Clinical Audit and Effectiveness (CAE) Procedure Manual

Key Words:	Audit, Effectiveness, Programmes, Clinical, Quality Assurance

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Version	Description of Change	Date Issued
6	Full revision alongside Clinical Audit Policy. Key changes made to the Procedural Manual include: • If MHA related programmed clinical audit such as Seclusion, Section 17 Leave, CTO, MCA etc, this has been included to be sent to relevant Clinical Directors as part of standard dissemination. • Changes of Governance Groups/ job titles	09 February 2023

Associated Policy

These procedures must be read in conjunction with the following policy: -

- Clinical Audit Policy: **CORP-0053**

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Key: -

(white box)	Clinical Audit and Effectiveness Procedures
(yellow box)	Directorate/Specialty procedures

CAE – Clinical Audit and Effectiveness

Procedure 01 - Development of Annual Quality Assurance Programmes

Purpose
To highlight external and internal factors influencing the development of Quality Assurance Programmes.

Process
A structured programme of CAE activity is agreed annually for all relevant directorates, services and specialties. These programmes include national and local clinical audit priorities and are based on key quality and risk issues.
The procedure for developing annual Quality Assurance programmes is as follows:

<table>
<tr><td colspan="2">1. Horizon scan of national and local priorities to be undertaken annually by the Clinical Audit & Effectiveness Team. This includes consideration of the following:</td></tr>
<tr><td>National Drivers:
▪ National Clinical Audit Priorities
- National Clinical Audit Patient Outcome Programme (NCAPOP)
- Royal College of Psychiatrists Prescribing Observatory for Mental Health (POMH-UK)
▪ CQC clinical quality review topics and themes of investigations
▪ NICE and other national best practice guidance publications including
- National Strategies
- NICE Quality Standards
- NICE Guidance
▪ Clinical Outcome Review Programmes (National Confidential Inquiries)</td><td>Local Drivers:
▪ NHS Contract Priorities
▪ Commissioning Framework Priorities
▪ Directorate risk register priorities
▪ Annual Quality Account priorities
▪ Annual / Business Planning priorities
▪ Trust Strategic Goals
▪ Themes from serious untoward incidents and risk incidents
▪ CQUIN targets
▪ Service developments
▪ Pathways / CLiPs
▪ NICE Baseline Assessment Tool findings
▪ Priorities identified by service users and carers
- National and local patient survey results, Essential Standards of Quality & Safety Patient and Carer Group feedback, themes of complaints and PALS contacts</td></tr>
<tr><td colspan="2">2. Discussion of identified national and local priorities with relevant Service Development Managers, Directorate representatives, Associate Directors of Nursing and Quality, Senior Clinical Directors, Physical Health Group, Senior Clinical Audit and Effectiveness Coordinator, and Quality Assurance Facilitators.</td></tr>
<tr><td colspan="2">3. CAE Team drafts outline CAE programmes.</td></tr>
<tr><td colspan="2">4. Categorisation of priorities into mandatory, high priority and desirable (using Trust matrix)*</td></tr>
<tr><td colspan="2">5. Calculation and programme allocation of approximate capacity required for each project.</td></tr>
<tr><td colspan="2">6. Draft Quality Assurance programme priorities considered/ agreed by relevant Directorates and Executive Quality Assurance and Improvement Group.</td></tr>
<tr><td colspan="2">7. Approval of Quality Assurance programmes by the Quality Assurance Committee (designated Board sub-committee) and the Audit Committee.</td></tr>
</table>

In the event of newly emerging quality and risk issues, these will be considered for inclusion within Quality Assurance programmes by relevant Committees and Groups with acknowledgement that high risk priorities may need to be incorporated to facilitate rapid quality assurance / improvement. New project topics identified may either be incorporated into the existing years programme or specified for delivery within a subsequent year's programme dependent on the level of risk identified and associated priority.

Changes to the scheduled Quality Assurance programmes will be proposed by Trust wide Clinical Audit Subgroup or relevant corporate leads. Programme amendments/changes will be reviewed monthly and authorised by the Executive Quality Assurance and Improvement Group following consideration of information requirements. Amendments to the Quality Assurance programme should be formally authorised via this mechanism in advance of the project being conducted (Procedure 13).

