GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Quality, Safety and Improvement Committee **Date of Meeting** June 2026 **Agenda item:** *3.4*

Quality and Clinical Audit End of Year Report 2025-26 and Audit Plan 2026-27	
Executive lead:	Claire Birchall, Executive Director of Nursing, Quality, and Integrated Governance.
Author:	Jessica Taylor, Quality and Clinical Audit Lead

Approval/Scrutiny route:	Leadership Team Quality Safety and Improvement Committee

Purpose

The purpose of this paper is to provide the Leadership Team and the Quality Safety and Improvement Committee (QSIC) with an end of year report for the 2025-26 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 2026-27 Annual Quality and Clinical Audit Plan for approval from the Leadership Team and for oversight and assurance at QSIC.

Recommendation

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☒	☐	☐	☐	☒

The Committee is asked to:

- Take **assurance** on the progress made against the Quality and Clinical Audit Plan for 2025-26.
- **Approve** the Quality and Clinical Audit Plan for 2026-27

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 workforce resources be identified following audit this may impact on workforce capacity.

1. Purpose / situation

The purpose of this paper is to provide the Leadership Team (LT) and Quality, Safety and Improvement Committee (QSIC) with the end of year report for the 2025-26 Annual Quality and Clinical Audit Plan ('the Plan').

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	5
Audits identified based on Risks –	34* (*NB 12 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	75

Table 1

This paper provides further detail on the status of all the audits included in the 2025-26 Plan, as well as an analysis of the nature of the audit activity undertaken.

The results and work achieved against the 2025-26 Plan has informed the 2026-27 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).

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 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 quality and 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.

Each year an annual audit work plan is created, where the planned audit activity is 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). All audits are assigned a priority level. Each Directorate has the opportunity to add to the plan.

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 Appendix Four in the Quality and Clinical Audit Procedure.

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 quality 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 (section 5).

3. Overview of Audit Activity

In 2025-26 there were 5 external audits, and 75 internal audits included in the Plan. Figures 1 and 2 below, summarise the status of these audits:

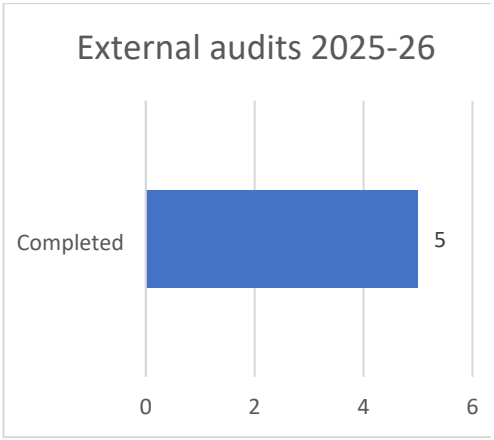

Figure 1: External Audit Activity

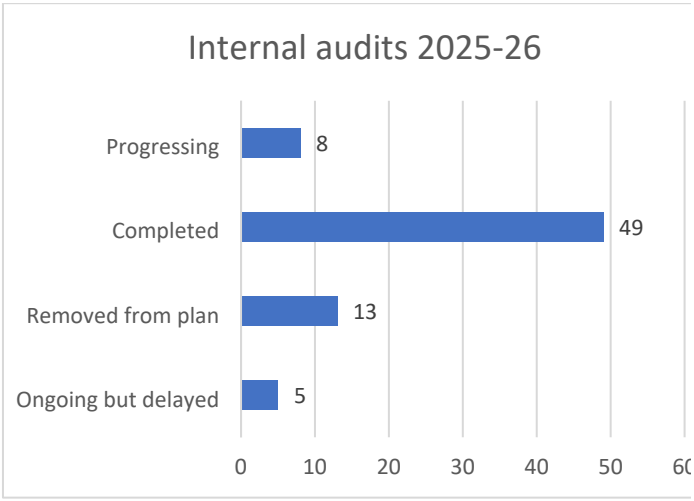

Figure 2: Internal Audit Activity

Throughout 2025-26, requests to amend the plan were presented to LT for approval. All requests to remove 13 audits from the 2025-26 plan were approved by LT, and a full breakdown of these audits can be found in Appendix 1.

