



Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting
Quality, Safety and
Improvement Committee
Date of Meeting
16th May 2023
Agenda item:
5.3

Annual Quality and Clinical Audit Plan for 2022-23 & Quality and Clinical Audit Plan 2023-24 proposal

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Approval/Scrutiny route:	Leadership Team 20.04.23

Purpose:

The purpose of this paper is to provide the Quality, Safety and Improvement Committee with the year-end report on the 2022-23 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. This paper also outlines the 2023-24 Annual Quality and Clinical Audit Plan for approval from the Committee.

Recommendation:				
APPROVE <input checked="" type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>

The Committee is asked to:

- **Receive assurance** on the progress of the Quality and Clinical Audit Plan for 2022-23
- **Approve** the Quality and Clinical Audit Plan for 2023-24

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	6 - Supporting the development of a sustainable health and care system focused on prevention and early intervention

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 that includes clinical audit.
Health and Care Standards	This report supports the Health and Care Standards for NHS Wales Theme 3 Effective Care Standard 3.3 Quality Improvement, Research and Innovation.
Financial implications	None
People implications	There is no anticipated impact on the workforce of Public Health Wales NHS Trust.

1 Introduction

The purpose of this paper is to provide the Committee with the year-end report from the 2022-23 Annual Quality and Clinical Audit Plan ('the Plan'). The Quality and Clinical Audit Plan 2022-23 references activity for both externally reported audits (at a national level both Wales- and UK-wide) and local, internally reported audits.

This paper provides detail on the status of all the audits included in the 2022-23 Plan, as well as a thematic analysis of the initial findings from completed audits.

The results and work achieved from the 2022-23 Plan has informed the 2023-24 Annual Quality and Clinical Audit programme and a plan has been devised based on these. A summary of what is to be included is outlined in this paper, for Senior Leadership Team approval.

2 Background

Quality and Clinical audit is an essential quality improvement tool to demonstrate quality and safety in healthcare, benchmarking against national standards, prioritising specific local concerns and driving sustained improvements.

Each year an annual audit work plan is created. Since the introduction of the initial Quality and Clinical Audit Plan in 2015/16, improvements have been made to ensure that all planned audit activity is now collated in one master document and reflects both national and local audit activity.

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 this is reported elsewhere in the organisation. A summary of this activity is provided below.

Since February 2021, the organisation has had a dedicated audit officer to coordinate quality and clinical audits. An improvement plan was introduced in 2022-23 following a Welsh Audit Office review. This report identified a need to improve the quality and organisational representation of quality and clinical audit activity within the plan. It also introduces a risk-based approach to audit, as well as improved mechanisms for sharing learning from audit. This is an iterative improvement plan and work will continue in 2023-24, building upon the progress made so far.

3 Annual Quality and Clinical Audit Plan 2022-23: Progress Made

3.1 Overall status of audits in the 2022-23 Plan

In 2022-23 there were 47 audits included in the Plan. The complete Audit Plan for 2022-23 is provided as a supporting document.

An interim paper submitted to Business Executive Team and Quality Safety Improvement Committee in December 2022 saw the removal of three audits from the 2022-23 plan approved.

As of 31 March 2023, all 7 externally reported audits are either completed (2) or ongoing as planned (5). Of the 36 internally reported audits, 21 have been completed and 12 are still progressing at year end – accounting for 92% of internally reported audits. The other 3 (8%) internally-reported audits were removed from the plan, with 2 being deferred to 2023-24.