*The following prioritisation matrix demonstrates how priorities are derived and categorised within the Trust:

Prioritisation Category	Projects for inclusion
Mandatory Priority These projects are compulsory requirements for the Trust and must be undertaken as agreed by appropriate Trust Committees. These high level requirements may pose significant risk to patient safety, clinical effectiveness or patient experience.	Care Quality Commission CQUIN NPSA Alerts Commissioning Priorities National Clinical Audit and Patient Outcome Programme (NCAPOP) Monitor Request National Prescribing Observatory for Mental Health (POMH-UK) Quality Account Indicators Mandated Statements/ Contract Requirements
High Priority These projects are of precedence to the Trust. Good practice indicates that these areas are audited to mitigate potential high risk to patient safety, clinical effectiveness or patient experience.	Directorate Risk Register Priorities High Level Inquiries/Enquiries NICE Quality Standards and Guidance National Strategies Emerging themes/risks from SIs, incidents and complaints
Desirable Priority These projects are of lower priority and do not pose significant risk to patient safety, clinical effectiveness or patient experience.	Other National initiatives (e.g., Professional Body Initiatives) Other Directorate Issues Local Initiatives Service/Quality Improvement projects

Clinical audit and effectiveness priorities identified from a risk register are categorised according to the individual risk rating.

Procedure 02 – Project Registration (Programmed Projects)

Quality Check	Safety Precaution	Standard Work in Progress
◇	✚	●

PURPOSE: To assist the Clinical Audit & Effectiveness Department and staff involved in audit and service evaluation projects.

Who Must Adopt This Procedure: Quality Assurance Facilitator/ Clinical Services/ Staff participating in Audit and Effectiveness Project

Time Taken: Variable

GOAL: List key quality and lean targets

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	●	Quality Assurance Facilitator	Identify and research evidence base for project topic	Guidance documents, general articles etc.	
2.	✚	Project Lead / Quality Assurance Facilitator	Establish criteria and standards for audit, or questions to evaluate the service for the project.	Guidance documents, general articles etc.	
3.	●	Quality Assurance Facilitator	Populate registration form ensuring audit tool/questionnaire is reflective of the criteria/key areas of investigation set (see procedure for audit tool development)	Registration Form Project Lead Clinical Audit Tool/ Questionnaire	
4.	● ◇	Project Lead	Review and approve registration form and audit tool/questionnaire.	Registration Form Clinical Audit Tool/ Questionnaire Project Lead	
5.	●	Project Lead	Confirm to CAE Team approval of registration and audit tool/ questionnaire.	Registration Form Project Lead Clinical Audit Tool/ Questionnaire	
6.	● ◇	CAE Team	Check registration form to ensure all fields are complete. Check inclusion of appropriate evidence based criteria and standards for audit projects and sources of evidence for service evaluations.	Registration Form Clinical Audit Tool/ Questionnaire	
7.	✚ ●	Quality Assurance Facilitator	Discuss registration form and audit tool/questionnaire and approve or decline at weekly CAE Steering Group Meeting (and relevant monthly Clinical Audit Subgroup	Registration Form Clinical Audit Tool/ Questionnaire	

			where appropriate).		
8.	●	Quality Assurance Facilitator	Add to database and obtain a project number, update relevant CAE Programme, and add to VCB.	CAE Database CAE Programme Registration Form Visual Control Board	
9.	◇	Quality Assurance Facilitator	Commence Audit Checklist detailing registration approval.	Audit Checklist	
10.	●	Quality Assurance Facilitator	Send standard email to Project Lead informing them of the outcome of registration.	Standard e-mail template	

Supporting documents –

- **Clinical Audit Registration Form Template**
- **Service Evaluation Registration Form Template**
- **Audit Checklist**
- **Audit tool/Questionnaire Template**

Procedure 03 – Project Registration (Adhoc and Trainee Doctor)

Quality Check	Safety Precaution	Standard Work in Progress
◇	✚	●

Purpose: To assist the Clinical Audit & Effectiveness Department and staff involved in audit and service evaluation projects.

