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	Iechyd Cyhoeddus Cymru Public Health Wales	Reference Number: PHW90- TP01 Version Number: v3 Date of Next review: February 2029
<h3>Quality and Clinical Audit Procedure</h3>		
<p>Introduction and Aim</p> <p>Public Health Wales (PHW) recognises that quality and clinical audit is an important mechanism for providing assurance in the provision of safe, timely, effective, efficient, equitable, and person-centred services, programmes and functions, and is an important way of learning about what is working well and identify areas for improvement. The aim of the procedure is to standardise how quality and clinical audit is undertaken and monitored within the organisation.</p>		
<p>Linked Policies, Procedures and Written Control Documents</p> <p><u>All corporate policies and procedures are available on the Public Health Wales website</u></p> <ul style="list-style-type: none"> • Clinical Audit Policy • Clinical Governance Framework • Putting Things Right Policy • Incident Management and Reporting Procedure • Claims Management Policy • Guidance for the Governance and Management of Standard Operating Procedures • Information Governance Policy • Risk Management Policy 		
<p>Scope</p> <p>This procedure is applicable to all staff with responsibilities for Quality and Clinical Audit.</p> <p>Quality and Clinical Audit supports Public Health Wales’s requirements for the <u>Duty of Quality</u> and the Health and Care Quality Standards (2023) to drive quality and improvement which impacts positively on health outcomes and the wellbeing of the population of Wales. Audit is one of the seven pillars of clinical governance which forms a framework to sustain and improve standards throughout organisations.</p>		

The audit process underpins several quality improvements functions including:

- Promoting and enabling best practice
- Facilitating organisational learning
- Demonstrating good clinical governance practice
- Supporting staff development
- Improving people’s experiences and outcomes of our services

Public Health Wales is committed to aligning audit across the organisation and this procedure is to be considered in conjunction with audit activity completed with Audit Wales ([external audit](#)), audit completed by shared services ([Internal Audit](#)), and peer review, which are subject to separate audit plans and procedures.

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
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Accountable Executive Director/Director	Executive Director for Nursing, Quality and Integrated Governance
Author	Quality and Clinical Audit Support Lead; Nursing, Quality and Integrated Governance.

Disclaimer

If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or [the Board Business Unit](#)

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
V1		31/07/19		New procedure
V2	May 2022	20/07/22	21/07/22	Addition of flowcharts for process for registering an audit and for completing an audit Addition of priority levels and guidance on the use of these Updated Appendix 2 (report template) Requirement added for Delivery Confidence Assessment to be reported to Business Executive Team quarterly

V2.2	Jan 2024			<p>Replace Business Executive Team with Leadership Team</p> <p>Reference change from PHW to sit under new Clinical and Audit Policy</p>
V3	Jan 2026	19/02/26	19/03/26	<p>Revision of procedure.</p> <p>Updated with new processes for registering, approving and undertaking audit on the Audit Management and Tracking (AMaT) system.</p> <p>Added checklist for audit considerations in Appendix 2.</p> <p>Updated name for Nursing, Quality and Integrated Governance directorate (from previous name of Quality, Nursing and Allied Health Professionals).</p>

1. Introduction

Public Health Wales seeks to be a high performing organisation achieving excellent results and sustained improvements by determining and focusing on what is important organisationally and what matters to people and our population¹.

Quality and clinical audit is one of the pillars of the framework for clinical governance and an important quality assurance tool. It is complementary to other improvement methodologies and is a useful way of learning about what is working well and not so well. Public Health Wales will take every opportunity to learn by recognising and sharing good practice through innovation and enabling change.

Public Health Wales is committed to aligning audit across the organisation and this procedure is to be considered in conjunction with audit activity completed with Audit Wales, Shared Services Internal Audit, and peer review. However these audit activities are subject to separate audit plans and more detail is provided in Appendix 1.

2. Purpose

The purpose of this procedure is to ensure that Public Health Wales meets its mandatory obligations in relation to quality and clinical audit and to set out a framework for staff who are, or who wish, to undertake quality and clinical audit within Public Health Wales to support an organisational culture of improvement.

3. What do we mean by Quality and Clinical Audit?

Quality and Clinical audit is a quality improvement process that seeks to measure and improve through the systematic review and comparison with best practice standards. It is used to drive improvement to the services and care we provide and deliver improved outcomes for the people we work with and for.

PHW contributes to National Audits, such as The National Clinical Audit and Patient Outcomes Programme (NCAPOP) audits, which are commissioned and managed by the Healthcare Quality Improvement Partnership (HQIP), and audits for National UK Screening Programmes. These audits collect and analyse data supplied by local health care organisations to provide a national picture of care standards for that specific condition. On a local level, National audits provide local trusts

¹ Public Health Wales Quality and Improvement Strategy 2021-2030

with individual benchmarked reports on their compliance and performance, feeding back comparative findings to help participants identify necessary improvements.

Additionally, programmes and services in PHW identify local quality and clinical audit projects to improve quality and provide assurance. These audits involve the measurement of the effectiveness of services, processes and functions against agreed and proven standards for high quality and taking action to bring practice in line with these standards to improve the quality of care and health outcomes². This aligns with Public Health Wales Long Term Strategy and Strategic Priority 5, Delivering Excellent Public Health Services.

