



South of England Collaborative
mental health quality and
patient safety improvement

Welcome

Bringing a QI perspective to
Clinical Audit and NICE
Devon Partnership Trust



Clinical Audit and QI Game (shamelessly stolen from CASC!!)

Identify the missing word!		
Big	Data	Collection
George	Best	Practice
Urine	Sample	Size
Inputting	Error	Margin
Patient	Survey	Monkey
NCA	POP	Tarts
Home	Run	Charts
Simply	Red	Amber, Green



Situation

- In April 2017, Clinical Audit and NICE were moved to sit within the QI team portfolio
- The aim was to close the loop between NICE, Clinical Audit and Quality Improvement work
- It required a significant culture shift in the organisation



Background

- Clinical Audit and NICE are mandatory
- CQC monitors compliance with both processes
- Recent internal audit reports for both processes identified areas for improvement
- Historically, Clinical Audit and NICE were held within the Clinical Audit department



Benefits to others

- Improvements in assurance levels against NICE and other areas of evidence based practice
- Leading to improvements in quality of care delivered to people who use our services
- Leading to less variation in quality and standards of care delivered to people who use our services
- Clinicians are able to have focused time on key clinical audit areas



Assessment



AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

DPT will have an effective clinical audit and QI cycle with 100% of audits followed by quality improvement work by the end of March 2019.

CA programme

Marketing and Promotion of CA work

Building clinical audit capability

QI work

National audit program

Links with NICE

Co-production

Internal communication

External communication

Celebration/Promotion

CA training

Use of visual tracker for QI audit projects

Development of documentation/resources to support clinicians
1 linked PDSA ramp

marketing and promotion of national audits

Link NICE forward planner with audit programme

ICP link

Update QI team Daisy pages

Attendance at relevant meetings within the Directorates

Attendance and presentations/storyboards at the SoE collaborative events

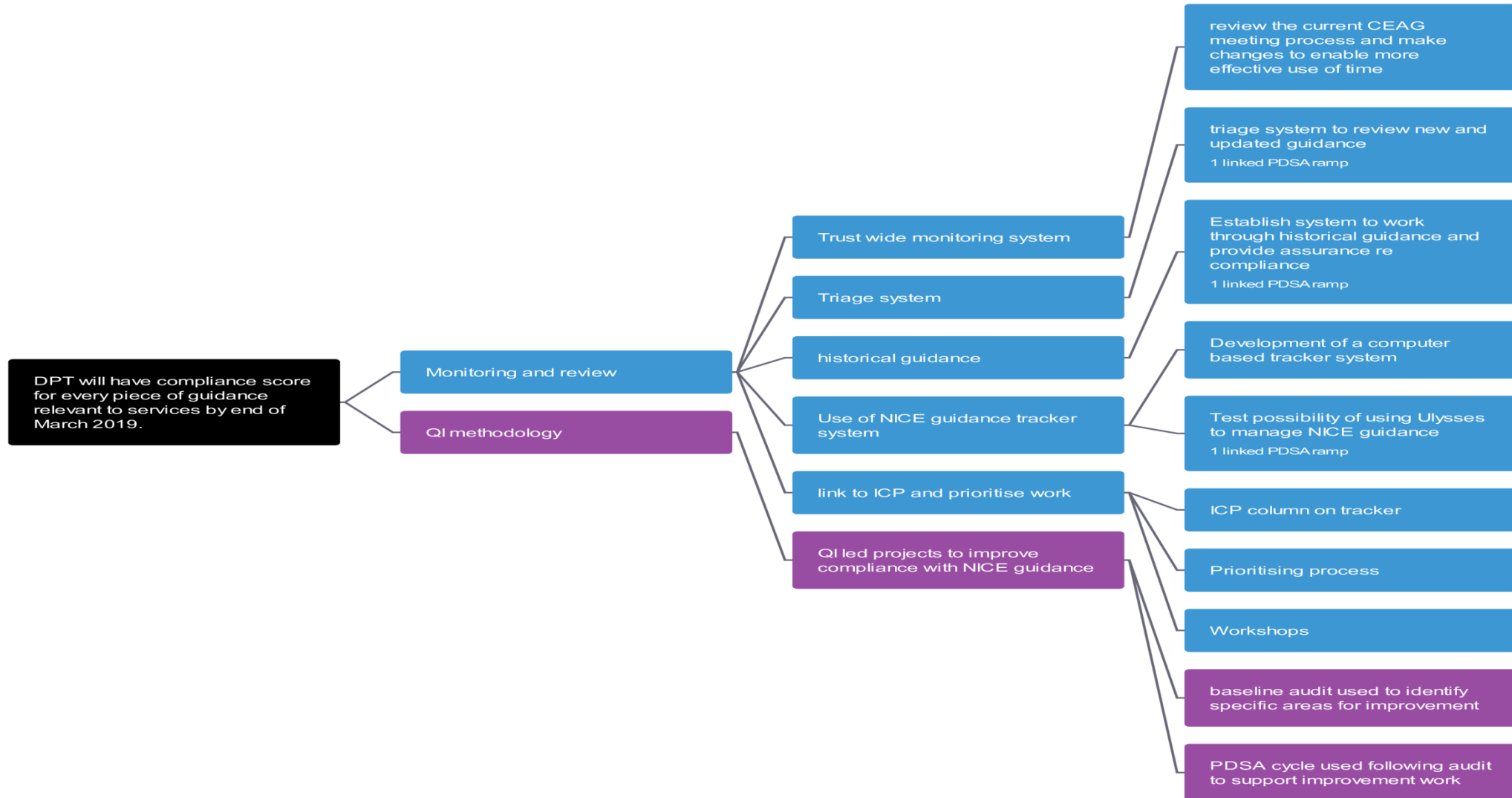
Delivering training to local university's - nurses, psychologists, OT's, medics

Training program for QI team members

CA training for clinicians



Assessment



What have we changed?

‘The most important part of the audit cycle is making change’ - Professor Richard Baker et al

Clinical Audit

- Restructure of clinical audit programme (reprioritising based on HQIP)
- Flow chart, resource pack and registration form process
- Visual tracker
- Training programme
- Different levels of QI team support – adapt our approach to the need of the individual
- Clinical audit sitting in a QI process

NICE

- Excel tracker system and dashboard
- Directorate level tracker system
- CEAG meeting
- Methods of completion
 - Team level
 - Cross directorate workshop programme
- Link with ICP bundles
- Starting to use clinical audits as a way to evidence compliance – still areas for improvement



What are we measuring?

Clinical Audit

- Number of audits registered on central programme
- Number of audits completed (to include improvement work)
- Number of staff trained in Clinical Audit for Improvement

NICE

- Total guidance with a compliance statement
- Guidance completed in a workshop

Recommendations

Challenges

- Culture change
- Decrease in clinical audits registered
- Continued challenges engaging clinicians in National Audit Programme and recognising the benefit of it / how it can be used to improve services
- Sitting the National Audit Programme within a QI process – we should be using the National audit data to drive improvement work

Learning

- Importance of role modelling and being visible
- Have the difficult conversations
- Power of coaching conversations
- Break it down into small chunks
- Make it relevant



The key improvement message we have learnt!

