Clinical Audit Strategy 2017 -2020

Powys Teaching Health Board is committed to providing safe and high quality clinical care. The THB recognises the important contribution of clinical **audit** to the wider clinical governance agenda for improving the standard **of clinical** practice.

This document outlines a strategy to develop the range and quality of clinical audit to provide the most effective contribution to the Boards assurance processes and quality improvement activities for the next three years. This will support the organisation's strategic objective of creating a culture that places the patient first in everything that is done and enables and encourages continuous improvement in safety, quality and the patient experience in all care settings.

The Strategy also addresses the 4 high and 3 medium priority recommendations of an Internal Audit Report 2016/17 (detailed at Appendix 1).

Powys Teaching Health Board: Clinical Audit Strategy 2017-2010

Background

Clinical audit is a quality improvement method which has seen widespread use since its formal introduction into UK practice by the 1989 White paper "Working for Patients".

The National Institute of Health and Clinical Excellence defines Clinical Audit as "*a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards*".

1.0 Aims of the Clinical Audit strategy

The aim of this Strategy is to ensure that an effective programme of clinical audit is embedded across all parts of the organisation and that the content of the audit programme remains relevant to the clinical and organisational priorities over the next 3 years.

The strategy supports the organisational commitment to continuous improvement through the measurement of evidence based practice.

There are five interwoven threads to the strategy:

1.1 Assurance

The Clinical Audit Strategy will ensure that robust information is collected to provide assurance within the organisation and for external partners that: -

- **The quality of local care is judged against recognised standards**
- **Areas for improvement are identified through a systematic approach**

1.2 Improvement
The Clinical Audit Strategy will support organisational compliance with Health and Care Standard 3.3 by demonstration of a robust process programme of continuous quality improvement, reducing waste and addressing inefficiencies. The Strategy prioritises a commitment to learn from and act upon audit findings.

1.3 Patient experience
Patient experience is central to our assessment of service quality and will be used to inform the quality assurance and improvement programmes.

1.4 Alignment
The content of the Audit Programme will be aligned to the strategic goals of the organisation to promote and develop a modern model of rural healthcare centred on the needs of the individual.

1.5 Value
Clinical audit activity will guide the deployment of staff and resources to manage risk, improve quality and promote efficiency.

2.0 Objectives of the Clinical Audit Strategy

2.1 To ensure that organisational structures and processes are fit for purpose
The proposed structure for the Clinical Audit Programme is attached at Appendix 2.

This builds on the existing framework but in addition incorporates recommendations from the Internal Audit report.

The delivery of the audit programme is supported by the following processes: -

- **Development and approval of the Clinical Audit Plan**
- **Delivering audit activity**
- **Reporting of clinical audit results, actions and impact**
- **Refection, learning and sharing**
- **Review and refresh of the plan**

Strategy Action Points	By (Date)
• Agree the content of the organisational Clinical Audit Strategy annually	April each year
• Delivery of audit activity	Determined by each audit
• Reporting of activity	Annual Audit Report September
• Refresh of the audit plan	April each year or as needed

2.2 To ensure that organisational responsibilities are clearly articulated

Clinical audit is a core element of professional practise. Clinicians and managers should regularly review appropriate data to assess the quality of care provided and to identify opportunities for improvement. Organisational support for audit activity enables clinicians to fulfil their professional duties, supports managers to quantify improvement and provides the organisation with a valuable assessment of the quality of care provided.

Strategy Action Points	By (Date)
• The Audit Plan to be shared on a dedicated area of the Health Board intranet site	April 2017
• Clinical audit to be a key priority in individual and team objectives	Ongoing
• Clinical audit and other quality improvement activity to be agreed within personal objectives and reviewed during appraisal	Ongoing

2.3 Training

The organisation values clinical audit and will ensure that resources for training and advice are available to support and encourage audit activity.

Strategy Action Points	By (Date)
• Web based materials to support clinical audit will be made available • Managers will assess the specific training of their staff and build the training need assessments into their forward plans. • As far as possible clinical audit reports should follow an agreed standardised format that has been created and is currently out for consultation with all staff groups.	By April 2017 To be assessed annually

2.4 Development and approval of the clinical audit plan

National audits will be reviewed by the Medical Director and Safety and Quality Improvement Manager after the publication of the National Clinical Audit and Outcome Review (NCAOR) Programme to confirm local relevance- where appropriate these will be included in the Annual Plan. Powys actions arising from all NCAOR audits will be formally reported to Welsh Government in the format, and to the timescales, determined by them.

Directorates will develop a short list of potential clinical audit topics. As a body of work clinical audit should support the strategic aims and objectives of the organisation. A number of sources will inform which subjects should be selected for the clinical audit plan. These will include nationally mandated audits, incidents, risks and concerns, patient feedback and outcome reported measures. Particular attention should be paid to areas of clinical practice where there is clear evidence of what constitutes good practice such as NICE guidance. The Director with responsibility for each clinical service should have oversight of the audit plan development process and of the list of selected clinical audits.