Quality and clinical audit is intended to answer the question “Does this service, programme or function reach the expected standard?” and:

- Measures the quality of a service, function or programme being delivered.
- Identifies whether the best standards (where appropriate) are being delivered.
- Measures practice against explicit criteria and defined standards or guidance.

Quality and clinical audit is an effective tool to assess perceived or known areas of risk and vulnerability. Priority should be given to areas most critical to operational and organisational aims and objectives.

Sometimes there is no standardised approach for a process or practice. Consequently, a baselining activity may be undertaken to measure the current practice, with no reference to a standard, with the purpose to use this to aid the development of a service/function and introduce standardisation of a process. This may be included in the Quality and Clinical Audit Plan, with the expectation that an audit is undertaken once the standardised process is implemented.

4. Annual Quality and Clinical Audit Plan

Public Health Wales is required to create a Quality and Clinical Audit Plan in place for each financial year. Directorates/divisions are to identify audits to include within this annual plan.

The following are examples of areas that could help identify topics for audit:

- National Institute of Clinical Excellence – Guidance and Standards

- National quality and clinical audits (Public Health Wales may contribute when required – as defined by [Healthcare Quality and Improvement Partnership](https://www.hqip.org.uk/a-z-of-nca/). <https://www.hqip.org.uk/a-z-of-nca/>)
- Directorate and divisional risk registers and issue logs
- Review of local policies and procedures
- Identified improvement plans from the Duty of Quality Health and Care Quality Standards annual review and self-assessment.
- Lessons learnt from clinical/programme incidents, concerns and claims.
- Externally imposed standards. e.g. to demonstrate the required standards required for UK National Screening Programmes are being met.
- Wanting to know more about a particular issue, which could be used to inform further improvement activity e.g. in response to an external review/piece of work, or a concern/trend highlighted by feedback and experience provided by the people we work with and for.
- Review of public health practice

Individuals planning to undertake a specific audit will need to consider the following when developing their plans:

- Is the audit being undertaken on subjects that will benefit the delivery of services, programmes or functions and improve quality and/or address risk?
- Does the audit routinely include specific measures of quality, that is, standards, criteria or indicators? Do they refer to current evidence where evidence is likely to exist?
- Would the data collection and collation process be transparent and likely to produce reliable data that the wider team would be willing to act on?
- Would the audit completed be worth the time and effort taken to carry them out?
- Would the audit carried out lead to improvements in practice? If not, what barriers to implementing change should be considered?
- Would the audit confirm good practice or serve any other important purpose?
- Could data collection be routinely and quickly repeated to see if an improvement has been made?

The plan includes two categories of audit:

4.1. Externally reported audits – Audits that PHW Report Externally

Public Health Wales will agree an annual planned programme of quality and clinical audit activity in response to a statutory duty to participate in relevant national quality and clinical audits. These include audits within

the National Quality and Clinical Audit and Patient Outcomes Programme (NCAPOP), those required by Welsh Government, and those required by UK National Screening Programmes. These audits are undertaken and reported to external bodies. Public Health Wales will consider the recommendations of national quality and clinical audits and implement those relevant to the organisation's activities.

4.2. Internally reported audits – Locally Generated Audits (to be determined by the Directorate/Division)

Locally generated audits which are reported internally are those audits of quality and clinical / public health practice undertaken within Public Health Wales, and where appropriate should "reflect nationally agreed best practice definitions"².

4.3. Roles and Responsibilities for the Annual Quality and Clinical Audit Plan

4.3.1. Quality and Clinical Audit Lead / Nursing, Quality and Integrated Governance (NQIG) Directorate

The Quality and Clinical Audit Lead, and the wider Quality and Clinical Audit (QCA) Team, are responsible for the compilation, oversight and maintenance of the Annual Quality and Clinical Audit Plan and reporting on the progress and outcomes of audits within the Plan. The QCA Team monitor the reporting of audits and track actions to completion on the Audit Management and Tracking System (see 5.1). The QCA Team provide support and guidance to the organisation on audit methodology and best practice.

The QCA Team are not responsible for identifying what audits are to take place to determine best practice/ ensuring we are delivering excellent public health services, this is the responsibility of Directorates and Divisions. However, on occasion the QCA Team will direct audit activity based on recommendations from external agencies, such as Welsh Risk Pool for the annual National Consent Audit. Additionally, the QCA Team monitor NICE Guidance and Standards, and where applicable to PHW, request services and teams to complete a baseline assessment and/or compliance statement.

4.3.2. Local audit teams

Services, programmes and functions across PHW are responsible for identifying areas of practice to audit and registering these in the

² [Health Quality Improvement Partnership \(2016\) Best Practice in Quality and clinical audit, HQIP](#)

annual Quality and Clinical Audit Plan. All areas as defined within the scope of the [Clinical Governance Framework](#) are to ensure there is a programme of audit, which must be reported and monitored through the Quality and Clinical Audit Annual Plan.

4.3.3. Executive Directors

Executive Directors are to ensure appropriate approval and governance routes for directorate audit plans are in place in their areas. This may include the requirement for local Senior Management Teams or Executive Directors to approve all audit project proposals within their Directorate before they are submitted to the Annual Quality and Clinical Audit Plan. In Health Protection and Screening Services, Executive Director approval is required for all audits being submitted into the Annual Plan. Executive Directors are to ensure that audits within the Annual Plan are incorporated into Directorate and Divisional work plans.