Figure 1: Status of internally reported audits at year-end

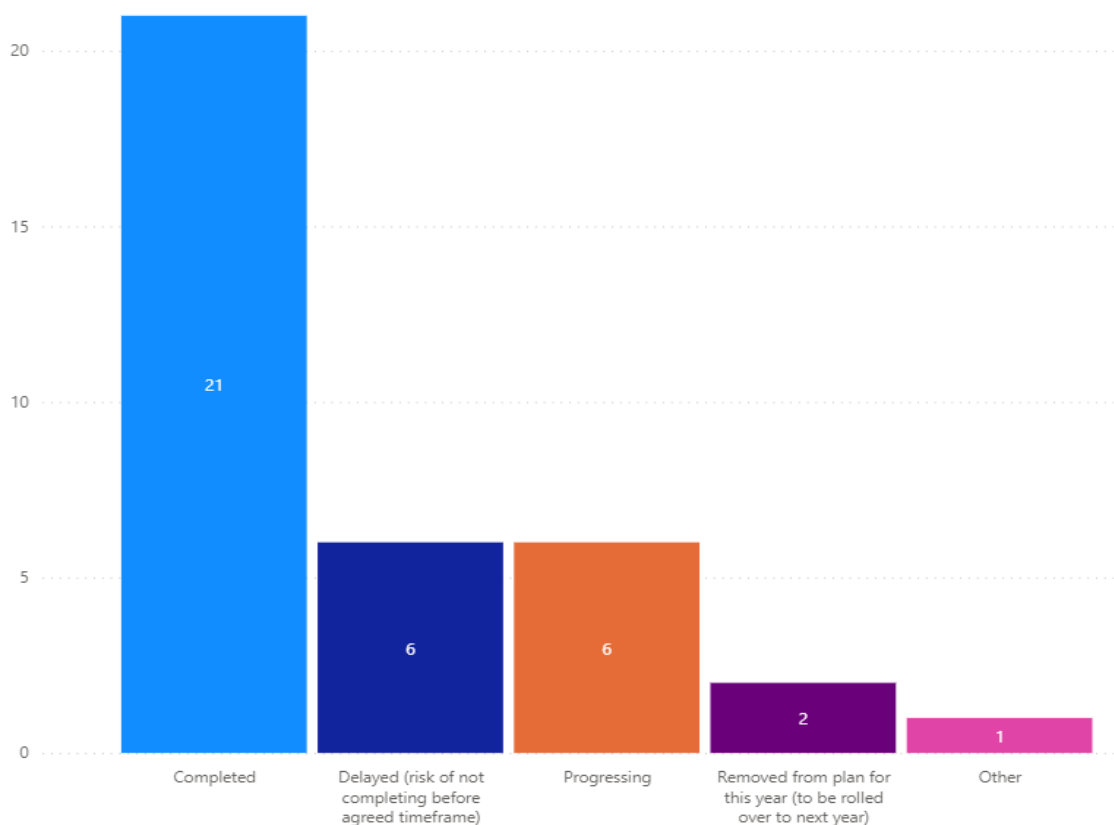


Table 1 (below) details how many audits have been completed, progressed or delayed per programme/division. It also details the priority level of each; the priority levels are PL1 (externally required audits/national audits), PL2 (internal must-do audits), PL3 (divisional priority) and PL4 (staff-member led project) (see the [Quality and Clinical Audit Procedure](#) for more detail on the priority levels).

Table 1: Summary of all quality and clinical audits as of 31 March 2023

Programme/ Division	Externally reported (National)		Internally reported (Local)				
	Status						
	Completed	Ongoing	Completed	Progressing (as per original time frame)	Progressing (end date delayed)	Delayed (removed from 2022-23 plan and added to 2023-24)	Other
Bowel Screening Wales			2 (PL2) 5 (PL3)	2 (PL2)			
Breast Test Wales	1 (PL1)		1 (PL3)			1 (PL3)	
Business & Planning, WHO Collaborating Centre			1 (PL3)		1 (PL3)		
Cervical Screening Wales		1 (PL1)	2 (PL3)	1 (PL2) 1 (PL3)			
Diabetic Eye Screening Wales			1 (PL2) 3 (PL3)		1 (PL2) 1 (PL3) 1 (PL4)	1 (PL4)	
Health Protection		4 (PL1)*	1 (PL3)				
Microbiology				1 (PL3)			
Newborn Screening	1 (PL1)		1 (PL2)		1 (PL3)		
Quality & Nursing, QNAHPs			2 (PL2)	1 (PL3)	1 (PL2)		
Wales Abdominal Aortic Aneurysm Screening			1 (PL1) 1 (PL2)				1 (PL3)**
Total	2	5	21	6	6	2	1

*4 audits which are reported to Welsh Government were added to the plan in 2021-22 and rolled over in to 2022-23 plan. Due to changes in staff within the programme, an update was not available at year-end.

**1 audit for Wales Abdominal Aortic Aneurysm Screening was removed from the 2022-23 plan. This was a consent audit added in error; an audit of the Form 4s consent form was completed by the Corporate Lead for Safeguarding and reported under Quality and Nursing, QNAHPs. No separate consent audit was undertaken by the programme. The programme are

considering a consent audit for 2023-24, although this has not yet been added to the audit plan as regional coordinator capacity is not sufficient to undertake the audit at this time. This was to be revisited later in the year following planned recruitment.

