

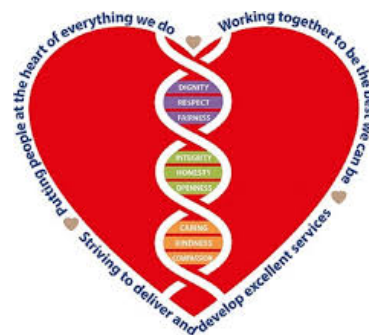


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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Hywel Dda University Health Board

## Annual Assurance Report August 2022



## Background:

Every year a process of audit is undertaken by Hywel Dda University Health Board (UHB) to provide assurance on Quality Care Standards to the Executive Board. The tool used to support this process is the Fundamentals of Care (FOC) Audit, inputted via the Health Care Monitoring System. The annual assurance methodology aims to explore care delivered across NHS organisations in line with the 7 domains of the Health & Care Standards:-

- Staying Healthy;
- Safe Care;
- Effective Care;
- Dignified Care;
- Timely Access;
- Individual Care;
- Staff and Resources.

These 7 domains remain relevant. It allows health care organisations to understand the impact of clinical services and identify good practice and areas for improvement. In Wales we are on the cusp of moving towards the Duty of Quality being implemented by the Welsh Government, Hywel Dda UHB prepares itself to respond to Quality within this framework.



The Duty of Quality focuses on the 6 domains of quality:

- Safe,
- Effective,
- Person-centred,
- Timely,
- Efficient care
- Equitable care

The 2022 Nursing and Midwifery Quality report has been written under these 6 headings to set the foundation for reports to come. We are also working with our UHB colleagues to look at an All-Wales aim for core ward and clinical area assurance measures across Wales to support the quality agenda. For this report we are using the Welsh nursing care record (WNCR) data collected remotely, some observed paperwork completion, Datix and HCMS data whilst we are in the transition to gain a more standardised system of providing assurance or mitigation against areas of greatest need for improvement.

WNCR is a digital platform used to record patient assessment and care delivery. There is a standardised patient admission and assessment tool, and nationally approved risk assessment tools. The data included in this report has been derived mostly from WNCR between 1st January to 1st July 2022. Data from a total of 2711 patients that had their information stored on WNCR during that time. This report does not include patient experience feedback as this is already reported separately each month to the Public Meeting of the Health Board.

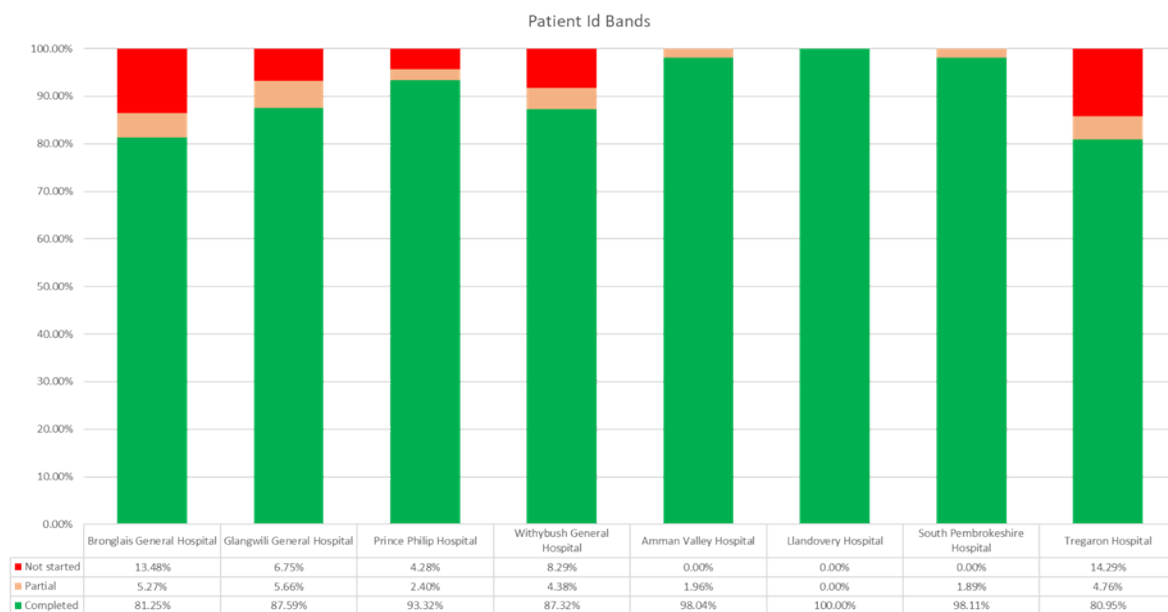
It is important to note that the data outputs from WNCR are evolving and the potential for further triangulation is recognised and will be considered in future reports.

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## 1 Safe Care:

### 1.1 Ensuring safety (e.g. ID bracelets placed on patients)

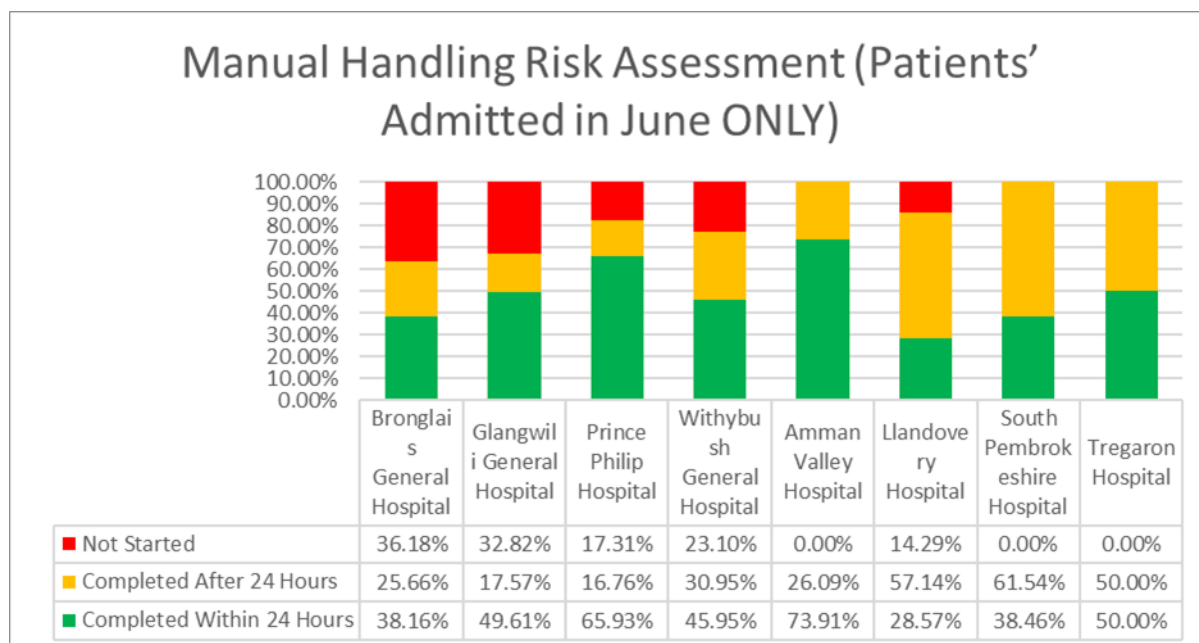


This graph does demonstrate reported compliance within WNCR however, this has not been verified with observation. Hywel Dda UHB has good compliance and this needs to be continued with a target of over 90% in all areas.

