 <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 13/12/2023</p> <p>Agenda item: 4.4</p>
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<p align="center">Interim Report of the Annual Quality and Clinical Audit Plan 2023/24</p>	
<p>Executive lead:</p>	<p>Claire Birchall, Interim Executive Director, Quality, Nursing and Allied Health Professionals</p>
<p>Author:</p>	<p>Jessica Taylor, Quality and Clinical Audit Officer</p>

<p>Approval/Scrutiny route:</p>	<p>Claire Birchall Senior Leadership Team (16/11/23) Quality Safety and Improvement Committee (13/12/2023)</p>
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<p>Purpose</p>
<p>The purpose of this paper is to provide the Quality, Safety and Improvement Committee with a progress update against the 2023/24 Annual Quality and Clinical Audit Plan for the first six months of this reporting year.</p>

<p>Recommendation:</p>				
<p align="center">APPROVE <input type="checkbox"/></p>	<p align="center">CONSIDER <input type="checkbox"/></p>	<p align="center">RECOMMEND <input type="checkbox"/></p>	<p align="center">ADOPT <input type="checkbox"/></p>	<p align="center">ASSURANCE <input checked="" type="checkbox"/></p>
<p>The Quality, Safety and Improvement Committee is asked to:</p> <ul style="list-style-type: none"> • Note that the Senior Leadership Team approved the withdrawal of three audits from the 2023/24 audit plan (as per table 2) at its meeting on 16 November 2023, noting that they are planned to be progressed in 2024/25 if capacity issues are resolved. • Note the progress made with the remaining audits. • Take assurance that the annual audit plan is progressing well, and new audits have been identified and added to the plan where required. It is of note that no audits have been added due to identified risk; they are predominately for service monitoring and improvement. 				



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	4 - Delivering excellent public health services
Strategic Priority/Well-being Objective	5- Supporting a sustainable health and care system
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 organisations in Wales participate in quality and clinical audit. Healthcare organisations are required to have a cycle of continuous quality improvement and assurance that includes clinical audit.
Health and Social Care (Quality and Engagement) (Wales) Act	The Quality and Clinical audit programme and annual plan supports the implementation of the Duty of Quality as a means of embedding a culture of continuous learning and improvement, understanding what good looks like and demonstrating and measuring the six domains of quality.
Financial implications	None.
People implications	There is no anticipated impact on the workforce of Public Health Wales NHS Trust.



1. Purpose / situation

The purpose of this paper is to provide the Quality, Safety and Improvement Committee with an interim update on the audit activity undertaken against the 2023/24 Annual Quality and Clinical Audit Plan ('the Audit Plan'). The Quality and Clinical Audit Plan 2023/24 reflects the breadth of planned activity across the organisation and areas of public health practice. The Quality and Clinical Audit Plan 2023/24 references planned activity for both National UK / Welsh (externally determined) audits as well as local internal audits (internally determined).

The Audit Plan for 2023/24 was approved by the Senior Leadership Team and the Quality, Safety and Improvement Committee in May 2023. This paper provides an update as of 30 September 2023.

2. Background

Quality and clinical audit is a quality improvement tool in demonstrating quality and safety, benchmarking against national standards, prioritising specific local concerns and driving sustained improvements.

Each year an annual audit work plan is created and since the initial Quality and Clinical Audit Plan was developed for the organisation in 2015/16 improvements have been made so that all planned audit activity is now collated in one master document and reflects both national and local audit activity.

However due to the diversity of Public Health Wales's work, there is also quality and clinical audit activity that is not currently reflected in the Quality and Clinical Audit Plan and reported elsewhere in the organisation. This includes Infection, Prevention and Control audits and Health and Safety audits which the Quality Safety and Improvement Committee receive assurance on separately.

In addition, Microbiology undertakes an extensive quality assurance audit programme (including vertical and horizontal audits), as required by regulatory and compliance procedures, and these are reported quarterly to United Kingdom Accreditation Service (UKAS). Due to the scope of this work, this has not been included in the Audit Plan. A synopsis of these audit programmes and activity will however be included in the year-end report.

3. Description/Assessment

3.1 Summary of the Quality and Clinical Audit Plan progress to date

At the start of 2023/24, 34 audits were approved and included in the Annual Plan. Between May and September, a further 11 audits have been added to the Annual Plan.