Who Must Adopt This Procedure: Staff participating in audit/service evaluation projects / Quality Assurance Facilitator

Time Taken: Variable

GOAL: List key quality and lean targets

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	●	Project Lead	Identify and research evidence base for project topic.	Guidance documents, general articles etc.	
2.	✚ ●	Project Lead	Establish criteria and standards for audit, or questions to evaluate the service for the project.	Guidance documents, general articles etc.	
3.	●	Project Lead	Complete registration form and send to CAE Team	Registration Form Clinical Audit Tool/ Questionnaire	
4.	✚	Quality Assurance Facilitator	Discuss registration form and audit tool/questionnaire and approve or decline at weekly CAE Steering Group Meeting (and relevant monthly Clinical Audit Subgroup where appropriate).	Registration Form Clinical Audit Tool/ Questionnaire	
5.	●	Quality Assurance Facilitator	If declined, inform Project Lead using a standard e-mail, providing any feedback for amendments.	Registration Form Standard e-mail Template	
6.	●	Quality Assurance Facilitator	If approved, add to database and obtain a project number and update relevant CAE Programme.	CAE Database CAE Programme Registration Form	
7.	◇	Quality Assurance Facilitator	Commence Audit Checklist detailing registration approval.	Audit Checklist	
8.	●	Quality Assurance Facilitator	Send standard email to Project Lead (cc. Medical Educational Supervisor if Trainee Dr) informing them of the outcome of registration and attach Trust Report and Action Plan Template, and guidance on developing	Standard e-mail template. Trust standard CAE report and action plan template. Guidance for Action	

			action plans.	Plan Development	

Supporting documents –

- **Clinical Audit Registration Form Template**
- **Standard Clinical Audit Report Template**
- **Standard Service Evaluation Report Template**
- **Audit tool/Questionnaire Template**
- **Audit Checklist**
- **Guidance for Action Plan Development**

Procedure 04 – Audit Tool/Questionnaire Development (Programmed Projects)

Quality Check	Safety Precaution	Standard Work in Progress
◇	✚	●

Purpose: To assist the Clinical Audit & Effectiveness Department and staff involved in audit and service evaluation projects.

Who Must Adopt This Procedure: Project Lead, Quality Assurance Facilitator

Time Taken: Variable

GOAL: List key quality and lean targets

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	●	Project Lead / Quality Assurance Facilitator	Design audit tool/ service evaluation questionnaire.	Clinical Audit Tool/ Questionnaire	
2.	◇	Project Lead	Read, understand and check audit tool/questionnaire (mistake proof).	Clinical Audit Tool/ Questionnaire	
3.	◇	Project Lead / Quality Assurance Facilitator	Pilot the audit tool/questionnaire effectiveness where possible.	Clinical Audit Tool/ Questionnaire	
4.	●	Project Lead	Identify data source/ methodology (e.g., PARIS, CRS, paper records, observation, etc.)	Clinical Audit Tool/ Questionnaire & Guidance Notes	
5.	◇	Project Lead	Read, understand and check guidance notes for the project (mistake proof), considering guidance that includes where to look for data items.	Clinical Audit Tool/ Questionnaire & Guidance Notes	
6.	◇	Quality Assurance Facilitator	Discuss audit tool/questionnaire and approve or decline at weekly CAE Steering Group Meeting (and relevant monthly Clinical Audit Subgroup where appropriate).	Clinical Audit Tool/ Questionnaire	

Supporting documents –

- **Standard Audit Tool Template**

Procedure 05 – Data Collection (Programmed Projects)

Quality Check	Safety Precaution	Standard Work in Progress
◇	✚	●

Purpose: To assist the Clinical Audit & Effectiveness Department and staff involved in audit and service evaluation projects.

