 <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 24 July 2024</p> <p>Agenda item: 4.8</p>
---	---

Quality and Clinical Audit End of Year Report 2023-24 and Audit Plan 2024-25	
Executive lead:	Claire Birchall, Interim Director Quality, Nursing and Allied Health Professionals.
Author:	Paula Mitchell, Quality and Clinical Governance Manager

Approval/Scrutiny route:	Leadership Team Quality Safety and Improvement Committee
---------------------------------	---

Purpose
<p>The purpose of this paper is to provide the Senior Leadership Team with the year-end report for the 2023-24 Annual Quality and Clinical Audit Plan. The Plan contains both National (UK and Welsh) audits (externally determined) and Local audits (internally determined), and this paper includes analysis of the completed audits.</p>
<p>This paper also outlines the 2024-25 Annual Quality and Clinical Audit Plan for approval from the Senior Leadership Team.</p>

Recommendation				
<p>APPROVE <input checked="" type="checkbox"/></p>	<p>CONSIDER <input type="checkbox"/></p>	<p>RECOMMEND <input type="checkbox"/></p>	<p>ADOPT <input type="checkbox"/></p>	<p>ASSURANCE <input checked="" type="checkbox"/></p>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Receive assurance on the progress against the Quality and Clinical Audit Plan for 2023-24 • Approve the Quality and Clinical Audit Plan for 2024-25 				



Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Strategic Priority/Well-being Objective	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis

Equality and Health Impact Assessment	An equality and health impact assessment is not required as there is no impact on policy or decisions relevant to Race, Disability and Gender duties.
Risk and Assurance	Welsh Government expects that all NHS Wales organisations participate in both quality and clinical audit. Healthcare organisations are required to have a cycle of continuous quality improvement that includes clinical audit in line with the Duty of Quality.
Health and Social Care (Quality and Engagement) (Wales) Act	Quality and Clinical Audit is one of the key tools for ensuring service delivery is in line with ALL Quality Standards.
Financial implications	There are no anticipated financial implications however should equipment or resources be identified following audit this may incur additional financial expenditure.
People implications	There is no anticipated impact on the workforce of Public Health Wales.



1. Purpose / situation

The purpose of this paper is to provide the Senior Leadership Team (SLT) with the end of year report for the 2023-24 Annual Quality and Clinical Audit Plan ('the Plan') for 2024-25.

Public Health Wales (PHW) has a prioritised audit programme that relates to both local and national priorities, with the overall main aim of improving patient/service user outcomes. The priorities reflect a combination of both local and national audits which are listed in the table below (Table 1):

Type of Audit	Number
National Audits	7
Audits identified as a result of Risks	2
NICE Guidance (including Technology Appraisals, Interventional Procedures and Guidelines)	0
Local Policy Audits Care Pathways/Local Guidelines Audits	39

Table 1

Key to Audit Priority levels (Table 2):

Priority Level	Description
Priority 1	External/National - Must do audit
Priority 2	Internal Must do audit
Priority 3	Divisional priority audit
Priority 4	Staff member led project

Table 2

For further information of the classification of audit priority levels please refer to the [Quality and Clinical Audit Procedure V2.2](#).

This paper provides further detail on the status of all the audits included in the 2023-24 Plan, as well as an analysis of the nature of the audit activity undertaken.

The results and work achieved against the 2023-24 Plan has informed the 2024-25 Annual Quality and Clinical Audit programme and a forward plan has been devised based on these. A summary of the number of proposed audits from each area is outlined within this paper. It should be noted that there has been an increase in the number of proposed audits from Diabetic Eye Screening Wales following the successful recruitment to 2 audit officer posts.



2. Background

Clinical Effectiveness a key quality domain, ensuring that the provision of care is in accordance with high quality, evidence-based clinical guidelines. The evaluation of practice through the use of Clinical Audit or outcome measures can lead to further improvement in both quality of care and service provision.

Quality and Clinical audit is therefore an essential tool for quality improvement in healthcare, allowing for benchmarking against national standards, identifying and prioritising specific local areas of concern and driving sustained improvements. This is a key requirement for the Duty of Quality.

A clinical audit programme should:

- Reflect key national and local drivers for quality improvement.
- Balance key drivers with directorate/division/service/ clinician priorities
- Include a system for prioritisation of clinical audit.
- Enable monitoring to ensure clinical audits selected for the programme are complete.