3.2 Delayed and deferred audits in the 2022-23 Plan

Figure 2 indicates the status of internally reported audits; all PL1 (external must do audits) and PL2 (internal must do audits) are completed or progressing. Two PL2 audits that were progressing were delayed. There were 12 audits being progressed at year-end; 6 progressing as per the agreed timeframe and 6 progressing but delayed compared to the original agreed timeframe. A further 2 audits had not commenced and have been deferred to the 2023-24 plan.

Table 2 below contains the reasons for these 8 delayed/deferred audits.

Figure 2: breakdown of audit status by priority level for internally reported audits

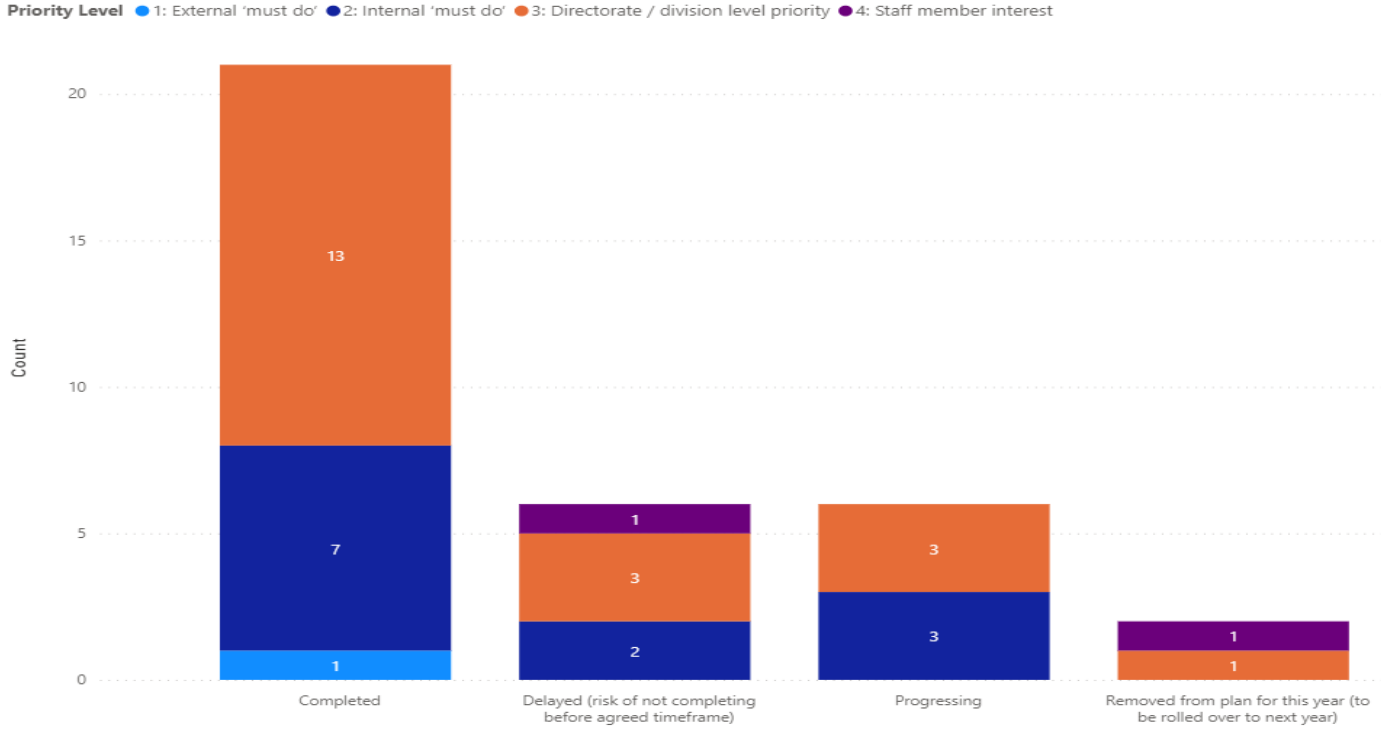


Table 2: Detail of audits progressing but delayed or removed/deferred from the 2022-23 Plan:

Division / Programme	Audit	Priority level	Status	Summary	Potential Risks associated with delay
Diabetic Eye Screening Wales	Visual Acuity Standard Operating Procedure (SOP) - Clinical Competencies Audit	3	Progressing	Audit progressing but not completed by year-end as scheduled. Delayed due to availability of programme lead nurse.	Minimal risk, mitigated at critical control point by the grading team who highlight all visual acuity issues with the clinical team for review.
	Form 4S Consent Audit	2	Progressing	Audit progressing but not completed by year-end as scheduled. Delay because of the initial consent training and implementation of the new form, and the availability of programme lead nurse.	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)
	Grading Cases Referred to Clinical Director Audit	4	Progressing	Audit progressing but not completed by year-end. Competing priorities have delayed commencement of this audit, timelines changed to reflect this delay.	Quality Assurance audit with a potential delay in the identification of incorrect grading assigned to retinal images
	Pilot Quality Process Audit - Visual Acuity	4	Deferred	Audit not commenced by year-end; removed from plan and deferred to 2023-24.	No risk, this is a pilot of a internal audit process following audit training for members of staff.
Newborn Hearing Screening Wales	Referral procedure Audit	3	Progressing	Audit progressing but not completed by year-end due to low staff resource in programme and informatics capacity.	No risk, final report for wider project due to go to Wales screening committee to present evidence for service model change in Dec 2023.

Business & Planning, WHO CC	Recruitment procedure audit	3	Deferred	Audit not commenced by year-end; removed from the plan and deferred to 2023-24.	No risk, compliance audit following introduction of new procedure and to identify further improvement opportunities
Breast Test Wales	Breast Care Nursing service user experience audit (North Wales)	3	Deferred	Audit not commenced by year-end due to long term staff absence; removed from the plan and deferred to 2023-24.	Delay in meeting Health Inspectorate Wales inspection action of replicating the service user experience study in each region of Wales. There are no risks to service users, but may delay identification of service user experiences and opportunities for quality improvement
Quality & Nursing Division, QNAHPs	Disclosure and Barring Service (DBS) level compliance Audit	2	Progressing	Audit progressing but not completed by year-end due to interdependencies with services/teams across the organisation.	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

4 Learning and Improvement from Audit

4.1 Actions implemented in 2022-23

In 2022-23, 33 actions captured in the central action log and implemented based on the findings from 9 audits in 2021-22. Table 3 has a summary of the main actions.

Table 3: Summary of actions implemented in 2022-23

Audit	Recommendations	Actions implemented
Antenatal diagnosis and management of syphilis audit	<p>Raise awareness of congenital syphilis, the existing pathways and the outcome of this audit.</p> <p>Develop training for the antenatal team to recognise signs of syphilis that occur after booking</p> <p>Ensure there are processes in place for women who exit maternity services by moving to a different health board or following termination of pregnancy</p>	<ul style="list-style-type: none"> • Audit findings disseminated to Antenatal Screening quality and clinical governance group, governance lead midwives and screening coordinators • E-learning developed and available on Learning@Wales and ESR • Actions taken to increase surveillance and monitoring of positive cases through Congenital Anomaly Register and Information Service (CARIS) • Developed checklist for screening coordinators
Breast Care Nursing Documentation Re-audit	Share audit results and re-audit to continue to drive improvement	<ul style="list-style-type: none"> • Results of the annual audit results are shared to Breast Test Wales programme board • Re-audit of 90 records in 2022-23
CSW Adverse Event Proforma (AEP) (Mid-West) Audit	To implement the revised AEP within the South East and North regions for consistency.	<ul style="list-style-type: none"> • Pilot audit of the North and South-East regions undertaken Sep 21 • Updated audit tool with 'participant informed' and 'repeat cervical screening test booked' • Reviewed AEP performance in 6 months
CSW Incident Management Audit	Review of the SOP and Quality Standards in line with the new Datix System. Share audit results with each region.	<ul style="list-style-type: none"> • Revised the SOP 2R.36 in line with the new Datix System (Datix Cloud)

