

# Clinical Audit and Quality Improvement Strategy

## 1 April 2019



Agenda Item No:11.5

Trust Board	
<b>Meeting Date:</b>	1 April 2019
<b>Title:</b>	Clinical Audit and Quality Improvement Strategy
<b>Purpose of the Report:</b>	To provide the Trust with a 3 year strategy for Clinical Audit and Quality Improvement for the Trust Board to approve
<b>Summary:</b>	<p>The previous strategy written in 2015 has been fully achieved, new strategy proposals devised.</p> <p>This strategy document sets the medium and long term direction of clinical audit and quality improvement. The aim is to use clinical audit as a process to embed clinical quality at all levels in the Trust, to deliver demonstrable improvements in patient care, create a culture that is committed to learning and continual development, and a mechanism for providing evidence of assurance about the quality of services.</p> <p>The main headings/areas contained in the strategy are:</p> <ul style="list-style-type: none"> <li>• Improvement of the quality of Clinical Audit</li> <li>• Enable measurable improvements in clinical quality through Clinical Audit</li> <li>• Integrate clinical audit within the day to day activities of each Directorate</li> <li>• Enable all staff to participate in Quality Improvement activities by ensuring the necessary competency, support and time is made available</li> <li>• Adoption and implementation of Quality Improvement Projects to address non-compliance / deficiencies</li> <li>• Development of multi-disciplinary and multi-agency audits</li> <li>• Focus on LEARNING</li> <li>• Improve engagement of Audit Convenors and attendance at Clinical Audit and Effectiveness Group (CAG)</li> <li>• Clinical Audit Awards Event</li> </ul>
<b>Recommendation:</b>	<p>This strategy will be communicated to all involved in the Audit process in the following ways:</p> <ul style="list-style-type: none"> <li>• Presented by the Trust Clinical Audit Lead at QGAC</li> <li>• Presented by the Trust Clinical Audit Lead at the Clinical Audit and Effectiveness Group (CAG) meeting</li> <li>• Circulated to all Audit Convenors via the Governance Officers</li> <li>• Summary presented at Directorate Governance and/or Audit Meetings</li> <li>• Available on the Governance Departments Clinical Audit intranet page</li> <li>• Available on the Trust's strategies intranet page</li> </ul>
<b>Action required:</b>	Approval
<b>Clinical implications and view</b>	Not applicable

## Trust Board Report

<b>Patient, carer, public impact and views</b>	Not applicable
<b>Resource implications</b>	None
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<b>CQC Domains</b>	<b>Safe:</b> patients, staff and the public are protected from abuse and avoidable harm. <b>Effective:</b> care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. <b>Caring:</b> staff involve and treat everyone with compassion, kindness, dignity and respect. <b>Responsive:</b> services are organised so that they meet people's needs. <b>Well-led:</b> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
<b>Trust Strategic Objectives</b>	Proactively seek opportunities to develop our services  To have an effective and well integrated local health and care system that operates efficiently  Attract, retain and develop our staff, and improve employee engagement
<b>Links to Assurances</b>	Not applicable
<b>Resource Implications:</b>	<b>Revenue:</b> None <b>Capital:</b> None <b>Workforce:</b> None <b>Funding Source:</b> None
<b>Equality and Diversity Impact</b>	An assessment has been undertaken, no adverse effects have been identified for staff, patients or the public as a result of implementation of this strategy.
<b>Risks:</b>	None to report
<b>Risk register reference:</b>	None
<b>Other formal bodies involved:</b>	None
<b>References</b>	None

