CLINICAL AND SOCIAL CARE AUDIT & EFFECTIVENESS STRATEGY

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Responsible Directorate:
Medical & Governance

Replaces (if appropriate):
Replaces Legacy Homefirst, Causeway and United Trusts’ Audit/Quality Strategies.

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NHSCT MISSION STATEMENT
To provide for all the quality of services we would expect for our families and ourselves
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1.0 Introduction

1.1 Clinical Effectiveness and Clinical and Social Care Audit are processes that underpin Clinical and Social Care Governance. Their conduct, in a robust, coordinated and focused manner, will assist in improving the quality of patient and client care. This document contains the strategy for the delivery of clinical effectiveness and clinical and social care audit within the Northern Health and Social Care Trust for the next two years. As such this strategy includes all the key elements within the latest guidance from the DHSSPSNI. This document has strong connections with key local strategies and plans and should be read in conjunction with them. For example Corporate Plan etc.

2.0 Background

2.1 Clinical and social care effectiveness is about the care provided to service users. It is defined as the extent to which specific clinical and social care interventions, when deployed for a particular service user or population, achieve what they are intended to achieve i.e. maintain and improve health and social well being and secure the greatest possible health care from the available resources.

2.2 Clinical Effectiveness is the “application of the best knowledge, derived from research, clinical experience and patient preferences to achieve processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice.”

*Promoting Clinical Effectiveness: A framework for action in and through the NHS (DOH 1996) NHS Executive*

2.3 Clinical and social care audit is defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

*Principles for Best Practice in Clinical Audit, (2002 endorsed by NICE, CHI, RCN and University of Leicester)*

2.4 A strong focus has been placed on creating quality services and a quality culture within the Northern Health and Social Care Trust through the implementation and monitoring of best practice. Within the Trust clinical and social care effectiveness activity including clinical and social care audit is seen as essential. Evidence-based practice, guidelines and standards, benchmarking, care pathways should have a high profile and interest in outcome indicators and demonstrated best practice should be encouraged.
Fig. 1 Demonstrating Clinical Effectiveness through the Audit Cycle

Principles for Best Practice in Clinical Audit NICE 2002
3.0 Northern Health and Social Care Trust Strategic Vision for Clinical and Social Care Audit and Clinical Effectiveness

3.1 The publication of key documents such as Best Practice Best Care (2001), N.I. Regional Review of Clinical and Social Care Audit (2004), Quality Standards for Health and Social Care (RQIA 2006) and the establishment of the Guidelines and Audit Implementation Network (GAIN August 2007) have all emphasised the importance of robust clinical and social care audit and effectiveness to ensure a safety and quality improvement culture is delivered throughout the Trust.

3.2 This document outlines a new strategy for Clinical and Social Care Audit and Effectiveness for the Northern Health and Social Care Trust taking into consideration all of the recommendations from these key documents.

3.3 The Guidelines and Audit Implementation Network (GAIN) has a definitive safety and quality improvement role in Northern Ireland. The main functions of GAIN will be the commissioning of regional audit and guidelines, the promotion of good practice through dissemination of audit results and the publication and facilitation of regional guidelines.

3.4 The Trust’s strategic vision is to support a robust quality improvement culture that enables all staff, clinical and non-clinical, to continually improve the quality of patient and client care and outcomes, ensuring effective implementation of evidence based practice, as part of the Trust arrangements for clinical and social care governance.
4.0  **Aim of the Clinical and Social Care Audit and Effectiveness Strategy**

4.1  The overall aim of this strategy is to set out the structures and processes necessary to deliver and monitor clinical and social care audit and effectiveness Trust-wide and to demonstrate a positive effect on the care and quality of life of our service users.

