

QUALITY IMPROVEMENT TOOL

Introduction

Internal Audit services have developed meaningful assurance on the level of risk associated with clinical governance systems by using clinically qualified internal audit associates. Annual audit programmes include an increasing number of reviews of clinical risk management systems and compliance with healthcare regulations, legal frameworks and national clinical standards. The Care Quality Commission (CQC) frames its inspection methodology around five domains: safe, effective, caring, responsive and well-led. CQC regularly publish reports following analysis of inspection findings related to topics such as medicines management and use of restraint. They are now including a review of the maturity and effectiveness of quality improvement systems at each trust as part of their review of the well-led key lines of enquiry.

Quality in health care has two aspects: first, clinical outcome and second, an individual patient's subjective experience. Organisations that place strategic importance on continuous quality improvement should keep both aspects in mind. All NHS organisations should be focused on continually improving the quality of care for people using their services. This includes improving the safety, effectiveness and experience of care. Each trust is expected to have an embedded and systematic approach to achieve continuous improvement in the quality of the services they provide. They achieve this by using recognised methods and tools and creating a culture in which continuous quality improvement flourishes and involves staff at all levels.

Clinical audit and internal audit assurance

There is a distinct difference between the role of internal audit and clinical audit in their objectives, methodology and outcomes. Clinical audit is a systematic review of care against explicit criteria as part of a quality improvement cycle. At its core, it remains a clinical self-appraisal analysing clinical data, with active involvement of those directly involved in the care process. The national and local clinical audit programmes provide valuable assurance to the board on the quality of care and inform clinicians where and how improvements need to take place to affect clinical outcomes.

The role of internal audit is to provide independent assurance to the board that an organisation's risk management, governance and internal control processes are operating effectively. We do this by assessing the effectiveness of management controls and identifying risks to achieving strategic objectives. When reviewing clinical governance systems, we do not make clinical judgements but we will review clinical information and data to provide assurance that a system and internal controls are working effectively.

This paper offers an internal audit framework to be considered in conjunction with the annual risk-based assessment undertaken by each trust of their quality and safety assurance needs. It incorporates a review of quality improvement systems informed by *Quality improvement in hospital trusts: Sharing learning from trusts on a journey of QI*, Care Quality Commission (2018) and *Making the case for quality improvement: lessons for NHS boards and leaders*, Kings Fund and The Health Foundation (2017). The audit topics are based on CQC key lines of enquiry which incorporate national standards, NHS Improvement quality frameworks and horizon scanning for new developments in standards of care.

Quality Improvement Internal Audit Framework

Audit Title	Objective
Quality improvement systems – Maturity Assessment	To assess the maturity of quality improvement systems including: quality improvement strategy, board leadership, staff engagement, building improvement skills, achieving cultural change, service user involvement, effective use of data and a systems approach to quality improvement.

CQC KLOE	Audit Area	Audit Title	Objective
SAFE			
Keeping people safe and safeguarded from abuse	Mandatory training	Management of statutory and mandatory training needs	To assess the effectiveness of current systems to achieve the required training levels and reduce patient safety risks identified by incident reporting.
	Safeguarding	Management of Adult Safeguarding and application of Deprivation of Liberty Safeguards	To provide assurance on the effectiveness of adult safeguarding systems and processes.
		Management of Safeguarding Children and Young People	To provide assurance on the effectiveness of safeguarding children and young people systems and processes.
	Infection Control	Antimicrobial stewardship	To provide assurance that antimicrobial stewardship systems and processes meet the national standards: <i>Start Smart - Then Focus: Antimicrobial Stewardship Toolkit for English Hospitals</i> (Public Health England 2015)
		Meeting standards for environmental cleanliness and hygiene	To provide assurance on the systems and processes in place to achieve compliance with meeting national standards for environmental cleanliness and hygiene.
		Infection Control	To provide assurance on compliance with the <i>Code of practice on the prevention and control of infections and related guidance</i> (DH, 2015) and / or <i>Infection Prevention and Control Commissioning Toolkit</i> (IPS & RCN, 2016 - under review 2019).
	Environment and equipment	Management of medical equipment including requisition, storage, maintenance and decontamination	To provide assurance that systems to manage medical devices are safe, effective and comply with <i>Managing Medical Devices</i> (MHRA 2015)