DESCRIPTION	NUMBER
Clinical Registrar/ Trainee Development Requirements	4
External Audit Requirements eg Consent	1
Service Monitoring and Improvement	5
Re-audit	1

To date good progress has been made with all 7 externally reported planned audits, and 33 of the 38 internally reported audits have been progressed.

Table 1 details how many audits have been completed, progressed or delayed per programme/division. It also details what types of audits these are, and the priority level of each (see Appendix One for further guidance on the priority levels).

The priority levels are PL1 (externally required audits/national audits), PL2 (internal must-do audits), PL3 (divisional priority) and PL4 (staff-member led project).

a. **Table 1: Summary of all Quality and Clinical Audits as of 30 September 2023**

Programme/ Division	No. of audits approved at start of 2023/24	No. of audits added to the plan May 23 – Sep 23	Audits completed	Audits progressing on schedule	Audits delayed or removed (see tables 2 and 3 for more details)
Antenatal Screening Wales	0	1		<ul style="list-style-type: none"> • 1 x Clinical (PL3) 	
Bowel Screening Wales	7	1	<ul style="list-style-type: none"> • 1 x Pathway - clinical and admin pathway (PL3) • 2 x Operations (PL2) 	<ul style="list-style-type: none"> • 1 x Pathway - clinical and admin pathway (PL3) • 2 x Operations (PL2) • 1 x Process (PL3) • 1 x Quality (PL3) 	
Breast Test Wales	3		<ul style="list-style-type: none"> • 1 x Documentation (PL3) 	<ul style="list-style-type: none"> • 1 x Experience (PL3) • 1 x National (PL1) 	
Business & Planning, WHO Collaborating Centre	2		<ul style="list-style-type: none"> • 1 x Business Support/ IT (PL3) 		<ul style="list-style-type: none"> • 1 x Business Support/ IT (PL3)
Cervical Screening Wales	3	1		<ul style="list-style-type: none"> • 1 x Clinical (PL2) • 1 x Governance (PL3) • 1 x Quality (PL3) • 1 x National (PL1) 	
Diabetic Eye Screening Wales	6	1	<ul style="list-style-type: none"> • 1 x Process (PL4) • 1 x Quality (PL3) 	<ul style="list-style-type: none"> • 1 x Clinical (PL2) • 1 x Process (PL3) 	<ul style="list-style-type: none"> • 1 x Clinical (PL3) • 1 x Compliance (PL2) • 1 x Process (PL4)

Health Protection	5			<ul style="list-style-type: none"> • 1 x Operations (PL2) • 4 x National (PL1) 	
Microbiology	1	3	<ul style="list-style-type: none"> • 1 x Clinical (PL4) • 1 x Improvement (PL3) • 1 x Quality (PL3) 	<ul style="list-style-type: none"> • 1 x Clinical audit (PL4) 	
Newborn Screening	3			<ul style="list-style-type: none"> • 1 x Improvement (PL3) • 1 x Clinical (PL2) • 1 x National (PL1) 	
Putting Things Right, QNAHPs		1		<ul style="list-style-type: none"> • 1 x Quality (PL3) 	
Quality & Nursing, QNAHPs	3	1	<ul style="list-style-type: none"> • 1 x Compliance (PL2) 	<ul style="list-style-type: none"> • 2 x Quality (PL2, PL4) 	<ul style="list-style-type: none"> • 1 x Compliance (PL2)
Screening Pathway Administration		2	<ul style="list-style-type: none"> • 1 x Admin pathway (PL3) 	<ul style="list-style-type: none"> • 1 x Admin pathway (PL3) 	
Wales Abdominal Aortic Aneurysm Screening	1			<ul style="list-style-type: none"> • 1 x Clinical (PL1) 	
Total	34	11	12	28	5

b. Table 2: Summary of audits withdrawn from the 2023/24 Plan

Three internally reported audits have subsequently been withdrawn from the Plan during the year (see table 2 for further details).