4.2  **Objectives**

These will be achieved by developing a strategically co-ordinated approach to clinical and social care effectiveness activities that ensures:

- Robust structures and processes (including appropriate training and support) are in place and available to ensure that clinical and social care audit and effectiveness activity is promoted, understood and undertaken appropriately;
- Health and social care staff participate in audit and effectiveness activities at a local level;
- A process is developed for the implementation of nationally agreed best practice guidance and agreed national/regional guidance on service delivery e.g. GAIN (Guidelines and Audit Implementation Network), NICE (National Institute for Clinical Excellence), NSF (National Service Frameworks), NPSA (National Patient Safety Agency) and is also in line with the DHSSPS Quality Standards for Health and Social Care (2006);
- Health and social care staff make decisions based upon research evidence;
- Development and prioritisation of the annual audit and quality improvement programmes that are communicated to and delivered by all areas of the Trust based on the latest agreed national/regional clinical/care priorities, recommendations and standards e.g. GAIN (Guidelines and Audit Implementation Network), NICE (National Institute for Clinical Excellence), National Confidential Enquiries (within and across organisational boundaries) and which meet the needs of health care professionals who may wish to examine local clinical/care issues in order to identify areas for improvement;
- Reviews of outcomes are undertaken periodically in order to demonstrate continuous improvement in health and social care through either audit (re-audit), evaluation or research; and
- Adoption of a variety of mechanisms to disseminate the findings and recommendations from clinical and social care audit and effectiveness activity and any improvements observed, as well as to share and celebrate good practice Trust-wide.
5.0 The role of Clinical and Social Care Audit and Effectiveness within the Governance structure

5.1 Clinical and Social Care Governance is the framework through which the Trust safeguards the quality of services and high standards of care. Every service in the Trust and every member of staff has a responsibility for ensuring that the best possible care is given and be continually striving to improve that quality of care.

5.2 Clinical and social care effectiveness relies on three steps for improvement:

- Producing and accessing evidence (from research, patterns of care, population needs, availability of resources etc.);
- Reviewing and changing practice (clinical and social care audit, guidelines and care pathways, benchmarking, research and development, practice development, service improvement); and
- Monitoring and evaluation (developing plans, demonstrating improvements in quality and cost effectiveness via measuring health benefits and health improvements, patient and carer experience, wider issues of accessibility and efficiency).

5.3 Clinical and social care effectiveness includes the provision of care in accordance with high quality evidence based guidelines, protocols, policies and care pathways. It also includes the evaluation of services or practice through the use of clinical and social care audit or outcome measures in order to further improve quality.

5.4 Clinical and social care audit supports this quality improvement by establishing current practice and compliance against an agreed standard and criteria. When measuring current practice it is imperative to demonstrate that an accurate account is given. This is achieved by robust methodology and analysis of data. If standards are not met and change is necessary then it is important that there is a clear understanding about what is needed to create successful and meaningful change. The role of the clinical and social care governance support staff is to help the organisation adopt a systematic, robust approach to the way in which quality is assessed, thus giving valid, reliable results which can be used to understand where the change is necessary so that we can achieve best practice.

5.5 The truly productive benefits of clinical and social care audit come with the implementation of the action plan and assessing the effectiveness of these changes with a second audit. This is the governance of audit where the safeguarding of services is evidenced. There needs to be measures to monitor that this stage is completed and disseminated to involved parties.
6.0 Roles and Responsibilities

6.1 Trust Clinical and Social Care Audit and Effectiveness Committee

The Trust Clinical and Social Care Audit and Effectiveness Committee is responsible for the management of all aspects of both audit and quality improvement and compliance with standards as outlined in the Quality Standards for Health and Social Care (2006). They will be responsible for providing regular progress reports to relevant committees within the Trust's Governance Accountability Framework including the Governance Management Board.

Details of the Governance Accountability Framework are outlined at Appendix 1.

The remit of the Clinical and Social Care Audit and Effectiveness Committee is to:

- Support and promote clinical and social care effectiveness;
- Monitor and evaluate clinical and social care effectiveness in the Trust; and
- Communicate and report on clinical and social care effectiveness to key stakeholders.

Details of the Terms of Reference are outlined at Appendix 2.

6.2 Head of Governance & Patient Safety

The Head of Governance & Patient Safety provides senior management support to the Medical Director and will on his behalf work closely with the Chief Executive, Directors and Senior Managers to ensure that governance structures and processes reflect best practice and support the delivery of services. She is also responsible for the management of clinical and social care governance functions.