		<ul style="list-style-type: none"> • Ensured staff undertook training for Datix Cloud • Delivered bespoke training on the reviewed SOP 2R.36
CSW Transcribing Errors Audit	Quality checks should be performed of information inputted onto LIMS	<ul style="list-style-type: none"> • Reviewed Booking into Trakcare LIMS SOP • Sent memo to sample takers about the importance of the information required and written clearly
CSW Adverse Event Proforma (AEP) (North and South-East) Audit	Ensure all aspects of the AEP are completed	<ul style="list-style-type: none"> • Pilot of new sample taker card to prompt information needed • Evaluation of sample taker card
DESW Inadequate Review Audit	<p>A refresher on Image Quality Criteria to be provided to all Grading staff</p> <p>Provide additional text in the screening record with short explanations of the reason why a participant has been recalled to clinic. This has been done by the way of controlled text within OptoMize, and will help retinal image takers with the second set of images captured on return.</p> <p>Implement an annual image submission to Gloucester Retinal Education Group (GREG).</p>	<ul style="list-style-type: none"> • Planned and delivered refresher training • Devised set text and implemented within system text of the OptoMize system • Designed an audit plan and schedule with GREG
Non-DR (diabetic retinopathy) Cases Audit	Review the current OptoMize 4.7 configuration of immediate recall for someone discharged from ophthalmology for non-DR and management of these cases	<ul style="list-style-type: none"> • Process review of the OptoMize configuration and management • Investigated the benefit of filling in the examination form with relevant feedback from hospital eye service
Reporting and Recording Audit Results Audit	Standardise audit report template so that it includes all recommended information	<ul style="list-style-type: none"> • New audit report templated developed, piloted and implemented • Organisational audit procedure updated

4.2 Learning from audits completed in 2022-23

A one-page overview template has been developed; the template summarises the key findings from an audit, where there are opportunities to drive improvement, and what the key recommendations are. For audits completed in 2022-23, these overview documents will be added to the staff intranet page for [Quality and Clinical Audit](#).

All recommendations and actions for audits completed in 2022-23 are logged in a central action log. Progress on these actions will be reported in 2023-24 at interim and year-end.

5 Annual Quality and Clinical Audit Plan 2022-23: Analysis

5.1 2022-23 Audit Plan Categories Type

The below table outlines the categories and origins of the local audits in the 2022-23 plan. It indicates the six domains of quality that these audits are aligned to demonstrating how these can be used to provide quality assurance.

Table 4: 2022-23 local audits categorised

Audit category	No. of audits per category	Origin	Domains of health care quality
Baseline	1	Part of a wider quality improvement project to review screening referral system	Safe, Effective, Efficient, Timely
Clinical audit	7	Monitoring compliance with procedure x6 Never event x1	Safe, Effective,
Consent	2	New procedure (following national change)	Safe, Timely, Person-centred
Documentation	2	New procedure x1 Monitoring compliance with procedure x1	Efficient, Effective
Person-centred / Equity	1	Health Inspectorate Wales inspection action	Person-centred
Governance	7	Monitoring of compliance with governance procedures including incident management, risk management, recruitment, professional registration and DBS requirements.	Safe, Effective, Efficient, Timely
Pathway – admin	6	Monitoring compliance with procedure x6	Effective, Efficient
Pathway – clinical	2	Monitoring compliance with procedure	Efficient, Timely

Pathway – admin & clinical	4	Monitoring compliance with procedure x3	Safe, Efficient, Timely
Quality	3	New equipment x1 New procedure x1 Quality assurance of existing process x1	Safe, Efficient, Effective

5.2 Audit Performance against plan

The table below highlights the overall audit performance compared to the previous year

Table 4: Figures for 2022-23 compared to 2021-22

	2022-23	2021-22
Completed audits	23	16
Audit report received	11	14
No. of audits deferred to next reporting year	2	6
No. of audits progressing but delayed at year-end	6	4

There has been an increase in the number of audits completed this year, and a decrease in audits being deferred which is an improved position compared to last year. Greater emphasis and oversight will be given to the completion of audit reports in 2023-24.

6 Further audit activity in 2022-23 in PHW

6.1 Microbiology

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

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

6.2 Health and Safety

Health and Safety have had an ongoing audit plan wherein audits are undertaken on premises where PHW staff are tenants or hosted with a Health Board. These audits primarily cover compliance to the Workplace (Health, Safety and Welfare) Regulations 1992, but additionally cover several Estates related statutory regulations e.g. Regulatory Reform (Fire Safety) 2005, Control of Asbestos Regulations 2012 etc. Audits in their original format have remained on hold due to organisational demands and the Covid-19 response and during the period where we had Covid-19 regulations in place. Covid-19 risk assessments have been reviewed to ensure actions are identified to mitigate the risks of Covid-19 transmission in the workplace and included implementation of regular compliance monitoring. Since Covid-19 restrictions have been eased, we are in the process of revising the Health and Safety audit process which will be implemented in early 2023-24. 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.