Who Must Adopt This Procedure: Project Lead, Quality Assurance Facilitator

Time Taken: Variable

GOAL: List key quality and lean targets

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	●	Project Lead / Quality Assurance Facilitator	Distribute Audit Tool/ Questionnaire and guidance notes if required to relevant individuals.	Audit Tool/ Questionnaire	
2.	●	Project Lead / Data Collectors	Respond to all questions by completing audit tool/questionnaire fully	Audit Tool/ Questionnaire PARIS	
3.	●	Project Lead / Data Collectors	Submit completed Audit Tools/ Questionnaires to CAE Team (Tees, Esk & Wear Valleys NHS Foundation Trust) or designated lead for analysis before the designated deadline date.	Audit Tools/ Questionnaires	
4.	●	Project Lead / Quality Assurance Facilitator	Retain a copy of all completed Audit Tools/ Questionnaires in a secure place, retaining a returns register from data collectors/teams, and following completion of the audit cycle, retain documentation as per Records Retention and Disposition Policy.	CAE shared Drive Returns register Records Retention and Disposition Policy	

Procedure 06 – Data Analysis

Quality Check	Safety Precaution	Standard Work in Progress
◇	✚	●

Purpose: To assist the Clinical Audit & Effectiveness Department.

Who Must Adopt This Procedure: Quality Assurance Facilitators

Time Taken: Variable

GOAL: List key quality and lean targets

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	●	Quality Assurance Facilitator/ Service Development Manager/ Project Lead	Identify how data will be reported (e.g. by locality, clinical team, etc.).	-	
2.	● ◇	Quality Assurance Facilitator	Enter data using the appropriate data package (e.g. Excel), reviewing data obtained ensuring data cleansing is conducted, follow up is given to queries identified, and validating responses and data entry, where applicable, against Paris documentation.	Audit Tools/ Questionnaires Microsoft Excel Paris Audit Checklist	
3.	●	Quality Assurance Facilitator	Analyse data using appropriate data package for data type (e.g. Excel).	Microsoft Excel	
4.	●	Quality Assurance Facilitator	Populate data analysis/results section of draft report with relevant percentage figures and supporting narrative.	Audit Tools/ Questionnaires Microsoft Excel Standard Report Template	

Procedure 07 – Draft Report

Quality Check	Safety Precaution	Standard Work in Progress
◇	✚	●

Procedure: To assist the Clinical Audit & Effectiveness Department.					
Who Must Adopt This Procedure: Quality Assurance Facilitators				**Time Taken:** Variable	
GOAL: List key quality and lean targets					
STEP		**OPERATOR**	**TASK DESCRIPTION**	**TOOLS/SUPPLIES REQUIRED**	**CYCLE TIME**
1.	●	Quality Assurance Facilitator	Populate relevant sections of standard report template, identifying results to reference in the action plan.	Standard Trust Report and Action Plan Template	
2.	◇	Quality Assurance Facilitator	Fully quality check draft report and action plan with another Facilitator (including validation of small data sample where applicable).	Draft report Data Audit Checklist	
3.	●	Quality Assurance Facilitator/ Project Lead	Email draft report and action plan guidance to Project Lead for checking, to add further interpretation of data and draft action plan in response to findings, including risk rating of actions.	Draft report and action plan Guidance for Action Plan Development Standard e-mail template	

Supporting documents –

- **Standard Clinical Audit Report Template**
- **Standard Service Evaluation Report Template**
- **Guidance for Action Plan Development**

Procedure 08 – Compliance and Quality Assurance

Quality Check	Safety Precaution	Standard Work in Progress
◇	✚	●
Purpose: To assist the Clinical Audit & Effectiveness		
Who Must Adopt This Procedure: Quality Assurance Facilitators		**Time Taken:** Variable
GOAL: List key quality and lean targets		

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	●	Quality Assurance Facilitator	Following full quality check of the draft report and action plan, print a copy of the report for submission for compliance rating alongside a Compliance Rating Quality Assurance Checklist.	Draft Report & Action Plan Compliance Rating and Quality Assurance Checklist Audit Checklist	
2.	● ◇	Clinical Audit and Effectiveness Lead	Quality check draft report (including checking the content of the action plan is SMART, checking for errors, omissions, additions and rates of compliance using RAG system) and update Compliance Rating and Quality Assurance Checklist.	Draft Report & Action Plan Compliance Rating and Quality Assurance Checklist	
3.	●	Quality Assurance Facilitator	Add report and action plan to the agenda for the Clinical Audit Subgroup or other groups where appropriate (unless agreed otherwise).	Draft report & Action Plan Agenda for CAE Steering Group Agenda for Clinical Audit Subgroup or other relevant group	

Supporting documents –

- **Compliance Rating Checklist**

Methodology to support compliance assessment

Compliance assessment is the process undertaken when an audit is completed and reported. It involves allocating a RAG rating (red, amber or green) as a visual indication of the standards achieved within the audit.