Strategy Action Points	By (Date)- Annual cycle
• Each clinical directorate to develop a draft clinical audit plan • The OMG Audit Sub-group to provide advice, review proposals and offer feedback to individual Directorates	February March

• The OMG Audit Sub-group to provide an analysis of the draft THB programme (including national requirement and local proposals)and propose a draft Annual Audit Plan for the consideration of the OMG group	April
• **The content of the programme to be tested against SMARTER criteria**. ○ **Specific** ○ **Measurable** ○ **Achievable** ○ **Relevant** ○ **Time-limited** ○ **Evaluated** ○ **Resourced**	April
• The OMG Group to agree the Annual Clinical Audit Plan and ensure that the delivery of the plan is supported by appropriate resource.	April
• Report to the Patient Experience Quality and Safety Committee	September

The Operational Management Group will ensure that all areas of the organisation are considered in the PTHB Clinical Audit Plan and that the importance of assurance across the whole of the patient journey is recognised.

Strategy Action Points	**By (Date)**
• Approval of the clinical audit plan as a rolling programme by the Operational Management Group	Annual - April

2.6 Action plans and monitoring

The audit process must include reflection on the findings and development of actions where appropriate. This intelligence will inform the priorities and objectives of the OMG.

Improvement actions will be reported and barriers to delivery will be managed via risk registers.

Feedback and sharing of learning will be supported by activities such as newsletters and educational events.

Strategy Action Points	By (Date)
• The results of clinical audit will drive the necessary improvement actions for clinical services	The success of this process should be reviewed every six months
• Progress against the Annual Audit Plan will be monitored via the OMG and an Annual Audit Report will be published	September
• Teams/Directorates will be encouraged to hold developmental or celebratory events that support clinical audit and other quality improvement activities.	Ongoing

Appendix 1

Internal Audit Report recommendations

High Priority Recommendations

1) Approved Clinical Audit Strategy

The PTHB Clinical Audit Strategy covers the period 2013 - 2016. A number of structural changes have been made since the strategy was written. In addition, contained within the Strategy are a number of processes which no longer take place. The Strategy therefore does not reflect the current position. Roles and responsibilities, including those of the Patient Experience, Quality and Safety Committee are not detailed within the Strategy.

2) Execution of Clinical Audits

Completed audits should be received centrally to allow onwards reporting and monitoring of performance against the Clinical Audit Plan. However, at the time of testing, the Quality and Safety Improvement Manager had not received any completed audits for 2016/2017, in spite of five months from the audit year having lapsed.

With the exception of Maternity Services, we were unable to identify any strategy or formula for ensuring that there are sufficient resources in place, to ensure that the clinical audit plan is likely to be achieved.

3) Adequate Clinical Audit Coverage

Whilst Clinical Audit Plans are discussed at management forums, they are not formally approved by each service director.

In addition, not all areas are present on the Clinical Audit Plan. By utilising a risk based approach to clinical audits, there should be adequate coverage across the Health Board.

4) Progress of Clinical Audit Plan

We identified only one Patient Experience, Quality and Safety committee meeting (from eight) where progress against the Clinical Audit Plan was reported, which was October 2015. On this occasion a RAG chart of progress against the Plan was presented to the Committee, but whilst start dates were included, anticipated completion timeframes were not.

As such, there is no mechanism in place whereby progress of the clinical audit plan can be measured. Slippages are therefore not reported.
Medium Priority Recommendations

1) Follow-Up of Clinical Audit Results

There is no procedure or framework in place which ensures that issues arising from Clinical Audits are followed up and addressed. Whilst localised arrangements are in place and operating for Maternity Services, where all issues were addressed, this was not the case for all services visited e.g. Therapies and Health Science, Theatres and Endoscopy.

2) Approval of Clinical Audit Plan

The Clinical Audit Plan for 2016/17 was approved by the Patient Experience, Quality and Safety Committee on 5th May 2016. This is after the start of the audit year and the Clinical Audit Plan should be in progress at this stage.

Failure to secure and maintain the Quality of Patient Services is identified as the highest risk on the corporate risk register for PTHB. The 'Clinical Audit Programme' is recorded as a key mitigating control for this risk. The Clinical Audit Plan is not approved by the Audit and Assurance Committee whose role includes providing assurance that there is an effective clinical audit and quality improvement function in place.

3) Governance and Organisational Structure

PTHB was only able to take part in 6 of the 32 Clinical Audit Programmes, detailed on the National Clinical Audit and Outcome Review Plan 2015/2016, due to not meeting the audit criteria in respect of provision of services.

It is understood that discussion is currently on-going between the Welsh Government and Welsh Health boards regarding the non-participation by some Health Boards in National Audits. As such, the possibility and viability of producing a proforma which has to be signed off by the Chief Executive is being discussed. Such a proforma would include action being taken by Health Boards in respect of findings for commissioned services.

The full internal audit report may be accessed here:

Appendix 2

Process

Developing and delivering the PTHB Clinical Audit Plan