Each year an annual audit work plan is created and all the planned audit activity is collated into one master document reflecting both national and local audit activity which is overseen by the Audit Officer based in the Quality Nursing and Allied Health professionals Division (QNAHPs).

Due to the diversity of work within Public Health Wales's there is also quality and clinical audit activity that is not currently reflected in the Quality and Clinical Audit Plan, such as Microbiology audits and Health & Safety audits with these reported elsewhere in the organisation. A summary of this additional audit activity is provided within the paper.

3. Description/Assessment

3.1 Summary of Audit Activity

In 2023-24 there were 7 external audits and 48 internal audits included in the 2023-24 Plan. Figures 1 and 2 below, summarises the status of these audits:

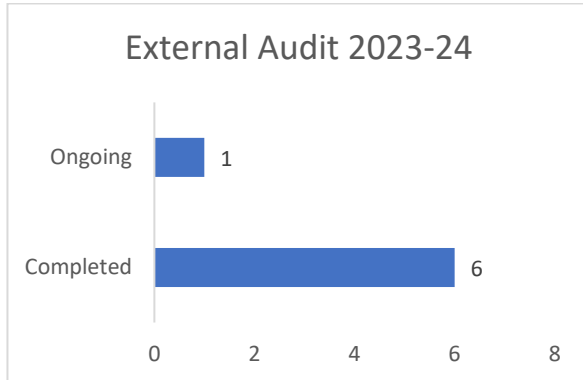


Figure 1: External Audit Activity

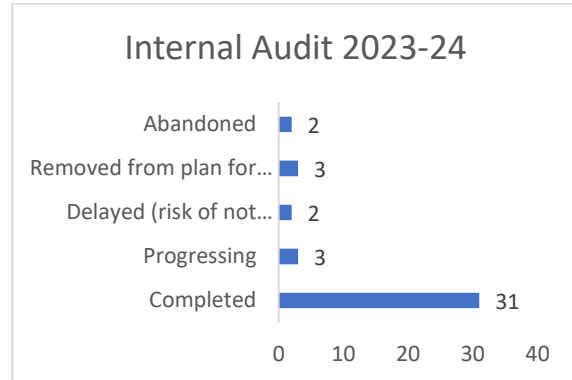


Figure 2: Internal Audit Activity

An interim paper submitted to Senior Leadership Team and Quality Safety Improvement Committee in December 2023 saw the removal of 3 audits from the approved 2023-24 plan. 2 Audits have been abandoned in 2023-24, further information is available at Table 5 regarding removal.

3.2 Analysis of Audit with Outstanding Activity

Area	Description	Priority Level	Rationale
BSW	Re-Audit CTC Quality Assurance Audit Continuous Audit, Progressing as planned	PL3	<ul style="list-style-type: none"> Final audit report for 2023-24 is delayed due to service gap of Radiology Quality Assurance Advisor to review images This is a continuous audit throughout the year. This has been continued into the 2024-25 Plan. Risk – There is risk associated with this as BSW are unable to QA Radiology report therefore potential for cancer to be missed
BTW	Non- operative diagnosis rate for non-invasive cancer Progressing as planned, due to complete in Dec 24	PL3	<ul style="list-style-type: none"> This has been continued into the 2024-25 Plan
WAAASP	Audit of the accuracy of the ultrasound scan images	PL1	<ul style="list-style-type: none"> This has been continued into the 2024-25 Plan



	Continuous Audit, progressing as planned		
CSW	Incident Management Audit 2023 Delayed	PL3	<ul style="list-style-type: none"> • Audit for Incident Management in Cervical Screening Wales has been delayed due to staffing constraints and obtaining the relevant information from secondary sources. • Quality and Clinical Audit Team have offered support in progression of this audit once the necessary data is available. • Risk – There is minimal risk associated with this audit being delayed as there are multiple safety checks in the Putting Things Right/Datix process within the system.
DESW	Form 4S Consent Audit Delayed	PL4	<ul style="list-style-type: none"> • 1 x PL4 Audit for Form 4S Consent Documentation Completion in Diabetic Eye Screening was originally added to the Plan and commenced in December 22 however, due to staffing constraints this audit has not progressed. Initial delay was due to staff training requirements. It has been delayed this year due to staffing constraints with key members of staff required to undertake the audit. This has been added to the 2024-25 Plan. • Risk – No risk was highlighted in 2022-23. • Risk has now increased due to a new process being in place without audit activity, to ensure compliance.