Rating	Average practice standards demonstrated	Risk Likelihood
Red	0 - 49 %	Risk Almost Certain
Amber	50 - 79%	Possible Risk
Green	80 -100 %	Risks Unlikely

Compliance may be assigned to individual audit criteria or more commonly used as a global compliance assessment against all key criteria. Assignment of compliance level will, therefore, be undertaken on an individual project basis.

Clinical audits which assess criteria where compliance standards must be set at a particular level (e.g. 100%) due to level of potential associated risk (patient safety clinical effectiveness, patient experience) will have this established during the initial audit development processes.

On assessing compliance, consideration should be given to the following:-

- Target compliance standard(s) to be achieved for key audit criteria
- The degree to which standards are achieved.
- The extent to which compliance with the expected standards affects patient safety and quality of clinical care and treatment.
- The potential risks posed by low compliance with criteria in respect of patient safety and clinical effectiveness.

Escalation of Significant Project Findings

For projects where all of the following criteria apply, findings will be escalated for immediate consideration and action by senior managers within relevant Directorates-

- Red overall compliance standards.
- Significant risk associated with compliance level achieved in respect of potential patient safety, clinical effectiveness, patient experience (Darzi quality domains) or organisational risk issues.

Formal reporting mechanisms will be used to escalate such findings. The CAE Team will inform the Director of Quality Governance and findings will be highlighted to relevant Trust Committees and Groups. Timescales for actions to be taken may be determined for any project as stipulated by relevant Trust Committees and Groups.

In instances where there is insufficient evidence for closure of a red assurance report / high priority action this may also be escalated by the CAE utilising this escalation mechanism.

Procedure 09 – Final Report and Action Plan

Quality Check	Safety Precaution	Standard Work in Progress
◇	✚	●

Procedure: To assist the Clinical Audit & Effectiveness Department and staff involved in audit and service evaluation projects.

Who Must Adopt This Procedure: Quality Assurance Facilitator

Time Taken: Variable

GOAL: List key quality and lean targets

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	✚ ◇	Quality Assurance Facilitator	CAE Team quality check the action plan received and formally challenge any issues not felt to be appropriately addressed.	Draft Report and Action Plan Audit Checklist	
2.	●	Project Lead / Quality Assurance Facilitator	Agree action plan with relevant specialty Clinical Audit Subgroup.	Action Plan Clinical Audit Subgroup meeting	
3.	●	Project Lead / Quality Assurance Facilitator	Submit report and action plan to CAE Team for finalisation.	Report & Action Plan Audit Checklist	
4.	●	Quality Assurance Facilitator	Following approval of the final report and action plan complete administrative tasks, including database, CAE programme, VCB, file audit tools/questionnaires and update action plan monitoring matrix	CAE Database CAE Programme Project Folder Visual Control Board Action Plan Monitoring Matrix	
5.	●	Quality Assurance Facilitator	Summarise the project findings into an executive summary and add to CAE database, and produce an A4 summary of project where appropriate/required.	Final Report and Action Plan CAE Database Audit Checklist	

Procedure 10 - Dissemination

Quality Check	Safety Precaution	Standard Work in Progress

Purpose: To assist the Clinical Audit & Effectiveness Department and staff involved in audit and service evaluation projects.