3.1. Analysis of Completed Audit and Submission of Report of Findings

At year-end, 49 internally-reported audits have been completed. This is an increase compared to previous years. There has been a substantial improvement in the number of audit reports completed and sent to the Quality and Clinical Audit team; 88% of completed audits had a completed audit report by year-end, compared to 58% the previous year.

Internal Audit Activity	2025-26	2024-25	2023-24	2022-23
Completed audits	49 (79%)	45 (75%)	31 (78%)	23

Audit reports received	43 (88%)	26 (58%)	14 (45%)	11 (48%)
No of audits progressing but delayed at year-end	6	4	1	5

Table 3: Internal Audit Completion Activity

3.2. Analysis of Audits Progressing and Ongoing but Delayed at Year-end

At year-end, there were eight audits progressing as planned, and five audits that were progressing but were behind the originally agreed timescales. Below is a summary of these audit projects.

Area	Audit	Priority Level	Rationale
Progressing as planned:			
Antenatal Screening Wales	Sickle cell and thalassaemia request card audit	3	Data collection for this audit has taken place via AMaT from 01/03/25 – 31/03/25. It was agreed the analysis of the data will take place in April and the final report is due by the end of May.
Bowel Screening Wales	Management audit – review of new SSPs	2	This is an ongoing audit that takes place each quarter. The analysis of Q4 data will take place in April.
Cervical Screening Wales	Discharges audit	3	This is an ongoing, monthly assurance audit that takes place every month.
Newborn Hearing Screening Wales	All Wales Discharge Quality Assurance	2	This is an ongoing assurance audit.
Newborn Bloodspot Screening Wales	Sample Quality Audit of NICU/SCBU samples	3	This is an ongoing assurance audit/monitoring.
Abdominal Aortic Aneurysm Screening	Audit of the accuracy of the ultrasound scan images	1	This is an ongoing assurance audit.
Vaccine Preventable Diseases Programme	Tarian audit	3	This is a monthly audit, so final data collection will take place in April for March data. Audit report is due by the end of April 2026.
Diabetic Eye Screening Wales	NEC Helphub requests (themes and trends)	2	This audit is analysing requests submitted between 01 April 2025 and 31 March 2026. The final analysis and

			report is due by the end of Q1 in 2026-27.
Ongoing but delayed compared to original timescales:			
Antenatal Screening Wales	An audit of the management of HIV in pregnancy	3	This audit has been delayed due to the dependency on Virology to collect the data, which was not completed before year-end. The audit is now due to be completed by the end of May 2026.
Breast Test Wales	Batch Process Audit	3	This was a new audit that the programme has developed on AMaT. Learning to use the system has caused delays in completing the audit. The audit is now due to be completed by the end of April 2026.
Diabetic Eye Screening Wales	SSRS access and permissions	2	This audit has been delayed due to an interdependency with informatics to obtain the data. The data collection has been completed, however due to the delay the analysis and audit report were not completed by year-end. This is due to be completed before the end of Q1 2026-27.
Diabetic Eye Screening Wales	Not diabetic (clinical audit)	2	This audit was due to be completed before the year-end, however following a change to the pathway being made in the programme, the team delayed the audit to ensure enough time had passed following the process change before the audit commenced. Data collection has commenced, and the audit is due to be completed before the end of Q1 2026-27.
Communicable Disease Surveillance Centre	Shigellosis audit	3	Competing demands in the service has caused a delay to the audit. At year-end, the team were reviewing the progress made so far to identify a realistic timeframe for completion in 2026-27.

Table 4: Analysis of Audits Progressing at Year-end

3.3. 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 2025-26 are Screening Services, Health Protection, Quality and Nursing, Integrated Governance, and People and Organisational Development.

Compared to 2024-25, 7 programmes undertook more audit projects in 2025-26, 7 undertook the same number of projects, and 2 programmes had less audit activity.