6.3 Trust Clinical & Social Care Governance Manager

The Clinical & Social Care Governance Manager is the Trust operational lead for clinical and social care audit and effectiveness. She is accountable to the Head of Governance & Patient Safety for the development and implementation of robust Trust-wide systems and processes required for the delivery of clinical and social care audit and effectiveness.

6.4 Directors and Service Managers

Directors and their Service Managers are responsible for identifying all quality improvement activities when service plans are being compiled. Activities should be selected which can influence and are related to priorities within the Directorate and Corporate Plans.

When prioritising audit and quality improvement activities it is important to choose those which are likely to have the greatest benefits for patients/clients or where service quality is most important.

Additional audit and quality improvement activities which arise throughout the year should be added to the Service Plan as necessary.
6.5 **Individual health and social care professionals**

Individual health and social care professionals can propose audit and quality improvement topics to their manager and submit an Audit and Quality Improvement proforma for inclusion with the relevant Service Plan. They will participate in all stages of the quality improvement processes as necessary within their teams.

6.6 **Assistant Clinical and Social Care Governance Manager**

The Assistant Clinical and Social Care Governance Manager will keep the Clinical and Social Care Audit Effectiveness Committee updated on progress of the audit and quality improvement programme and benefits realised from successful projects. He/she will support the Clinical and Social Care Audit and Effectiveness Committee in its role and ensure that the implementation of the Clinical and Social Care Audit and Effectiveness Strategy is progressed successfully.

7.0 **Structure and Processes for Clinical and Social Care Audit and Effectiveness**

7.1 **Audit and Quality Improvement Plans**

The purpose of developing an annual Audit and Quality Improvement Plan is to:

- Incorporate audit and quality improvement activities as an essential component of the annual planning process;
- To identify all planned audit and quality improvement activity within each financial year;
- To evidence learning and improvements in patient/client care and services which will be available for consideration during RQIA visits and other inspections/reviews;
- To identify activities and projects requiring assistance from audit and quality improvement support staff enabling prioritisation of workload;
- To identify services and specialties where no audit and quality improvement activity is being undertaken;
- To identify those activities where there is the potential for shared learning from audit and quality improvement activities and good practice can be shared across the organisation;
- To review completed audit and quality improvement activities and identify issues/barriers to introducing improvements to patient/client care and services and develop recommendations/actions to address these; and
- To aid identification of audit and quality improvement activities which are suitable for presentation at internal and external quality events and forums.
7.2 The Process

At the beginning of April each year a memo will be forwarded from the Medical Director to Directors (including Clinical Directors) requesting completion of annual Audit and Quality Improvement Plans. A flowchart has been developed which outlines the process with accompanying explanatory notes (as outlined at Appendix 3). An Audit and Quality Plan proforma will be attached and guidance notes for its completion (as outlined in Appendix 4). Directors then circulate the proforma and guidance notes to their relevant Assistant Directors and Service Managers for circulation to staff.

All proposed audit and quality improvement activities (known at the time of completion of the proforma) should be included (including those undertaken by junior doctors, students and members of staff undertaking further study, inter-trust, regional and national projects and activities). Information recorded on the Audit and Quality Improvement proformas will be collated into a Trust-wide plan which will be considered by the relevant committees in the Governance Accountability Framework including the Clinical and Social Care Audit and Effectiveness Committee.

A six-monthly update form will be forwarded to either the “Audit Lead” for the service (if applicable) or the "Project Lead". Brief details will be sought regarding the activity identified including progress made.

Information included in the six-monthly update forms (as outlined at Appendix 5) with regard to completed audit and quality improvement activities will be reviewed by members of the Clinical and Social Care Audit and Effectiveness Committee including improvements introduced, changes made and any outstanding issues.

A synopsis of the information received regarding completed and ongoing audit and quality improvement activities will be included in the Annual Clinical and Social Care Audit and Effectiveness Report. This report will be considered by the relevant committees within the Governance Accountability Framework and recommendations made, where applicable with regard to improvements needed to the audit and quality improvement process.