6.3 Infection Prevention and Control (IPC)

For 2022-23 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 for any non-compliance issues at the quarterly Screening Leads IPC meeting and then fed into the quarterly IPC group meeting. The audits are also referenced in the annual IPC report which goes to Quality, Safety, and Improvement Committee. There have been some challenges, especially where audits are conducted in premises not owned by PHW and resolution of issues has been slow.

7 Annual Quality and Clinical Audit Plan 2023-24

7.1 Audit Plan Development

At the start of the reporting year for 2023-24, 7 externally reported audits and 26 internally reported audits were identified as suitable to be included in the 2023-24 Plan, totalling 33 audits. Although this total is less than the 40 identified at the same time last year, it should be noted that of this 40, 6 were carried over from the 2021-22 audit year so in total the numbers are comparable.

During 2022-23 audit teams demonstrated greater consistency for audit completion with less deferrals. Whilst it should be acknowledged further audit suggestions have been discussed, audit plans for 2023-24 have been set to be realistic and manageable. The opportunity exists to add additional further audits later in the year, and these will be reported in the interim report.

Of the internally submitted audits, 14 originated from the 2022-23 Audit Plan, reflecting the 2 deferred audits as well as a further 12 audits that commenced in 2022-23 and remained ongoing as of 01 April 2023. The complete Audit Plan for 2023-24 is included as a supporting document.

7.2 Engagement activity within the organisation

Engagement activity has been taking place with directorates and divisions not currently registering audits into the annual plan for 2023-24. Areas include Health Protection division, who are engaged and committed to developing a divisional audit plan and governance framework. A working group has subsequently been established to take forward this work and an initial meeting has been arranged for April 2023.

Consideration is being given to Microbiology clinical audits and how these can be recorded in the organisational audit plan to reflect their activity without causing an additional reporting burden.

Key work objectives for the quality and clinical audit programme in 2023-24 will be to raise the profile of audit benefits and showcasing 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 2023.

8 External Auditors Report: Improvement initiatives

In 2021, Audit Wales undertook an audit of PHW's quality governance arrangements and made several recommendations to support improvements in the coordination of audit work.

Based on the Audit Wales recommendations, four key improvement initiatives were developed. These were presented as part of a 'deep dive' session to the Quality Safety Improvement Committee in December 2022. Below is a summary on the progress made against these aims.

1. Quality assurance in the audit process

- A standardised audit template was introduced in April 2022 and has been used by audit teams across the organisation.
- A central action log has also been utilised.
- Improved tools for audit data analysis using Excel are being developed in collaboration with the Quality Engagement and Collaboration Data Analyst; positive feedback has been received for the two audits where it has been used, and the tool will be shared for use in Q1.
- Audit training will be introduced in 2023-24 to further increase capability in completing good quality audits.

2. Learning from Audits

- One-page overview template developed to share key learning and findings, which will be available on the [intranet page](#) by June 2023. Teams have also shared this overview in their own professional networks.
- The approved audit plan for 2023-24 will also be added to the intranet page to share what audit activity is taking place in the organisation

3. Develop a risk-based approach to audit

- Prioritisation system based on risk introduced in April 2022 and used to report progress on the audit plan.
- Beginning to triangulate with incidents and complaints to identify high risk areas for audit; one potential audit identified for the 2023-24 plan based on an incident investigation. Triangulation work to be developed further in 2023-24.

- Will work with Risk Manager to map potential risks/issues to be added to registers based on audits included in the plan.

4. Increased audit activity across all directorates

- As discussed in 7.2
- An objective for 2022-23 was to work with Internal Audit to achieve better alignment between the two audit programmes and identify opportunities for quality and clinical audit across PHW. Due to the departure of the Board Secretary this work was delayed and will commence in 2023-24 instead.

9 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

6 Recommendation(s)

The Quality, Safety and Improvement Committee is asked to:

- **receive assurance on** the content of the year-end report for the Annual Quality and Clinical Audit Plan 2022-23 and
- **Approve** the start of year Annual Quality and Clinical Audit Plan 2023-24.