Table 3: Analysis of Audit with Outstanding Activity

3.5 Analysis of Completed Audit and Submission of Report of Findings

There has been an increase in the number of audits completed this year however, there has been a reduction in the number of final audit reports received at year end. As a result, the quality and clinical audit team are continuing to follow up with services and teams to ensure these reports are submitted. Greater emphasis and oversight will be given in the coming year to ensure the completion and timely return of final audit reports. The number of deferred audits has reduced this year compared to the previous year. Table 3 below highlights the overall audit performance compared to previous years.



Internal Audit Activity	2023-24	2022-23	2021-22
Completed audits	31	23	16
Audit reports received	14 (45%)	11 (48%)	14 (88%)
Number of audits deferred to next reporting year	1	2	6
No of audits progressing but delayed at year-end	1	6	4

Table 4: Internal Audit Completion Activity

3.6 Summary of Audit Activity by Area

The following section summarises the key audit figures by Directorate and Divisions detailing service areas and specialties.

As seen in the Table 5 below (page 7) the areas undertaking Quality and Clinical Audit in 2023-24 are predominantly Health Protection and Screening Services, Quality Nursing and Allied Health Professionals, along with WHO Collaborating Centre directorates. Following engagement activity across the organisation further audit activity has been identified within the Vaccine Preventable Disease Programme and Microbiology/Infection Services.



Programme/ Division	Externally reported (National)		Internally reported (Local)				
	Completed	Ongoing	Status				
			Completed	Progressing (as per original time frame)	Progressing (end date delayed)	Delayed (removed from 2023-24 plan and added to 2024-25)	Other
Antenatal Screening Wales			1 (PL3)				
Bowel Screening Wales			4 (PL2) 3 (PL3)	1 (PL3)			
Breast Test Wales	1 (PL1)		2 (PL3)	1 (PL3)			
Business & Planning, WHO Collaborating Centre			1 (PL3)				1 (PL3)*
Cervical Screening Wales		1 (PL1)	1 (PL2) 1 (PL3)			1 (PL3)	
Diabetic Eye Screening Wales			1 (PL2) 2 (PL3) 1 (PL4)			1 (PL4)	1 (PL2)* 1 (PL3)*
Health Protection	4 (PL1)*		1 (PL2)				
Microbiology/ Infection Services			4 (PL3)				1 (PL4)**
Newborn Screening	1 (PL1)		1 (PL1) 1 (PL2) 1 (PL3)				
Screening Pathway Administration			2 (PL3)				
Quality & Nursing, QNAHPS			2 (PL2) 1 (PL4)				1 (PL3)***
Vaccine Preventable Disease Programme			1 (PL3)				
Wales Abdominal Aortic Aneurysm Screening				1 (PL1)			
Total	6	1	31	3	0	2	5

Table 5: Summary of all quality and clinical audits as of 31 March

*Removed due to staff capacity issues; added to 2024-25 plan

** Abandoned due to staff leaving organisation

*** Abandoned due to process changes, no plans at this time to undertake audit activity



In summary however only 3 out of 9 Public Health Wales directorates are represented in the annual audit 2023-24 plan. The Quality and Clinical Audit team are actively engaging across the organisation to identify areas where audit activity is taking place but has not been reported so these can be included in the plan.

Discussions have also taken place with the Welsh Cancer Intelligence & Surveillance Unit to understand whether their work constitutes audit. It was deemed not to meet the definition of audit. The unit records and analyses data on cancer which provides valuable information and trends, it also contributes to research and planning. Furthermore, the Unit reports against performance indicators to the United Kingdom and Ireland Association of Cancer Registries (UKIACR) for the purpose of performance monitoring and benchmarking.

Further discussion has also taken place with clinical services within the Data, Knowledge and Research Directorate and has highlighted that they do not undertake audit, they assist Health Boards and Trusts with audit activity by providing the requisite data.

5. Annual Quality and Clinical Audit Plan 2023-24: Analysis

5.1 2023-24 Audit Plan Categories Type

The table below outlines the categories and origins of the internal audits in the 2023-24 Plan. It indicates the domains of quality that these audits are aligned to, demonstrating how these can be used to provide quality assurance. This particularly relevant to assist PHW in ensuring it is meeting its legislative requirements in line with the Duty of Quality (Table 6).