8.0 Training and Education

8.1 Involvement in clinical and social care audit and effectiveness activities is both educational and developmental. The Trust Governance Department will provide training and support in a wide range of subjects relevant to clinical and social care audit and effectiveness commencing initially with training in clinical and social care audit skills. A structured, basic audit training programme will be available from October 2008. More advanced and specialist training will also be available from January 2009.
9.0 Effective Communication

9.1 All health and social care staff within the Trust will need to be aware of this strategy, understand what the terms audit and clinical effectiveness mean and how they can use these to improve the quality of their work i.e. treatment, care and experience of the service users we provide services for. They will also need to understand how audit and clinical effectiveness link into and inform the wider governance agenda.

9.2 The processes and systems outlined in this strategy will be supported by information on the Trust’s intranet in due course. This will detail the above processes as well as give guidance on the development of guidelines, integrated care pathways etc. and on undertaking audit, evaluation and any other effectiveness related activity.

10.0 Disseminating the findings from clinical and social care audit and effectiveness activity

10.1 The Trust’s Governance Department will be responsible for overseeing and disseminating results of audit and quality improvement activities. This will be achieved via service leads and service line reporting mechanisms. Linkages will also be made to other aspects of governance to allow for dissemination of audit and quality improvement information, outcomes and recommendations and the setting of local audit and quality improvement priorities.

10.2 All information will eventually be made available on the Trust’s intranet site along with terms of reference and membership of the Trust Clinical and Social Care and Effectiveness Committee. Knowledge and success from audit and quality improvement activities will also be disseminated through a rolling programme of internal and external events.

11.0 Personal and Public Involvement

Personal and public involvement is crucial to the delivery of a service that is based on best evidence and clinical and social care effectiveness. To this end the Trust will facilitate personal and public involvement in the following ways:

- The Trust will work with new and existing patient/client groups to determine the most appropriate method of involving patients, service users, carers and the public in the development of clinical and social care effectiveness and audit priorities; and
- The Trust will consider the introduction of an Audit and Quality User Involvement Panel to enable patients’, clients’ and carers’ experiences and perspectives to be included in conducting clinical and social care audit, evaluating quality and in the identification of opportunities for improvement.
12.0 Monitoring and Review

The Trust Governance Department will ensure:

- Reports are provided on outcomes and recommendations from clinical and social care audit and effectiveness activity will feed outcomes via service line reporting mechanisms using the six-monthly reporting and action plan update forms (as detailed in Appendix 5);
- Encouragement and support to the development of action plans where necessary to address identified opportunities to improve the quality of care provided. This may involve refinement of the audit tool particularly if measures used are found to be inappropriate or incorrectly assessed or where process or outcome measures may be needed to involve linkages to other departments/organisations or individuals (in such circumstances joint audits will be recommended);
- Requisition of progress reports on the action plans (where appropriate).
Appendix 1
Appendix 2
Clinical and Social Care Audit and Effectiveness Committee

Terms of Reference

Introduction

The Clinical and Social Care Audit and Effectiveness Committee will be a multiprofessional Committee and will exist as a subgroup of the Trust’s Risk and Governance Co-ordinating Group.

Proposed membership of the Committee

1 representative from each of the Professional Forums:

- Medical and Dental;
- Social Work;
- Nursing; and
- Allied Health Professions.

1 representative from each of the following Directorates:

- Acute and Elective Services;
- Mental Health and Learning Disability Services;
- Women's and Children's Services; and
- Emergency, Primary Care and Older People's Services.

Each Clinical Director or their representative including the following specialties:

- Paediatrics;
- Obstetrics;
- Radiology;
- Anaesthetics;
- Laboratory;
- Mental Health; and
- Medical Specialties.

Trust Clinical and Social Care Governance Manager.

Assistant Clinical and Social Care Governance Manager with responsibility for clinical and social care audit and effectiveness.

Deputy Medical Director and/or Head of Governance and Patient Safety.

Additional members may be co-opted as necessary including user representation.
Meetings and conduct of business

The Committee will be quorate if 50% of its members are present with the understanding that all efforts would be made to send a representative for the member rather than an apology.

Decisions will normally be reached by agreement of the members present. If agreement cannot be reached, a vote may be held at the discretion of the Committee Chair which will be on the basis of a simple majority. If the votes are tied, the Committee Chair will have a second casting vote.

Those invited to attend meetings will not have voting rights until formally being co-opted onto the Committee.