### 1.2 Promoting independence (Discharge form complete)

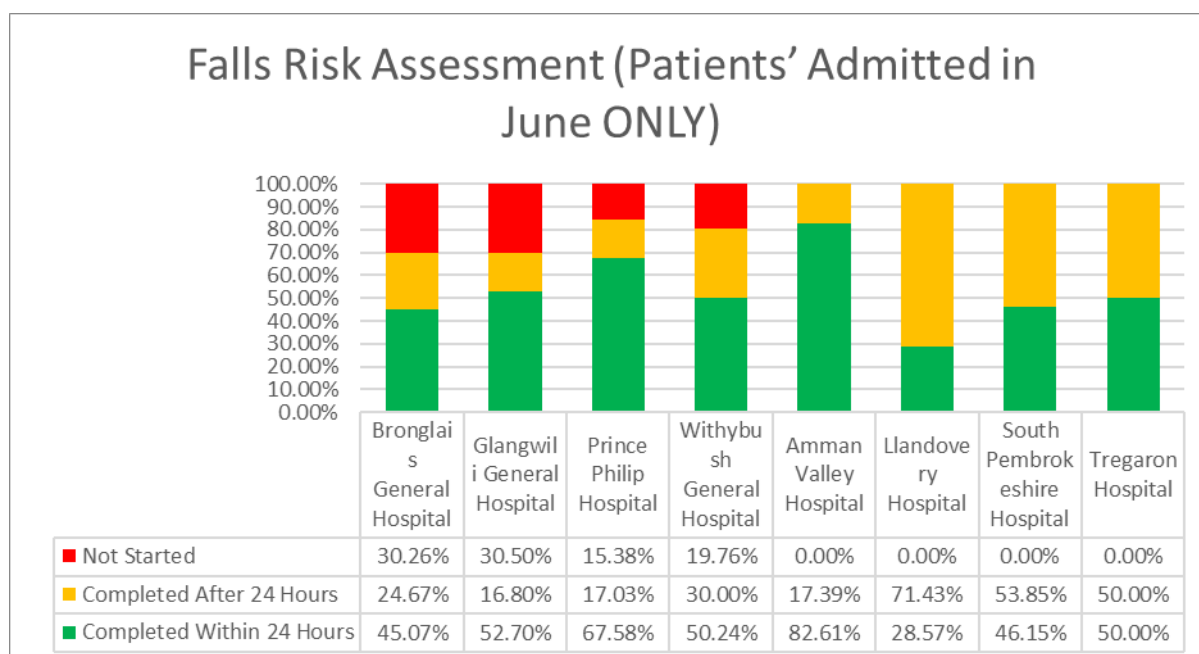
The discharge form is not routinely completed on any site, which has led to our heads of nursing and WNCR trainers raising this as a priority. Staff are encouraged to start this form on admission, therefore seeing more 'partial' completions than 'not started' is the aim for future improvement.

### 1.3 Moving and handling (assessment complete)



This graph denotes a requirement for improvement in starting this assessment in some of the acute sites and one community hospital. This can be addressed through training.

### 1.4 Falls Assessment



It is positive to see all 4 community hospitals complete this document within 24 hours of admission, or afterwards allowing for assessments on mobility.

To consider if undertaking assessments has a bearing on the assurances of falls, we have looked back at the data on each site over 6 months via the Datix

system. This data will be triangulated with the same time period for 2021/2022 to review the incidence of falls and determine the impact of compliance with the falls assessment.

Falls 2022	Jan	Feb	March	Apr	May	June
BGH	14	23	22	21	18	18
GGH	66	45	54	57	50	64
PPH	37	32	28	36	39	32
WGH	50	38	46	28	25	26

## 1.5 Safeguarding (assessment complete)

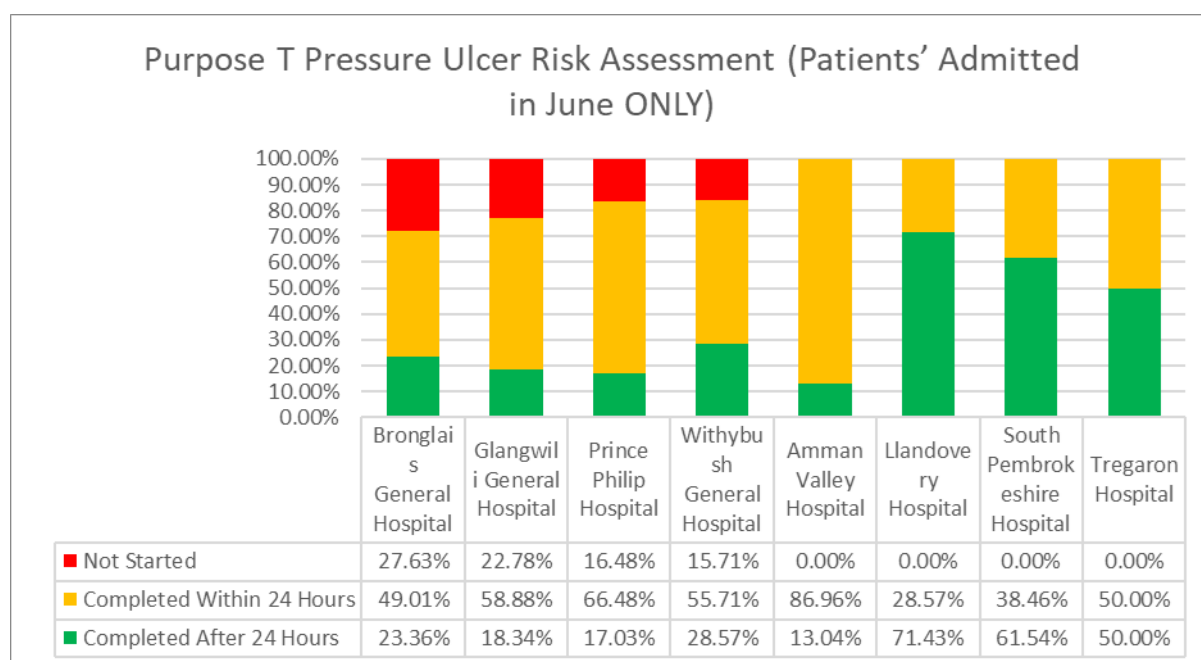


Whilst this is a positive graph on safeguarding assessments greater detail on this assessment is required in future.