<b>Strategy Name:</b> ST03 Clinical Audit and Quality Improvement Strategy 2019 - 2022	<b>Version:</b> V2 March 2019	<b>Status:</b> Final	<b>Author:</b> Trust Audit Lead and the Governance Support Team Leader  <b>Director Sponsor:</b> Trust Medical Director	
Version / Amendment History	Version	Date	Author	Reason
	V1	February 2015	Trust Audit Lead	Strategy for approval and implementation - Completed
	V2	March 2019	Trust Audit Lead	New 3 year strategy for approval and implementation
<b>Intended Recipients:</b> All staff groups				
<b>Consultation Group / Role titles and Date:</b> Clinical Audit Convenors, Clinical Audit Group (CAG) and the Governance Officers.				
<b>Name and date of Trust level committee where reviewed</b>			QGAC	
<b>Name and date of final approval committee</b>			QGAC	
<b>Date of issue</b>			March 2019	
<b>Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)</b>			2022 (every 3 years)	
<b>Training and Dissemination:</b> This strategy will be communicated to all involved in the Audit process in the following ways: <ul style="list-style-type: none"> <li>• Presented by the Trust Clinical Audit Lead at QGAC</li> <li>• Presented by the Trust Clinical Audit Lead at the Clinical Audit and Effectiveness Group (CAG) meeting</li> <li>• Circulated to all Audit Convenors via the Governance Officers</li> <li>• Summary presented at Directorate Governance and/or Audit Meetings</li> <li>• Available on the Governance Departments Clinical Audit intranet page</li> <li>• Available on the Trust strategies intranet page</li> </ul>				
<b>To be read in conjunction with:</b> Clinical Audit and Quality Improvement Standards Operating Procedure (SOP).				
<b>Equality Impact (initial) Assessment (all policies):</b>			<b>Completed Yes / No</b>	
<b>Full Equality Impact assessment (as required):</b>			<b>Completed Yes / No / NA</b>	
If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114.				
<b>Contact for Review</b>			Dr Cherukuri, Trust Audit Lead	

	Bec Jones, Governance Team Leader
<b>Implementation plan / arrangements (Title of Implementation Lead)</b>	The actions set out on the Action Plan will be taken forward by identified leads and overseen by the Implementation Lead, Dr Cherukuri, Trust Audit Lead
<b>Monitoring arrangements and Committee</b>	Clinical Audit Group (CAG) provides assurance to the Trust Board through Compliance Oversight Group (COG) and is responsible for monitoring the clinical audit activity within the Trust by ensuring appropriate arrangements are in place to do so.
<p><b>Document summary / key issues covered:</b>          This strategy document sets the medium and long term direction of clinical audit and quality improvement. The aim is to use clinical audit as a process to embed clinical quality at all levels in the Trust, to deliver demonstrable improvements in patient care, create a culture that is committed to learning and continual development, and a mechanism for providing evidence of assurance about the quality of services.</p>	

### VALIDITY STATEMENT

**This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.**

## Content

1.0	Aim / Objectives .....	4
2.0	Scope.....	4/5
3.0	Strategic Context / Background .....	5
4.0	Staff Requirements .....	5
5.0	Roles and responsibilities .....	6/7
6.0	Structure and Approach .....	7-13
7.0	Communication of Strategy.....	133
8.0	Evaluation and Review.....	133/14
9.0	Equality statement .....	144
10.0	Resource assessment.....	144
11.0	References.....	144
12.0	Appendices .....	15

# Clinical Audit and Quality Improvement Strategy

## 1.0 Aim / Objectives

Quality improvement needs to be at the heart of clinical practice and is something that all health practitioners must engage in. Clinical audit drives continuous improvement through assessment of patient care and the delivery of a better experience for patients and their carers.

This strategy document sets the medium and long term direction of clinical audit and quality improvement. The aim is to use clinical audit as a process to embed clinical quality at all levels in the Trust, to deliver demonstrable improvements in patient care, create a culture that is committed to learning and continual development, and a mechanism for providing evidence of assurance about the quality of services. Our strategic objectives:

- Improve the quality of clinical audit and quality improvement activities
- Enable measurable improvements in clinical quality through clinical audit
- Integrate clinical audit and quality improvement within the day to day activities of each Directorate
- Enable all staff to participate in quality improvement activities by ensuring the necessary competency and support is made available by the Directorates
- Establish and implement Quality Improvements Projects (QIPs) across the Trust
- Develop multi-disciplinary and multi-agency audits
- Focus on learning
- Improve engagement of Audit Convenors and attendance at Clinical Audit and Effectiveness Group (CAG)
- Continue the success of the Clinical Audit Awards

## 2.0 Scope

The strategy applies to anyone engaged in the clinical audit process with the help and support of the Trust. All health professionals need to own the process that drives the continual improvement of their practice. The Trust will support this by:

- Enabling development of the necessary competence, and facilitating training
- Allowing the time for clinical audit activity
- Providing technical support and expertise
- Promoting a supportive culture in which change can take place

This strategy contributes to the delivery of the Trust strategic goals, objectives and performance targets, to achieve the Trust vision:

“An NHS organisation that is striving continuously to improve patient experience and outcomes”

The key documents detailed below have strong links with this strategy and therefore must be considered when reading this strategy:

- Standard operating procedure for Clinical Audit and Quality Improvement
- Standard operating procedure for Review and implementation of NICE guidance, National Guidance and National Confidential Enquiries Procedure
- Standard operating procedure for Management of External Visits
- OP10 Risk Management and Patient Safety Reporting Policy

### **3.0 Strategic Context / Background**

The ever increasing demands of regulatory bodies and external agencies requires clinical audit to be embedded within the culture of the Trust and evidence be available to provide assurance on patient safety and risk. The Trust must demonstrate robust Clinical Audit processes and compliance with National Quality Standards such as those required from:

- The Care Quality Commission (CQC)
- The National Institute for Health and Care Excellence (NICE) Guidance
- The National Clinical Audit and Patient Outcome Programme (NCAPOP)
- Audits identified for inclusion in the NHSE Quality Accounts document
- National guidance and recommendations from National Confidential Enquiries
- National / Royal College Audits
- National Service Framework (NSF)

Clinical Audit is traditionally used as a tool to provide assurance against the Trust quality improvement indicators. Documents that can be used to measure the effectiveness of this include the Annual Quality Report, Board Assurance Framework, risk registers, serious incidents, incident trends, complaints and claims. This strategy aims to create opportunity for more locally driven audit and Quality Improvement Projects, and to affect more realistic and manageable annual audit plans.

### **4.0 Staff Requirements**

A commitment and enthusiasm from all staff involved in Clinical Audit is required in order to drive change. The strategy will see a change in focus from conducting traditional Clinical Audits to conducting Quality Improvement Projects. This change in focus provides the Trust with the opportunity to further drive enthusiasm for change and to promote the need to conduct effective quality audits.

The strategy will identify training needed to enable staff to undertake QIPs. There will be reflection on how the successes of the last strategy can be built on and also where the focus needs to be moving forwards.

## **5.0 Roles and responsibilities**

### **5.1 Clinical Audit and Effectiveness Group (CAG)**

CAG provides assurance to Trust Board through the Compliance Oversight Group (COG) and is responsible for monitoring the clinical audit activity within the Trust by ensuring appropriate arrangements are in place to do so. The CAG membership consists of the following staff:

- Trust Clinical Audit Lead (Chair)
- Healthcare Governance Managers Divisions 1, 2 and 3 (Deputy Chair)
- Governance Team Leader
- Nominated Medical Representative including Clinical Audit Convenors
- Nominated Nursing/Allied Healthcare Professional
- Nominated Directorate Representatives

### **5.2 Trust Clinical Audit Lead**

The Clinical Audit Lead is the chair of the CAG and is responsible for the delivery of the clinical audit programme in the Trust. The Clinical Audit Lead is responsible for creating the strategy for embedding clinical audit within the organisation and is actively involved in dissemination of clinical audit information. The Clinical Audit Lead is responsible for the clinical audit budget. The Clinical Audit Lead provides a regular report to the COG regarding clinical audit activity within the Trust.

### **5.3 Divisional Management Team**

All three Divisional Management Teams will oversee progress against the agreed audit plan for each Directorate within the Division. They will have overall responsibility for approving audits to be abandoned and ensuring a risk based approach to decision making.

### **5.4 Governance Department**

The Healthcare Governance Managers, Team Leaders and Governance Officers will facilitate and support the implementation of this strategy across the Trust. They will promote effective clinical audit at all levels and report any areas of non-compliance with Clinical Audit and Quality Improvement to Division and Trust Board through the identified routes (CAG – COG – TMT)

### **5.5 Clinical Audit Convenor**

Each Directorate has an identified Clinical Audit Convenor who has responsibility for coordinating clinical audit activity within their Directorate. The Audit Convenor will agree the appropriate dissemination of audit findings and sharing of lessons learnt. They will ensure there is a system in place for the implementation of audit recommendations with re-audit undertaken to “close the audit loop” and highlight demonstrable improvements to patient care

## 5.6 Audit Lead

The named clinical lead for each audit must be a Senior Registered Practitioner (Consultant / minimum Band 6 nurse). Members of staff wishing to undertake specific audits must approach their supervising Clinician to act as lead. It is the responsibility of the Audit Lead to ensure that their nominated audits are managed through the Clinical Audit Database and completed in line with the Directorates Annual Audit Plan. Audit Leads are to present audit findings at an appropriate Directorate forum and ensure all actions are monitored through to completion.