	Externally reported (National)	Internally reported (Local)				Total (minus removed audits)	Total 2024-25
	Status						
Programme/ Division	Completed	Completed	Progressing (as per original time frame)	Progressing (end date delayed)	Removed from plan		
Antenatal Screening Wales		1 (PL3)	1 (PL3)	1 (PL3)		**3**	1
Bowel Screening Wales		1 (PL1) 6 (PL2) 2 (PL3)	1 (PL2)		2 (PL2)	**10**	10
Breast Test Wales		1 (PL1) 1 (PL2) 1 (PL3)		1 (PL3)	1 (PL3)	**4**	4
Communicable Disease Surveillance Centre				1 (PL3)		**1**	0
Cervical Screening Wales	1 (PL1)	1 (PL1) 2 (PL2) 1 (PL3)	1 (PL3)		1 (N/A)*	**6**	10
Diabetic Eye Screening Wales		1 (PL1) 8 (PL2) 2 (PL4)	1 (PL2)	2 (PL2)	5 (PL2) 2 (PL3)	**14**	11
Health Protection - Operations		3 (PL2)				**3**	2
Health Protection – Substance Misuse	4 (PL1)					**4**	4
Integrated Governance		1 (PL2) 1 (PL3)				**2**	2
Newborn Bloodspot Screening		1 (PL3)	1 (PL3)			**2**	1
Newborn Hearing Screening		3 (PL2) 2 (PL3)	1 (PL2)		1 (PL2) 1 (N/A)*	**6**	6
Screening (division wide)		1 (PL2)				**1**	0
Quality and Nursing		2 (PL2)				**2**	2
People and Organisational Development		1 (PL2) 2 (PL4)				**3**	3
Vaccine Preventable Diseases Programme			1 (PL3)			**1**	1
Wales Abdominal Aortic Aneurysm Screening		2 (PL2) 2 (PL3)	1 (PL1)			**5**	1
Total	**5**	**49**	**8**	**5**	**13**	**67**	58

Table 5: Summary of all quality and clinical audits as of 31 March

**These audits were added to the plan in error/combined with another audit in the plan, so don't represent true removals from the annual plan*

4. Impact of the Annual Quality and Clinical Audit Plan 2025-26: Case studies

4.1 Bowel Screening Wales (BSW): Audit of Delegation of Authority for Histology Validation – Betsi Cadwaladr University Health Board

Rationale: BSW undertook this audit to evaluate the accuracy of pathway reviews and the decisions made by Specialist Screening Practitioners (SSPs), in order to inform their competency to undertake delegated pathway-review tasks from Colonoscopists. Its primary focus was to assess whether the appropriate pathways were assigned, whether key steps in the review process were carried out and histology reports were correctly uploaded to the screening information system (BSIMS). In addition to these core criteria, the audit also incorporated a set of further measures designed to reflect good practice, specifically the quality and completeness of documentation relating to histology review, decision-making, and pathway assignment. These additional criteria were included to highlight areas where standards should be strengthened and to emphasise the importance of making these requirements explicit within the revised SOP.

Findings: The findings present a service that performs strongly in relation to pathway accuracy, BSIMS uploading, and signature recording. However, they also highlight consistent gaps in name documentation, professional registration number recording, and the capture of decision-making rationale. These issues do not undermine the quality of clinical decisions themselves but limit the completeness and auditability of the supporting records. Addressing these gaps will ensure that the high standards of clinical practice are matched by equally high standards of documentation, strengthening governance, transparency, and future assurance. The audit results highlight that it is safe to proceed with the pilot of the delegation of histology validation to SSPs in Betsi Cadwaladr University Health Board and that the Delegated Authority SOP and Framework for this will help to address the gaps highlighted.

Impact: The audit demonstrated the pilot of this change to practice was safe and maintained a high-quality service to screening participants. Furthermore, it informed the development of a standardised process, including the requirements for robust documentation. A re-audit is being undertaken following the implementation of the new procedure; interim results demonstrate marked improvement to compliance with documentation requirements.
Full audit report available here.

4.2. Diabetic Eye Screening Wales: Permanent Opt-out Pathway Audit

Rationale: The Diabetic Eye Screening Wales (DESW) Programme allows participants to request either a 3-year temporary opt-out or a permanent opt-out from screening. These requests are initiated when participants, referred by their GP, are offered an appointment but contact DESW to decline. Currently, participants receive a combined opt-out form offering both options after a non-clinical conversation with a Screening Pathway Administrator (SPA). This process has highlighted several safety, governance, and documentation concerns, particularly regarding participants choosing permanent opt-out without a full clinical discussion.

