

CLINICAL AUDIT ANNUAL REPORT 2016-2017

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Date: 15th May 2017

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Executive Summary

This report outlines the clinical audit activity carried out across the Trust from 1st April 2016 to the 31st March 2017. This report describes the management of clinical audit during the year, completion, performance, outcomes of audit and the planned improvements to the delivery of clinical audit during 2017/18.

During 2016/17 there were 438 audits approved for inclusion on the Clinical Audit Plans. Of these 187 (45%) were local audit projects, 91 (21%) were national audits, 77 (18%) were NICE guideline audits, and 73 (17%) were identified as 'other' audit projects and service evaluations.

The Trusts overall audit completion rate during 2016/17 was 84% demonstrating a 2% reduction in completion against the 2015/16 end of year figure (86%). An adjusted figure is also provided which excludes National Audits as the Trust has no influence on whether these reports are received and the audits completed within year. The overall adjusted figure is 92%. This is an improvement of 1% on the 2015/16 audit plan.

Overall 2016/17 has seen an improvement in relation to the quality of audits undertaken across the Trust, and the completion rate of audits by the Directorates has remained high. This level of performance needs to be sustained during 2017/18. 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.

144 re-audit projects were completed by the end of the financial year. Of these, 99 audits (69%) demonstrated an improvement in compliance against the standards audited, indicating that appropriate actions had been implemented following the original audit.

The Governance Support Team will continue to monitor and report audit activity with particular focus on SMART actions being identified and implemented to tackle areas of non-compliance. The Governance Support Team intends to re-launch their intranet site, making audit guidance and tools available and developing an online clinical audit training package.

Recommendations

- Increased scrutiny against quarterly targets to avoid slippage of projects to prevent them being carried forward in to the following audit year.
- Increased engagement from Directorate Audit Convenors and Audit Project Leads when creating and prioritising audit activity at the beginning of the financial year. This will reduce the need to abandon audits and / or add audits within year.
- Increased engagement from Directorate Audit Convenors with the Governance Officers throughout the year, in line with the OP45 Clinical Audit policy to coordinate activity and monitor progress against the Directorates audit plan.
- The Governance Support Team to continue to focus on SMART actions being identified and implemented to tackle areas of non-compliance.
- The Governance Support Team to re-launch their intranet site, making audit guidance and tools available and developing an online clinical audit training package.

1.0 Introduction

Clinical audit is a multi-disciplinary quality improvement process that objectively measures the effectiveness of healthcare and service delivery against agreed standards, in order to implement improvements where necessary. Everyone involved in the provision of healthcare should be involved in clinical audit.

Through the development and delivery of robust clinical audit plans, the Trust is able to demonstrate a methodical process for the continuous monitoring and evaluation of the level of care and service provided, to ensure they are of the highest standard and that sustainable quality improvements are continuously implemented.

This report outlines the clinical audit activity carried out across the Trust from 1st April 2016 to 31st March 2017. This report describes the management of clinical audit during the year, completion rate performance and summarises the planned improvements to the management and delivery of clinical audit across the Trust during 2017/18.

2.0 Development of the 2016/17 Clinical Audit Plans

The 2016/17 clinical audit plans were developed by Directorate Audit Convenors with support from their Governance Officers. Directorates were required to prioritise the audit projects for 2016/17 and map them to the Trust strategic objectives and CQC domains. Clinical audit plans included contributions to the National Clinical Audit and Patient Outcomes Programme (NCAPOP), other National Audit and NICE (National Institute of Clinical Excellence) guidance implementation audits. These plans were agreed locally at the Directorate Governance meetings and then presented to the Divisional Management Team at a Divisional Governance meeting for approval.

3.0 Monitoring of Clinical Audit Plans

The clinical audit plans were monitored on a monthly basis via the audit completion rate and progress against plan reports (Appendices 1 and 2). This information was presented monthly at local Directorate Governance meetings. The Division also receive an audit completion rate report on a monthly basis at Divisional Governance meetings. Progress, in terms of completion of audit projects and attainment of the clinical audit plans were reported bi-monthly to the Trusts Clinical Audit Group (CAG) and quarterly to Quality Standards Action Group (QSAG). Progress with the National Clinical Audit and Patient Outcomes Programme (NCAPOP) has been monitored on a quarterly basis at the Clinical Quality Review Meeting (CQRM).