## 6.0 Structure and Approach

Further to the successful implementation of the 2015-2018 audit strategy, there have been improvements across the Trust in relation to the quality of audit projects undertaken, the level of compliance against standards audited, re-audit projects and the completion of audit actions. The completion rate of audits by the Directorates has remained high. This level of performance needs to be sustained but more importantly, further developed and improved.

### 6.1 Improve the quality of Clinical Audit

The Trust has seen progress in the quality of Clinical Audits that have been undertaken but this needs building on to ensure continued improvement. Clinical Audits must be identified that directly assess, and where necessary, improve patient safety and experience, and help to achieve compliance with the Trust objectives.

The following measures will enable continued improvement in the quality of Clinical Audits:

- Audit Leads identify clear objectives and outcomes, and then assess compliance, risk and assurance following completion of the audit.
- Directorates to identify audits that drive demonstrable changes in practice and clear improvements in patient care.
- Directorates must prioritise their audit plans to ensure the most important audits are delivered in a timely fashion to enable the Directorate to achieve its strategic goals.
- Audit selection must involve patients/carers, where possible, either indirectly through the use of patient surveys/questionnaires or directly through participation of identified individuals on project steering groups or patient forums. The use of information such as patient feedback or complaints must also be considered in the audit selection process.
- Ensure all completed audits, where necessary, have identified robust and SMART actions, that are monitored to completion.
- Audits must be aligned to Trust values and objectives and also mapped to the CQC Domains (Safe, Effective, Caring, Well-Led and Responsive) to provide assurance.

## 6.2 Enable measurable improvements in clinical quality through Clinical Audit

There has been a marked improvement in recent years in the completion of Clinical Audits against the identified Directorate Annual Audit Plan. The challenge for the Trust is to acknowledge and maintain this quantitative approach whilst moving towards assessing the qualitative outcome of these audits and implement actions to improve patient care as required.

- The audit plans will need to show improvement through measurable outcomes of quality of care.
- Audit Leads must ensure that every audit, where necessary, has a robust 'SMART' action plan.
- Audit Convenors and Audit Leads must ensure that any actions generated by audits are presented at an appropriate Directorate forum (normally Audit or Governance Meeting) to be monitored through to completion.
- Where audits demonstrate a level of Moderate/Significant non-compliance the Directorate must implement actions to address these and re-audit.
- The Clinical Audit Database (CAD) needs to be reviewed to identify improvements to simplify the processes of registering and managing audits and QIP's by Audit Convenors, Leads and the Governance Officers.
- Undertake a review of the support offered by the Governance Team to identify how best to support Audit Leads/Convenors.

## 6.3 Integrate clinical audit within the day to day activities of each Directorate

Every Directorate has an identified Governance Officer and Audit Convenor. These staff work together to facilitate the delivery of the agreed audit plan. Audit is also a standing agenda item for Directorate Governance Meetings. The challenge is to encourage all staff to participate in the audit process, and to view audit as a tool to assist in the delivery of the Directorate business. In order to facilitate this:

- All staff involved in audit must be committed to engaging with clinical audit meetings (or appropriate forum) and management must be equally committed to providing time for attendance
- Where applicable, audits must identify and detail potential cost savings

Directorates and Divisions will continue to monitor progress against the audit plans on a monthly basis, which enables any areas of concern to be addressed in a timely manner. Increased scrutiny of quarterly targets avoids slippage of project completion and prevents them being carried forward in to the following audit year.

## 6.4 Enable all staff to participate in Quality Improvement activities by ensuring the necessary competency, support and time is made available

A key factor in improving the standard of quality improvement activities, including clinical audit is to ensure that staff are provided with adequate training, support and time to undertake them. At present ad hoc training is provided to Directorates and individual members of staff, by the Governance Department as requested. Development of a specific training package would support a consistent approach to audit across the Trust.

- Governance Department to look at developing a Clinical Audit Training package
- Governance Department will review Clinical Audit and Quality Improvements in line with the operational objectives of this strategy
- Governance Department will review the audit guidance and tools available on the intranet site
- Allocated Supporting Professional Activity time (SPA) to be used to review progress against the Clinical Audit plan
- Clinical Supervisors will support, encourage and supervise their staff in the process of clinical audit including audit registration, data collection, presentation and submission of a clinical audit report

## **6.5 Adoption and implementation of Quality Improvement Projects to address non-compliance / deficiencies**

Quality Improvement Projects (QIPs) have been introduced as a separate audit type on Clinical Audit Database and included in the new Clinical Audit Quality Improvement SOP. QIPs are rapid cycles of audit, where a deficiency has been identified and improvement must be implemented quickly. QIPs aim to improve the patient experience and can focus on more holistic issues or where there are no formal standards. A QIP must be a continuous process of learning, development and assessment. QIPs are useful when deficiencies have been identified and change needs to be implemented quickly and effectively.