Findings: Between 1 April 2024 and 31 March 2025, a total of 197 participants were added to the pathway for permanent opt-outs. Of the participants who had opted out, 63 out of 197 had a documented discussion of their request with a clinician. The absence of consistent documentation for all participants indicates a gap in compliance with best practice. Meanwhile, just two instances were recorded with a documented discussion of the risks and benefits of screening by a Screening Pathway Administrator. This highlights a gap in ensuring that participants are consistently provided with balanced information to make an informed choice about their screening participation.

Most participants (178 out of 197) had previously attended diabetic eye screening so had a history of engagement with the programme before opting out or being recorded as non-attenders. This highlights the importance of clear communication, accurate documentation, and consistent follow-up to prevent disengagement.

Most records documented the reason for the opt out request, however a large proportion of cases recorded the reason as unknown (79 out of 197). This presents a risk to participant safety as it prevents assurance that individuals are being appropriately monitored or supported. Incomplete or unavailable documentation creates uncertainty around clinical decision-making and continuity of care.

Impact: This audit has highlighted areas for improvement to quality and safety. The programme has identified improvement actions, including adopting separate SOPs for 3-year opt-out and permanent opt-out. Additionally, they will remove the permanent opt-out form from the letter that follows this clinical discussion if only 3-year opt-out was discussed. A re-audit is scheduled for 2026-27 to evaluate these changes.
Full audit report available here.

4.3 People and Organisational Development: ESR Position Numbers DBS Level Audit

Rationale: Following a recommendation from the PHW Safeguarding Group, a sample audit of 25 employee records was undertaken to determine whether the DBS level recorded for employees was accurate and aligned to the requirements of their role. The findings from this audit did not provide assurance that staff were allocated the correct level of DBS checks, suggesting this was a wider issue across the organisation. A full audit was undertaken to establish the accuracy of DBS requirements recorded against ESR position numbers, to provide an indicative compliance position.

Findings: The audit findings indicate generally good levels of compliance across several DBS categories, particularly for roles not requiring a DBS check and those requiring enhanced checks with children's barred list. However, lower compliance levels are evident in some areas, notably for Standard DBS checks and certain Enhanced DBS categories.

It is important to note that the compliance figures reflect the accuracy of DBS levels recorded against position numbers within ESR, rather than confirming that individual postholders have undergone an incorrect level of DBS check. The variances identified are primarily due to inconsistencies in system data rather than non-compliance in practice.

The findings highlight a key theme of data misalignment between ESR and operational processes, which impacts reporting accuracy. Despite this, there is no evidence to suggest widespread risk in relation to inappropriate DBS checks being undertaken.

Impact: The audit identified a need to improve the accuracy of DBS data held within ESR and strengthen alignment between systems and operational practice. Actions are underway to ensure all colleagues hold the correct level of DBS clearance and are subscribed to the DBS Update Service, alongside a programme of data cleansing and the implementation of automated controls to prevent future discrepancies. A re-audit is planned to assess the impact of these changes.
Full audit report available here.

5. Additional audit activity in 2025-26 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)

In 2025-26, all IPC audits were transitioned to AMaT (see section 7 for more information). There has been excellent engagement with the new IPC audit process. There are two key performance indicators audited for screening. Environmental audits at PHW-managed static sites are conducted quarterly, 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 2026-27

6.1 Audit Plan Development

As per the Quality and Clinical Audit Procedure, all directorates and divisions must ensure appropriate, local governance arrangements are followed for the approval of quality and clinical audit projects.

The Quality and Clinical Audit team have collated a forward plan of audit activity ("The Plan") across PHW for 2026-27. A summary of these audits can be found below. The Quality and Clinical Audit Team encourage programmes and divisions to take a risk-based approach to audit, and therefore additional audits may be added to The Plan throughout the year should additional concerns or risks arise. These will be taken to Leadership Team monthly for approval, following approval through local governance routes within directorates. A summary of additional audits will be provided to the Quality, Safety and Improvement Committee for assurance on a quarterly basis.