4.0 Summary of Clinical Audit Activity at Year End (2016/17)

The full clinical audit completion rate reports for 2016/17 split by Division and Directorate are available in Appendices 1 and 2. Comparisons and narrative is given in the tables below.

4.1 Comparison of Completion Rates

The table below provides a comparison of the Divisional and Trust audit completion rates (including all Types of Audits) over the last 5 years.

Total Completion Rate	2012/2013	2013/2014	2014/2015	2015/16	2016/17
Division 1	36%	84%	86%	83%	84%
Division 2	53%	87%	78%	90%	85%
Overall Trust	48%	85%	81%	86%	84%

4.2 Adjusted Completion Rate

The Trust has participated in 91 national audit projects during 2016/17, of which 51 (56%) have been completed within year. Due to the reliance on nationally set timescales the majority of these audits were not expected to be completed within the year, will remain in progress and have been carried over on to the 2017/18 audit plans. National Audits are only classified as completed once the national results have been collated, distributed and Trust actions for improvement have been identified in line with Trust policy. To allow for this discrepancy an adjusted completion rate figure has been provided below, which excludes National Audits*: overall adjusted completion rate for the Trust for 2016/17 was 92%.

Adjusted Completion Rate	2013/2014	2014/15	2015/16	2016/17	Change %
Division 1	91%	93%	89%	88%	-1%
Division 2	95%	87%	94%	96%	8%
Overall Trust	93%	90%	91%	92%	1%

4.3 Clinical Audit Activity 2016/17

The table below provides an overview of the 438 audits authorised for completion during 2016/17. This is exactly the same number of audits undertaken in 2015/16.

Divisional Activity	Audits on Original Plan	Additional Audits Added in year	Authorised Abandoned Audits	Total Audits (minus abandoned)
Division 1	174	85	29	230
Division 2	155	77	24	208
Overall Trust	329	162	53	438

4.4 Authorised Abandoned Audits

A risk based approach was taken to abandoning audits in 2016/17 with any audit Directorates proposed to be abandoned requiring robust rationale and relevant assurances (e.g. audit to be included on plan the following year or alternative risk management process / activity being undertaken). Appendix 3 details the rationale for the abandonment of 29 Division 1 and 24 Division 2 audits. Overall 53 audits were abandoned Trust wide. This equates to 16% of the Trust wide audit plan.

Divisional Activity	Authorised Abandoned Audits 14/15	Authorised Abandoned Audits 15/16	Authorised Abandoned Audits 16/17	Change (No)
Division 1	16	75	29	-46
Division 2	24	33	24	-9
Overall Trust	40	108	53	-55

There was a significant reduction in the number of audit abandoned in 2016/17, especially in Division 1, abandoning 46 fewer audits than 2015/16. This is likely to be due to the increased scrutiny applied during the planning phase of the Directorate Audit Plans.

Notably, only 13 audits registered on clinical audit database have been declined by the Audit Convenor (9 in Division 1 and 4 in Division 2). This option is available on the database for Convenors to request further information from the proposer of an audit, or to decline the audit entirely. It is then not included on the audit plan.

4.5 Additional Audits Added in Year

In total 162 audits have been added to the Directorate audit plans within the financial year. These audits are in addition to their approved original audit plan. The table below shows that there have been 27 additional audits added Trust wide in 2016/17.

Divisional Activity	Audits added in year 14/15	Audits added in year 15/16	Audits added in year 16/	Change (No)
Division 1	99	81	85	4
Division 2	61	54	77	23
Overall Trust	160	135	162	27

4.6 Types of Audits undertaken

The table below demonstrates the different types of audits which were approved and undertaken during 2015/16.