Who Must Adopt This Procedure:	Time Taken:
Quality Assurance Facilitator	Variable

GOAL: List key quality and lean targets

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.		Quality Assurance Facilitator	E-mail final report and action plan to: • Project Lead • Relevant Committee/ Group Chairs • Action Point/Plan Owners • Individual Team Managers of those teams involved in the clinical audit/service evaluation • Service Managers/ Modern Matrons for involved teams • Service Development Manager • Directors of Nursing and Quality • If MHA clinical audit such as Seclusion, Section 17 Leave, CTO, MCA etc, send the report to relevant Clinical Directors.	Standard E-mail Template Final Report & Action Plan Audit Checklist	
2.		Quality Assurance Facilitator	For clinical audit reports where a “Red” compliance was assigned, in addition to step 1 above, audit results will be shared with all Service and General Managers (where community teams are involved)/ Modern Matrons (where inpatient wards are involved) for the relevant Specialties.	Standard E-mail Final Report & Action Plan	
3.		Quality Assurance Facilitator	Audit checklist to be fully completed and filed with project documentation.	Audit Checklist	
4.		Team Managers	Team level discussion of report. Record action plan in minutes.	Final Report & Action Plan, Minutes of Meetings	

Procedure 11 – Monitoring and Implementation of Action Plan (Programmed projects including IPC)

Quality Check	Safety Precaution	Standard Work in Progress
◇	✚	●
Purpose: To assist the Clinical Audit & Effectiveness Department and staff involved in audit and service evaluation projects.		
Who Must Adopt This Procedure: Quality Assurance Facilitators		**Time Taken:** Variable
GOAL: List key quality and lean targets		

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	●	Quality Assurance Facilitator	Monitoring of action plan implementation will be undertaken monthly by the CAE Team using the Action Plan Monitoring Matrix with exception reports to Clinical Audit Subgroup, Executive Quality Assurance and Improvement Group and QuAC as required. Project Action Plans to be categorised by: • Actions implemented • Action implementation ongoing (with deadline) • Action superseded (with rationale)	Project Action Plan	
2.	●	Quality Assurance Facilitator	Send reminder email to action owner 1 month before pending action is due.	Action Plan Monitoring Matrix Email	
3.	●	Action Owner	Implement designated action(s) and provide documented evidence e.g., team meeting minutes, amended policy, SPDs etc. of action completion by due date. Where actions relate to multiple locations/teams/wards the designated lead should facilitate collation of the evidence.	Project Action Plan Email	
4.	●	Quality Assurance Facilitator	If action evidence is not received by due date, send a second reminder immediately after due date and monthly thereafter. Record all prompts in Action Plan Monitoring Matrix and where appropriate escalate non-responses to the project Lead.	Action Plan Monitoring Matrix Email	
5.		Quality	If action is >31 days overdue, copy	Action Plan	

		Assurance Facilitator	Service Manager and Associate Director of Nursing and Quality (and Senior Clinical Director if the action owner is medical staff) into reminder email.	Monitoring Matrix Email	
6.		Clinical Audit Sub-Group	Escalate overdue action to Care Group Directors if deemed necessary.	Project Action Plan	
7.		Quality Assurance Facilitator	Where an action has been agreed to be extended or postponed by the Project Lead/Subgroup and Clinical Audit and Effectiveness Lead, the respective action owners will be notified of this change following on from any reminder emails sent.	Project Action plan Email	
8.		Quality Assurance Facilitator	When action evidence is received, review evidence to ensure that it provides stipulated assurance. Save action evidence in the project folder and update Action Plan Monitoring Matrix, and action monitoring version of report.	Action Plan Monitoring Matrix Project File	
9.		Clinical Audit Lead	Performance reporting outstanding actions to Executive Quality Assurance and Improvement Group, QuAC and other relevant committees/groups.	Action Plan Monitoring Matrix Performance report	
10.		Clinical Audit Lead	If action is >90 days overdue, this will be reported to Director of Quality Governance for escalation to QuAC.	Action Plan Monitoring Matrix	
11.		Quality Assurance Facilitator	When all actions are complete for a project, update the database to confirm the whole action plan is complete.	CAE Database	

Procedure 12 - Tracking, Monitoring and Reporting of Clinical Audit and Effectiveness Activity

Purpose
To highlight methods adopted to track, monitor and report CAE activity.

Process

- Annual Specialty/Directorate specific Quality Assurance programmes will be the primary mechanism used to track and monitor clinical audit activity

- All project reports will be reported using the Trust standard template.