Audit Category	No of Audits Per Category	Origin	Domains of Healthcare Quality
Administration	1	To review SOPs across programmes to baseline and agree standardisation	Safe, Timely, Efficient, Person-Centred
Business Support/ IT	2	Reviewing recruitment x1 and leavers x1 local procedures	Timely, Effective, Efficient
Clinical Audit	10	Monitoring compliance with procedures x 9 Never Event x 1 (historic, ongoing audit following NE)	Safe, Timely, Effective, Efficient, Person-Centred
Compliance	3	National Standards x 2 – Professional Reg Local procedure x 1	Safe, Timely, Efficient, Effective, Equitable, Person-Centred
Documentation	1	Compliance with statutory documentation requirements x 2	Safe, Timely, Efficient, Effective
Experience	1	Understand the views of service users to improve services x 1	Person-Centred
Governance	1	Monitoring application of Contributory Factors of reported incidents x 1	Safe, Timely, Effective, Efficient, Equitable, Person-Centred
Improvement Audit	2	Monitoring compliance with procedure x 1 Baseline audit to inform new procedure x 1	Safe, Timely, Effective, Efficient, Equitable, Person-Centred
Operational	5	Monitoring compliance with local procedures x 5	Safe, Timely, Effective, Efficient, Equitable, Person-Centred
Pathway – Admin Pathway	1	Monitoring compliance with procedure x 1	Safe, Timely, Person-Centred
Pathway – Clinical and Admin Pathway	2	Monitoring compliance with procedure x 1	Safe, Timely, Effective, Efficient
Process Audit	2	Monitoring compliance with process/ procedure x 2	Safe, Timely, Effective, Efficient
Quality Audit	10	Monitoring compliance with Policy x 1 Monitoring compliance with National Policy x 1 Monitoring compliance with procedures x 2 Monitoring compliance with Quality Manuals x 4 Monitoring compliance with national recommendations x 1 Baseline Audit to establish feedback x 1	Safe, Timely, Effective, Efficient, Equitable, Person-Centred

Table 6: Analysis of Audit by Origin and Quality Domain



7. Additional audit activity in 2022-23 in PHW

7.1 Microbiology

As part of ongoing accreditation to International Organisation for Standardisation standards (ISO 15189: 2012) and regulatory compliance, Microbiology adheres to a strict scheduled audit programme. Each laboratory follows a timetable that ensures every test in the scope of accreditation has a vertical audit performed to ensure compliance to ISO 15189:2012 clauses on a four-year rolling basis. As tests are added to the scope of Microbiology, the tests will be added to the schedule. These can also be performed ad hoc to help with implementation of a new test.

All laboratories also perform local scheduled audits according to a four-year rolling plan. The Microbiology Quality Team also have an audit Manager that performs a quality management audit for every laboratory. This is to check that they are adhering to the quality management system (QMS). PHW Microbiology also perform intermittent 'business resilience audits' on their large suppliers.

Audit reports are prepared monthly for discussion at the Microbiology network quality meeting. Audits and their findings are reviewed, non-compliance issues/items are examined and overall performance across the network compared to identify themes and trends.

7.2 Facilities and Estates Health and Safety Audits

There is an ongoing audit programme whereby premises where PHW staff are tenants or hosted with a Health Board are audited. These audits primarily cover compliance to the Workplace (Health, Safety and Welfare) Regulations 1992, but additionally cover several Estates related statutory regulations e.g., Regulatory Reform (Fire Safety) 2005, Control of Asbestos Regulations 2012 etc. Quarterly updates are provided to the Quality, Safety and Improvement Committee as part of the Health and Safety Report to ensure they are sighted on actions undertaken across the organisation.

7.3 Infection Prevention and Control (IPC)

For 2023-24 there has been excellent engagement and compliance from the screening leads and teams in the IPC audit process. There are two key performance indicators audited for screening. Environmental audits at PHW-managed static sites are conducted quarterly, with Health Board-based sites audited annually, and hand hygiene audit results are collated and submitted quarterly. These audits are discussed and any non-compliance issues identified at the quarterly Screening Leads IPC meeting and then shared with the quarterly IPC group meeting. These audits are also referenced in the annual IPC report which goes to Quality, Safety, and Improvement Committee.



8. Annual Quality and Clinical Audit Plan 2024-25

8.1 Audit Plan Development

At the start of the financial year 2024-25, 7 externally audits have been added to the annual plan, 2 of which are “on hold” due to amendments in national standards, with the programmes awaiting further guidance.