Planned	National	Local	NICE	Other	Total
Division 1	45 (20%)	110 (48%)	37 (16%)	38 (17%)	230
Division 2	46 (22%)	87 (42%)	40 (19%)	35 (17%)	208
Overall Trust	91 (21%)	197 (45%)	77 (18%)	73 (17%)	438

4.7 Completion of Types of Audits

The table below demonstrates the different types of audits completed during 2016/17. The table demonstrates that only 51 (56%) of National audits have been completed, 100% of these audits were started, however we are unable to close the audits without a report and action plan and these are generated by the relevant National bodies.

Completed	National	Local	NICE	Other	Totals
Division 1	30 (67%)	96 (87%)	31 (84%)	36 (95%)	193 (84%)
Division 2	21 (46%)	84 (97%)	39 (98%)	32 (91%)	176 (85%)
Overall Trust	51 (56%)	180 (91%)	70 (91%)	68 (93%)	369 (84%)

5.0 Clinical Audit Aims and Objectives

When creating Directorate audit plans, Convenors work with their designated Governance Officer to review and prioritise audits required for the coming financial year. All audits must be mapped to the Trust's strategic objectives and the CQC domains. All audits are prioritised using a scoring tool and agreed whether the audit is a key priority for the Directorate during that audit year. All audits have agreed aims and objectives.

5.1 Mapping to Trust Strategic Objectives

All 438 audits (230 Div 1 / 208 Div 2) are mapped to one or more of the Trust Strategic Objectives. The following table and graph illustrates the number (and percentage) of audits mapped to each of the six strategic objectives. Audits can be linked to one or more objectives; therefore the percentage shown is of the total 438 audits (230 Div 1 / 208 Div 2).

Trust Strategic Objectives	Trust 2015/16	Trust 2016/17	Div 1 2016/17	Div 2 2016/17
Attract, retain and develop our staff and improve employee engagement	23 (4%)	29 (7%)	19 (8%)	10 (5%)

Be in the top quartile for all performance indicators	148 (23%)	117 (27%)	43 (19%)	74 (36%)
Create a culture of compassion, safety and quality	294 (46%)	292 (67%)	134 (58%)	158 (76%)
Maintain financial health - appropriate investment enhancement to patient services	24 (4%)	38 (9%)	9 (4%)	29 (14%)
Proactively seek opportunities to develop our services	99 (15%)	187 (43%)	112 (49%)	75 (36%)
To have an effective and well integrated organisation that operates efficiently	51 (8%)	155 (65%)	88 (38%)	67 (32%)

5.2 Mapping to the CQC Domains

All audits are mapped to one or more of the CQC Domains. The following table and graph illustrates the number (and percentage) of audits mapped to each of the 5 CQC domains. Audits can be linked to one or more domains; therefore the percentage shown is of the total 438 audits (230 Div 1 / 208 Div 2).

CQC Domains	Trust 2015/16	Trust 2016/17	Div 1 2016/17	Div 2 2016/17
Caring	207 (24%)	159 (36%)	82 (36%)	77 (37%)
Effective	385 (44%)	329 (75%)	173 (75%)	156 (75%)
Responsive	92 (11%)	106 (24%)	44 (19%)	62 (30%)
Safe	154 (18%)	281 (64%)	136 (59%)	145 (70%)
Well Led	25 (3%)	82 (19%)	36 (16%)	46 (22%)

5.3 Standard Audit Aims

Audits aims fall in to four standard categories; to improve patient care, Improve compliance, Improve the service and / or to set local guidelines. The following table details the number (and percentage) of audits mapped to each of the standard aims. Audits can have more than one aim category; therefore the percentage shown is of the total 438 audits (230 Div 1 / 208 Div 2).

Audit Aims	Trust 2015/16	Trust 2016/17	Div 1 2016/17	Div 2 2016/17
Patient Care	185 (42%)	189 (43%)	93 (40%)	96 (46%)
Compliance	175 (40%)	161 (37%)	66 (29%)	95 (46%)
Improve Service	143 (33%)	151 (34%)	70 (30%)	81 (39%)
Set Local Guidelines	43 (10%)	28 (6%)	9 (4%)	19 (9%)

5.4 Prioritisation Score

When planning the annual audit plan the Directorate prioritises all proposed audits using a scoring tool and agreed as low, medium or high priority for the Directorate to undertake. Of the 103 high priority audits, 80 (78%) were completed by the end of the financial year. The 23 incomplete audits have been carried forward on to the 2017/18 audit plans.