## 2 Effective Care

### 2.1 Preventing pressure sores (Purpose T form Assessment complete)

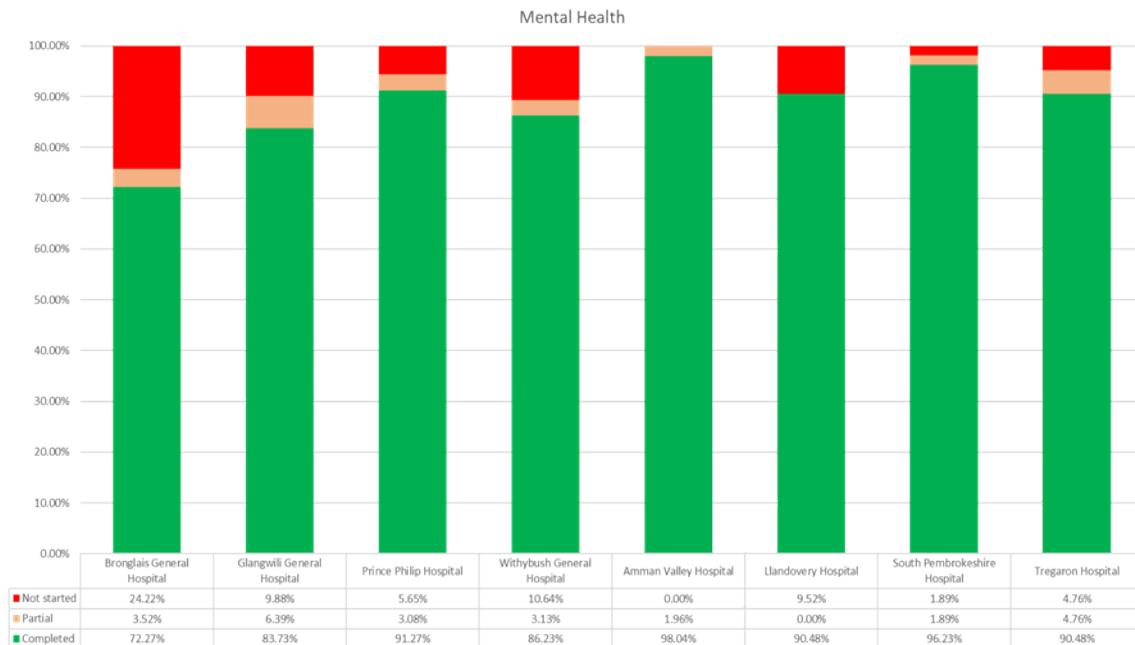


The 'Purpose T' assessment is a long assessment, which might contribute to the mixed picture regarding its completion, as assessments can be completed within 2-3 days post admission. Our Tissue Viability nurses can help with updating teams in the acute with a view to seeing an improvement on the 20% of assessments not started. To investigate this graph further information was gleaned from Datix on all sites for 2022. This data will be triangulated with the same time period for 2021/2022 to review the incidence of pressure damage and to determine the impact of compliance with the Purpose T assessment and will be used to inform training needs.

Pressure damage 2022	Jan	Feb	Mar	Apr	May	June
BGH	7	4	6	6	5	1
GGH	9	13	9	12	12	19
WGH	5	3	6	4	5	9
PPH	5	5	2	5	7	1

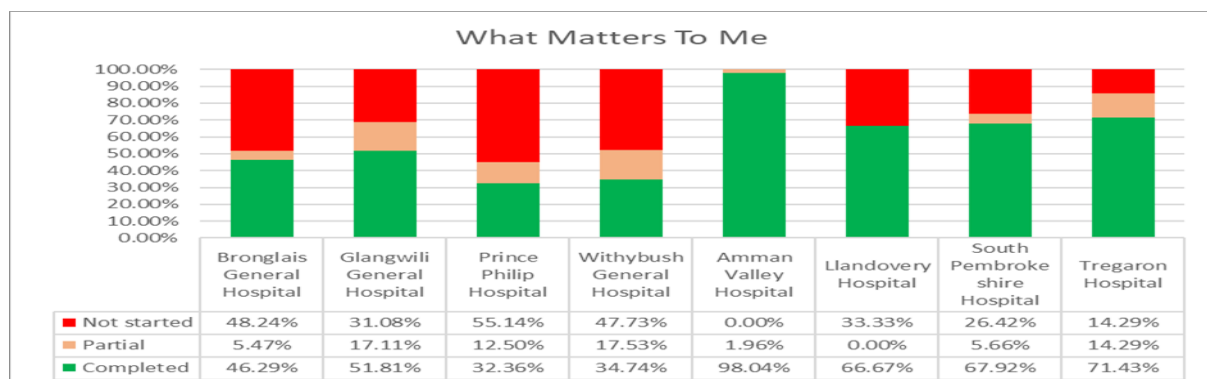
### 3 Person-Centred Care:

#### 3.1 Communication and information (Cognition and Mental Health assessment complete)



This is an important assessment and an area that needs support to be completed within our acute sites. Mental capacity assessment has similar completion rates.

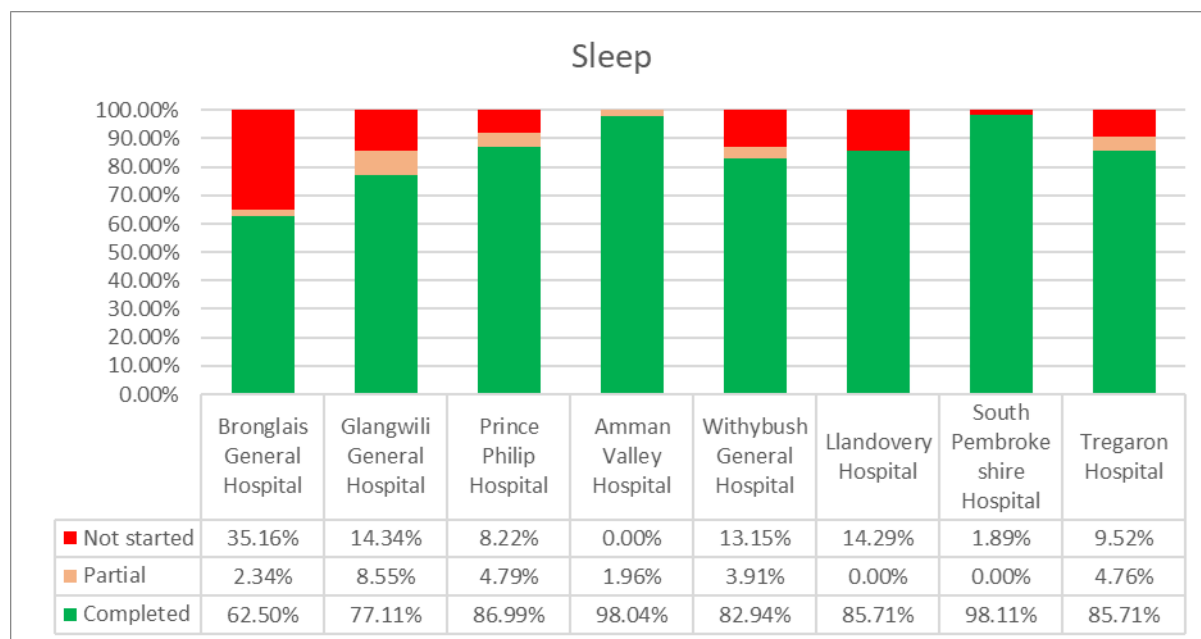
#### 3.2 Respecting people (What matters to me? And L&D assessment complete)



'What matters to me' was a relatively new form to Hywel Dda UHB when WNCR was introduced. It remains the biggest training need within sites.