Due to the transition to AMaT (see section 7), some teams have more audits planned but haven't had the capacity to register them on the system and therefore into The Plan prior to the development of this paper.

Programme/ Division	Number of audits planned	Comments
Antenatal Screening Wales	4	• 1 clinical re-audit • 2 new clinical audits following the introduction of a new standard/ process. • 1 consent audit.
Bowel Screening Wales	7	• 2 clinical re-audits • 4 new clinical audits either in relation to a new process or new audit identified from the development of a 3-year risk-based audit programme. • 1 consent audit.
Breast Test Wales	7	• 1 documentation re-audit

		• 1 revised service-user experience audit (rescheduled from 2025-26) • 2 new quality assurance/clinical audits • 1 new screening pathway management audit • 2 consent audits
Cervical Screening Wales	3	• 2 clinical lab audits • 1 consent audit
Diabetic Eye Screening Wales	8	• 1 clinical re-audit (rescheduled from 2025-26) • 5 new quality audits (3 rescheduled from 2025-26) • 2 consent audits
Newborn Hearing Screening Wales	3	• 2 assurance re-audits • 1 consent audit
Newborn Bloodspot Screening Wales	2	• 2 assurance re-audits
Wales Abdominal Aortic Aneurysm Screening Programme	5	• 3 screening pathway administration audits • 2 consent audits
Screening Pathway Management	1	• 1 new quality audit across all programmes
Planning and Business Support (Policy and International Health)	1	• 1 new quality audit
People and Organisational Development	1	• 1 quality re-audit
Quality and Nursing	1	• 1 assurance re-audit
Integrated Governance	1	• 1 new quality audit
Total:	**44**	

Table 6: Summary of planned quality and clinical audits for 2026-27

6.2 Additional Assurance Activity

In addition to the quality and clinical audits summarised above, there is an ongoing programme of assurance activities taking place across programmes which is not captured in the audit plan. For example, screening programmes have extensive failsafe programmes, image quality assurance reviews, and sample monitoring.

There is no requirement for AMaT to be used to undertake these activities, however some teams have opted to use the Ward and Team Assurance module. A full analysis of these activities will not be included in the 2026-27 audit plan reporting; however, they will be acknowledged.

6.3 Planned Improvement and Engagement activity

Screening Division are planning a piece of work, led through divisional Quality Group with the Head of Nursing, to assess the divisional audit plan and identify areas for improvement. The first part of the work is to populate a matrix with each programme against each delivery element to ensure that there is a systematic and consistent approach to what is being audited, when and by who. The group are working towards more cross-programme (peer) auditing, and wider sharing of findings and lessons learned. A first divisional audit celebration and learning day is planned for September 17th on World Patient Safety Day, delivered in conjunction with colleagues from the Quality and Clinical Audit Team.

The Quality and Clinical Audit Team continue to encourage teams and programmes to take a risk-based approach to the identification and planning of audit projects. An excellent example of this is in practice is the development of a 3-year audit plan during 2025-26 by Bowel Screening Wales. The programme reviewed the key programme-level risks and developed an ongoing programme of prioritised clinical audits to provide the necessary assurance against these risks.

Going forward, through the adoption of AMaT the Quality and Clinical Audit Team will be able to better identify audits that are related to governance issues including risks as this is documented when audits are registered on the system.

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

In 2024-25, PHW procured a digital system called AMaT to manage and report audit activity across the organisation. There are two modules for audit:

7.1 Ward and Team Assurance Module

This module is utilised for frequent, ongoing audit activity that contributes to quality assurance. This module allows for easy comparison of data, and the building and monitoring of action plans. Dashboards are automatically produced with organisational results.

In June 2025, IPC audits were launched on the system in the Ward and Team Assurance module. Screening Pathway Management audits, consent audits, and documentation audits have also been built in the module.

7.2 Clinical Audit Module

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

This module went live in September 2025, and teams were supported to be early adopters of the module. Fourteen audit projects were registered and eight were complete at year-end. For 2026-27, 22 audits have been registered in the module.