Score	Trust 2015/16	Trust 2016/17	Div 1 2016/17	Div 2 2016/17
Low	191 (44%)	108 (25%)	65 (28%)	43 (21%)
Medium	180 (41%)	227 (52%)	113 (49%)	114 (55%)

High	67 (15%)	103 (24%)	52 (23%)	51 (25%)
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5.5 Key Priority Audits

Further to prioritisation scoring of the audit, Audit Convenors are asked whether an audit is considered a key priority for the Directorate to undertake.

Key Priority	Trust 2015/16	Trust 2016/17	Div 1 2016/17	Div 2 2016/17
Yes it's a priority	250 (57%)	229 (52%)	103 (45%)	126 (61%)
No it isn't a priority	180 (41%)	179 (41%)	104 (45%)	75 (36%)
Not Indicated	8 (2%)	30 (7%)	23 (10%)	7 (3%)

5.6 Audits Relating To Risks

We record whether audits undertaken relate to any issue captured on the Risk Register.

Relates to a risk	2015/16	2016/17
Division 1	2	4
Division 2	9	7
Overall Trust	11	11

5.7 Does an audit relate to Care Planning?

The following 89 audits were identified as relating to the care planning requirements of the organisation. This equates to 20% of all audits undertaken by the Trust during 2016/17.

The apparent significant increase in the number of care planning audits undertaken over the last two years correlates with improvements made to the Trust's ability to capture this data via the Clinical Audit Database, which now facilitates both the identification of and monitoring of progress against these clinical audits.

Care Planning	Trust 2013/14	Trust 2014/15	Trust 2015/16	Trust 2016/17
Falls	5	1	2	4
Pressure Injury	1	0	3	2
End of Life	8	7	6	2
Discharge	5	4	4	9
Care Plan Evaluation	14	14	68	72
Overall Trust	33	26	83	89

6. Audit Outcomes

6.1 Outcomes of Completed Audits

A review of completed audits has been undertaken to identify the outcomes of audits and how these are being used to improve services. Directorate Audit Convenors were asked to confirm the compliance rating against standards audited. The table below provides a breakdown by level of compliance. It demonstrates that the majority of audits completed and rated, 276 (73%) are either fully compliant or show minor non-compliance against the standard audited.

Level of compliance	Total 2014/15	Total 2015/16	Total 2016/17	2016/17 Div 1	2016/17 Div 2
Fully Compliant	104 (28%)	110 (28%)	121 (32%)	60 (31%)	61 (34%)
Minor non-comp	179 (49%)	188 (48%)	155 (41%)	74 (38%)	81 (45%)

Moderate non-comp	42 (11%)	52 (13%)	46 (12%)	27 (14%)	19 (10%)
Significant non-comp	24 (7%)	14 (4%)	18 (5%)	11 (6%)	7 (4%)
Not applicable	19 (5%)	16 (4%)	33 (9%)	21 (11%)	12 (7%)
Not yet rated	0	12 (3%)	3 (1%)	2 (1%)	1 (1%)
Total	368	398	376	195	181

Please note that this data includes 2016/17 audits that have been completed and rated since the end of the financial year, hence an increase in total numbers. Audits marked as 'not applicable' included service evaluations that did not have a specific set of standards to be audited against.

6.2 Actions following identification of non-compliance

It is crucial that where audits have identified moderate or significant non-compliance, that actions are taken to address gaps in compliance and implement changes to improve quality and future compliance. All audits identified as moderate or significant non-compliance were (where appropriate) added to the 2017/18 audit plan for subsequent re-audit. The 2017/18 approved audit plans for both Divisions have been attached as Appendix 4 for your reference.

Of the 64 audits that identified significant or moderate non-compliance against the standards audited, actions were developed to address these issues. These actions were to be implemented prior to re-audit. Appendix 5 shows the outcomes and actions identified for these non-compliant audits.