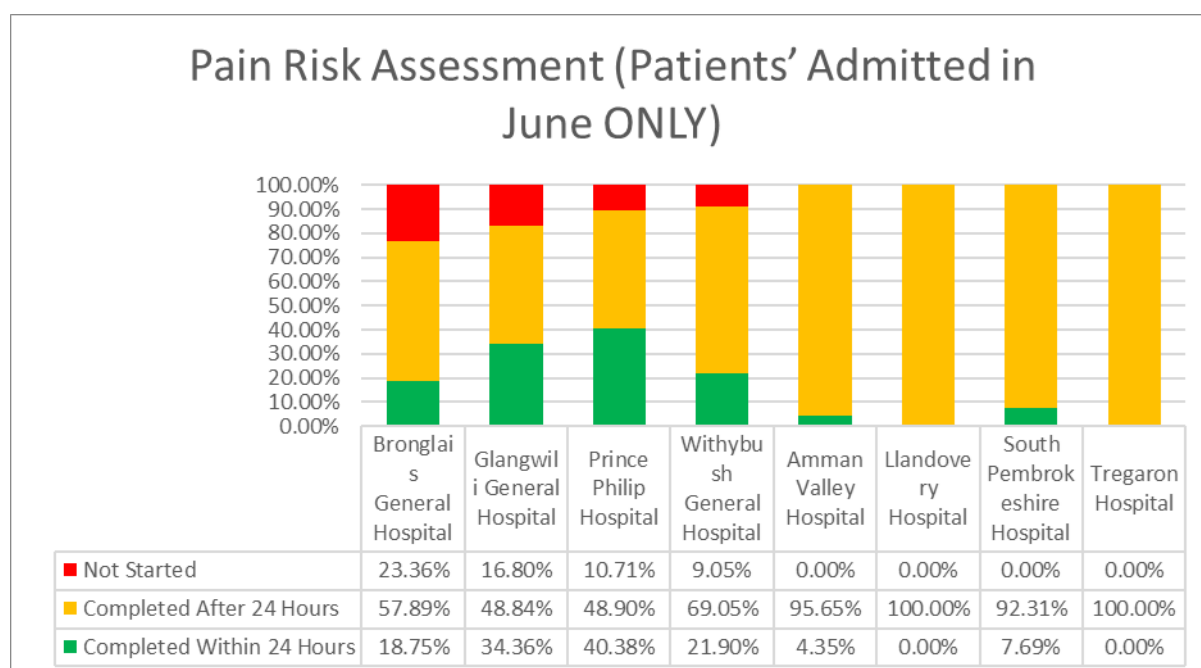
## 4 Timely Care

### 4.1 Sleep, rest and activity (Sleep assessment complete)



Sleep hygiene and assessments needs increased focus by nursing staff due to the impact it has on patient healing. BGH, WGH, GGH and Llandovery hospital could promote the completion of this form to help staff and patients consider the importance of the assessment and the activity of sleeping.

### 4.2 Pain risk assessment



Pain assessment remains part of the paper-based NEWS score chart. Audit reporting shows that using WNCR the initial pain assessment is well

documented; however the 4 hourly repeat assessment is not completed so well digitally. This graph only represents the digitally imputed assessments. For full reporting in future manual assessment audits of NEWS charts is also required. Hywel Dda UHB is currently investigating a digital vital signs solution which may well contribute to aligning this information, so it is no longer split over paper and digital in the next 12 months.

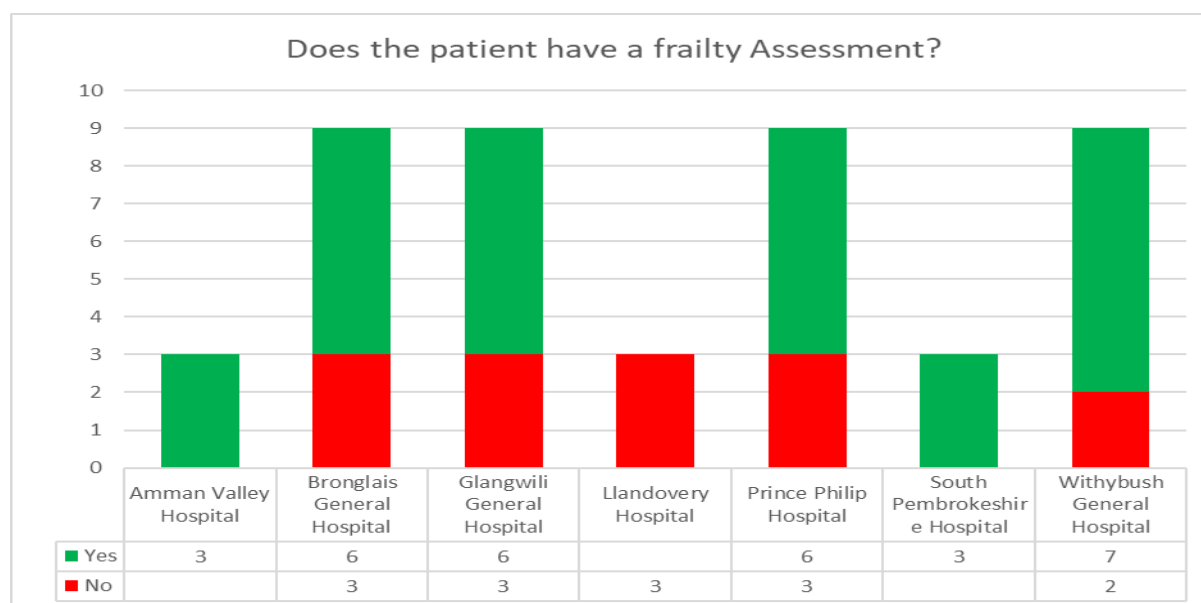
## 5 Efficient Care:

### 5.1 Personal hygiene and appearance

Site	Hand Hygiene	Cleaning Schedule
Bronglais General Hospital	94.01%	96.64%
Glangwili General Hospital	94.51%	90.46%
Prince Philip Hospital	93.60%	92.78%
Withybush General Hospital	95.41%	95.25%
Amman Valley Hospital	100.00%	98.39%
Hafan Derwen Hospital	99.27%	99.34%
Llandovery Hospital	90.97%	96.00%
South Pembrokeshire Hospital	95.83%	96.43%
Tregaron Hospital	85.30%	51.15%

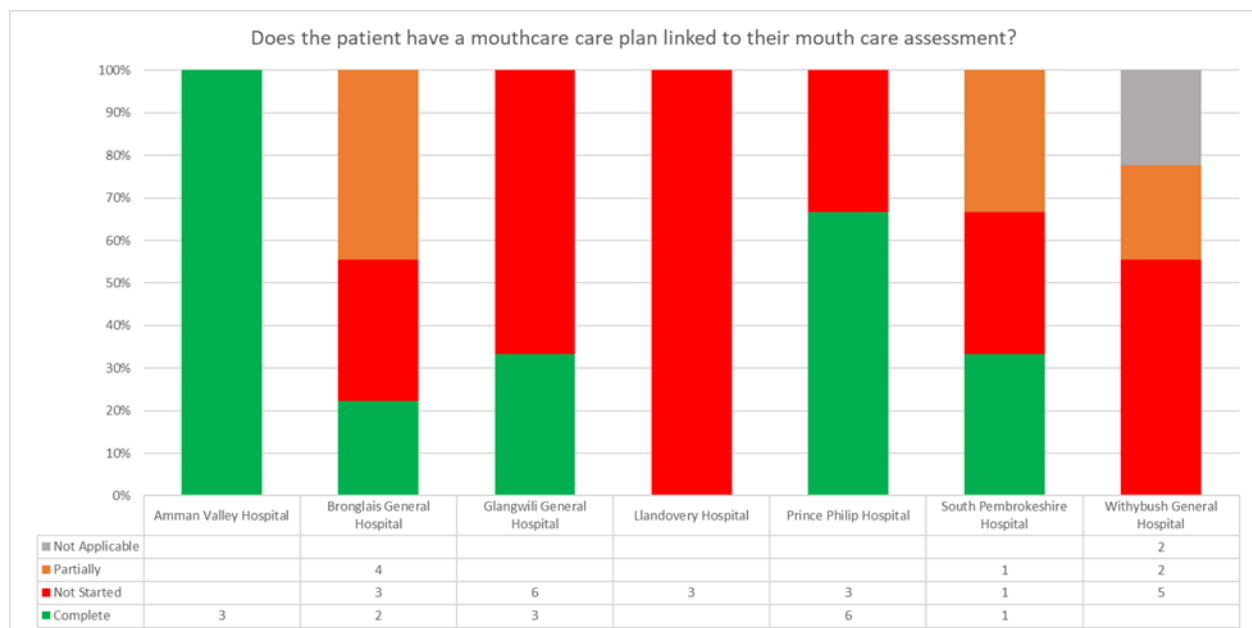
The hand hygiene audit data was obtained via IRIS. The figures present a snapshot view of all areas in June 2022. The cleaning schedule is that of nursing cleaning duties and Tregaron Hospital is on an upward trajectory from April, May and June.

