 <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p style="text-align: right;">Name of Meeting Audit and Corporate Governance Committee Date of Meeting 30 September 2025 Agenda item: 10.2</p>
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Quality and Clinical Audit End of Year Report 2024-25 and Audit Plan 2025-26	
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Approval/Scrutiny route:	Leadership Team Quality Safety and Improvement Committee Audit and Corporate Governance Committee
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Purpose
<p>The purpose of this paper is to provide the Audit and Corporate Governance Committee with the year-end report for the 2024-25 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 2025-26 Annual Quality and Clinical Audit Plan for approval from the Audit and Corporate Governance Committee.</p> <p>This report is submitted to the Quality, Safety and Improvement Committee (Sep 2025) and the Audit and Corporate Governance Committee (Sept 2025) for assurance that there are the appropriate arrangements in place for Quality and Clinical Audit within the organisation.</p> <p>The role of the Audit and Corporate Governance Committee is to take assurance on the overall system in place for clinical audit to ensure that there is an effective clinical audit function.</p> <p>The Quality, Safety and Improvement Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit. Quarterly updates are provided to Business Executive Team and the Quality, Safety and Improvement Committee via the Governance Report.</p>



Recommendation				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<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 2024-25• Take assurance that here is an appropriate plan in place for the Quality and Clinical Audit for 2025-26• Take assurance that the plan for 2025-26 will be monitored by the Quality, Safety and Improvement Committee.				



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, however, should resources be identified following audit this may impact workforce capacity.

1. Purpose / situation

The purpose of this paper is to provide the Audit and Corporate Governance Committee with the end of year report for the 2024-25 Annual Quality and Clinical Audit Plan ('the Plan').

The role of the Audit and Corporate Governance Committee is to take assurance on the overall system in place for clinical audit to ensure that there is an effective clinical audit function.

The Quality, Safety and Improvement Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit. QSIC will monitor progress of the plan via the quarterly governance report.

Public Health Wales (PHW) has a prioritised audit programme that relates to both local and national priorities, with the overall aim of improving patient/service user outcomes as part of clinical and quality governance frameworks. 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 based on Risks -	12* (*NB 7 are in relation to consent audits carried out by screening programmes)
NICE Guidance (including Technology Appraisals, Interventional Procedures and Guidelines)	0
Local Policy Audits Care Pathways/Local Guidelines Audits	60

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 2024-25 Plan, as well as an analysis of the nature of the audit activity undertaken.

The results and work achieved against the 2024-25 Plan have informed the 2025-26 Annual Quality and Clinical Audit programme. A summary of the number of proposed audits from each area is outlined within this paper. This paper will also provide an update on the organisational implementation of the Audit Management and Tracking System (AMaT) procured in 2024-25.

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 using 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 assurance and improvement in healthcare, allowing for assessment and benchmarking against national standards, to ensure minimum requirements / standards are being met, identifying gaps, developing action plans to ensure compliance and driving sustained improvements. This is a key requirement within 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.
- Ensure learning from audit is embedded

Each year an annual audit work plan is created, with all the planned audit activity being collated into one master document reflecting both national and local audit activity overseen by the Quality and Clinical Audit Lead based in the Nursing, Quality and Integrated Governance Directorate (NQIG).

Due to the diversity of work within Public Health Wales there is also quality and clinical audit activity that is not currently reflected in the Quality and Clinical Audit Plan, such as Infection Services audits, Infection Prevention and Control and Health & Safety audits. These are reported elsewhere within the organisation. A summary of this additional audit activity is provided within the paper.