4.3.4. Leadership Team

Leadership Team approves the Annual Quality and Clinical Audit Plan and takes assurance of the overall management of audits within the Plan. It also authorises proposed changes to the agreed Annual Quality and Clinical Audit Plan.

4.3.5. Quality Safety and Improvement Committee (QSIC)

QSIC seeks assurance on the quality and clinical audit plan, it's fitness for purpose and the delivery of the plan. It seeks assurance that the appropriate arrangements are in place to prevent, detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, functions and programmes. QSIC also seeks detail on the quality and clinical outcomes and improvements made as a result of clinical audit.

5. How to Register, Undertake and Report Quality and Clinical Audits

5.1. Audit Management and Tracking System (AMaT)

In 2025, Public Health Wales (PHW) implemented a digital system for registering, undertaking and reporting audits. AMaT provides a comprehensive system for data collection, data analysis, audit reporting and action planning, ensuring that high quality audits are undertaken and actions are implemented for areas of non-compliance.

From April 2026, all audits will be required to be registered on AMaT. A paper proposal form and/or report will no longer be required as these will be completed on the system.

There are two modules for audit activity; Clinical Audit Projects and Ward and Team Assurance. Clinical Audit Projects can be used for traditional clinical and non-clinical, quality audits. These are audits that follow the audit cycle with a proposed date of completion (see figure 1).

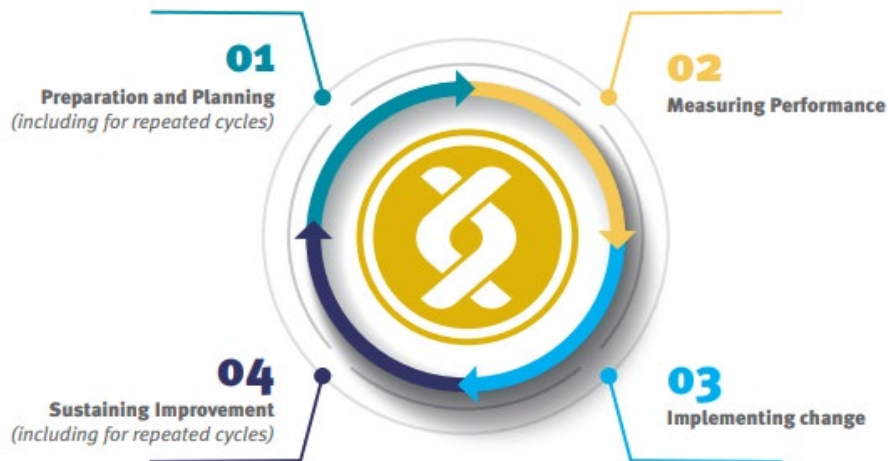


Figure 1: Clinical Audit Cycle. HQIP (2020) Best Practice in Clinical Audit

Frequent audits that do not have a proposed date of completion are undertaken in the Ward and Team Assurance module. Audits in this module are usually conducted for assurance or regulatory purposes. Infection, prevention and control, health and safety and internal assurance audits are examples of projects in this module.

Quality control activity (see Appendix 3) may be undertaken on AMaT in the Ward and Team Assurance module but will not be included in the Quality and Clinical Audit Plan. These activities must be registered under the Quality Control/ Monitoring/ Fail Safe project name.

More information and guidance about AMaT can be found on the [Quality and Clinical Audit intranet pages](#).

5.2. Process for registering an audit in the Annual Quality and Clinical Audit Plan via AMaT

There are two processes for identifying and registering a new audit in the organisational Annual Quality and Clinical Audit Plan. Figure 2 outlines the process for clinical and quality audits undertaken in the AMaT Clinical Audit Projects module, and Figure 3 outlines the process for assurance audits in the Ward and Team Assurance module.

