAASP	829 - Mealtime Co-ordination Procedure (HB) ADULT NUTRITIONAL RISK SCREENING TOOL (WAASP) GUIDANCE (HB) 209 - ADULT INPATIENT REFEEDING GUIDELINES	TBC	Continuous
Safeguarding/WA/2025-26/01	Planning	Safeguarding Steering Group	W&CH	Routine Enquiry	592 - "Ask and Act" - Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) & All Wales Minimum Standards Routine Enquiry into Domestic Abuse, Pregnancy and Early Year Policy	TBC	Continuous
TBC	Planning	Safeguarding Steering Group	Paediatrics	Female Genital Mutilation	Wales Safeguarding Procedures - 714 - Management and Reporting of Female Genital Mutilation (for Health Professionals) Procedure	TBC	TBC
TBC	Planning	Safeguarding Steering Group	Sexual Health, Paediatrics	Child Sexual Exploitation Risk Questionnaire (CSERQ)	Social Services and Wellbeing Wales Act 2014 508 - Social Services and Well Being Act 2014	TBC	TBC
IP&C/WA/2025-26/01	Planning	SNMT	Professional Standards Team	Infection Prevention & Control Management Audit	Infection Prevention Policies and Procedures	TBC	Continuous
RADAR/WA/2025-26/03	Planning	HDUHB RADAR	Cross Speciality Improvement	Medical Emergency Trolley - Daily Audit	Resuscitation Council UK & Resuscitation Policy HDUHB.	TBC	Continuous
RADAR/WA/2025-26/04	Planning	HDUHB RADAR	Cross Speciality Improvement	Medical Emergency Trolley - Weekly Audit	Resuscitation Council UK & Resuscitation Policy HDUHB.	TBC	Continuous
RADAR/WA/2025-26/07	Planning	HDUHB RADAR	Cross Speciality Improvement	Sepsis Medical Emergency	NICE CG51 & Welsh Government Sepsis Guidelines 2017	TBC	Continuous
TBC	Planning	HDUHB RADAR	Cross Speciality Improvement	All Wales Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)	All Wales DNACPR policy	01/11/2025	TBC
TBC	Planning	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Inpatients Audit NICE QS 201 S1 - Cycle 5		TBC	TBC
TBC	Planning	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Lower Limb Immobilisation Audit NICE QS 201 S2 - Cycle 5		TBC	TBC
TBC	Planning	Thrombosis	Thrombosis	RE-AUDIT '25 - Venous Thromboembolism Outpatient Follow Up Audit NICE QS 201 S4 & S5 - Cycle 5		TBC	TBC
TBC	Planning	Thrombosis	Thrombosis	RE-AUDIT '25 Venous Thromboembolism Radiology Referral USS Audit NICE QS 201 S3 (H61) - Cycle 3		TBC	TBC
TBC	Planning	MH CAEG	Mental Health	Physical Health in Inpatients Audit		TBC	TBC
TBC	Planning	MH CAEG	Mental Health	Rapid Tranquilisation Physical Health Monitoring Standards		TBC	TBC
LD&MH/WA/2025-26/01	Planning	SNMT	Mental Health & Learning Disabilities	Learning Disabilities Audit	TBC	TBC	Continuous
PD/WA/2025-26/01	Planning	SNMT	Professional Standards Team	Pressure Damage Management	024 - Prevention and Management of Pressure Ulcer Policy (HB)	TBC	Continuous
AWC/WA/2025-26/06	Planning	SNMT	Professional Standards Team	Senior Peer Review/15 steps audit	TBC	TBC	Continuous
FoC/WA/2025-26/01	Planning	SNMT	Professional Standards Team	Mouthcare	TBC	TBC	Continuous
RK/WA/2025-26-01	Planning	SNMT	Professional Standards Team	Record Keeping - General	195 - Clinical Record Keeping Policy	TBC	Continuous
RK/WA/2025-26-02	Planning	SNMT	Professional Standards Team	Record Keeping - Content	195 - Clinical Record Keeping Policy	TBC	Continuous