Quality and Clinical Audit Planning Process: Proposed improvements

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15th February 2022

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1. Reporting of audit findings

- Findings
  - There is no standardised reporting template or approach for recording and reporting the results of quality and clinical audits in PHW.
  - Difficult to provide assurance that the findings of audits are recorded, and action is taken when necessary.
- Improvements actions
  - Standardised audit report and use of the action plan is essential
  - Digitalisation to provide central and local dashboard views

Criteria	Total			Compliance
	Yes	No	N/A	Percentage met
1. The name of the department/division where this audit was undertaken	6	0	0	100.00%
2. The audit title	5	1	0	83.33%
3. Audit project team (names and job titles)	4	2	0	66.67%
4. Background/rationale describing the reasons for undertaking this clinical audit e.g. new guidance issued, evidence of a potential quality problem, recent clinical incidents	5	1	0	83.33%
5. Aims/objectives explaining what will the audit tell us, specifying the main objective in undertaking this piece of work	6	0	0	100.00%
6. Standards being audited	2	4	0	33.33%
7. Key findings of how the service measured compares to the standards being audited	5	1	0	83.33%
8. (Where possible/relevant) comparison with previous rounds of data collection is included.	3	0	3	100.00%
9. Summary of key actions to be taken as a result of the audit findings	4	2	0	66.67%

2. Thematic analysis of audit results

- Issues identified
  - Number of audit reports provided to the Quality Team is inconsistent
  - Limited ability to produce thematic analysis and provide assurance of themes to QSIC
- Improvement actions
  - All audit reports to be sent to Quality team upon completion
  - Thematic analysis of audit results to be provided to QSIC

Year	No. of audits completed	No. of reports returned
2020-21	5	3
2019-20	6	3*

3. Rationale of proposed audits – risk and quality improvement based approach

- Issues identified:
  - Lack assurance that programmes select audits based on high risk areas and appropriately prioritise
- Improvement actions
  - Work with colleagues and use available evidence i.e. from Datix and PAD to inform the priority levels and generation of audits based on risk
  - Priority status/ tiers introduced

The guidance consists of four levels:

- Priority level one – External 'must do' clinical audits
- Priority level two – Internal 'must do' clinical audits
- Priority level three – Service priorities
- Priority level four – Clinician interest

4. Building staff capability

- Issues identified
  - Current provision of formal training is only available at an advanced level
  - Recognition some staff require an entry level introduction to audit prior to attendance at a Masterclass
- Improvement actions
  - In-house delivered training, to give staff an entry level knowledge base, before they progress to the Masterclass training and opportunity for a refresher
  - To build capacity beyond the central team identify key staff to undertake a Train the Trainer course to enable them to deliver in-house training to their direct team/programme area.

5. Align the Quality and Clinical Audit Programme and the Internal Audit Programme

- Issues identified:
  - Limited number of audits in the Quality and Clinical Audit Plan in programmes outside of screening.
  - These areas of the organisation may be engaged in internal audit
- Improvement actions:
  - Map and gap analysis of internal audit programme 2022-23 and quality and clinical audit programme 2022-23, to identify areas of the organisation where no audit activity is planned.
  - Engage with identified areas and promote use of quality audits to address areas of risk and/or make improvements

6. Improved objectivity of audits

- Issues identified:
  - Risk of bias due to programmes auditing own areas. Additionally, capacity issues impact on audits being completed or commenced.

- Improvement actions:
  - Peer led audits

Thank you for listening.
Any questions?