Participation in QIPs is now required for Core Medical Training and Foundation Year Trainees. QIPs can be proposed by any grade of staff but each would need to align with Directorate and Trust objectives. All QIPs must be registered on the Trust Clinical Audit Database.

### **Training and Support**

- Introductory sessions on Quality Improvement will be given to all Core Medical Trainees and the Foundation Year Doctors. Following this there will be regular workshops, run by the QIP Lead and others.
- The Trust QIP Lead to look into whether training could be delivered by the Royal College of Physicians to familiarise trainees with the terminology and requirements for a good QIP.

### **Outcomes**

- Trust QIP Lead to develop a QIP and Clinical Audit presentation to be presented on the Clinical Fellows MSc course and any other training sessions to promote the benefit of undertaking QIPs rather than Clinical Audits.
- Governance Department to facilitate Clinical Fellows wanting to undertake QIP projects across the Trust (if nothing available in the directorate they are working in).
- A successful completed QIP to be presented at Clinical Audit and Effectiveness Group on a quarterly basis. This will to demonstrate rapid improvement and promote the benefits of undertaking a QIP to Audit Convenors
- Governance Officers to work with the Directorates to identify which audits could be QIPs

## 6.6 Development of multi-disciplinary and multi-agency audits

The Clinical Audit and Quality Improvement Standard Operating Procedure SOP already states 'the Audit Lead (also known as the Audit Supervisor) for each audit project must be a Consultant or other Senior Registered Practitioner (any profession)'.

- To develop multi-disciplinary audits, encouragement must be given for increasing the number of nurse / AHP led audits. This encouragement can come via CAG and via communication by the Audit Convenors.
- Encouragement for discussions to be held regarding multi-agency opportunities with Directorates for example primary care, social services, oncology, referral pathways, safeguarding.
- Directorates to think wider than their own Directorate and look at the links they already have to see whether a Clinical Audit or QIP could be undertaken which could be mutually beneficial.

## 6.7 Focus on LEARNING

The sharing of best practice from Trust Wide audits and QIP's must be expanded past shared learning and the Integrated Governance Report (IGR).

- A category on the Clinical Audit Awards must be added identifying 'significant improvement from trust wide audits'. This will promote the positive actions Directorates have taken to improve compliance and any impact this has had on the patient.
- Action plans need to be progressive and effective.
- Consideration needs to be given to the effectiveness of Trust Wide audits and whether a different approach is needed to initiate and promote improvement across the Trust.
- Trust Wide Audit Lead to consider whether QIPs could be undertaken to address the non-compliance of key areas rather than continually re-auditing areas of high compliance.
- Trust Wide Audit Lead to consider different approaches to providing the Trust with Assurance.
- A QIP award category to be added to the Clinical Audit Awards Event from 2019. The winner will be asked to create a short video of them presenting their QIP, which will be added to the Governance Intranet site as well as being shared at Directorate Governance and audit meetings, and at the Clinical Audit and Effectiveness Group.
- The winning QIP and/or overall winner of the Clinical Audit Awards to present a case study at Trust Board. The overall winner of the 2017 Clinical Audit Awards Event testimonial states that 'presenting at Trust Board was a fantastic chance to inform the Board of our service, and future development aims. They left the Board of Governors with positive feedback and encouragement'.

The Trust is required to participate in audits identified in the National Audit Programme, as well as undertaking audits against NICE guidance. There is a need to improve the triangulation of NICE guidance compliance with the National Audit programme to see where comparisons and learning can be identified.

- Use National Clinical Audit Benchmarking to develop SMART action plans that pick out areas where we fall below national average, where compliance has reduced or where there is significant or moderate non-compliance. The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on

healthcare quality improvement. They are an independent organisation led by the Academy of Medical Royal Colleges, The Royal College of Nursing and National Voices. HQIP have a National Clinical Audit Benchmarking (NCAB) online portal providing access to national audit performance data. There is access audit data benchmarked searchable by speciality, Trust, hospital or unit (HQIP NCAB site <https://ncab.hqip.org.uk>)

- Amend the Review and implementation of NICE Guidance, National Guidance and National Confidential Enquiries Procedure SOP to reflect action required where non-compliance is demonstrated by audit Leads for NCAPOP audits (including results, national average, recommendations and actions) to be invited to present to CAG and COG.