7.3 Action Planning and Themes in AMaT

AMaT will significantly improve the Quality and Clinical Audit team's ability to have oversight and assurance on action completeness by providing a central and transparent system for action planning across audit activity. Going forward in 2026-27, the Quality and Clinical Audit team will be able to provide updates to LT and QSIC for assurance on action plans and improvements made as a result of audit.

Furthermore, all audits in AMaT are categorised into various themes. This will support the Quality and Clinical Audit team's ability to provide a more robust thematic analysis at year-end going forward.

7.4 Additional modules: Inspection Module

This module will allow PHW to manage all recommendations, information requests, actions and evidence before, during and after inspections and internal reviews. The module 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.

In 2025-26, the Board Business Unit (BBU) alongside the Nursing, Quality and Integrated Governance (NQIG) directorate trialled the use of this module for the tracking and management of recommendations and actions from Internal Audit and Audit Wales reports. Through this trial, several improvements to the module were identified and have been submitted to AMaT for development in 2026-27. Once implemented, the BBU are keen

to utilise the module for the management of these actions across the whole organisation.

7.5 Guidance Module

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.

In 2025-26, the Quality and Clinical Audit Lead and Quality and Clinical Governance Manager supported the Office of the Medical Director (OMD) to work with teams across the organisation to map which alerts and notifications are received by and acted upon across PHW. A discussion was also held with stakeholders on how the Guidance module could support teams to manage this going forward. The majority of teams agreed to trial the use of AMaT; this will be introduced in a phased approach, and in Q1 2026-27 the BBU and NQIG are undertaking training to begin the first trial of the system.

Furthermore, in 2025-26, the Quality and Clinical Governance team undertook a scoping exercise to identify teams and programmes across PHW that use NICE guidance in their work. As a result of this, the Quality and Clinical Governance team have agreed to support teams by utilising AMaT on a weekly basis to identify new and updated guidance and disseminate this to teams as relevant, currently for information only.

7.6 Other modules in AMaT

There are three further modules available in AMaT but not being used by the organisation. There is a Risk module and a Quality Improvement module. 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 available within the modules. There is also a Morbidity and Mortality module, which was demonstrated to Cervical Screening Wales to determine if it would be suitable for oversight and management of interval cancer reviews; unfortunately, due to the current functionality within the morbidity section it was not deemed to be unsuitable.

8. 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:

- Take **assurance** on the management of audit activity against the Annual Quality and Clinical Audit Plan 2025-26
- **Approve** the Quality and Clinical Audit Plan for 2026-27

Appendix 1:

Table of approved audits removed from the 2025-26 Audit Plan

Programme	Audit	Priority level	Summary	Potential Risks associated with withdrawal
Cervical Screening Wales Removal approved Jul 25	Wrong Pathway Audit	N/A	This audit was undertaken in 2024-25 and was added to the 2025-26 audit plan in error.	N/A
Breast Test Wales Removal Approved Jan 26	Breast Care Nursing Service User Experience Audit. (West Region)	3	This is a repeat of a service user experience audit previously undertaken in other regions. The purpose of the audit is to gain the views of our service users on the service they receive form the Breast Care Nursing Team to measure if the Breast Care Nursing Standards are being met. The audit questions have been under review for the suitability and value added of each question. This work needed to be paused due to staff capacity constraints and operational pressure. The Nursing Team recommenced this review in Q4 with support from the Quality and Clinical Audit Lead and undertake the new audit in 2026-27.	Low risk associated with delay to audit; service user experience continues to be captured and reviewed by the programme. Audit scheduled for 2026-27.
Newborn Hearing Screening Wales Removal Approved Jan 26	All Wales Change of Demographics Audit	3	The programme was planning to implement a change to process, which would involve a change to baby/carer demographics captured on AWNBHS/NBSWS and Child Health System. The audit was planned to take place following the change to measure the outcomes and adherence to the	Low risk associated with delaying the implementation of this change and therefore this audit, and other, higher-risk areas for improvement were prioritised.

