

Clinical Audit spotlight on: Norfolk and Suffolk NHS Foundation Trust



Overview

At Norfolk and Suffolk Foundation Trust (NNSFT) we provide mental health and learning disability services in Norfolk and Suffolk.

At the Trust, we believe in recovery and wellbeing, and understand the importance of good physical health, maintaining relationships and achieving a balance between treatments and continuing an active life.

NNSF have an established relationship with Clinical Audit Support Centre and their team provided a case study for the HQIP/CASC guide focusing on how to link Root Cause Analysis methods with Clinical Audit.

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Clinical Audit in Action

The philosophy of the Clinical Audit Team within Norfolk and Suffolk Foundation Trust is....'we need to listen and learn, so we can improve'. In a large mental health Trust providing services across two counties it would be easy to become detached from both practice and clinicians and yet evidence tells us that change and improvement can only happen when we really engage with those delivering the practice. The Healthcare Quality Improvement Partnership's New Principles of Best Practice in Clinical Audit book suggests that to be successful, a clinical audit project needs to involve the right people with the right skills, from the outset and throughout the audit cycle.

Quality improvement through clinical audit is a process which includes regular measurable elements and action planning with an overall objective of practice improvement. The NSFT Clinical Audit Team is proactive in communicating this message so that quality improvement audits are not seen as one off measurements completed by staff external to the practice – this is not effective in driving quality improvement. Therefore, the NSFT Clinical Audit Team staff always prioritises designing audits and action planning that engage with the clinical staff delivering practice.

The Trust's Central Clinical Audit Schedule is agreed at the start of each financial year by the Quality Governance Committee. Audit topics are risk rated, ensuring that priority is given to those with the highest risk. The main indicators for inclusion are: CQC improvement plans, Root Cause Analysis reports, quality priorities stated within the NSFT Quality Account, contract requirements, NICE guidance, infection control, suicide prevention, medicines management and national audits.

Executive leadership for clinical audit practice within NSFT is provided by the Medical Director, with direct management of the function being provided by the Head of Governance and the Assurance and Clinical Effectiveness Manager. Quarterly reports of the audit activity within NSFT are reported to the Executive Quality Group and includes completed audit results, progress in completing audit action plans, medical staff participation in relation to revalidation and national audit involvement.

The Clinical Audit Team is proud of the way it welcomes and responds to feedback from staff, service users and carers. Furthermore, the Team is always willing to offer guidance that can assist clinical staff in using clinical audit to improve practice. The Clinical Audit Team collaborates with specialist staff across the Trust to ensure that audits have specific objectives and meaningful measures, so that clinical audit continues to be a useful quality improvement tool. A relatively recent initiative has been to design electronic audit tools that provide action plans at point of audit, so as to shorten the length of time it takes to complete the audit cycle and make improvements to practice.

#CAAW
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