



 <p data-bbox="395 394 523 539">GIG CYMRU NHS WALES</p> <p data-bbox="560 394 826 539">Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p data-bbox="1129 383 1401 521">Name of Meeting Quality, Safety and Improvement Committee</p> <p data-bbox="1145 533 1401 600">Date of Meeting 25 November 24</p> <p data-bbox="1193 607 1401 672">Agenda item: 4.3</p>
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Quality and Clinical Audit Interim Report 2024-25	
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Author:	Paula Mitchell, Quality and Clinical Governance Manager

Approval/Scrutiny route:	Leadership Team – 17.10.24 Quality Safety and Improvement Committee
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Purpose
<p data-bbox="204 1133 1401 1339">The purpose of this paper is to provide the Public Health Wales Leadership Team and Quality, Safety and Improvement Committee with an interim report against the 2024-25 Annual Quality and Clinical Audit Plan. The Plan contains progress against both National (UK and Welsh) audits (externally determined) and local audits (internally determined), and also includes further analysis of the completed audits.</p>

Recommendation				
<p data-bbox="316 1449 464 1478">APPROVE</p> <p data-bbox="368 1485 405 1514"><input type="checkbox"/></p>	<p data-bbox="630 1449 794 1478">CONSIDER</p> <p data-bbox="687 1485 724 1514"><input type="checkbox"/></p>	<p data-bbox="847 1449 1054 1478">RECOMMEND</p> <p data-bbox="927 1485 963 1514"><input type="checkbox"/></p>	<p data-bbox="1082 1449 1193 1478">ADOPT</p> <p data-bbox="1114 1485 1150 1514"><input type="checkbox"/></p>	<p data-bbox="1214 1449 1401 1478">ASSURANCE</p> <p data-bbox="1289 1485 1326 1514"><input checked="" type="checkbox"/></p>
<p data-bbox="204 1523 1098 1552">The Quality, Safety and Improvement Committee is asked to:</p> <ul data-bbox="245 1559 1342 1626" style="list-style-type: none"> <li data-bbox="245 1559 1342 1626">• Take assurance on the progress against 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	<p>There are no anticipated financial implications however should equipment or resources be identified following audit this may incur additional financial expenditure.</p> <p>Funding has been approved in 2024/25 for procurement of Digital Audit Platform, currently undergoing procurement/ tender process.</p>
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 Public Health Wales Quality, Safety and Improvement Committee with an interim report against the 2024-25 Annual Quality and Clinical Audit Plan.

Public Health Wales (PHW) has a prioritised audit programme which relates to both local and national priorities, with the overall 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	6
National Institute of Clinical Excellence (NICE) Guidance (including Technology Appraisals, Interventional Procedures and Guidelines)	0
Local Policy Audits Care Pathways/Local Guidelines Audits	54 (6 of which are linked with risk, as above) *NB Increased from 51 at start of reporting year

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 audit activity between Quarter 1 and Quarter 2, as well as analysis of the nature of the audit activity undertaken.



2. Background

Clinical Effectiveness is 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, with all the planned audit activity 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 there is also quality and clinical audit activity which is not currently reflected in the Quality and Clinical Audit Plan, such as Microbiology audit, Infection Prevention and Control audit, and Health & Safety audit which are reported elsewhere in the organisation. A summary of this additional audit activity is not provided within the paper, but will be included in the End of Year Report.

3. Description/Assessment

3.1 Summary of Audit Activity

The 2024-25 Plan initially included 7 external audits and 51 internal audits and was approved in July 24. During Quarter 1 and Quarter 2, a further 3 audits were identified and added to the annual plan, bringing the total to 54. Figures 1 and 2 below, summarise the status of these audits:



External Audit 2024-25 Interim Report Update

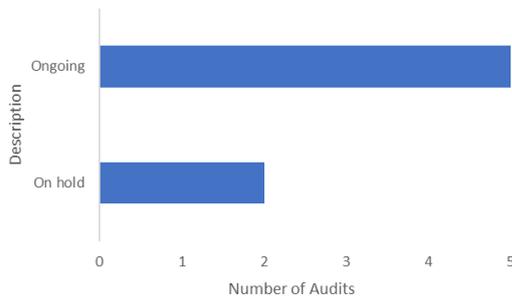


Figure 1: External Audit Activity

Internal Audit 2024-25 - Interim Report Update

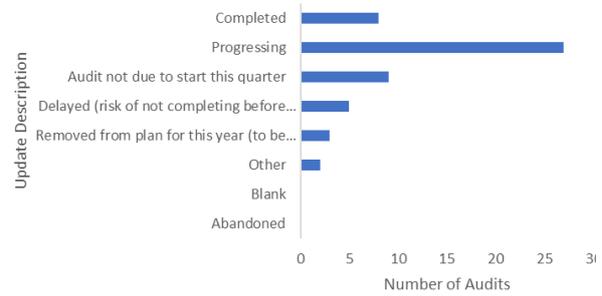


Figure 2: Internal Audit Activity

Further analysis of audit activity is included below in Figure 3.