### 5. 2 Frailty assessment observed spot checked.



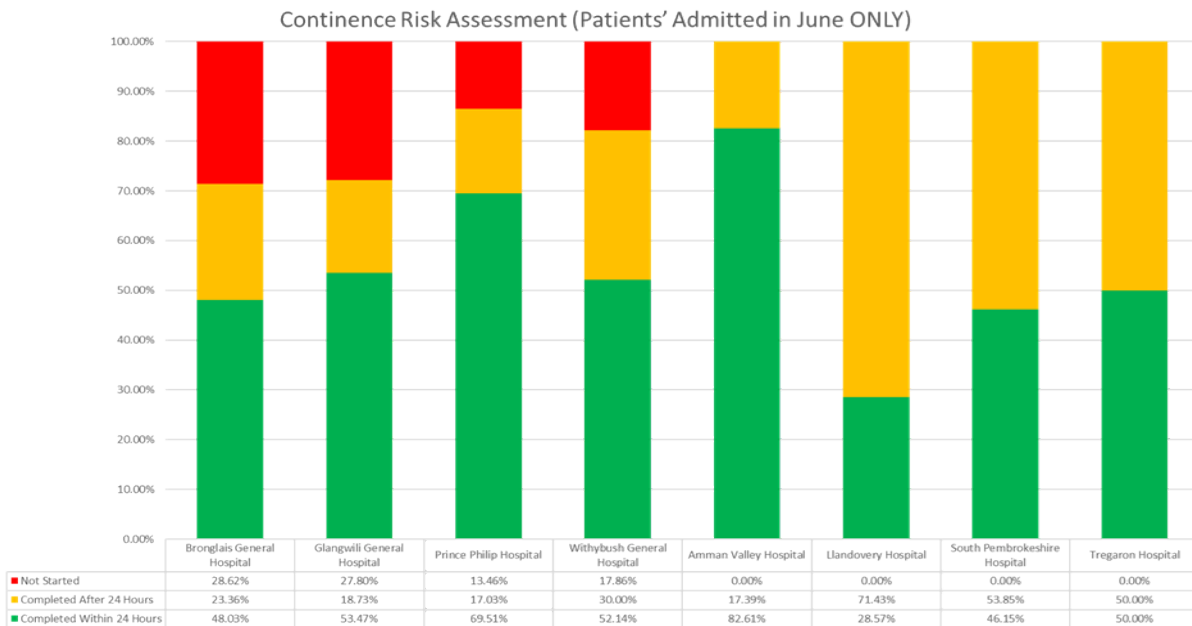
This graph outlines manually audited frailty assessments: the number on the left axis depicts patients audited in the month of June. Whilst the total audited number is low (36 patients) 14 patients had not had assessments started. This equates to 39% of patients without frailty assessments. The assessment and management of frailty is a multi-professional activity and there are a number of streams of work within Hywel Dda UHB to address this as it can often commence from our emergency department through our system.

### 5.3 Does the patient have a mouthcare care plan linked to their mouth care assessment? Observed through a spot check



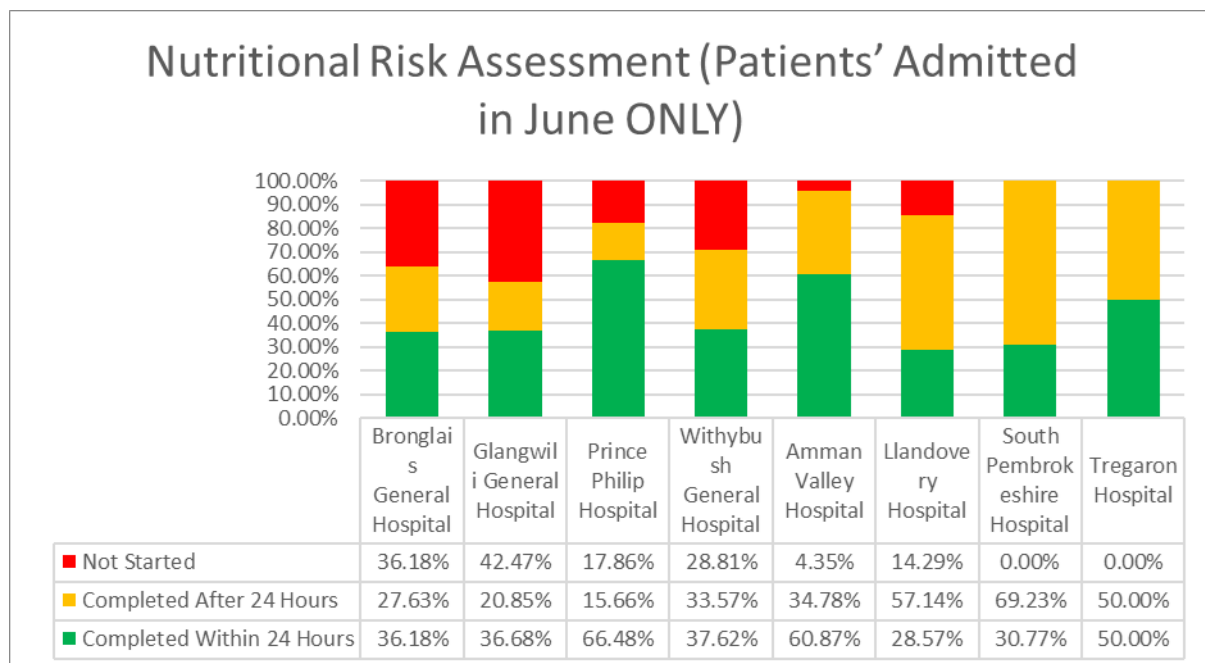
The mouth care audit was undertaken manually and has highlighted a mixed picture. GGH, Llandovery and WGH are sites that need to be considered as a priority area for training. Hywel Dda UHB is working with our dental and infection prevention team to secure training on sites to improve this assessment completion and assert better outcomes for patients we care for.

## 5.4 Continence risk assessment



This information taken from WNCR highlights the need to promote continence on our acute sites, however it is positive to note that all community settings are undertaking this in a timely manner.

## 5.5 Nutrition assessment (eg Nutrition form complete)



This information taken from WNCR demands triangulation of the information with manual observations.