Registering an audit on AMaT in the Clinical Audit Module

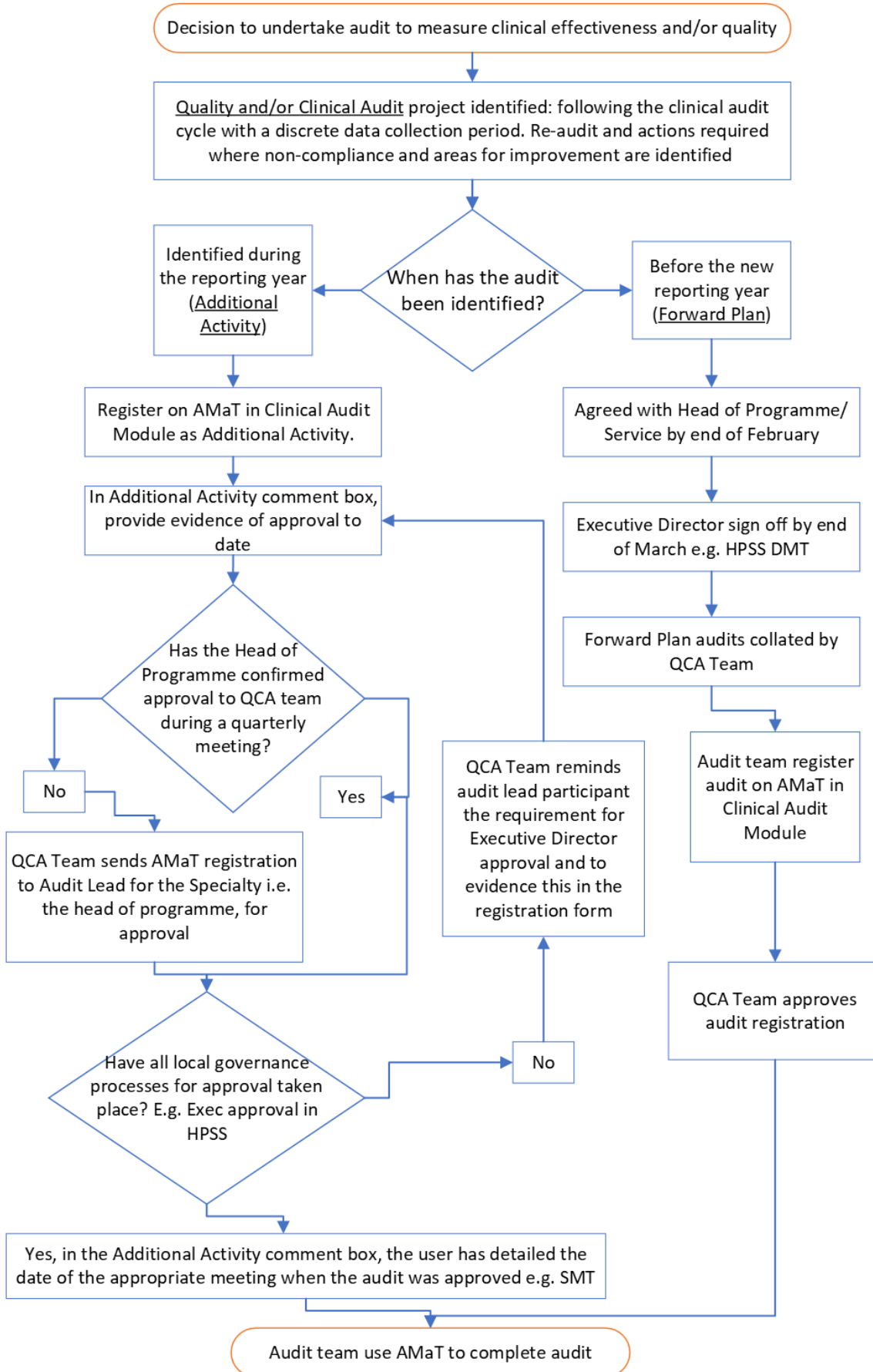


Figure 2: Flowchart for registering an audit on AMaT in the Clinical Audit Module