3. Description/Assessment

3.1 Summary of Audit Activity

In 2024-25 there were 7 external audits, and 60 internal audits included in the Plan. Figures 1 and 2 below, summarise the status of these audits:

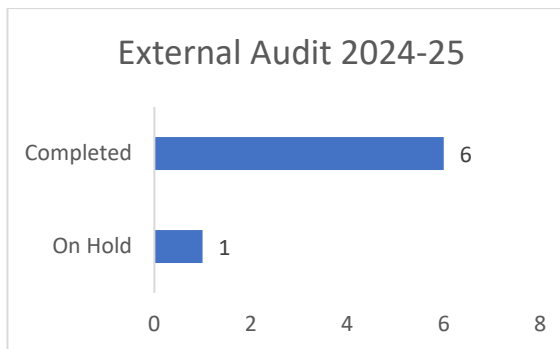


Figure 1: External Audit Activity

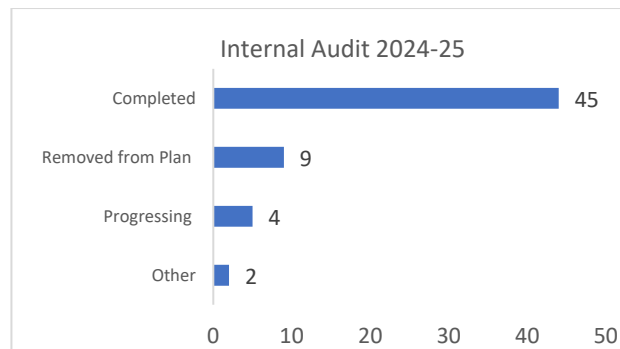


Figure 2: Internal Audit Activity

An interim paper submitted to Senior Leadership Team and Quality Safety Improvement Committee in December 2024 saw the removal of 3 audits from the approved 2024-25 plan. A further 6 audits have been removed from the plan. Information detailing the rationale for removal and any associated risks are shown in Table 3 below

Programme	Audit	Priority level	Summary	Potential associated withdrawal Risks with
Bowel Screening Wales Removal Approved Nov 24	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	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



			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 Plan for 2024-25. BSW will continue to provide the QA reports to their leadership team for review and analysis at programme/divisional level.	Safe, Timely, and Efficient. This is because there is no QAA to undertake this work.
Breast Test Wales Removal Approved Nov 24	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 Removal Approved Nov 24	Re-audit of Referrals for Diagnostic Hearing Assessment Following Automated Auditory Brainstem Response (AABR) Screening	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.
Bowel Screening Wales Removed from plan Q4	Ceased No Functioning Colon Audit - SSP	3	SOPs changes in Feb 25. Audit not undertaken to allow changes to embed before auditing.	No risk. Has been added to 2025-26 Plan.

Breast Test Wales Removed from plan Q4	Breast Care Nursing Service User Experience Audit. Location to be confirmed	3	Due to staffing constraints this audit was unable to take place. New audit lead nominated late Q4, plan for audit to be completed in 2025-26.	No risk.
Diabetic Eye Screening Removed from Plan Q4	GREG External Audit – Image Capture for Retinal Photographers	3	Due to change of equipment within the programme, this audit was removed. New equipment/standards to be audited in 2025-26 Plan.	Some risk attributed to removal of this audit but will be rectified with new audit in 2025-26.
Diabetic Eye Screening Removed from Plan Q4	Audit of primary and secondary grading of all participants who were primary graded as ROMO	3	Removed from plan due to operational changes within the programme. No requirements to audit.	No risk. To add new standards for audit to 2025-26 Plan.
Diabetic Eye Screening Removed from Plan Q4	Letters and Leaflets Audit	3	Work is ongoing with the Behavioural Insights team to review all letters. Need to engage service users in this work. Due to these requirements to be removed from plan.	No risk associated.
Health Protection Removed from Plan Q4	Quality Audit of the Improvement to Quality Objectives and Governance.	2	Due to wider piece of work being undertaken for Directorate wide governance structure review, led by Deputy Head of Ops.	No risk associated.

Table 3: Update of Audit Removed from Plan

3.2 Analysis of Audit with Outstanding Activity and Identified as 'Other'

Area	Description	Priority Level	Rationale
Progressing – Nursing, Quality and	Audit of SOPs Guidance Implementation	3	Due to competing work pressures within areas to be audited. Rolled into Q1 for 2025-26 Plan, report due by Sep 25.