## 5.6 Datix information:- Medication management

Medication management 2022	Jan	Feb	Mar	Apr	May	Jun
BGH	1	4	2	5	5	3
GGH	6	4	7	31	10	6
PPH	3	7	6	5	5	
WGH	1		3		2	2

Between April 2021 – March 2022 there were 952 medication incidents recorded on the Datix system. This is down on last years figure of 1167 for the same period. The 2022 data depicts a combination of administration, prescribing, storage and dispensing errors. Medication safety study days are facilitated monthly for nursing staff who require updates. In addition to this, significant work has been undertaken to develop a programme to support medical staff when involved in prescribing errors. The programme identifies relevant e-learning packages that support additional learning. There have been a number of focused areas aiming to improve medicines management. These include working with WAST to encourage patients to bring their own medicines into hospital alongside ensuring that patients medicines accompany them when they are transferred to different wards and community hospitals.

Th figures in the 6 monthly table show peaks and toughs throughout the year and all are reported quarterly to heads of Nursing and taken to local scrutiny groups.

## 6 Equitable Care

### 6.1 Relationships

Currently Hywel Dda UHB is investigating the potential for social workers to have access to WNCR. A pilot is going to commence in the summer of 2022. Student access is being investigated to allow students permanent access rather than current 28-day temporary access. This will help with safety and compliance.

## **Service Updates :**

### **Primary care update**

The primary care nursing team provide specialist professional and clinical nursing advice and support in county and corporate teams and all General Practices. Across the health board, there are 250 primary care nursing staff.

Every year audits are undertaken to provide assurance on quality care standards. In 2021 an audit was undertaken following an updated patient safety notice 055 - The Safe Storage of Medicines Cupboard issued October 2020.

This audit sets the legal standard, best practice and patient safety recommendations that apply to the safe and secure storage of medicines in a clinical area. There are 5 Health Board managed GP practices and the audit was undertaken in March 2021 with these 5. The audit identified the following issues:

- No evidence of fridge temperature calibration
- No evidence of monthly monitoring of expiry dates of emergency drugs
- No lock on treatment room doors and cupboard doors not locked where drugs were known to be stored
- Lost key for one of the vaccine fridges

All issues identified were rectified and the primary care practices now have 100% compliance. This audit has now become embedded in work undertaken as part of the 3 yearly Clinical Governance visits and, to date, 7 other practices have also completed the audit, identified similar issues and rectified them.

In June 2022, 13 HCSW students were successful in passing the diploma course, bringing confidence and competency into their roles in primary care.

In 2023 we will continue to introduce NEWS (National Early Warning System) in Community and Primary Care – continuation of quality assurance work programme to identify patients at risk of deterioration and sepsis.

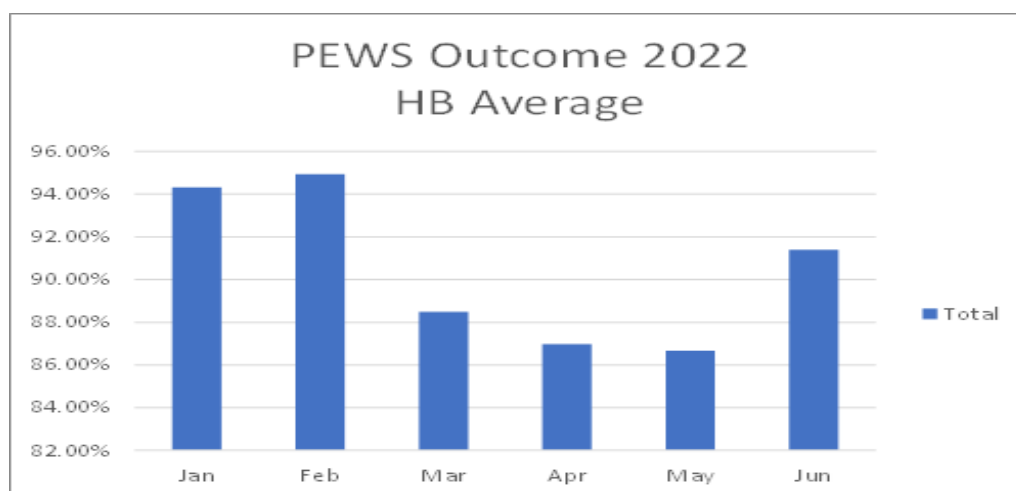
We will also introduce the All-Wales training programme for registered nurses new to general practice. This is set to encourage nurses into primary care nursing and support General Practice. Stakeholders are collaborating with HEIW on this development.

### **Paediatric Services Update**

In paediatrics, audits of PEWS (Paediatric Early Warning Score) are completed, which involves monthly auditing of 10 charts chosen at random. The result of which are evidenced in the graph below.

### **Paediatric Early Warning Score (PEWS) Audits**





### Child Sexual Exploitation Risk Questionnaire (CSERQ)

The initial CSERQ was agreed in Hywel Dda UHB in 2019 and was introduced into all acute paediatric wards. It is part of the nursing assessment profile for all admissions and assessments. The first five questions of the CSERQ are to be prioritised. If there is one or more positive response within the first five questions, the full CSERQ15 is to be completed. If any thresholds are met, an action MUST be taken.

The method of assessment was agreed as an addition to documentation standards and health care monitoring within our children service assurance group. Overall, the results are excellent and have provided assurance that these clinical audits are relevant, focused, and complete. They are undertaken monthly.

The paediatric quality indicator for patient experience is set as an All-Wales measure for children service that can be used to provide a perspective on the quality of paediatric experience in the acute service from a children's voice and parent/carer perspective. This is an important indicator of high-quality care and person centeredness. Overall rates demonstrate positive patient experience

The data indicates that a good experience is provided for children and adolescents - with little variation in performance across experience domains.

The clinical information needs for children and young people differs to the adult in-patient population. To address this need, and in preparation for the roll-out of the WNCr across all patient populations, an All-Wales acute paediatric nurse forum was established. The All-Wales Nurse Directors agreed (April 2022) to support the development of a bid to progress the paediatric in-patient WNCr as a discrete project and funding to follow WNCr.

Over the last few months, we have implemented and rolled out the Welsh Community Care information system (WCCIS) within Childrens Community Nursing. WCCIS is considered as a key digital enabler to develop an integrated

approach between health and social care which will impact on the quality of service we deliver to our children and young people.

Multi-disciplinary nurse-led learning disability transition clinics have been developed between and health and social care following feedback from young people transitioning between paediatric and adult services. This work has been presented locally and recognised nationally.

A new documentation audit has been implemented to assure the Health Board that we are meeting the standards required with care planning and risk assessments. A significant improvement in compliance has been witnessed in some targeted areas over the last six months.

Childrens continuing care has been involved in a quality improvement project (Equip) to standardise processes and improve service delivery to enable equity across all three counties.

### **Maternity Services Update:**

March 2022 saw the handover to maternity of the completed works for the new labour ward in Glangwili Hospital. The new labour ward supports our families and staff to a purpose built and designed labour ward, thus ensuring care is provided in settings that afford considered environments of care which is both individualised and safe. The teams and women/birthing people have provided much welcomed feedback of feeling valued in having available state of the art equipment which support good outcomes and experiences for our families. There is continued environmental changes as the obstetric theatre upgrades were commenced in April and are anticipated to deliver two new obstetrics theatres to be completed by July 2023.

The maternity team created a wellbeing committee dedicated to supporting our staff to find activities which support health and promote wellbeing among our teams. 'wellbeing Wednesday' has seen our teams ensure every member of staff who wish to take time for a walk around the hospital grounds and have that moment for fresh air, ability to understand each other as people and have a short period of reflection during their working day is available to all. This has been a popular activity which we will spread among our extended teams. Similarly, we have seen our team develop a rounder's sports team and word has spread with other departments wanting to create teams and have friendly matches. This has been a joy to watch and observe as our staff take time for self-care and develop closer relationships with other departments.