Registering an audit on AMaT in the Ward and Team Assurance Module

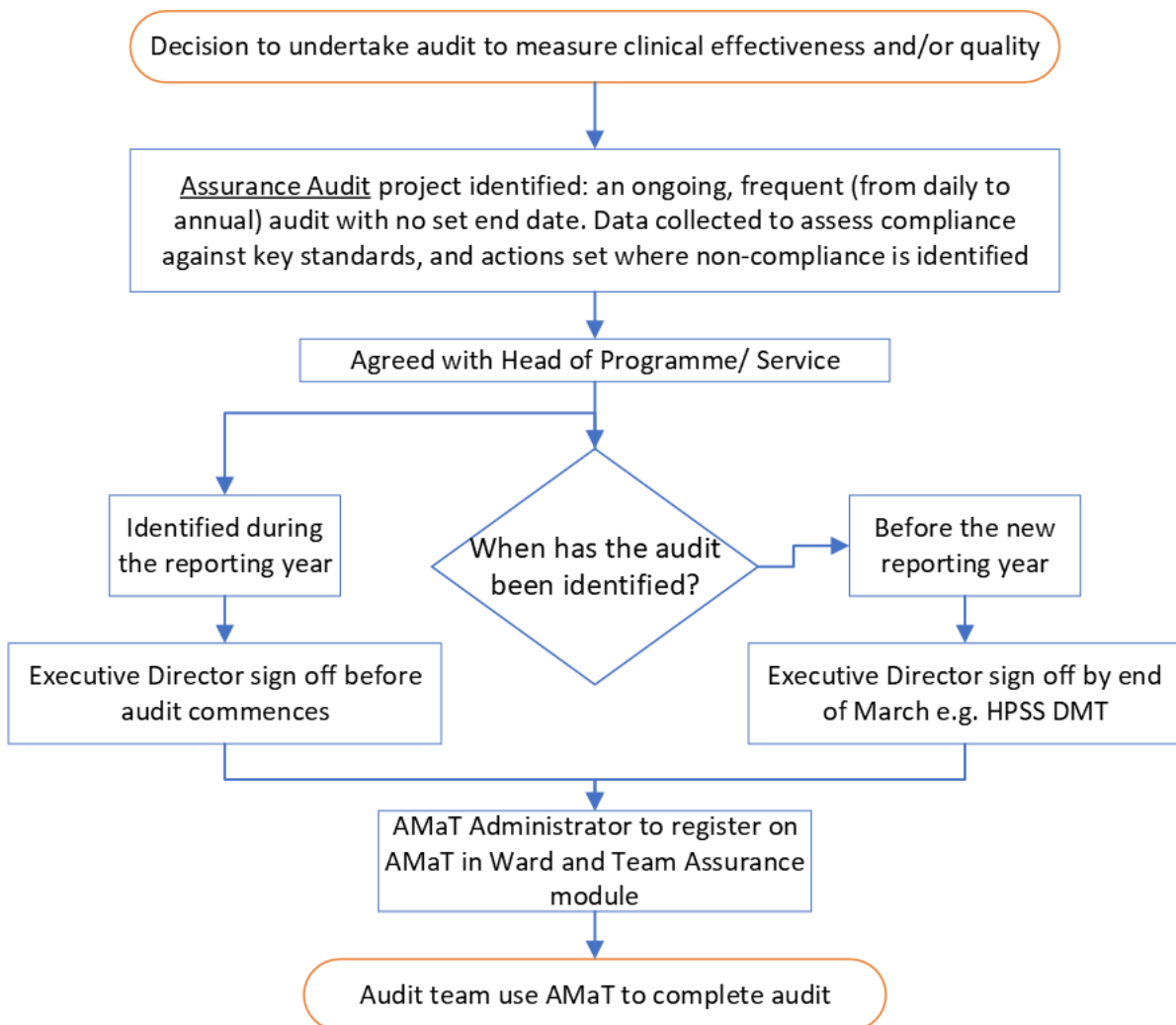


Figure 3: Flowchart for registering an audit on AMaT in the Ward and Team Assurance Module

5.3. Prioritising audits within the Annual Quality and Clinical Audit Plan

An effective quality and clinical audit programme should reflect key national, organisational and local drivers to support the organisational clinical governance framework and quality improvement, whilst providing assurance against key risks. A system of prioritisation ensures drivers for improvement and risk mitigation are balanced with projects that are important at the directorate/ division/service level³. All quality and clinical audits should contribute to strategic or operational priorities.

³ The National Healthcare Quality Improvement Partnership 'Developing a Clinical Audit Programme' guidance (HQIP, 2016)

All audits in the Quality and Clinical Audit Plan will be assigned a priority level to best reflect the level of risk and priority associated with that audit project. For more information on the priority levels, see Appendix 4.

5.4. Process for undertaking an audit in the Annual Quality and Clinical Audit Plan via AMaT

Figure 4 outlines the process for undertaking a quality and clinical audit, including data collection, reporting the audit findings and action planning.

Process for Undertaking an audit on AMaT in the Clinical Audit and/or Ward and Team Assurance module(s)

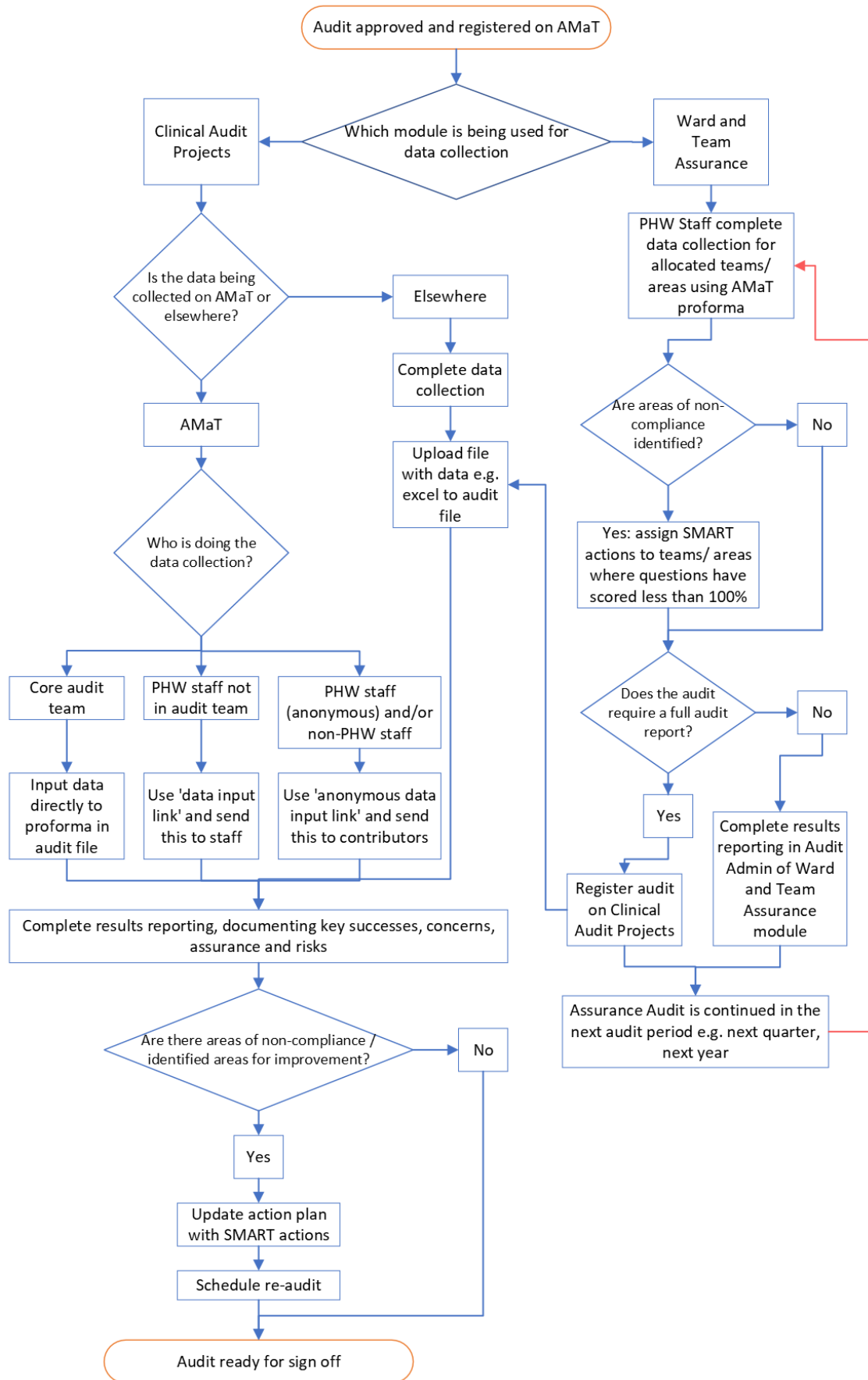


Figure 4: Flowchart for undertaking an audit on AMaT in the Clinical Audit Module and/or Ward and Team Assurance Module