Integrated Governance			
Progressing – People and Organisational Development	Fixed Term Contracts	4	Audit has commenced, but auditor is having difficulty obtaining data responses from Line Managers to complete audit activity. Advice also given to increase sample size to ensure audit findings can be generalised. Added to Plan for 2025-26.
Progressing – People and Organisational Development	Sickness Absence Management	4	Audit has commenced, but auditor is having difficulty obtaining data responses from Line Managers to complete audit activity. Advice also given to increase sample size to ensure audit findings can be generalised. Added to Plan for 2025-26.
Progressing – People and Organisational Development	DBS Reaudit	2	Due to delays in recruitment and staff absence, audit has been commenced. Currently reviewing data, with plans for report to be finalised by Jul 25.
Other – Breast Test Wales	Consent Audit	1	Audit has not followed All Wales/ PHW Template with insufficient sample size, therefore not able to ratify results. This audit will be completed in Q3 of 2025-26.
Other – Wales Abdominal Aortic Aneurysm Screening	Consent Audit	1	Audit not undertaken in Q3 of 2024-25. Discussed with programme and this audit has been completed in Q1 of 2025-26. This also will be repeated in Q3 of 2025-26 as per All Wales/ PHW direction.

Table 4: Analysis of Audit with Outstanding Activity

3.3 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 also been an improvement in the number of final audit reports received at year end. The quality and clinical audit team continue to follow up with services and teams to ensure 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 5 below highlights the overall audit performance compared to previous years.

Internal Audit Activity	2024-25	2023-24	2022-23	2021-22



Completed audits	45 (75%)	31 (78%)	23	16
Audit reports received	26 (58%)	14 (45%)	11 (48%)	14 (88%)
Number of audits deferred to next reporting year	0	1	2	6
No of audits progressing but delayed at year-end	4	1	6	4

Table 5: Internal Audit Completion Activity

3.4 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 within Table 6 below (page 10) the areas undertaking Quality and Clinical Audit in 2024-25 are predominantly Health Protection and Screening Services, Nursing Quality and Integrated Governance, along with Policy and International Health directorates. Following engagement activity across the organisation further audit activity has been identified within the Vaccine Preventable Disease Programme, People and Organisational Development.

Programme/ Division	Externally reported (National)		Internally reported (Local)				
	Status						
	Completed	Ongoing/ On Hold	Completed	Progressing (as per original time frame)	Progressing (end date delayed)	Removed from plan)*	Other**
Antenatal Screening Wales			1 (PL3)				
Bowel Screening Wales			1 (PL1) 2 (PL2) 5 (PL3)			2 (PL3)	
Breast Test Wales		1 (PL1)	1 (PL2) 2 (PL3)			2 (PL3)	1 (PL1)
Business & Planning, Policy and International Health			1 (PL3)				
Cervical Screening Wales		1 (PL1)	1 (PL1) 2 (PL2) 5 (PL3)				
Diabetic Eye Screening Wales			1 (PL1) 6 (PL2) 1 (PL3) 3 (PL4)			3 (PL3)	
Health and Well-Being			1 (PL1)				
Health Protection - Operations	4 (PL1)		2 (PL2)			1 (PL2)	
Health Protection - VPDP			1 (PL3)				
Newborn Screening	1 (PL1)		1 (PL1) 2 (PL3)			1 (PL2)	
Screening Pathway Administration			2 (PL3)				
Nursing, Quality and Integrated Governance			3 (PL2)		1 (PL2)		
People and Organisational Development					1 (PL2) 2 (PL4)		
Wales Abdominal Aortic Aneurysm Screening			1 (PL1)				1 (PL1)
Total	5	2	45	0	4	9	2

Table 6: Summary of all quality and clinical audits as of 31 March *See analysis in Section 3.1/ Table 3 **See analysis in Section 3.2/ Table 4

In summary, 6 out of 7 Public Health Wales directorates are represented in the annual audit 2024-25 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 this activity can then be included in the plan.

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

4.1 2024-25 Audit Plan Categories Type

The table below outlines the categories and origins of the internal audits in the 2024-25 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 7).