CQC KLOE	Audit Area	Audit Title	Objective
		Clinical waste management	To provide assurance on the cost effective management of clinical waste and compliance with <i>Health Technical Memorandum 07-01: Safe management of healthcare waste</i> (DH 2013).
Assessing and Managing risks	Assessing and Responding to Patient Risk	Preoperative Assessment	To provide assurance that preoperative risks are identified and managed according to best practice and national standards.
		Recognising and responding to early signs of deterioration - Adults & Paediatrics incorporating a review of National Early Warning System 2 (NEWS2) implementation.	To provide assurance that there has been effective implementation of NEWS2 and that the systems to recognise and respond to early signs of deterioration in adults and children are operating effectively.
		Maternity Safety Strategy incentive scheme: Board declaration 2019	To provide assurance on the 'ten safety actions' self-assessment and board declaration to NHS Resolution.
		Ward Accreditation Scheme	To provide assurance that the system to manage ward accreditation assessments is operating effectively, outcomes are monitored and quality improvements are maintained.
		Sepsis: Recognition, diagnosis and early management	To provide assurance that systems and processes to identify, diagnose and treat sepsis in adults and children are operating effectively.
		Preventing Never Events: Local Safety Standards for Invasive Procedures	To provide assurance that local safety standards for invasive procedures align with <i>National Safety Standards for Invasive Procedures (NatSSIPs)</i> (NHS England, 2015) and that local practice complies with local standards.
		Use of restraint, seclusion and segregation	To provide assurance that systems are in place to protect the safety, welfare and human rights of patients experiencing restraint, seclusion and segregation.
		Management of patients with psychiatric care needs including application of the Mental Health Act 2005	To assess systems in place to recognise, respond to and manage psychiatric care needs for adults, children and young people in the acute care setting.

CQC KLOE	Audit Area	Audit Title	Objective
	Safer Staffing	Nursing and midwifery staff	To review the systems in place to monitor, maintain and report safer staffing levels for nursing and midwifery.
		Medical Staff	To review the systems in place to monitor, maintain and report staffing levels for medical staff.
Safe Care and Treatment	Records	Effective use of electronic alerts and flagging systems to maintain patient safety	To assess the use of electronic alerts and flagging systems on the electronic patient record to reduce risk and maintain patient safety and welfare.
		Effective use of care plans and risk assessments to avoid harm	To assess the use and implementation of care plans and risk assessments to avoid patient harm.
		Ensuring continuity of care through effective communication	To provide assurance on the effectiveness of systems for nursing and medical communication during shift handovers and transfers of care.
Safe Use of Medicines	Medicines management	Safe and secure management of medicines	To provide assurance that medicines are managed safely and securely and systems align with <i>Professional guidance on the safe and secure handling of medicines</i> (Royal Pharmaceutical Society, 2018).
		Assurance on areas of medicines risk management identified by CQC 2019 report (acute and mental health services).	To provide assurance that the risks identified in <i>Medicines in health and adult social care: Learning from risks and sharing good practice for better outcomes</i> , CQC (2019) are being safely managed.
Learning when things go wrong	Improvement from learning	Learning from serious incidents	To provide assurance that there is effective investigation, timely action and embedded learning from serious incidents
		Learning from deaths	To provide assurance that there are effective mortality review systems and embedded learning from deaths.
		Implementation of Duty of Candour	To provide assurance on compliance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20.
		Management of national patient safety alerts via the central alerting system.	To provide assurance that national safety alerts are effectively monitored, communicated and acted upon as required.

CQC KLOE	Audit Area	Audit Title	Objective
Track record on safety	Safety performance	Improving safety performance outcomes	To assess systems for measuring quality of care and how this data is used from ward to board to improve quality of care.
EFFECTIVE			
Assessing needs and delivering evidence-based treatment	Evidence based care and treatment	Improving the quality of care through clinical audit	To provide assurance that local clinical audit systems and processes are effective and contribute to improving the quality of care.
	Nutrition and hydration	Meeting nutritional and hydration needs	To provide assurance that nutritional and hydration needs are met through nutritional screening, assessment and care pathways.
Monitoring outcomes and comparing with similar services	Patient Outcomes	Improving the quality of care through national audit programmes	To provide assurance that national clinical audit outcome action plans are implemented and contribute to improving the quality of care.
Staff skills and knowledge	Competent Staff	Nursing and allied healthcare professional development including leadership	To provide assurance that systems to support and access continuing professional development benefit staff, service users and the quality of care.
		Appraisals	To provide assurance that there is an effective organisation-wide appraisal process that supports staff development.
		Clinical supervision – nursing and midwifery	To provide assurance that there is an effective system of clinical supervision in place to enable nursing and midwifery staff to deliver care to the expected standard.
		Clinical supervision - medical	To provide assurance that there is an effective system of clinical supervision in place to enable medical staff to deliver care to the expected standard.
		Fit and Proper Persons - Employees	To provide assurance that recruitment practice and staff management complies with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19.