5.5. Reporting Process

The Quality and Clinical Audit Team in NQIG will collate the audits and submit the Annual Quality and Clinical Audit Plan for approval by the Leadership Team and to the Quality, Safety and Improvement Committee.

Any request to change the plan, including changing audit timelines, removing an audit from the plan, and adding additional audits to the plan, will be submitted to Leadership Team for approval monthly. This will be **after** the audit team confirm local governance arrangements have been followed, such as Executive Director in Health Protection and Screening Services approval for the requested change has been obtained.

Audit teams will provide updates regarding the progress of their audit project using the Project Tracker function, found in the notes tab of the audit file in the Clinical Audit module. Additionally, audit teams are expected to regularly update action plans, where they are required (see 5.7). The Quality and Clinical Audit Lead will meet with representatives from each programme/service/function on a quarterly basis to discuss progress updates on the agreed audits and action plans, consider where re-audits are required, and offer support and guidance.

Once the Annual Quality and Clinical Audit Plan has been approved, an update on the progress will be submitted to the Business Executive Team (BET) and QSIC quarterly in the NQIG Quality Governance Performance Report. This report provides assurance on progress against the agreed plan and updates on developments in the quality and clinical audit programme.

5.6. Sharing learning from audits

All audit findings must be reported in AMaT from April 2026. A thematic analysis of completed audits will be produced by NQIG for the Leadership Team and the Quality, Safety and Improvement Committee at year-end.

AMaT is a transparent system where users can view audits taking place across the organisation, to share learning and take inspiration. Additionally, NQIG will facilitate the sharing of learning from audits across the organisation through the sharing of audit posters in a [central repository](#) and proactively sharing examples of good practice and improvement.

5.7. Action Plans

One of the main purposes of quality and clinical audit is reviewing practice against explicit standards and *directing action* towards areas not meeting those standards⁴. Where the results of an audit fall below the set standard or identifies an improvement opportunity, a draft action plan should be produced by the Lead responsible for the initial audit on AMaT. This should be specific, measurable and realistic with identified leads and a realistic timescale for each action.

Progress against these actions will be monitored by QCA team and reported quarterly to the Business Executive Team and Quality, Safety and Improvement Committee.

6. Training

Public Health Wales will make available suitable training and education in quality and clinical audit. This will raise the profile of quality and clinical audit and build capability and capacity; thus, acting as a contributory driver for quality assurance and improvement.

7. Governance and Ethics

7.1. Equality

The process for determining the choice of local quality and clinical audit projects must not inadvertently discriminate against any groups in society based on their race, disability, sex, age, sexual orientation, gender reassignment, religion and belief.

7.2. General Data Protection

All quality and clinical audit activity must take account of the General Data Protection Regulation (GDPR) 2018 and the Caldicott Principles (1997, 2013). This means that you should:

- a. Justify the purpose(s).
- b. Don't use personal confidential data unless it is absolutely necessary.
- c. Use the minimum necessary personal confidential data.
- d. Access to personal confidential data should be on a strict need-to-know basis.
- e. Everyone with access to personal confidential data should be aware of their responsibilities.

⁵ Health Quality Improvement Partnership (2020) *Best Practice in Clinical Audit, HQIP*

- f. Comply with the law.

The duty to share information can be as important as the duty to protect patient confidentiality.

Furthermore, **no personal identifiable information (PII) can be collected or stored on AMaT**. This includes collecting PII such as patient names or NHS numbers via AMaT data collection proformas, or collecting this information externally to AMaT and then uploading any documentation that contains this information on this system.

7.3. Ethical Approval

Generally quality and clinical audit projects do not require formal approval from a Research Ethics Committee; but must be conducted within an [ethical framework](#), to ensure that no harm is caused to service users or staff and that data collection is reliable.

8. Accountability

8.1. Delegation

Quality and clinical audit is a mechanism for providing assurance on the quality of programmes or services provided and can be effective as part of a broader quality improvement subset of tools. The National Director of Health Protection and Screening Services, Executive Medical Director and the Executive Director of Nursing, Quality and Integrated Governance are the joint Executive Leads for Quality and Clinical Governance, which includes ensuring an annual cycle of quality and clinical audit is presented to the relevant Board Committee.

In addition to the requirement to report into Board and Committee governance, quality and clinical audit is a key component of the quality assurance system for each service, function or programme. As a key measure of the quality and standard of a service, function or programme, quality and clinical audits provide robust evidence to support Health and Care Quality Standards self-assessment and inform quality-driven decision making and Quality Impact Assessments (where required).

