

### **1.18.10 Annual Audit**

Please include a copy of your proposed annual quality audit plan. (The content of which will be scored)

(Maximum Word Count 1000 words)

Words used = 978 (plus the required copy of the audit plan)

A copy of Vocare's proposed annual quality audit plan is included at the end of this response.

Clinical audit is an established and robust quality-improvement measuring tool. We use it to measure service quality across the three domains of safety, effectiveness and experience in our Urgent-Care Division Quality-Improvement Strategy 2021-2024. This approach is captured in a bi-annual programme that is built into our iAuditor software, ensuring quality is measured against evidence-based standards.

Our clinical-audit quality plan is managed by Vocare's Clinical-Audit Manager.

We will, of course, also have non-clinical audits undertaken over a range of aspects such as information security and access, vehicle telematics etc.

#### **1.18.10.1-Policy and documents**

Vocare's clinical audit policy requires registration of all clinical-audit activity to ensure resources needed for clinical audits, be that staff time or equipment, are aligned to quality plan priorities.

Registration of clinical-audit forms also provides the base of building feedback reports for assurance at an organisational level and at a local site level.

#### **1.18.10.2-Compiling the annual quality audit plan**

As the incumbent provider of GP-OOH in Staffordshire, Vocare already operates and annual audit plan for the contract. It is monitored and completed using the i-Auditor software programme of audits, which feeds our quality dashboard in the data warehouse.

During mobilisation, we will review this plan to accommodate transfer of NHS-111 to WMAS and reflect whether we will be providing services in the new South or North Lots (or hopefully both Lots). The clinical-audit plan runs annually from April to March. The plan is developed and agreed with the Regional Teams covering all their service areas.

The plan is built into our clinical-audit registration and monitoring database, stored on a secure server (it holds no patient information) and managed by the Clinical-Audit Manager. Database access is available to key quality, audit and governance staff.

### **a)-Priorities**

Within the audit plan, we assign clinical audits to priorities from 1 to 4, under which are a number of categories (see audit plan example). P1 and 2 audits are our 'must do' audits.

P1, the highest priority audits, are those we need to deliver to meet contractual and professional requirements/standards (e.g. contract/SLA requirement, CQUIN, NICE etc).

P2 are audits deemed essential (e.g. patient safety, safeguarding, adverse event, complaint, re-audit, regional audit, medicine management, SERCLE related).

P3 is locally driven audit for each contract.

P4 is audit proposed by individuals with an interest in delivering a certain aspect of current evidenced based and patient-focused clinical care.

We have various audits that reflect external body standards/guidelines e.g. NICE, CQUIN, patient safety, safeguarding and contribute to the operational and clinical delivery of safe and effective services. The in-house 'SERCLE' audit programme reflects the CQC inspection domains and enables peer review of service delivery across similar services to assure quality and share learning.

Priorities within the clinical-audit plan and Quality Improvement strategy include standardisation of tools to be used across all Vocare to enable comparison and provide broad oversight and good clinical governance.

The following Priority 1 audits have been implemented across all sites and are embedded as business-as-usual audits on a regular schedule:

- Fridge temperature checks.
- Controlled drugs checks.
- Infection prevention/control audits.
- Missed fracture reviews.
- Prescribing audits.
- Clinician call audits.
- Clinician notes audits.
- Clinician documentation audits.
- Resus trolley checks.

### **b)-Clinician-Audit Group**

This group led by a Clinical-Audit Manager develops audit tools used on iAuditor that enable even richer clinical-audit datasets to support and facilitate delivery of the Quality-Improvement Strategy. Group membership includes key qualified individuals appropriate to the audit tool being developed at any given time.

### 1.18.10.3-Using the plan

Progress against the plan is shared through a monthly operational clinical audit group that ensures ongoing operational oversight. The clinical-audit registration database produces RAG (red/amber/green) rated reports on overall progress by areas. It is grouped by priority and then topic (i.e. NICE guidelines, safeguarding) and then areas and regions. This report feeds into the clinical audit operational group and our quarterly Clinical Audit & Effectiveness Sub-Committee.

The registration database reports will be used to provide regional clinical/operational managers with a timely overview of clinical-audit activity and progress against audit plans. The clinical-audit quality plan will feed into the Quality Committee's quality dashboard with validated data that is crucial to ensure continual quality improvement of our services.

The clinical-audit quality plan, clinical-audit registration database and audit group is part of our approach to collaborating across the division to standardise governance, maintain/improve quality and reduce and learn from risks.

#### **a)-Conducting audits**

We will continue to use the iAuditor software to capture audits with its built-in audit scheduling, data analysis and action plan reporting (guidance and training is given). iAuditor is also used for operational internal audits, so many staff are familiar with using it.

Priority audits are mandated within job descriptions and staff are encouraged to take on additional clinical audits, which increases ownership of findings and any actions required. More in-depth audits will be carried out or led by the Clinical-Audit Manager directly.

The Clinical-Audit Manager provides audit training, covering data-collection, to staff conducting audits.