CQC KLOE	Audit Area	Audit Title	Objective
How staff, teams and services work together	Multidisciplinary working	Allied health services and patient flow	To provide assurance that systems and processes ensure allied health professional resources are used effectively to support patient flow.
		Patient flow (management of admissions and discharge planning)	To provide assurance that there are effective systems and processes in place to manage patient flow.
	Seven day services	Weekend and out of hours service provision	To provide assurance on compliance with the <i>Seven Day Services Clinical Standards</i> (NHS, 2017) including the four clinical priorities.
Consent to care and treatment	Consent for treatment, mental capacity assessment	Consent for treatment	To provide assurance that systems and processes to obtain consent for treatment comply with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11.
POSITIVE EXPERIENCE (CARING & RESPONSIVE)			
Patient Experience	Patient Experience	Improving patient experience	To assess the arrangements in place to monitor and improve patient experience against the <i>Patient experience improvement framework</i> (NHS Improvement, 2019)
		Working with bereaved families and carers	To assess the arrangements in place to support bereaved families and carers against: <i>Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers</i> (National Quality Board 2018)
Person-centred care	Person-centred care	Accessible Information Standard	To provide assurance that there are effective systems in place to meet the communication needs of all service users.
		Meeting the needs of children	To provide assurance on the systems in place to manage children's services in relation to the <i>Improvement and assessment framework for children and young people's health services</i> (NHS Improvement, 2018)
		Meeting the needs of people with dementia	To provide assurance on the systems in place to support patients living with dementia in relation to the <i>Dementia assessment and improvement framework</i> (NHS Improvement 2017)

CQC KLOE	Audit Area	Audit Title	Objective
		Learning Disability Improvement Standards	To provide assurance on the systems in place to support patients with learning disabilities in relation to <i>The learning disability improvement standards for NHS trusts</i> (NHS Improvement 2018)
		End of Life Care - Meeting National Institute for Health and Care Excellence (NICE) quality standards	To review compliance with NICE Quality Standard (QS) 160, QS13 and QS144 in relation to end of life care for adults, children and young people.
WELL-LED			
Leadership	Fit and Proper Persons	Fit and Proper Persons - Directors	To provide assurance on compliance with the Fit and Proper Person Test for directors.
Vision and strategy	Partnership working	Partnership working to improve quality	To evaluate the impact of partnership working to improve service quality.
Culture of the organisation	Staff culture and well-being	Health and well-being of staff	To assess compliance with the <i>Workforce Health and Well-being Framework</i> (NHS, 2018).
		Well-being of junior doctors	To assess the systems in place to support the well-being of junior doctors with reference to <i>Eight high impact actions to improve the working environment for junior doctors</i> (NHS Improvement 2017)
		Encouraging staff to be open	To provide assurance that effective systems and processes are in place to enable all staff to speak up, based on <i>Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts</i> (NHS Improvement 2017)
Governance and management	Governance	CQC Compliance	To assess the effectiveness of systems for maintaining and improving compliance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
		Integrated Governance Framework	To provide assurance on the effectiveness of sub-board committees monitoring quality of care, risk and clinical governance.

CQC KLOE	Audit Area	Audit Title	Objective
Management of risk and performance	Risk management	Assurance Framework	To provide assurance on the systems and processes supporting the board assurance framework.
		Risk management from ward to board	To provide assurance on the identification, evaluation, management and treatment of risk from ward to board.
Management of information	Quality Account	Quality Account assurance	To validate the content and performance indicator quality data presented in the annual Quality Account as required by NHS Improvement.