## **6.8 Improve engagement of Audit Convenors and attendance at Clinical Audit and Effectiveness Group (CAG)**

The role of the Audit Convenor has been in place for a number of years, with varying degrees of engagement. Audit Convenors have a responsibility to co-ordinate clinical audit activity across the Directorate. This role is crucial to the delivery of the audit plan and it is clear that those Directorates with Audit Convenors who engage fully with the process tend to perform well against their agreed plan. The Audit Convenors are key contacts for the Governance Officers within the Directorates.

There is still work to be done around Clinician engagement. During 2017/18 Directorate Audit Convenor attendance at the Clinical Audit Group (CAG) meetings has remained poor.

- There are 6 meetings a year, of which Convenors are expected to attend 70% (4 of 6 meetings)
- 8 (23%) Directorates have met this standard and been represented by their Audit Convenor or an appropriate deputy
- 13 (37%) Directorates have not been represented at any of the CAG meetings during the 2017/18 audit year

The following measures will improve engagement of Audit Convenors and attendance at CAG:

- The Trusts Clinical Audit Lead will work with the Audit Convenors to address the lack of engagement from some areas
- Areas not represented at the Clinical Audit Group (CAG) meeting will be contacted to understand non-attendance of the Convenor or a representative
- The CAG Terms of Reference will be reviewed regularly and meetings dates/times will be revised to ensure all Convenors have an opportunity to attend and that the agenda is of value to all convenors
- Management Trios to be included and actively encouraged to participate in audit plan / activity throughout the year
- Audit Convenor attendance at CAG to be monitored and reported to Trust Committees (or attendance of an appropriate representative in their absence)
- Audit Convenors to be invited to present National Audits and any audits with Trust wide learning at the CAG meeting
- Local audits being included on the agenda
- Identifying a rolling plan of presentations for the year for every Directorate

- Audit Convenors are to meet regularly with Governance Officers for support and to discuss progress of the agreed audit plan. Quarterly meetings as a minimum to become a standard part of the Audit Convenor role
- Consideration needs to be given to the remit of the Audit Convenor and Audit Lead.
- What can they realistically be expected to do and what gaps does this leave
- How do we improve engagement.
- Ensure the time spent is focused on the quality of the audits/QIPs being undertaken.
- Additional capacity would have to be found in order to fill any gaps identified.
- The Audit Convenor would still need to be responsible for the information captured on CAD and ensuring that the aims, outcomes and actions are robust, accurate and SMART .
- The Audit Convenor would be required to monitor CAD to ensure they are happy with all the information stored.
- Governance Department to continue building on links with the Revalidation Team.

### **6.12 Clinical Audit Awards Event**

The Clinical Audit Awards Event continues to provide an excellent showcase of the great audits that the Trust undertakes every year. The aim of these events is to not only recognise these audits by offering awards to the best of the best, but to also make the event an informative and useful day for all those that attend.

- Continued focus on providing a morning training session, driven towards a specific topic.
- A presentation covering varied topics at the afternoon event will continue to happen. This will be open to all members of staff and designed to be both informative and relevant
- Nominated Audits will be assessed under several categories, with the best being awarded certificates. Assessment criteria will be devised and abstracts submitted to a panel of assessors
- Inclusion of new category for QIP's
- Audit winners to be asked to present at the event
- Audit Convenor of the Year award will continue. The winner will be asked to present at the event describing how they have engaged their colleagues in Clinical Audit, how they encourage them to conduct good quality audits with measurable aims and outcomes and identify SMART actions. They will also be asked to discuss their future plans.

### **6.13 Acting on Convenor Feedback**

Feedback from the 2017 Clinical Audit Awards was captured, identifying the following suggestions to be progressed:

- Development of a non-mandatory online Audit/QIP training package, available via the KITE site, for all staff. Providing information on how to conduct an audit from the initial planning of the audit/QIP through to final report writing and action plans.
- Add useful and informative videos and presentations to the Governance intranet page. This page can be added to when further information becomes available
- Promotion of the Governance team and the support they offer to those undertaking audits or QIPs. As previously discussed:
- Clarity needs to be given as to level of support the Governance Department can offer and what is ultimately the Directorates responsibility.