We have been working with our People and Culture leads to spend time on our wards and develop relationships and trust among our teams to share what it's like to work within Maternity in Hywel Dda UHB. The team have been collecting the views of our staff creating a People and Culture action plan for the

directorate. This has led to the creation of Blogs and Vlogs to support sharing of information with our teams and create an understanding of some of the hidden work that goes on to support service assurance and development. 'coffee culture' is a programme of monthly visits of the senior team so staff can come and meet and share ideas and challenges to support improvements. The ambition is to improve the experiences of our staff which in turns pays forward in the standards of care and innovation to develop improved population experience and health.

### **Community nursing services update**

Community services support staff to participate in Equip programme every year and this year the team generated a pilot study by commencing a 'Trial without Catheter' Pilot. A Trial without Catheter (TWOC) improvement project was led by the Clinical nurse specialists from the Bladder and Bowel Advisory Service (BABAS) and the Urology service to create a pilot and proof of concept to help improve the community TWOC pathways.

With an overarching ambition for 100% of appropriate patients to have a trial without catheter (TWOC) in a community clinic within 28 days of insertion. The outcomes, include, improving patient outcomes, reducing catheter acquired urinary tract infections, reduce TWOC waiting times and reduce appliance costs. Following a QI approach, a project plan was developed, agreed, and followed for the implementation of the TWOC improvement team. Key milestones including development of a TWOC pathway document, patient information leaflet, triage criteria, identification of a venue, go live pilot phase and evaluation. The pilot ran for 3 months in Pembrokeshire and reported successful outcomes for patients and a subsequent business case has since been developed and is currently awaiting a decision on funding to continue to build on the success of the pilot and roll out the development of community-based TWOC clinics in 2022 / 2023.

In February 2021, funding was obtained to deliver a community intravenous diuretic and In-reach Specialist Heart Failure (HF) nurse service for patients with heart failure. In November 2021, following the success of the pilot, funding was secured to employ a substantive Band 7 full-time In-reach HF CNS with a formal evaluation of the first 12 months of the pilot provided. The outcomes:

- Reducing length of stay in acute hospital beds
- Improving education and self-management to improve self-care
- Provide point of contact for patients.
- Reducing readmissions / awareness of clinical condition
- Delivery of care in community / closer to home

- Improving patient experience

The first patients were admitted onto the caseload in February 2021 and during the initial 12-month period, 37 patients accessed the community I.V diuretic service. A total of 188 inpatient bed days were saved during the first 12-month period.

Community Nursing Services have invested in the development of 3 Community Professional and Practice Development Nurses. These roles provide support and education to all community nurses and examples of work done includes, development of induction booklets, peer supervision and clinical supervision, training, competencies as well as the development of a community SharePoint page.

WCCIS is currently being piloted in Ceredigion district nursing teams for electronic patient records with ongoing engagement with the national team.

The intermediate care MDT integrates all four pillars of intermediate care in a single point of access allowing effective triage of the service users. This optimises the co-production of health and social care services to deliver this period of assessment to our population. Investment for GP's, Social Workers, Trainee Advanced Nurse Practitioners, Therapists, and support workers has been obtained transformation services. The aims of the service are primarily to support the step-up and step-down of patients, reduce avoidable admissions and support patient flow by delivering health and social care interventions through an integrated MDT approach.

Discussions commenced at the beginning of 2021 to establish a pilot to meet Welsh Health Circular initiatives regarding wax management services. Cluster funds were obtained to commence a pilot with training was provided to all staff and competency assessments provided. Equipment purchased and pathway established and agreed. Clinic venues arranged and appointment system set-up with follow-up system. The pilot highlighted increased patient satisfaction, improvement of staff skills, safer wax management methods.

WNCR was successfully rolled out across the 3 community hospitals. Improvements in documentation and record keeping have been identified and audits are regularly undertaken to monitor ongoing compliance.

Welsh Government are funding the Hywel Dda UHB Neighbourhood district nursing pilots, this means the development of a diverse workforce with the range of skills and opportunities for career progression required to meet the needs of the local population. Key areas for development are:

- A Peer Coach role aimed at providing peer support to DN team leaders

- A role to support the development of training for health care support workers in insulin administration. This funding was for 6–12-month.
- Increase the numbers of HCSW and Assistant Practitioners to support the roll out of injectable mediations, i.e., insulin.

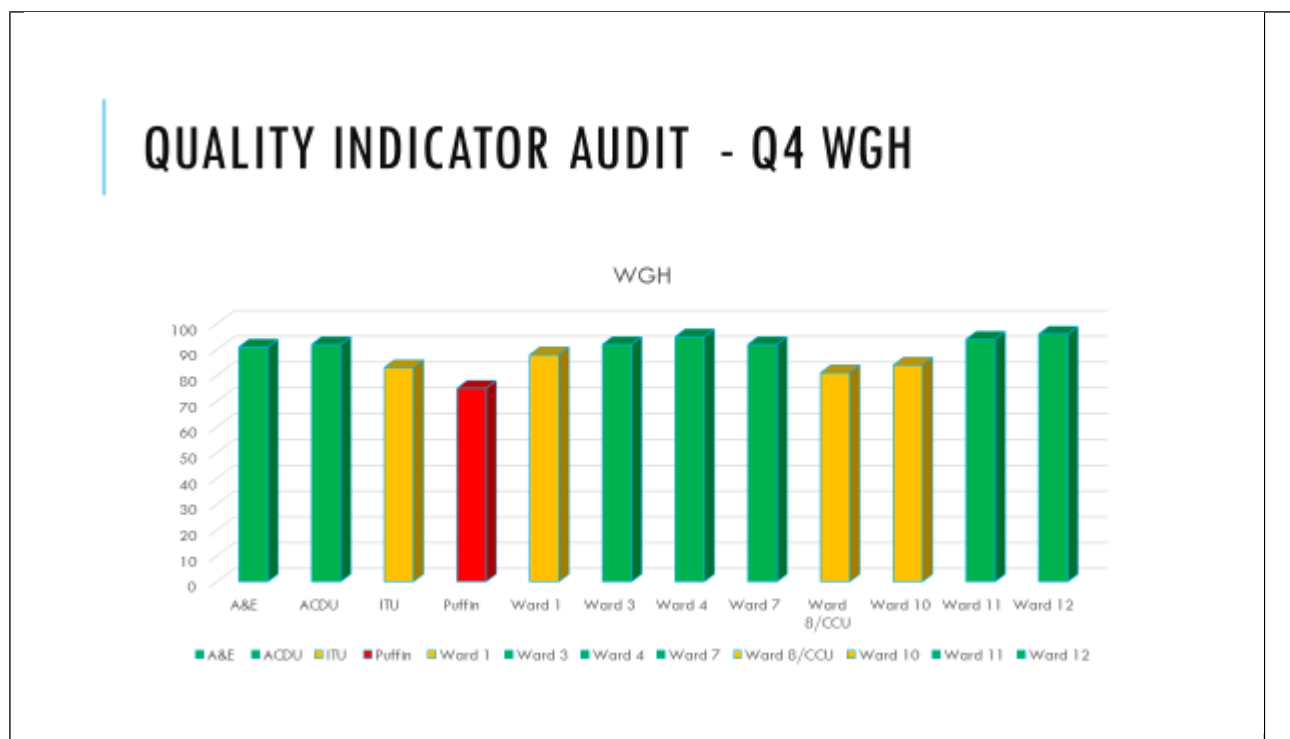
To aid us in our evaluation of the project we are working with Swansea University to influence the metrics that have been attached to this Welsh government funding and to outline the evaluation of this ambitious project.