Division/ Programme	Number of Live Audits	Comments / Updates
Directorate/ Division – Screening Services		
Antenatal Screening Wales	1	<ul style="list-style-type: none"> Added to plan Q2
Bowel Screening Wales	6	<ul style="list-style-type: none"> 1 added to plan in Q1 – bringing total to 7 1 audit requested for removal as no Quality Assurance advisor in place to assist with analysis/ learning/ action planning for improvement. Bringing total to 6. 5 audits progressing as planned. 1 audit highlighted as other; no update available due to staff absence.
Breast Test Wales	5	<ul style="list-style-type: none"> 2 progressing as planned. 1 delayed due to staff absence 1 “other” awaiting confirmation if audit to go ahead 1 removed at the beginning of the reporting year, approved at LT and QSIC in Jul 24.
Cervical Screening Wales	8	<ul style="list-style-type: none"> 2 audits added to plan during Q1 and Q2 from CSW laboratories, bringing total to 8. 7 progressing as planned. 1 delayed due to competing priorities; this is in CSW laboratories.
Diabetic Eye Screening Wales	13	<ul style="list-style-type: none"> DESW initially added 25 audits to annual plan, following discussion this was reduced to 13 in Q2. 4 audits completed and reports submitted. 5 audits progressing as planned. 1 audit delayed, due to staffing changes in certain band, has been moved to Q4 to allow for staff training to take place. 3 audits not due to start until Q3 or Q4.
Newborn Hearing Screening	3	<ul style="list-style-type: none"> 2 audits progressing as planned. 1 audit removed from plan in Q1, approved by LT and QSIC Jul 24
Newborn Screening Wales	3	<ul style="list-style-type: none"> 2 audits progressing as planned. 1 audit removed from plan in Q1, approved by LT and QSIC Jul 24



WAAASP	2	<ul style="list-style-type: none"> 1 ongoing – discussed with WAAASP. Report received for 2023-24 was a QA report, need to develop audit reporting for 2024-25 1 not due to commence yet.
Screening Pathway Administration	2	<ul style="list-style-type: none"> 1 completed, awaiting audit report 1 delayed due to process changes, to commence in Q4
Directorate/ Division – Health Protection		
Health Protection	3	<ul style="list-style-type: none"> 3 audits progressing as planned.
VPDP	1	<ul style="list-style-type: none"> 1 delayed; awaiting sign off of new SOP, audit will take place once this has been completed
Directorate - Policy, International Health		
Policy, International Health,	1	<ul style="list-style-type: none"> 1 audit due to commence in Q4
Directorate - People and Organisational Development		
POD	3	<ul style="list-style-type: none"> 1 audit progressing as planned 2 not due to commence until Q3.
Directorate/ Division – Quality and Nursing		
Quality and Nursing	2	<ul style="list-style-type: none"> 2 Completed and reports submitted.
Integrated Governance	2	<ul style="list-style-type: none"> 1 progressing as planned. 1 due to commence in Q4.

Figure 3: Q1 and Q2 Analysis

3.2 Analysis of Audits Removed from Plan

Programme	Audit	Priority level	Summary	Potential Risks associated with withdrawal
Bowel Screening Wales	Re-Audit CT Colonoscopy Quality Assurance Audit	3	An alternative to a Colonoscopy is CT Colonoscopy (CTC). A recommendation to audit was made by a previous Quality Assurance Advisor (QAA) post holder to ascertain if the correct criteria for referral for this procedure was being met. The QAA position has not been filled for some time and in the 2023-24 Plan, the Report of Findings submitted was found to be a Quality Assurance Report with high level information. No analysis had taken place or learning or action plan in place. Discussed with BSW and decision made to request removal from	There is risk attributed to the removal of this audit, as no analysis is currently being undertaken to ensure the right participants are being referred for CTC. This impacts the Health and Care Quality Standards of Safe, Timely, and Efficient. This is because there is no QAA to undertake this work.