- Throughout the financial year Quality Assurance programmes and other CAE activities will be tracked and monitored for quality assurance and quality improvement purposes (including sharing of lessons learned). This will be formally reviewed and reported by the following strategic and operational Forums and Services:

  - Board
  - Quality & Assurance Committee (QuAC)
  - Executive Quality Assurance and Improvement Group (EQAIG)
  - Care Group Quality Assurance and Improvement Groups
  - Clinical Networks
  - Clinical Audit & Effectiveness Team
  - Directorate Management Teams / Forums

- The Trust CAE Database will capture all scheduled and reported CAE activity.

- The Action Plan Monitoring Matrix Spreadsheet will be used to track all actions arising from agreed project action plans.

- The CAE Team will publish an annual CAE report (this will be a component of the scheduled QuAC report).

- Trust CAE activity will be a component of the annual Quality Account (which is made publicly available and accessible to service users and carers).

Procedure 13 – Programme Amendments

Quality Check	Safety Precaution	Standard WIP
◇	✚	●

Purpose: To assist the Clinical Audit & Effectiveness Department and staff involved in audit and service evaluation projects.

Notes:

Who Must Adopt This Procedure: Project Lead

Time Taken: Variable

GOAL: List key quality and lean targets

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	●	Project Lead/SDM/ Subgroup/ CAE Team	Programme change identified.	Email Minutes from relevant meeting	
2.	●	Quality Assurance Facilitator / CAE Steering Group	Added to the agenda for the CAE Steering Group for information and challenge if appropriate to be requested to Executive Quality Assurance and Improvement Group (EQAIG).	Agenda for CAE Steering Group	
3.	●	Quality Assurance Facilitator	Add details of change request to programme amendments template for discussion at next scheduled Executive Quality Assurance and Improvement Group (EQAIG)	Programme amendment template	
4.	◇	Executive Quality Assurance and Improvement Group (EQAIG)	Executive Quality Assurance and Improvement Group (EQAIG) approves/rejects programme change.	Executive Quality Assurance and Improvement Group (EQAIG) Agenda Minutes from meeting	
5.	●	Quality Assurance Facilitator/ Project Lead	Following feedback from Executive Quality Assurance and Improvement Group via Clinical Audit Lead/Associate Director of Quality Assurance Compliance and Quality Data, Facilitator makes necessary changes to relevant Quality Assurance programme.	Quality Assurance Programme	

Procedure 14 – Infection Prevention and Control (IPC) Audits

Quality Check	Safety Precaution	Standard Work in Progress
◇ (diamond)	✚ (cross)	● (circle)

Procedure: To assist the Clinical Audit & Effectiveness Department and staff involved when completing IPC audits.

Who Must Adopt This Procedure:	Time Taken:
Quality Assurance Facilitator, IPC Team, Ward/Team Manager	Variable

GOAL: List key quality and lean targets

STEP		OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME
1.	●	Quality Assurance Facilitator	Disseminate audit tool to Team Managers that are due to be audited at the beginning of each quarter for completion as stipulated on the Quality Assurance Programme.	Audit Tool Template Quality Assurance Programme	
2.	●	Quality Assurance Facilitator	Completed audit tool is sent to CAET inbox by Team Manager and allocated to the designated speciality CAF.	Audit Tool	
3.	●	Quality Assurance Facilitator	Register audit using the database and add assigned project number onto the Quality Assurance Programme.	Database Quality Assurance Programme	
4.	●	Quality Assurance Facilitator	Complete data analysis and populate draft report and action plan (if required).	Completed Audit Tool, IPC Draft Report Template	
5.	◇ ✚	Quality Assurance Facilitator	Email draft report and action plan to Team Manager for approval. **If this is a validation audit or one which is completed by the IPC Team, the draft report is sent to IPC Team for approval.**	IPC Draft Report	
6.	●	Quality Assurance Facilitator	Once approval is received, email final report and action plan to: Ward Manager, Modern Matron, IPC Team Mailing Inbox tewv.ipc@nhs.net	IPC Final Report	
7.	●	Quality Assurance Facilitator	Complete administrative tasks, including the database, Quality Assurance programme, and update action plan monitoring matrix (if required)	Database Quality Assurance Programme Action Plan Monitoring Matrix	
8.	●	Quality Assurance Facilitator	Follow Procedure 11 – Monitoring and Implementation of Action Plan if actions are required	CAE Procedure Manual	