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	1	Reviewing leavers x1 local procedures	Timely, Effective, Efficient
Clinical Audit	16	Monitoring compliance with procedures x 15 Never Event x 1 (historic, ongoing audit following NE)	Safe, Timely, Effective, Efficient, Person-Centred
Compliance	18	National Standards x 3 – Professional Reg, DBS National Standards x 4 – Smoking Cessation, Radiation, Bowel Screening National Guidance x 6 – Consent NICE x 1 – Pregnancy in Diabetic Patients Baseline Activity x 1 – to gather information to develop a Standard Organisational Procedure x 1 Local procedure x 2	Safe, Timely, Efficient, Effective, Equitable, Person-Centred
Documentation	3	Professional documentation requirements x 1 Programme guidelines being followed x 1 Programme Letters and Leaflet Templates x 1	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	1	Baseline audit to inform new procedure x 1	Safe, Timely, Effective, Efficient, Equitable, Person-Centred
Operational	3	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	1	Monitoring compliance with procedure x 1	Safe, Timely, Effective, Efficient
Process Audit	4	Monitoring compliance with process/ procedure x 2	Safe, Timely, Effective, Efficient
Quality Audit	12	Monitoring compliance with Policy x 1 Monitoring compliance with National Policy x 1 Monitoring compliance with local procedures x 5 Monitoring compliance with Quality Manuals x 3 Monitoring compliance with national recommendations x 1 Baseline Audit to establish feedback x 1	Safe, Timely, Effective, Efficient, Equitable, Person-Centred

Table 7: Analysis of Audit by Origin and Quality Domain

5. Additional audit activity in 2024-25 in PHW

5.1 Infection Services

As part of ongoing accreditation to International Organisation for Standardisation standards (ISO 15189: 2012) and regulatory compliance, Infection Services 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 Infection Services, 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 Infection Services 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 Infection Services also perform intermittent 'business resilience audits' on their large suppliers.

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

5.2 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 focus on compliance to the Workplace (Health, Safety and Welfare) Regulations 1992, but additionally focus on 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.

5.3 Infection Prevention and Control (IPC)

For 2024-25 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 corporate IPC group meeting. These audits are also referenced in the quarterly Quality Governance and performance report which goes to Quality, Safety, and Improvement Committee.

6. Annual Quality and Clinical Audit Plan 2025-26

6.1 Audit Plan Development

At the start of the financial year 2025-26, 7 external audits have been added to this year's annual plan, 2 of which are "on hold" due to amendments in national standards, with the programmes awaiting further guidance.

58 internally reported audits were identified as suitable to be included in the 2025-26 Plan. There are a number of pending audits that are either awaiting confirmation of start dates or awaiting further guidance and direction by external agencies. The number of proposed internal audits for 2025-26 are detailed below in Table 8:

Division/ Programme	Number	Comments
Antenatal Screening Wales	0	Have been advised audit will be added to the plan once identified
BSW	9	Awaiting confirmation on 2 audits regarding audit timeframes
BTW	5	Awaiting confirmation of 1 audit regarding timeframes
Policy, International Health	0	Prioritising Internal Audit this year
CSW	6	
DESW	14	
Integrated Governance	1	
Health Protection Screening Head of Nursing	1	
Health Protection Operations	2	
Health Protection VPDP	1	
Newborn Hearing Screening	9	
Newborn Blood Spot Screening	2	
POD	3	
Quality and Nursing	1	
Screening Pathway Administration	0	All audits have been disseminated to programmes to carry out
WAAASP	4	

Table 8: 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.

6.2 Planned Engagement activity

A key work objective for the quality and clinical audit programme in 2025-26 is 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 2025.

7. Audit Management and Tracking System (AMaT) Implementation Update

In 2021, Audit Wales audited PHW's quality governance arrangements and made several recommendations to support improvements in the coordination of audit work, with the priority being the procurement and implementation of a digital system for all audit activity. In 2024-25, PHW procured AMaT to manage and report audit activity across the organisation.

The system consists of the following modules:

7.1 Ward (Assurance) Module – Planned Activity Feb – Dec 25

This module is utilised for any audit activity that contributes to quality assurance. This audit activity can be undertaken weekly, monthly, quarterly, bi-annually or annually. This allows for comparison of data, and the building and monitoring of action plans. Dashboards are automatically produced with organisational results.