Programme	Audit	Priority level	Summary	Potential Risks associated with withdrawal
Business and Planning, WHO Collaborating Centre	Leaver's procedure	3	Audit of the leaver's procedure implemented in 2022-23. Withdrawn due to capacity constraints following several actions to implement and re-audit of other procedure audit.	No risk to delaying as these are local procedures, therefore just delays to the continual improvement of the local procedure

			<i>To be added to 2024/25 Annual Quality and Clinical Audit Plan once capacity constraints have been resolved.</i>	
Diabetic Eye Screening Wales	Audit of the Visual Acuity SOP - Clinical Competencies	3	<p>New SOP implemented 1st April 2021; audit to assess compliance with newly implemented Visual Acuity SOP. Limited capacity to complete this audit in 2023/24 due to reduced nursing capacity; following job share secondment to Lead Nurse for Screening as well as reduced hours/vacancy across the nursing team.</p> <p><i>To evaluate if this audit is required following implementation of the Staff Competency Document in 2024/25.</i></p>	Minimal risk, mitigated at critical control point by the grading team who highlight all visual acuity issues with the clinical team for review. Senior Nurses currently reviewing Staff Competency Document which will go through governance routes before undertaking audit.
Diabetic Eye Screening Wales	Form 4(S) Audit - DESW	2	<p>Following implementation of new consent process in DESW, this audit will monitor the use of the new Form 4(S) for participants who may lack capacity. Limited capacity to complete this audit in 2023/24 due to reduced nursing capacity; following job share secondment to Lead Nurse for Screening as well as reduced hours/vacancy across the nursing team.</p> <p><i>To be added to 2024/25 Annual Quality and Clinical Audit Plan once</i></p>	No risk, compliance audit following introduction of a revised Screening in Best Interests Form 4S (form for patients aged 16 years or over who may lack the capacity). Work ongoing in conjunction with screening services to identify timeframes. Planned for 2024/25.

			<i>capacity constraints have been resolved.</i>	
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c. **Table 3: Summary of audits delayed in the 2022-23 Plan**

Two audits from the 2022-23 plan were added to this year's plan however, they have been delayed but are scheduled to be completed before the end of the reporting year. Further details of these audits can be found in Table 3.

Programme	Audit	Priority Level	Summary	Potential Risks associated with delay
Diabetic Eye Screening Wales	Pilot Quality Process Audit - Visual Acuity	4	This audit will form part of the pilot for the DESW new internal audit structure. This will look at the VA process and be carried out by the 6 senior screeners. Currently delayed due to have capacity issues and a number of Screeners and senior screeners on sick leave.	No risk, this is a pilot of an internal audit process following audit training for members of staff.
Quality and Nursing, QNAHPs	DBS Audit	2	Pilot audit to assess whether current recruitment systems and guidance ensure people have the correct level of DBS checks in place. First part of audit undertaken, however delayed due to interdependencies with POD for the audit data for the second part.	At present there is limited assurance that the correct level of DBS checks is assigned to service user contact roles in line with best practice and guidance. Work ongoing with Lead for Safeguarding and POD to prioritise role identification, initially commencing with QNAHPs before taking the work further forward and Corporate safeguarding group kept informed.






During this reporting year, engagement work has begun with areas of the organisation not currently contributing to the Quality and Clinical Audit Plan. Clinical audits undertaken in Microbiology are being captured in the division's fortnightly quality and safety meeting; as a result, three audits have been added to the audit plan this year. A member of the quality and clinical audit team now attends the Health Protection quarterly quality safety and improvement (QSI) meeting; the division has established an audit group that will report to the QSI meeting.

Collaboration with the Improvement and Innovation Hub and Planning has opened the opportunity to identify audits taking place in other areas of the organisation.

During 2023-24, the audit training offer has been expanded following the implementation of a bespoke introduction to audit course. Four sessions have been delivered, with representation from a wide range of teams across PHW, again highlighting an opportunity to raise awareness with teams not currently contributing to the audit plan. In total 14 members of staff from Health and Well Being, Microbiology, QNAHPs, Screening and Health Protection have undertaken the training.

3.2 Well-being of Future Generations (Wales) Act 2015

This work has been put together following the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:

- Hirdymor**  **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
- Atal**  **Prevention** 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.
- Integreiddio**  **Integration** The audit plan impacts a number of the wellbeing goals, including "A Resilient Wales" and "A More Equal Wales"



Cydweithio

Collaboration



Cynnwys

Involvement

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 Quality, Safety and Improvement Committee is asked to:

- **Note that the Senior Leadership Team approved** the withdrawal of three audits from the 2023/24 audit plan (as per table 2) at its meeting on 16 November 2023, noting that they are planned to be progressed in 2024/25 if capacity issues are resolved.
- **Note** the progress made with the remaining audits.
- **Take assurance** that the annual audit plan is progressing well, and new audits have been identified and added to the plan where required. It is of note that no audits have been added due to identified risk; they are predominately for service monitoring and improvement.