8.2. Compliance

All staff who are involved in quality and clinical audit activity undertaken within Public Health Wales are expected to comply with this procedure.

8.3. Professional Revalidation

Quality and Clinical staff participating in quality and clinical audit who intend to use this as evidence for professional revalidation, must ensure any references to the audit are anonymised i.e. participants are not identifiable.

Appendix 1: Role of Audit Wales; Internal Audit; and Quality & Clinical Audit

	<u>Role</u>	<u>Plan details</u>	<u>Governing body</u>
Audit Wales	<p>As the external auditor, Audit Wales undertakes:</p> <ul style="list-style-type: none"> financial audit as set out in the Public Audit (Wales) Act 2004 Performance audit as set out in the Government of Wales Acts 1998 and 2006 and under the Public Audit (Wales) Act 2004 	<p>Financial audit work plan</p> <p>Performance audit work plan to satisfy that the body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.</p> <ul style="list-style-type: none"> NHS Structured Assessment All Wales Thematic Reviews Implementing previous audit recommendations 	Audit and Corporate Governance Committee
Internal Audit	<p>Provides the Accountable Officer and Board with an independent and objective annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.</p> <p>Additionally, the findings and recommendations from internal audit reviews may be used by Trust management to improve governance, risk management and control within their operational areas.</p>	<p>Internal Audit Plan developed in accordance with the Public Sector Internal Audit Standard 2010 – Planning</p> <p>Risk based planning approach recognising the need for the prioritisation of audit coverage to provide assurance on the management of key areas of risk.</p> <p>There are 8 internal audit domains:</p> <ol style="list-style-type: none"> 1. Corporate Governance, risk and regulatory compliance 2. Strategic planning performance management and reporting 3. Financial governance and management 4. Clinical governance quality and safety 5. Information governance and security 6. Operational service and functional management 7. Workforce management 8. Capital and estates management 	Audit and Corporate Governance Committee

Quality and clinical audit is an important mechanism for providing assurance in the provision of safe effective care for those who use our services. It is also a useful way of learning about what is working well and not so well.

The plan is developed in collaboration across the organisation

Quality, Safety and Improvement Committee seeks assurance on the overall plan, it's fitness for purpose and it's delivery. The role of QSIC is to seek assurance on:

- Does Public Health Wales have a Quality and Clinical Audit plan - and is it fit for purpose?
- Is it completed on time?
- Does it cover all relevant issues?
- Is it making a difference and leading to demonstrable change?
- Is change supported by recognised improvement methodologies?
- Does the organisation support clinical audit effectively?

Quality, Safety and Improvement Committee also seeks detail on the clinical outcomes and improvements made as a result of clinical audit.

Internal Audit provide assurance on the Quality and Clinical Audit Plan as part of a specific internal audit.

Appendix 2: Checklist for Quality and Clinical Audits

The following checklist has been designed to support you to assess your audit project against key considerations from HQIP's 'Best Practice in Clinical Audit' (2020) guidance.

Preparing and planning:

- Has the team considered a range of quality improvement methodologies and audit has been deemed the most suitable methodology for this project?
- Does the audit project have a clearly stated aim and objectives?
- Does the audit measure current practice against standards (for process or outcomes) that are based on best available evidence?
- Are the standards clearly referenced in the audit project on AMaT (called Guidance on the system)?
- Has the audit project been registered on AMaT?
- Have all necessary approvals been obtained for the audit project in line with this Procedure and any additional local (Directorate) arrangements?
- Has the audit project been carried out in full compliance with the law and best practice on information governance, GDPR, and data security?
- If any ethical or information governance concerns have been identified, have these been escalated to the appropriate team e.g. Information Governance Service, and acted upon in accordance with PHW policies?
- Is the audit project on AMaT free from any sensitive or patient identifiable information?
- Have all members of the team who work in the team/service/function that is being audited been informed about the audit project and engaged in the process from the start?

Measuring practice

- Was the data collected for the audit appropriate and necessary to measure compliance with the defined audit standards?
- If a clinical audit, was the population of patients to be included in the audit defined with reference to the audit standards?
- Is the sample size appropriate to provide sufficient assurance required for the audit project i.e. for a high risk area of audit, does the sample size provide a 90% confidence interval or higher? (see [HQIP guidance on analysing assurance data](#) for more information)
- Was the data collection tool, e.g. AMaT Proforma, piloted and the results of the pilot reviewed to ensure the tool is fit for purpose before full scale data collection commenced?
- Were the audit findings reported in a way which gave the clearest possible picture of performance?
- Where appropriate, were the audit findings reported with a level of granularity e.g. broken down by service, region, team, site etc. to allow for trends and specific actions and improvements to be identified?

- If audit findings showed non-compliance with the audit standards, did the audit team consider if this highlights a risk or issue? If so, has this been reported in the necessary way e.g. risk register
- Were full details of the audit methodology recorded, to ensure that any necessary repeat audits are carried out in exactly the same way?

Implementing change and sustaining improvement

- Were the audit results shared with relevant stakeholders?
- If the audit findings showed non-compliance with the audit standards, were steps undertaken to establish the underlying causes for non-compliance?
- Was an action plan developed on AMaT to address the established underlying causes of non-compliance?
- Were system improvements proposed within the action plan to prevent or reduce the likelihood of identified non-compliance with the standards?
- Was the agreed action plan implemented?
- Was the impact of the implemented action plan monitored?
- Where non-compliances were found and actions implemented, has a re-audit been agreed and scheduled?
- Has the audit team considered if refinements are required to the audit protocol or data collection tool for greater focus on the shortfalls identified?
- Have alternative approaches been considered to ensuring that quality of service is maintained, such as some form of ongoing monitoring?
- Have the results of the audit, including the outcome of the implementation of the action plan, been documented and shared with key stakeholders and the wider organisation?