			Plan for 2024-25. BSW will continue to provide the QA reports to their leadership team for review and analysis at programme/ divisional level.	
Breast Test Wales	Non-operative diagnosis rate for non-invasive cancer	3	Report of findings analysis and learning was undertaken after the re-audit was added to the plan. Discussed at LT in July 24, approved for removal.	No risk. Audit findings were good, plan to re-audit in the future.
New-Born Hearing Screening	Re-audit of Referrals for Diagnostic Hearing Assessment Following Automated Auditory Brainstem Response (AABR) Screening		Report of findings analysis and learning was undertaken after the re-audit was added to the plan. Discussed at LT in July 24, approved for removal.	No risk. Audit findings were good, plan to re-audit in the future.

3.3 Analysis of Audits Delayed

Programme	Audit	Priority level	Summary	Potential associated withdrawal	Risks with
Breast Test Wales	Re-Audit: Nursing Documentation	3	Audit delayed due to staff absence. This audit is conducted annually to ensure that participant nursing records are compliant with the Nursing and Midwifery Council standards for record keeping.	Low risk. Previous audit demonstrated reasonably good compliance with year on year improvement until 2023-23. However 2023-24 report did demonstrate some compliance reduction. Head of Nursing Screening aware that this audit does needs to take place.	
Diabetic Eye Screening	Audit of primary and secondary grading of all participants who were primary graded as ROM0 (No retinopathy –	3	Audit was initially delayed due to a high volume of new staff within grading department requiring training, however, now delayed to Q4 due to conflicting priorities.	Some risk aligned with this audit being delayed. This audit was removed from the Plan in 2023-24 due to competing priorities.	

	results appear normal)			
Screening Pathway Administration	Change of demographic details and return of mail audit	3	This was a baseline audit to determine different systems within pathways.	Low risk. Currently aligning pathways, audit to take place in Q4 once this work completed.
Vaccine Preventable Disease Programme	Audit of Record Keeping on Tarian	3	New SOP developed following previous audit. Awaiting approval of new SOP and implementation.	Low risk. Currently identified to be undertaken in Q4.

4. Improvement Activity

4.1 Digital Audit Platform

Recurrent funding was approved by Business Executive Team in Quarter 1 to procure a Digital Audit Platform. This type of system has been recommended in external audit reports to assist Public Health Wales in all aspects of assurance in relation to Quality and Clinical Audit activity conducted across the organisation. Work was undertaken in conjunction with Data, Knowledge and Research Directorate and key personnel from the wider organisation to develop a needs assessment for the required platform. Approval was given by the Digital Data and Design Authority on 2 September 2024 to proceed with procurement.

The Quality and Nursing Directorate have been working closely with colleagues from Public Health Wales Cyber Security Team and NHS Shared Services Procurement Team to develop the complete technical specification requirements. Business leads are in communication with Procurement to move forward to the tender process. It is anticipated that a system will be available for implementation by Quarter 4.

4.2 Engagement

Quality and Clinical Audit staff have supported Screening Services to develop an approach to their annual consent audit for 2024-25. In doing so, it has been identified that there is as a gap in audit activity in relation to Best Interest Decision Making and completion of the Form 4(S) audit activity. Form 4(S) was implemented in Public Health Wales following consultation with Welsh Risk Pool, to allow healthcare assistants/ screening staff to undertake an assessment of the persons capacity to consent to screening, at the time of participants presentation for screening. This document allows staff to undertake an assessment, in line with consent procedures, to make a best interest decision to proceed, or not to proceed,

with screening. The team are currently developing a standardised methodology to use within Diabetic Eye Screening Wales, Wales Abdominal Aortic Aneurysm Screening Programme Wales and Brest Test Wales with plans for the audit to take place annually in Quarter 1 next year, and subsequent years going forward.

4.3. Training

An in-house 'Introduction to Audit' training session was facilitated by the Quality and Clinical Audit Team in September 2024. Participant feedback from the session was positive with most staff initially identifying little to some knowledge of audit at the beginning of the session. Following the 2-hour training, feedback suggested that all staff had improved their knowledge to moderate up to extremely knowledgeable, with all training objectives being met.

Further training to take place:

- a. 2 October 2024 – The Audit Cycle. Cancelled due to staff absence. In-house training session. Rearranged for 11 December 2024.
- b. 19 November 2024 – Refresher training for those who have previously undertaken the 'Clinical Audit Masterclass' provided by Clinical Audit Support Centre. 20 spaces.
- c. 22 January 2025 – Clinical Audit Masterclass provided by Clinical Audit Support Centre. 10 spaces.
- d. February and March 2025 – In-house training for Introduction to Audit and The Audit Cycle, dates TBC.

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:

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Long Term

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

5. Recommendation

The Quality, Safety and Improvement Committee is asked to:

- **Take assurance** on the progress made against the 2024-25 Quality and Clinical Audit Plan.