6.3 Re-Audit Required

Following completion of 209 audits, it has been indicated that a re-audit should be undertaken in a subsequent year. These will be included automatically on the audit plan as required, as this is captured and reported via Clinical Audit Database.

Re-Audit Required	2015/16	2016/17
Division 1	120	107
Division 2	123	102
Overall Trust	243	209

6.4 Re-Audits Demonstrating Improvement

In 2016/17 we re-audited 178 audit projects across the Trust. 144 of these re-audits were completed by the end of the financial year. Of the 144 re-audits completed, 99 audits (69%) demonstrated an improvement in compliance against the standards audited, indicating that appropriate actions had been implemented following the original audit.

The remaining 34 audits that were not completed by the end of the year have been carried forward on to the 2017/18 audit plan.

	Re-Audits Planned	Re-Audits Completed	Demonstrated Improvement
Division 1	91	73	56 (77%)
Division 2	87	71	43 (61%)
Overall Trust	178	144	99 (69%)

6.5 Audits that have made a positive impact

The reports of completed clinical audits were reviewed by the Directorate Audit Convenors and Governance Officers to ascertain the impact the audit had on the quality of healthcare provided. Appendix 5 details the impact of these audits.

6.6 Completion of Audit Actions

Action plans are developed to implement recommendations and address any areas of non-compliance. These actions are monitored by the Governance Officers through to completion, and reported monthly to Directorate and Divisional Governance meetings. Since the changes made to clinical audit database, increased scrutiny is being applied to completing the actions by their proposed completion date.

During 2016/17 there were 779 actions due for completion between 1st April 2016 and 31st March 2017. Of these 520 (67%) were completed by their proposed completion date.

	Div 1 2015/16	Div 2 2015/16	Total 2015/16	Div 1 2016/17	Div 2 2016/17	Total 2016/17
Actions completed	207 (63%)	296 (86%)	503 (75%)	274 (69%)	246 (64%)	520 (67%)
Not completed	121 (37%)	50 (14%)	171 (25%)	121 (31%)	138 (36%)	259 (33%)
Total Actions Due	328	346	674	395	384	779

7. NICE Guideline Audits

The table below provides a breakdown of the number of NICE Guidance audited during 2016/17, split by guidance type and division. In total there were 77 NICE audit projects undertaken with 70 (91%) completed by the end of year. The 7 projects not completed have been carried forward to 2017/18.

NICE Audits	Total 14/15	Total 15/16	Div 1 16/17	Div 2 16/17	Total 16/17
Clinical / NICE Guideline	35 (39%)	38 (55%)	16 (43%)	20 (50%)	36 (47%)
Technological Appraisal	40 (44%)	13 (19%)	2 (6%)	13 (33%)	15 (19%)
Quality Standard	4 (4%)	9 (13%)	9 (24%)	3 (8%)	12 (16%)
Interventional Procedure	8 (9%)	6 (9%)	8 (22%)	0 (0%)	8 (10%)
Public Health	2 (2%)	1 (1%)	2 (5%)	1 (2%)	3 (4%)
Medical Technologies	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)
Cancer Services Guideline	1 (1%)	1 (1%)	0 (0%)	1 (2%)	1 (1%)
Diagnostic Guidelines	1 (1%)	0 (0%)	0 (0%)	2 (5%)	2 (3%)
Overall Total	89	69	37	40	77

Health Assure and Clinical Audit Database now include a tracker function and these are populated by the Governance Officers to capture when NICE guidance is to be initially audited or due for review. The changes to Clinical Audit Database allowed the capture of guidance types being audited, to facilitate reporting.

8.0 National Clinical Audit and Patient Outcomes Programme (NCAPOP)

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is a set of centrally-funded national clinical audit projects. All projects within NCAPOP are commissioned and managed by Healthcare Quality Improvement Partnership (HQIP). The

NCAPOP audit projects collect data nationally on compliance against evidence based standards. The audit projects analyse data submitted by local Trusts centrally and feedback comparative findings to help participants identify necessary improvements for patients. Progress against the National Clinical Audit and Patient Outcomes Programme is monitored locally by the Clinical Quality Review Meeting.