Appendix 3: Frequently Asked Questions

1. What is research and how is it different to audit?

Research involves the study a subject in detail, especially in order to discover new information or reach a new understanding. It may compare existing practice against a novel idea. Audit, on the other hand, is the comparison of existing practice against agreed best practice standards.

2. What is evaluation and how is it different to audit?

An evaluation is an objective process to judge the design and implementation of an intervention (i.e. a programme, policy or regulation intended to elicit change) and the effect it had, for whom, how and why. The key difference is audit measures against explicit standards, and is often applied to 'business as usual' activities, whereas evaluation is often applied to new interventions.

3. What is quality control/ monitoring/ fail safes and how are they different to audit?

Quality Control refers to frequent monitoring of quality in order to sustain results. It maintains a system of control, with timely escalation when issues are identified. See below for more information.

Comparison of Quality Assurance/Audit and Quality Control

	Quality Assurance and Audit	Quality Control
Based on	Best practice standards	Best practice standards
Measures	Processes, systems and results to determine if the set standards were met	Outputs/ results to determine if there are any failures
Purpose	To provide overall assurance that the standards are being met and/ or identify where there are areas for improvement	To highlight failures in a process in order to correct them
Outcome	Assurance, evidence of best practice, and an action plan to implement improvements	Escalation in order to correct failures in a timely manner

<p>Could lead to</p>	<p>A quality improvement project to implement larger changes</p> <p>A re-audit to check if results have been sustained or improved</p>	<p>A quality improvement project or audit to understand the system and the problem in more detail.</p>
<p>Examples</p>	<p>Audit of policies, procedures and processes such as consent, HR policies, medical record keeping, clinical processes, and incident management.</p>	<p>Ongoing monitoring such as failsafe checks, stock management, document control, and vehicle checks.</p>

Appendix 4: Prioritising audits within the Annual Quality and Clinical Audit Plan

An effective quality and clinical audit programme should reflect key national, organisational and local drivers to support the organisational clinical governance framework and quality improvement, whilst providing assurance against key risks. A system of prioritisation ensures drivers for improvement and risk mitigation are balanced with projects that are important at the directorate/ division/service level⁵. All quality and clinical audits should contribute to strategic or operational priorities.

Compiling and prioritising the annual quality and clinical audit plan at the start of the year does not limit new projects from being added to the plan and prioritised appropriately. Indeed, new 'must-do' audits may be added in response to concerns that arise. Similarly, staff-led innovative ideas may be proposed throughout the year to be considered.

The National Healthcare Quality Improvement Partnership 'Developing a Clinical Audit Programme' guidance (HQIP, 2016) has been used to inform the following priority levels.

One of the below four priority levels is to be assigned to all quality and clinical audits:

Priority level one – external 'must do' quality and clinical audits	These are audits which are mandated by external bodies and reported externally. For instance, these may include audits required by Welsh Government, audits required for external accreditation schemes, or audits of externally imposed standards, e.g. to demonstrate compliance with the required standards for UK National Screening Programmes.
Priority level two – internal 'must do' quality and clinical audits	These are audits based on high risk, high cost or high-profile topics. For instance, these quality and clinical audits may arise from: <ul style="list-style-type: none">• Significant risk issues• Serious incidents• Claims• Persistent / local concerns arising from trend analysis data e.g. complaints, incidents, performance data etc.• Priorities identified via patient and public involvement initiatives• Evidence of a significant issue from service user and consumer feedback

⁵ The National Healthcare Quality Improvement Partnership 'Developing a Clinical Audit Programme' guidance (HQIP, 2016)

	<ul style="list-style-type: none"> • Issue that could have significant impact on service delivery
Priority level three - directorate level priorities	<p>There may be audits which are important at the directorate / division / service level, which do not meet the criteria of high-risk, high-cost or high-profile, which would fall into the third priority level. These audits play a critical role in quality improvement. These quality and clinical audits may arise from:</p> <ul style="list-style-type: none"> • Evidence of variation in practice • Concerns and incidents (not considered high-risk or serious) • Audits undertaken as part of clinical speciality networks • Areas identified through Health and Care Quality Standards self-assessment where further improvement could be made
Priority level four - staff member interest audits	<p>These are audits proposed by individual members of staff, which may be for personal interest of an improvement that could be made, for training or revalidation purposes. Focus on making improvement should still be central to these proposed audit projects. These audits should be reviewed by Quality Leads / Business Leads (as appropriate) to determine if the topic concerned is high-risk or high-cost, or a directorate level priority, and therefore should be granted a higher priority level.</p>

Re-audits

When a re-audit is undertaken, the priority level of the re-audit should be reviewed and assigned accordingly. The priority level does not necessarily have to remain the same as that applied to the original audit. For example, an audit may have been undertaken that was a Priority Level 3, however the findings evidence significant variation in practice that presents a significant risk. Improvements are implemented, and a re-audit is undertaken at Priority Level 2, as this is now addressing a high-risk concern.