### Infection prevention update:

The team of 9 nurses provide specialist advice 7 days a week on all aspects of patient care, management of equipment, environment, and services.

The Infection Prevention Team (IPT) supports a multitude of audits. The last two years have been difficult to maintain audit provision. In 2022 our plan is to embed the monthly hand hygiene audits from all in-patient ward areas.

A Quality Indicator Audits has been completed for each in-patient area since the beginning of 2022. The audits look at a range of infection prevention measures which the area is scored against. These are sent back to the Ward Manager and Senior Team for scrutiny and to develop an action plan for improvement prior to the next audit in 3 months. All areas have had a QIA completed examples of WGH and GGH have been given to explain the detail areas receive.



Key to the QIA:

	90% and over
	80% - 90%
	79% and under

The IPC team review themes from audits and these are followed-up with the wards individually and in local scrutiny meetings: -

Themes such as:

- Poor compliance with cleaning schedules
- Hand Hygiene audits not completed
- Outbreaks / Hospital Acquired Infections
- Commode Cleaning

We can often correlate poor QIA results with cases of hospital acquired infection and use this as learning for all staff in that area. The audits help us to focus education needs, identify areas needing support and forming a workplan for the following quarter.

### **Mental Health and Learning Disability services update**

Hywel Dda UHB is working with West Wales Action for Mental Health resulting in Carers with lived experience training our staff on care and treatment planning (CTP). The main aims of which are:

- Improve carer involvement with care planning/decision making.
- Supporting carers with their own Mental Health and physical wellbeing
- Supporting carers with training and skills on supporting their loved one
- Report the progress of plan through quality assurance governance.

The training is held on a quarterly basis and 16 staff members have attended. Feedback from the sessions is very positive.

Over the next twelve months the CTP audit is undergoing a change in focus. The new approach will support team managers Team managers to complete bespoke audit to be used during supervision with the clinicians.

- CTP audit – Draft 1 of the digital format has been created. For review and testing before distribution for feedback.
- CTP policy – awaiting assessment document process to ensure clarity and consistency in requirements.
- CTP training to continue

In Mental Health and Learning disability services we also promote this training:



- Wales Applied Risk Research Network (WARRN ), funding has been approved for four new trainers.
- Falls Brief Intervention – Train the Trainer (FBIT) Short Course

The development of the SharePoint site, as a secure place to store, organise, share and access up-to-date information electronically across the MH/LD Directorate.

The Head of Legal services now provides a bi-monthly programme of training for MH/LD staff, preparing teams for their involvement with Coroners inquests.

The sentinel events group is now well established, it is chaired by the senior nurse and facilitates timely review of serious and untoward events.

Monthly statistics on compliments and data are presented at WMF and QA meeting. The Senior Nurse produces monthly governance reports. National Confidential Inquiry Suicide Homicide Hywel Dda UHB completes a Self-assessment annually. Active participation and completion of NICE benchmarking and embedding into services.

Local Primary Care Mental Health Support Services have been moved to sit within the Integrated Psychological Therapies Department. This promotes a seamless service when delivering high and low intensity interventions. The service is implementing a plan to improve access to the service and reduce waiting time through the delivery of evidence-based group therapies. The referral pathway has been streamlined leading to improved collaboration with adult mental health services.

The MH/LD Directorate have been a pilot site for the WG mental health single point of contact 111 service. This enables service users and carers to access mental health advice, support and intervention from trained mental health practitioners, there will also be a professionals line available. The service currently runs seven days a week from 9am – 11.30pm.

The directorate has established a workforce management group and commissioned our Consultant Nurse to develop a career development strategy, prioritising our Advance Nurse Practitioner pathway. We currently have four practicing ANP's and five registrants currently undertaking ANP training.

## **Health Visiting Update**

There has been a significant staffing challenges within the Health Visiting Service for over the past two years, which was identified in January 2021 The challenges have been and continues to be greater in the Ceredigion and Pembrokeshire areas due to the issues of recruiting further away from the M4

corridor. There is also a concerning age profile of the current workforce being over 51 years of age, Carmarthenshire having the worse age profile with 12.6 WTE Health Visitors being over the age of 54 years plus in the last age profile review in March 2022.

One of the most significant measures that was put in place to mitigate the risks included the Development of a Health Visitor Response team in August 2021. The aim being to respond to the increasing unmet need within the Aberystwyth area of the Health Board. Between 1st August 2021 and 30th April 2022 a total of 32 clinics were held. 303 children were seen, with a total of 103 referrals made to secondary services.

A review of week end clinics in Aberystwyth included a questionnaire to families, of which 88 were completed. The most common themes have been selected from the comments given by the participants, are as follows:

- Nice to be able to talk about child's development
- Feel reassured
- Nice to see someone face to face
- Friendly service
- Very informative
- Good advice given
- Able to ask lots of questions and voice any concerns
- Lack of contact with HV

A small minority gave some feedback and these are as follows:

- Offer more contacts/support
- Better communication with families
- Be more accessible

The majority of participants rated the overall service provided by the Health Visitor Response Team as 10 out of 10.

The measures put in place to reduce risk and maintain safety led to a reduction in the risk score from initially 20 to 16 and now is at 12, as all children were seen in Aberystwyth as part of the catch up programme by the Health Visitor Response Team



Future work is underway to carry out long term workforce plans in order to stabilise the workforce and achieve sustainability for the future. Part of this is looking at further introduction of skill mix and 'GROW Your OWN Model' as well as safe delegation processes to ensure quality and safety standards are maintained.

## Conclusions and Recommendations



### Summary of the lessons learnt from the quality assurance report for 2022

The WNCR data is now available to all acute areas and used within local assurance, quality and development meetings. An improvement in compliance of completed assessments has been seen over the past 6 months.

Hywel Dda UHB acknowledges and manages the risk of nursing documentation being part digital and part paper assessments. There are 3 more documents potentially moving onto the digital platform before December 2022, and more planned for 2023. The organisation is also participating in the paediatric and Midwifery digitalisation programme which is moving forward nationally in 2023.

Based on the data available, the areas recommended for targeted improvements and training are:

- Discharge planning
- Moving and Handling
- 'What is me?' Assessment
- Sleep. Rest and activity assessment
- Purpose T/ pressure damage
- Mouth care assessments
- Frailty assessments

Areas where more detailed / manual observational audit information is required are:-

- Safeguarding
- Nutrition and drinking

The service updates show how areas are working on different initiatives and service improvements some from Welsh government and others internal pilots to undertake proof of concept in Hywel Dda. 2023 will see the health board move towards a more Quality assurance cycle return with Welsh Government and this report sets the scene for a more regular submission.

An All-Wales group has been established with the collective aim of agreeing core ward and clinical area assurance measures across Wales to support the quality agenda. This will be achieved by the development of core audit templates across clinical themes that can be used to support ward and non-ward area assurance. This means that the quality assurance report for Hywel Dda UHB for 2022 is a transitional report with greater standardisation to follow in 2023.