The Head of Governance and Patient Safety will initially chair the Committee. Terms of office for the Committee Chair and members will be reviewed after 1 year. The Committee Chair will be normally be nominated and elected by members.

Committee meetings will be held bi-monthly in the first instance.

Remit

The remit of the Clinical and Social Care Audit and Effectiveness Committee is to:

Support and promote clinical and social care effectiveness by:

- Promoting an understanding of clinical and social care effectiveness in all managers and staff within clinical and social care Directorates;
- Increasing knowledge and use of methods that measure effectiveness;
- Progressing the Trust’s Clinical and Social Care Audit and Effectiveness Strategy(ies);
- Ensuring appropriate clinical and social care effectiveness issues are highlighted and addressed which relate to national, regional and Trust priorities; and
- Providing support for staff involved in audit and effectiveness projects/activities across the Trust area.

Monitor and evaluate clinical and social care effectiveness activity in the Trust by:

- Ensuring appropriate mechanisms are in place to monitor and review planned, ongoing and completed clinical and social care audit and effectiveness activities undertaken within the Trust;
- Ensuring lessons are learned and action taken on completion of clinical and social care audit and other quality improvement projects;
- Establishing systems to ensure standards, guidelines etc. received by the Trust are implemented, appropriate actions taken including audit and updates on progress/outcomes provided to the Trust’s Risk and Governance Co-ordinating Group;
- Considering the findings from national audits, confidential enquiries and other external investigations and reports and seeking assurance that recommended actions have been implemented; and
- Monitoring and reviewing the use of outcome measures, benchmarking data, integrated care pathways, public and personal involvement and feedback including surveys and service user feedback cards.
Communicate about and report on clinical and social care effectiveness to key stakeholders:

- Establishing systems for collating and disseminating learning and sharing good/best practice within and without the organisation;
- Providing information about the Committee’s role and function;
- Providing advice and guidance to Directorate Governance/Management Teams; and
- Producing an annual report on clinical and social care audit and effectiveness activities as well as bi-annual reports to the Trust’s Risk and Governance Co-ordinating Group.
Appendix 3
Memo from Medical Director to Directors requesting completion of annual Audit and Quality Improvement Plans

Directors circulate Audit and Quality Improvement Plan proforma service managers for completion

Staff identify and prioritise audit and quality improvement activities for the current financial year. N.B. These activities should be agreed with the relevant line/service manager and Assistant Director (if necessary)

All proposed activities should be recorded on the Audit and Quality Improvement Plan proforma

Completed Audit and Quality Improvement proformas should be forwarded to staff in the Governance Department (Clinical and Social Care Governance section)

A Trust-wide audit and quality improvement plan will be produced by staff in the Governance Department. To be considered/monitored by the Clinical and Social Care Audit and Effectiveness Committee

Six-monthly update forms will be sent by Governance Department staff to all relevant services

Annual Clinical and Social Care Audit and Effectiveness Report will be produced by Governance Department staff to include synopsis of audit and quality improvement activities

For additional audit and quality improvement activities which may arise between July and the end of March each year – an Audit and Quality Improvement Plan proforma should be completed and forwarded to staff in the Governance Department as necessary
Explanatory notes

Reasons for creating a process for identifying and reporting on audit and quality improvement activities:

- To incorporate audit and quality improvement activities as an essential component of the annual planning process i.e. when producing service plans, and linking to Directorate and corporate priorities and objectives;
- To identify all planned audit and quality improvement activities within each financial year;
- To evidence learning and improvements in patient/client care and services which is available for consideration during RQIA visits and other inspection/reviews;
- To identify activities and projects requiring assistance from governance support staff enabling prioritisation of workload;
- To identify services and specialties where no audit and quality improvement activity is being undertaken;
- To identify those activities where there is the potential for shared learning from audit and quality improvement activities and good practice can be shared across the organisation;
- To review completed audit and quality improvement activities and identify issues/barriers to introducing improvements to patient/client care and services and develop recommendations/actions to address these; and
- To aid identification of audit and quality improvement activities which are suitable for presentation at internal and external quality events and forums