- Have a stand promoting support/workstreams covered by the Governance Team at the Clinical Audit Awards Events. Offering advice and useful handouts to members of staff attending the event.
- Staff have highlighted that they want dedicated resource, an audit team. There is no capacity to facilitate this at present, therefore a review of the support that the Governance Team offer, together with the promotion of the value the team adds to Directorates and the Trust, needs to be considered. The team needs to reevaluate their processes and systems to see where improvements can be made to relieve the pressures and barriers Convenors/Leads experience when they carry out their audits.
- Continued focus and emphasis needs to be on conducting good quality audits rather than the quantity of audits the Directorates undertake. This message needs to be relayed to Directorates by everyone involved in audit.
- To allow Directorates to focus their time and effort on improving the quality of their audits/QIPS, a review of the number and effectiveness of mandatory audits needs to occur. Feedback that we received suggests that there are too many mandatory audits required to be undertaken by the Directorate which impacts on the capacity to complete local audits/QIPs.
- A reduction in the number of NICE Guidance being required would facilitate more effective audits being able to be undertaken. Review the requirement to conduct an audit of NICE Guidance once we are compliant.
- Policy must be amended to allow the Directorates to provide alternative assurance as to the compliance with the Guidance.
- Review to also be given as to whether there is a need to conduct a full re-audit of the guidance after 5 years, or whether a QIP focusing on areas of non-compliance solely.
- The number of Technology Appraisals (TAGs) being released every year has made it impossible for some Directorates to undertake them. Consideration to be given whether a risk based approach to which NICE guidance to audit can be adopted across the board, particularly those with a higher number of guidance.

## 7.0 Communication of Strategy

This strategy will be communicated to all involved in the Audit/QIP process in the following ways:

- Presented by the Trust Clinical Audit Lead at QGAC
- Presented by the Trust Clinical Audit Lead at the Clinical Audit and Effectiveness Group (CAG) meeting
- Circulated to all Audit Convenors and Directorate leads via the Governance Officers
- Summary presented at Directorate Governance and/or Audit Meetings
- Available on the Governance Departments Clinical Audit intranet page
- Available on the Trust strategies intranet page

## 8.0 Evaluation and Review

This is a 3 year strategy and will run from 2018/19 to 2021/22. This strategy will be reviewed prior to the beginning of the 2022/2023 financial year. Responsibility lies with the Clinical Audit and Effectiveness Group (CAG) chaired by the Trust Clinical Audit Lead for review and ratification of the strategy.

Clinical audit activity is monitored at Directorate level and progress reported up to Divisions on a monthly basis. The audit activity is also reported on a bi-monthly basis to the Clinical Audit and Effectiveness Group (CAG).

The Trust Annual Audit report details all clinical audit activity for the past year and includes:

- Completion rates of the agreed annual Directorate audit plans.
- Progress against the National Clinical Audit and Patient Outcome Programme
- Directorates will be asked to supply information on where clinical audit have improved the quality of care in a measurable way and/or the efficiency in financial terms for each Directorate.

### 9.0 Equality statement

An assessment has been undertaken, no adverse effects have been identified for staff, patients or the public as a result of implementation of this strategy.

### 10.0 Resource assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

### 11.0 References

Nil

## 12.0 Appendix 1 – Three Year Implementation Plan 2018/19 to 2021/22

Year/Quarter	18/19	19/20				20/21				21/22			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Launch of Clinical Audit and Effectiveness Strategy													
Develop and launch a Clinical Audit Training package													
Trust Clinical Audit Lead to work with Audit Convenors to address the lack of engagement from some areas using measure outlined in the strategy													
Monitoring of Audit Convener attendance at CAD to be reported to Trust committees													
Consideration needs to be given to the remit of the Audit Convener and Audit Lead													
Delivery of the Clinical Audit Awards event													
Undertake a review of the effectiveness of Trust Wide audits and whether a different approach is needed to initiate and promote improvement across the Trust													
Review the Clinical Audit Database to identify improvements to the ease of registering and managing audits/QIP's													
A review of the support offered by the Governance Team to see how best the team can support the Lead/Convenors.													
Consideration of the degree of assurance acceptable for NICE Guidance													
Production and circulation of the Trust wide Clinical Audit Report													