There were 54 audits identified on the 2016/17 NCAPOP plan. 43 of which were confirmed as applicable to Royal Wolverhampton NHS Trust. There were 7 audits where data was not collected during the 2016/17 audit period. There were 3 audits that were applicable to the Trust but we did not participate. Therefore, the Trust actively participated in 33 audits, all of which are included in the NHSE Quality Accounts 2016/17. By the end of the audit year 11 audits were fully completed. Data has been submitted for 5 audits and the Trust is awaiting the final report. There are 17 audits which remain in progress and have been carried forward to the 2017/18 audit programme. Please see Appendix 6 for details.

The updated National Audit Plan for 2016/17, including all audits commissioned by NCAPOP and those that are included in the Quality Accounts have been reviewed by the Directorates and added to the 2017/18 audit plans where applicable.

9.0 Trust Wide Audits

Since 2012/2013 the Governance Department has undertaken 9 Trust wide audits on a rolling programme. This was originally due to non-compliance identified during the processing of NHSLA audits, collection of data and central monitoring by the policy author. The reports were presented at Clinical Audit Group, both Divisional Governance meetings and all Directorate Governance Meetings. Directorates were then required to agree and implement appropriate actions to address poor compliance.

In February 2017 it was agreed that the Governance Department would no longer centrally audit CP04 Discharge, Transfer (CP05), Falls (CP42), Patient Manual Handling (HS01 Attachment 4) or Delegated Consent (CP06 Attachment 5) as it was felt that the data captured by these audits was being collected, monitored and reported via other routes, for example via Symbiotics, Ward Key Performance Indicators and Datix. Final reports were produced as follows.

NHSLA Audits	Frequency	Final Report Produced
CP04 Discharge	Bi-Annual	November 2016
CP05 Transfer	Bi-Annual	December 2016
CP42 Falls	Bi-Annual	May 2017
CP06 Delegated Consent	Quarterly	March 2017
HS01 Patients Manual Handling	Annual	November 2016

The Governance Department will continue to undertake and / or support with data input, analysis and reporting of the following trust wide audits:

Trust Wide Audit	Frequency	Reporting Period
CP06 Written Consent	Annual	1 st Sep - 31 st Aug
CP11 DNAR	Annual	1 st Jul - 30 th Jun
OP07 Patient Documentation	Quarterly	1 st April - 31 st March
CP61 Early Warning Score (ViEWS)	Bi-Annual	1 st Nov - 31 st Oct 17

10.0 Audit of compliance with the Clinical Audit & Effectiveness Policy (OP45)

Regular quality improvement and assurance checks and quarterly audits are undertaken by the Governance Officers to monitor and assess whether clinical audits completed during the previous quarter are compliant with the Clinical Audit and Effectiveness Policy (OP45). The results show a sustained level of compliance across the Trust with the exception of the following areas:

- If the audit project is a re-audit, does the report contain results of the previous audit?
- Have all the actions been completed within the timescales?
- Have qualitative minutes been uploaded to the clinical audit database?

This information is reported to Directorates quarterly and action plans are developed around areas of low compliance. Significant improvement has been made to completing audit actions within agreed timescales, and this is now reported to and monitored at Divisional Governance meetings.

11.0 Implementation of the Clinical Audit Strategy

In February 2015 a Clinical Audit Strategy was approved and implemented by the Governance Support Team. Since this time we are ahead of schedule in terms of implementing the required changes.