The Process

Memo from Medical Director to Directors requesting completion of annual Audit and Quality Improvement Plans

Memo and relevant proforma/guidance notes are sent to all Directors at the beginning of April each year

Directors circulate Audit and Quality Improvement Plan proforma to service managers for completion

Information received including the proforma, guidance notes and these explanatory notes should be forwarded to Assistant Directors and General Managers for circulation to staff
Staff identify and prioritise audit and quality improvement activities for the current financial year

Audit and quality improvement activities should be identified when service plans are being compiled. Activities should be selected which can influence and are related to priorities within the Directorate and Corporate Plans. It is important to be realistic regarding the number of audit and quality improvement activities which can be undertaken within a given year bearing in mind current workload and other service objectives/targets.

When prioritising audit and quality improvement activities choose to undertake those initially which are likely to have the greatest benefits for patients/clients or where service quality is most important. Equally, you may wish to prioritise activities based on risk, frequency of activity, extent of problem/issue or degree of urgency. Various tools to prioritise audit and quality improvement activities are available on request from governance support staff (clinical and social care governance section).

All staff within the service should be made aware of the process for preparation of Audit and Quality Improvement Plans, receive a copy of the documentation and be encouraged to identify audit and quality improvement activities and contribute to the planning process.

Line management should be made aware of all proposed audit and quality improvement activities and be in agreement with these. The relevant Assistant Director may need to be informed.

All proposed activities should be recorded on the Audit and Quality Improvement proforma

An Audit and Quality Improvement Plan proforma has been designed to record proposed activities. Guidance notes including instructions for completion accompany the proforma.

All sections of the proforma should be completed. More than one activity can be recorded on each proforma.

All proposed audit and quality improvement activities (known at time of completion of the proforma) should be included (including those undertaken by junior doctors, students and members of staff undertaking further study as well as inter-Trust, regional and national projects and activities).

Completed Audit and Quality Improvement proformas should be forwarded to staff in the Governance Department (Clinical and Social Care Governance Section).
Completed Audit and Quality Improvement proformas relating to all planned activities for the period 1 April 2008 – 31 March 2009 should be forwarded by __________ to Mrs Ruth Mc Donald, Governance Department, Bush House, Bush Road, Antrim BT41 2QB. Contact details for any queries are: 028 9442 4676 or ruth.mcdonald@northerntrust.hscni.net

**A Trust-wide audit and quality improvement plan will be produced by staff in the Governance Department. To be considered/monitored by the Clinical and Social Care Audit and Effectiveness Committee**

Information recorded on Audit and Quality Improvement proformas will be collated into a Trust-wide plan which will be considered by the relevant Committees in the Governance Accountability Framework including the Clinical and Social Care Audit and Effectiveness Committee

**Six-monthly update forms will be sent by Governance Department staff to all relevant services**

A six-monthly update form will be forwarded to either the ‘Audit Lead’ for the service (if applicable) or the Project Lead. Brief details will be sought regarding the activities identified including progress made

Completed update forms should be returned within the timescale specified to Governance Department staff. A maximum of two reminders will be issued

**Annual Clinical and Social Care Audit and Effectiveness Report will be produced by Governance Department staff to include synopsis of audit and quality improvement activities**

Information included on the six-monthly update forms with regard to completed audit and quality improvement activities will be reviewed by members of the Trust’s Clinical and Social Care Audit and Effectiveness Committee including improvements introduced, changes made and any outstanding issues

A synopsis of the information received regarding completed and ongoing audit and quality improvement activities will be included within the Annual Clinical and Social Care Audit and Effectiveness Report. This report will be considered by the relevant Committees within the Governance Accountability Framework and recommendations made, where applicable with regard to improvements needed to the audit and quality improvement process

**For additional audit and quality improvement activities which may arise between July and the end of March each year – an Audit and Quality Improvement Plan proforma should be completed and forwarded to staff in the Governance Department as necessary**
It is recognised that additional audit and quality improvement activities may be identified as needing to be undertaken after the initial proformas have been completed and returned in June/July each year. With regard to any such activities/projects the Audit and Quality Improvement Plan proforma should be completed and forwarded to Mrs Ruth McDonald at the earliest possible opportunity.
Appendix 4
Audit and Quality Improvement Plan  
1 April 2008 – 31 March 2009