			change in process. The programme prioritised other high-risk and high-priority changes within the service and therefore have not been able to implement the change to demographics. It is therefore not necessary to undertake the audit until the changes have been implemented.	
Newborn Hearing Screening Wales Removal Approved Jan 26	Electronic Clinic Lists process audit	3	This audit was combined with the All-Wales NBHSW Community Screening Audit, which was completed by the programme by year-end.	None, audit objectives still met in a combined audit.
Diabetic Eye Screening Wales Removal Approved Jan 26	Clinical Review of Optomize Participants without True Diabetes Diagnosis	3	This audit was added to the plan by the programme lead nurse following anecdotal speculation participants referred to diabetic eye screening may be pre-diabetic rather than true diabetic. The programme has sought further information about the referral process and are now satisfied this is not the case and therefore the audit is not required.	No risk as alternative assurance gained.
Bowel Screening Wales Removal Approved Mar 26	Nursing Documentation Audit	2	This was a new assurance audit planned for 2025-26, to audit documentation against NMC standards. The design of the audit was originally due to be finalised by Q3. However, the nursing team did not have the capacity to undertake the audit against competing priorities following a member of the team leaving.	BSW have compiled a 3-year audit plan for 2026-2029 to provide assurance against key risks in the programme. A single documentation audit is not planned, however accurate documentation features throughout all

				of the audits planned. Therefore, there is no risk with removing this specific audit.
Bowel Screening Wales Removal Approved Mar 26	Bowel Preparation Audit	2	This audit was originally planned to help identify the current effectiveness of bowel prep and if there were any common themes for improvement. The other key part of the audit was to ensure bowel prep had been assessed as being sufficient to complete the procedure. On reflection, it was very ambitious and the programme assessed that they didn't have sufficient resources to undertake this activity. The new three-year BSW clinical audit programme has primarily been based upon risk rather than service improvement, with the intention to re-introduce service improvement projects in the future.	No risk as there are other quality assurance processes in place that provides assurance over the 'competence' of the colonoscopist/ endoscopist undertaking the procedure. This provides assurance regarding risks associated with poor bowel prep and whether prep was sufficient to undertake the procedure.
Diabetic Eye Screening Wales Removal Approved Mar 26	Performance Metrics Audit DESW SPARs	3	This audit was examining programme KPIs, however the scope of the work morphed over the course of the year. It no longer met the definition of audit and so the decision was made to remove it from the audit plan.	No risk associated with removing this audit as assurance has been sought through alternative activity.
Diabetic Eye Screening Wales Removal Approved Mar 26	SharePoint document control	2	This audit was delayed due to a dependency with the Records Management team. A decision was made in Q4 to remove the audit from the 2025-26 plan as it was no longer feasible to complete the audit before year-end.	Low risk associated with delaying this audit. It has been scheduled for 2026-27.

Diabetic Eye Screening Wales Removal Approved Mar 26	Websites review (DESW & IFP)	2	This audit was delayed due to dependency with ongoing PHW web transformation. A decision was made in Q4 to remove the audit from the 2025-26 plan as it was no longer feasible to complete the audit before year-end.	Low risk associated with delaying this audit. It has been scheduled for 2026-27.
Diabetic Eye Screening Wales Removal Approved Mar 26	Optomize user permissions	2	This audit was delayed due to dependency with informatics. A decision was made in Q4 to remove the audit from the 2025-26 plan as it was no longer feasible to complete the audit before year-end.	Low risk associated with delaying this audit. It has been scheduled for 2026-27.
Diabetic Eye Screening Wales Removal Approved Mar 26	3-year opt out	2	This was a clinical pathway audit scheduled for Q4. There was a change made in the programme to this process in Oct 2025. Following this change, the programme has decided to amend the scope of the audit. Due to this, the team would like to undertake the audit in 2026-27 as there will not be sufficient time to complete the audit before the end of March.	There is no risk associated with delaying this audit. The revision to the process and update to the SOP aims to strengthen processes and improve quality and safety. The programme plans to conduct the audit of the new process in 2026-27, once enough time has passed for the new process to be embedded into practice.
Diabetic Eye Screening Wales Removal Approved Mar 26	Web view Optomize user access	3	This audit has been delayed due to an ongoing issue to obtain the required data from DHCW. A DPIA is being processed; the audit will be delayed until this is resolved.	