Activity to support the introduction of this module to date

- 2 superusers trained, by 12 Jun 25
- 19 administrators from across the organisation trained, completed by 12 Jun 25. Quality and Clinical Audit (Q&CA) Team working with service administrators and audit leads to identify audit activity relating to assurance and the prioritisation of installing these on the system.
- Q&CA Team working with service administrators configuring site and ward (location) details with the system to enable the identification of audit activity across the organisation. Due to be completed by end of Quarter 3.
- IPC Audits went live on the system from 2 Jun 2025, with link IPC practitioners trained to use the system.



- Training Plan for wider organisational training during Jul/ Aug 2025.

7.2 Clinical Module – Planned Activity May 25 – Mar 26

This module is utilised for Quality and Clinical Audit projects including national audits and local quality and clinical audit. It allows for visibility of non-compliance and areas of future focus across the organisation and potentially direct improvement activity. It easily identifies re-audit activity.

Activity to support the introduction of this module to date

- 2 superusers trained, on 26 Jun 2025.
- Plans for wider organisational training Jul/ Aug 25.
- Q&CA Team identifying with organisational audit leads and register these onto the AMaT system.
- Plan to have Clinical Audit Module fully implemented, with all activity on to the system for end of Quarter 4 2025-26.

7.3 Inspection Module – Planned for Activity Jun – Jul 25

This module will allow PHW to manage all recommendations, information requests, actions and evidence before, during and after inspections. Provides an instant overview, an approval process for actions and evidence completion, links themes and regulation to recommendations and provides notifications and alerts for any overdue activity. The full activity in this module can only be reviewed/managed by superusers and administrators. Prioritisation for this module has been given to staff from the Board Business Unit (BBU) at the present time.

Activity to support the introduction of this module

- 2 superusers trained on the module, due to complete 19 Jul 25.
- 2 staff from BBU trained on module, due for completion by 19 Jul 25.
- Plan for BBU to begin using this module from Quarter 2 2025-26.
- Q&CA Team assisting BBU with the provision of time/ series data for analysis and evaluation of how AMaT has contributed to improved time management within their area of work.
- Q&CA Team working with BBU to identify key user for module and target training.
- Further training activities for wider organisational use of the module by Q3.

7.4 Guidance Module – Planned Activity for Jul – Dec 25



This module ensures that all updated National Institute of Clinical Excellence (NICE) guidance is available for teams and individuals to access. It also allows for local and national policy/ directives such as Patient Safety Alerts, Welsh Health Circulars and many other types of guidance to be uploaded onto the system and managed. This can also be linked with audits and projects on the AMaT system.

This module will be utilised to manage compliance statements and action plans against guidance, providing a dashboard to display progress made allowing teams to manage compliance at a local level. A number of alerts from agencies such as NICE, UK Health Security Agency (UKHSA) and National Patient Safety Alerts are added to the system within 24 hours. It is important to note that not all Welsh Alerts are automatically added to the AMaT system and those that are not will require uploading by PHW staff.

Activity to support the introduction of this module

- 2 superusers will be trained on this module.
- The identification of further users who require training.
- A Briefing Paper is to be submitted to the Quality Oversight Group for information/ oversight and to the Business Executive Team seeking approval for the management of all Alerts, Guidance, within PHW Process mapping session completed to understand current processes for Alerts, Guidance, management and how the organisation receives these.
- Further process mapping required to support full implementation, specifically around the management of those alerts that are not automatically added to the system by AMaT and those from areas such as the UKHSA which may require tight response timescales.

7.5 Risk and Quality Improvement Modules.

The Risk Team and Improvement and Innovation Hub teams have received demonstrations of both these modules and have currently taken the decision not to use these due to the functionality currently available within the modules.

7.6 Morbidity and Mortality Module.

This module is not being utilised by PHW.

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 2024-25.
- Take **assurance** that here is an appropriate plan in place for the Quality and Clinical Audit for 2025-26
- Take **assurance** that the plan for 2025-26 will be monitored by the Quality, Safety and Improvement Committee.