Directorate: ________________________________ Service/Specialty: ________________________________

Name of Audit Lead for Service/Specialty (where applicable): ________________________________

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<th>Title of activity/project</th>
<th>Reason for activity/project being undertaken</th>
<th>Type of activity/proposed method (Include details as to sites, localities involved and whether Trust or regional/national project)</th>
<th>Staff groups involved</th>
<th>Proposed completion date</th>
<th>Name of Project Lead and contact telephone number</th>
<th>Assistance required from audit and quality improvement/governance staff? Y/N</th>
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A copy of all Audit and Quality Improvement Plans for 2008/09 should be sent to:
Mrs Ruth Mc Donald, Governance Department, Bush House, Bush Rd., Antrim BT41 2QB by:
Email: ruth.mcdonald@northerntrust.hscni.net
Audit and Quality Improvement Plan
1 April 2008 – 31 March 2009

Guidance notes for completion

All planned audit and quality improvement projects known at time of Plan completion should be included on this proforma. Project Leads or Audit Leads for Services/Specialties (where applicable) will be asked to provide a brief update on each project every 6 months. This proforma should also be completed if additional projects arise throughout the year and should be forwarded to the address below. Further information is detailed regarding the process within the flowchart regarding continuous quality improvement activities and accompanying explanatory notes.

Title of activity/project
Please provide details of the title of your activity/project.

Reason for activity/project being undertaken
Brief details should be provided regarding why you intend to undertake the activity/project. For example: due to identified risk, problem area, national, regional or Trust guidance, Trust/Directorate/Service objective, complaints made or personal and public involvement.

Type of activity/proposed method
Brief details should be provided regarding the type of activity/proposed method. For example: clinical or social care audit, surveys/questionnaires, casenote review, development of standards or guidelines, evaluation, benchmarking, development of Integrated Care Pathway.

Details should be included as to sites or localities to be involved and whether this is a Trust or regional/national project.

Staff groups involved
Details should be provided of all staff groups to be involved in the activity/project. It should also be indicated whether there is patient or carer involvement or involvement of others e.g. voluntary groups, advocacy groups or other statutory organisations such as the NEELB, NHSSB.

Proposed completion date
A proposed completion date should be provided. When considering this please try to ensure that adequate time has been allowed to design, undertake and complete the activity/project in question.

Name of Project Lead and contact telephone number
The name of the person or persons responsible for ensuring the audit and quality improvement activity is undertaken and completed as well as contact telephone details should be provided.

Assistance required from audit and quality improvement/governance staff?
Please indicate whether you need advice and/or support from audit and quality improvement/governance staff with your project. ‘Y’ for Yes and ‘N’ for No.

N.B. All audit and quality improvement activities already commenced or completed since 1 April 2008 should also be included on this proforma.

A copy of all Audit and Quality Improvement Plans for 2008/09 should be sent to:
Mrs Ruth McDonald, Governance Department, Bush House, Bush Rd., Antrim BT41 2QB by:
Email: ruth.mcdonald@northerntrust.hscni.net
Appendix 5
Audit and Quality Improvement Plan  
1 April 2008 – 31 March 2009  
Six-Monthly Update Form

Directorate: _______________________________________________  
Service/Specialty: __________________________________________

Name of Audit Lead for Service/Specialty (where applicable): _______________________________________________

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<th>Title of activity/project</th>
<th>Name of Project Lead and contact telephone number</th>
<th>Status of activity/project</th>
<th>This section should be completed only if the activity/project has been concluded within the last 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>O = Ongoing</td>
<td>Provide brief details of improvements/changes introduced as a result of undertaking the activity/project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C = Completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NS = Not started yet</td>
<td>Outstanding issues identified still requiring to be addressed should also be detailed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CANC = Cancelled</td>
<td></td>
</tr>
</tbody>
</table>

Completed 6 monthly update forms should be returned to: 
Mrs R. Mc Donald, Governance Department, Bush House, Bush Rd., Antrim by: Date
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Mrs R. Mc Donald, Governance Department, Bush House, Bush Rd., Antrim by: Date