51 internally reported audits were identified as suitable to be included in the 2024-25 Plan. This year due to a number of audits being identified from areas which have not contributed to the plan previously. Additionally, DESW have submitted an increased number of 13 numbers for this year. There are a number of audits that are awaiting confirmation of when they will go ahead and a number are “on hold”, awaiting further direction by external agencies. The number of proposed internal audits for 2024-25 are detailed below in Table 7:

Division/ Programme	Number	Comments
Antenatal Screening Wales	1	Awaiting audit timeframes
BSW	7	Awaiting confirmation on 2 audits going ahead due to staff absence
BTW	5	Awaiting confirmation of 1 audit going ahead due to staff changes
Policy, International Health, WHOCC	1	On hold – awaiting confirmation if will go ahead
CSW	6	Awaiting audit timeframes of 2 audits
DESW	13	
Integrated Governance	2	
Health Protection Operations	3	
Newborn Hearing Screening	3	2 – awaiting confirmation if will go ahead
POD	3	Awaiting timeframes of 1 audit, funding authorised for external staff support. Audit timeframes dependent on recruitment
Quality and Nursing	2	
Screening Pathway Administration	2	
VPDP	1	
WAAASP	2	

Table 7: Proposed Internal Audits

The opportunity exists to add further audits to the plan throughout the year, and these will be reported in the interim report.

8.2 Planned Engagement activity

A key work objectives for the quality and clinical audit programme in 2024-25 will be to raise the profile of audit, its benefits and showcasing audit work within the



organisation. Planned activity includes introducing audit training, a dedicated intranet page to share resources and promoting audit during the national Clinical Audit Awareness Week in June 2024.

9. External Auditors Report: Improvement initiatives

In 2021, Audit Wales undertook an audit of PHW's quality governance arrangements and made several recommendations to support improvements in the coordination of audit work.

Based on the Audit Wales recommendations, four key improvement initiatives were developed.

These were presented as part of a 'deep dive' session to the Quality Safety Improvement Committee in December 2022. Below is a summary on the progress made against these.

9.1 Quality Improvements to Audit Processes

- A standardised audit template was introduced in April 2022. There is a requirement to improve the process of completion of audit proformas and report of findings. The Quality and Clinical will actively engage with teams in 2024-25 to ensure completion.
- A central action log has also been utilised, however due to staffing gaps this has not been fully in use in 2023-24, there are plans for 2024-25 to reinvigorate this process and improve data collection.
- Audit training was introduced in 2023-24 to further increase capability in completing good quality audits. 2 sessions were delivered to 14 members of staff predominately from Health Protection and Screening Services, with plans for further training in place for 2024-25.
- A shared repository has now been developed and is available in the Improvement and Innovation Hub SharePoint page. The quality and clinical audit team are in the progress of uploading learning from audit.

9.2 Develop a risk-based approach to audit.

- A prioritisation system based on risk introduced in April 2022 and used to report progress on the audit plan. Teams are using the prioritisation system appropriately.
- Triangulation of data against incidents, risk, service user experience has taken place throughout the year, with recommendations for potential audit activity to take place for improvement. This work will develop further in 2024-25.



9.3 Engagement with Internal Audit

Initial discussions have taken place with Internal Audit hosted by the Business Board Unit in order to achieve better alignment between the two types of audit programmes and identify opportunities for quality and clinical audit across PHW. Plans are now in place for the teams to meet on a regular basis to ensure transparency and learning.



Well-being of Future Generations (Wales) Act 2015

The report contributes to Goal 3 “Support the NHS to deliver high quality, equitable and sustainable services”. This below information follows the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:



An annual audit plan is conducted to support services to engage in activities to continuously improve by evaluating, developing and implementing innovative ways of working. The plan demonstrates the organisations commitment of continuous improvement



Where possible Public Health Wales seeks to validate the efficacy of its practice and to make continuous improvements. The annual audit plan is integral to supporting this work.



The audit plan impacts a number of the wellbeing goals, including “A Resilient Wales” and “A More Equal Wales”.



The annual audit plan contains work across UK and Wales and includes other NHS bodies working together with Public Health Wales NHS Trust to provide the best outcomes.



The audit plan is an important aspect of the organisation’s governance arrangements, and, as such, helps the organisation to improve the quality and safeguard the high standards of the services provided by Public Health Wales

4. Recommendation

The Committee is asked to:

- **Receive assurance** on the progress against the Quality and Clinical Audit Plan for 2023-24
- **Approve** the Quality and Clinical Audit Plan for 2024-25