

## WMQRS 2015/16 AUDIT REPORT

- 1 This report summarises the findings of the WMQRS Audit Programme for 2015/16. The planned audit programme is given in Appendix 1.
- 2 All 2015/16 audits were undertaken with the exception of:
  - a. User Recruitment (Jan/Feb): an audit was not undertaken at this time as the DBS/risk assessment process was not fully in place. The process is now embedded and audits are being undertaken as scheduled.
  - b. Review Preparation – Haemoglobin Disorders (Jan): The haemoglobin disorders programme was managed by external consultants at this time and data were not collected.
  - c. Quality Standards: audits of the development process were not undertaken until June 16.
  - d. Visit Reports - QAG/Steering Group report (Nov): reports to QAG/Steering Groups took place on an ongoing basis but the November audit of these reports was missed from the programme in error.
  - e. Report Process – Haemoglobin Disorders: An initial audit was undertaken in June/July but subsequent audits could not be undertaken as the data documented were incomplete. Monitoring of compliance with key report deadlines has, however, been reported on a quarterly basis to the WMQRS Board.
- 3 Issues raised by audits are documented on the WMQRS Learning Log and discussed at the next WMQRS team meeting. Issues identified in 2015/16 generally related to incomplete documentation of processes or lapses in compliance with expected procedures. Key issues highlighted by the audits are given in Table 1.

**Table 1 Key issues identified by audits**

| Issue   | Action  |
|---|---|
| Emails asking for organisational support for reviewer were not being sent to WMQRS lead contacts prior to training sessions | Emails to be sent WMQRS leads prior to training sessions. A follow-up audit is scheduled for July.  |
| Observer more vocal than was desirable  | Observers are now reminded of their role at the start of a visit.   |
| Pre-visit information not being received on time  | A reminder is now sent to the health economy/Trust one week before information is due to be received. A follow up audit is scheduled for September. |

| Issue   | Action  |
|---|---|
| Evidence provided late at review  | The requirement for evidence to be available at the start of a review is made clear at the visit planning meeting with the health economy/Trust. A reminder is also included in the telephone catch up with health economies six weeks in advance of a visit.                       |
| West Midlands programme reports: Several deadlines in the process were not met in the autumn, but all final reports were issued on time | No specific action. Delays were anticipated due to WMQRS team capacity problems and the number of reviews scheduled.  |
| Unable to undertake Review Preparation audit and Visit Report audit for haemoglobin disorders due to incomplete data.                   | When using external consultants to run review programmes or visits, WMQRS will ensure that induction training covers the processes in the Quality Manual relating to auditing. WMQRS will implement mechanisms to monitor data completion when reviews are run by WMQRS Associates. |
| Haemoglobin Disorders reports: eight final reports not issued on time   | WMQRS will monitor more closely any reviews run by Associates. One contributory factor was that two Steering Group meetings clashed with junior doctors' strikes and so had to be cancelled.  |

## APPENDIX 1 WMQRS AUDIT PROGRAMME

| Subject of audit   | How  | Frequency   | When                      |
|--|--|-------------|---------------------------|
| General and WMQRS  | General and WMQRS Board audit  | Annual      | July/August               |
| Serious Personal & Professional Issues                                 | Check that all cases closed  | Annual      | July/August               |
| Learning Log   | Learning Log audit   | Annual      | July/August               |
| Review visit<br>Oct 15: Adjusted frequency from ongoing to quarterly   | Review Visit audit   | Quarterly   | July<br>Oct<br>Jan<br>Apr |
| Reviewer recruitment   | NHS Staff audit  | Six monthly | July/August<br>Jan/Feb    |
|  | Service user audit   | Six monthly | July/August<br>Jan/Feb    |
| Review preparation   | 10% sample of visits<br>a. West Midland review visits<br>b. Commissioned review visits | Six monthly | July/August<br>Jan/Feb    |
| Quality Standards (New or updated)                                     | QAG/SG report  | Ongoing     | N/A                       |
| Immediate Risks  | Quarterly Board reporting  | Ongoing     | N/A                       |
| Visit Reports<br>Adjusted frequency<br>Previously: ongoing             | Report process (deadline tracker at front of report)                                   | Six monthly | May/Nov                   |
|  | QAG/SG report  | Six monthly | May/Nov                   |
|  | Quarterly Board reporting  | Ongoing     | N/A                       |
| Appeals  | Report to Board of any appeals   | Ongoing     | N/A                       |
| Evaluation   | Annual Evaluation Report   | Ongoing     | N/A                       |
| Document Control   | Document control audit (of a sample of document types)                                 | Annual      | July/August               |
| Ad hoc audits may also be undertaken as required by ongoing monitoring |  |             |                           |