The following actions have since been completed:

- Launch of reviewed Clinical Audit and Effectiveness Policy
- Development and implementation of an audit prioritisation tool
- Phased upgrades to Clinical Audit Database (completed December 2015)
- Clinical Audit Awards Event takes place annually (since 2015)
- Review of CAG Terms of Reference
- Monitoring of Audit Convenor attendance at CAG to be reported to Clinical Audit Group, Divisional Governance. Due to be reported to Quality Standards Action Group in July 2017.
- Audit Convenors have been invited to present National Audits and audits with Trust wide learning at the CAG meeting.
- Every clinical audit is mapped to the Trust objectives and CQC Domains
- Implementation of prospective audit of harmonised policies at Cannock Chase Hospital (completed in 2015)

Outstanding actions are:

- Governance Department to establish greater links with the Revalidation Team
- Audit that Directorates have held regular and appropriate forums for audit
- Development and launch of a clinical audit training package
- Review and implementation of audit guidance and tools available on the intranet site

12.0 Clinical Audit Database

Upgrades to Clinical Audit Database were completed in December 2015, including additional fields and a brand new reporting suite. This has significantly improved the capture and reporting of information and has replaced the use of the previous manual work-arounds used to provide data and reports. Use of the Clinical Audit Database by Directorates and Audit Conveners as a tool for updating audit projects remains a challenge. Although the vast majority of audit projects are registered, the level of detail and completeness of information can be variable. The Governance Officers continue to work with Audit Conveners to ensure the most accurate information is available.

13.0 The Annual Clinical Audit Awards Event

July 2015 saw the initial launch of the Clinical Audit Awards. This was an opportunity to showcase some of the excellent audit undertaken across the Trust. Due to the success of the initial event the Governance Support Team organised a 2016 event which was well attended and received fantastic feedback. We are presently organising the 2016/17 event for 10th November 2017, which will include, in addition to the usual Awards ceremony, a master class workshop session for Governance Officers, Audit Convenors and Audit Leads delivered by the Clinical Audit Support Centre Limited.

14.0 Future Plans for strengthening Clinical Audit during 2017/18

Overall 2016/17 has seen an improvement in relation to the quality of audits undertaken across the Trust, and the completion rate of audits by the Directorates has remained high. This level of performance needs to be sustained during 2017/18. 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.

Audit Convener attendance at Clinical Audit Group has continued to improve, however there are a number of Directorates who consistently do not attend. An attendance level of 70% is expected as per OP45 Policy. This will be monitored and reported at Clinical Audit Group, Divisional Governance meetings and to future Quality Standards Action Group.

The Governance Support Team will continue to monitor and report audit activity with particular focus on SMART actions being identified and implemented to tackle areas of non-compliance and drive improvements in healthcare. The Governance Support Team intends to re-launch their intranet site, making audit guidance and tools available and developing an online clinical audit training package.

15.0 Recommendations

- Increased scrutiny against quarterly targets to avoid slippage of projects to prevent them being carried forward in to the following audit year.
- Increased engagement from Directorate Audit Convenors and Audit Project Leads when creating and prioritising audit activity at the beginning of the financial year. This will reduce the need to abandon audits and / or add audits within year.
- Increased engagement from Directorate Audit Convenors with the Governance Officers throughout the year, in line with the OP45 Clinical Audit policy to coordinate activity and monitor progress against the Directorates audit plan.
- The Governance Support Team to continue to focus on SMART actions being identified and implemented to tackle areas of non-compliance and drive improvements in healthcare.
- The Governance Support Team to re-launch their intranet site, making audit guidance and tools available and developing an online clinical audit training package.

16.0 Appendices

- Appendix 1: Divisional 2016/17 Year End Completion Rate
- Appendix 2: Divisional 2016/17 Progress Against Plan
- Appendix 3: Abandoned Audits and Rationale
- Appendix 4: Approved Clinical Audit Plans for 2017/18
- Appendix 5: Aims, Outcomes and Audit Impact
- Appendix 6: NCAPOP 2016/17



Appendix 1



Appendix 1



Appendix 2



Appendix 2



Appendix 3



Appendix 3

Completion Rate Div 1 Completion Rate Div2. ProgressAgainst Plan IProgressAgainst Plan IAbandonedAudits Div1 AbandonedAudits Div2



Appendix 4 Audit



Appendix 4 Audit



Appendix 5



Appendix 5



Appendix 6 National

Programme 17-18 Div Programme 17-18 Div.AimsAndOutcomes DivAimsAndOutcomes DivAudit Programme 16-