#### **b)-Actioning results**

The Clinical-Audit Group and Clinical Audit & Effectiveness Sub-Committee receive, monitor and analyses audit results and action plans from across the organisation, which ensures ongoing sharing of best practice. It also monitors the implementation of relevant action plans.

Use of iAuditor software for audit data collection and reporting will ensure ongoing audits are conducted and that findings are shared from completed audits, as well as enabling analysis of any trends using the data warehouse and quality dashboards. Our audit database contains the status of audits and where they are in the cycle.

Key clinical audits are recurrent and ongoing due to the nature of the topic e.g. infection prevention and control and medicine-management audits. Bespoke audits will normally have six months before re-audit (unless findings indicate a need for a more timely re-audit cycle).

**1.18.10.4-Copy of our  
proposed annual  
quality audit plan**

		<b>Vocare (Midlands)</b> <b>Clinical Audit Quality Plan</b> <b>2020 to 2022</b>			
		<b>Quarter Status Key</b>			
		Planned	Delayed		
		Active	Spiral Audit Cycle		
		Completed	Appropriately Abandoned		
		Q1	Q2	Q3	Q4
<b>PRIORITY 1</b>					
<b>P1 NICE</b>					
<i>UCD wide</i>					
CA0040	Breach Comfort Call Audit	Q1	Q2	Q3	Q4
CA0045	Missed Torsion	Q1	Q2	Q3	Q4
<b>PRIORITY 2</b>					
<b>Current Audit Programme Other</b>					
<i>UCD wide</i>					
CA0001	Consultation notes audit	Q1	Q2	Q3	Q4
CA0002	Consultation notes audit FOLLOW UP	Q1	Q2	Q3	Q4
CA0007	Nurse Consultation notes audit (MAIN)	Q1	Q2	Q3	Q4
CA0006	X-ray discrepancy	Q1	Q2	Q3	Q4
<b>P2 Infection Control</b>					
<i>UCD wide</i>					
CA0010	Hand Washing	Q1	Q2	Q3	Q4
CA0046	UCD - UTC IPC Audit Monthly	Q1	Q2	Q3	Q4
CA0029	UTC IPC Audit Monthly	Q1	Q2	Q3	Q4
<b>P2 Medicine Management</b>					
<i>UCD MIDLANDS</i>					
CA0037	Pharmacy Driver Script Folder Audit	Q1	Q2	Q3	Q4
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		Q1	Q 2	Q3	Q4
CA0032	UCD - MIDLANDS - Pharmacy Audit	Q1	Q2	Q3	Q4
CA0033	UCD - MIDLANDS - Pharmacy Centre Script Folder Audit	Q1	Q2	Q3	Q4
CA0035	UCD - MIDLANDS - Pharmacy Medications Box Audit	Q1	Q2	Q3	Q4
CA0034	UCD - MIDLANDS - Pharmacy Weekly CD Register Check	Q1	Q2	Q3	Q4
<b>UCD wide</b>					
CA0028	Observational Drug Room Audit	Q1	Q2	Q3	Q4
<b>P2 Patient Safety /Risk Management</b>					
<b>UCD MIDLANDS</b>					
CA0038	UCD - Central Call Centre Emergency Equipment Check	Q1	Q2	Q3	Q4
<b>UCD wide</b>					
CA0017	FP10	Q1	Q2	Q3	Q4
CA0016	Resus Trolley	Q1	Q2	Q3	Q4
CA0039	Resus Trolley Checklist UTC	Q1	Q2	Q3	Q4
<b>P2 Safeguarding</b>					
<b>UCD wide</b>					
CA0014	Adult Safeguarding	Q1	Q2	Q3	Q4
CA0021	CP-IS- Positive lookups matched to NHS Spine compared to total contacts for 0-19.	Q1	Q2	Q3	Q4
CA0024	Frequent Attenders/ High Intensity Users	Q1	Q2	Q3	Q4
CA0005	Referrals not accepted (not progressed) by local authority (Datix)	Q1	Q2	Q3	Q4
CA0003	Safeguarding Adults (Record audit)	Q1	Q2	Q3	Q4
CA0004	Safeguarding Children (Record audit)	Q1	Q2	Q3	Q4
CA0019	Safeguarding Incidents on datix	Q1	Q2	Q3	Q4
CA0018	Safeguarding log check	Q1	Q2	Q3	Q4
CA0022	Safeguarding Supervision Impact	Q1	Q2	Q3	Q4

		Q1	Q 2	Q3	Q4
CA0023	Safer Recruitment	Q1	Q2	Q3	Q4
CA0020	Was Not Brought/ DNA/ Left Before Being Seen- all under 18s -	Q1	Q2	Q3	Q4
<b>P4 Other</b>					
<i>UCD wide</i>					
CA0031	UCD - Receptionist Checklist	Q1	Q2	Q3	Q4
<b>TBC</b>					
<i>UCD wide</i>					
CA0008	Nurse Consultation notes audit (FOLLOW UP)	Q1	Q2	Q3	Q4
CA0011	Redirection or Wave Through	Q1	Q2	Q3	Q4
CA0013	Referrals to ED	Q1	Q2	Q3	Q4
CA0031	UCD - Receptionist Checklist	Q1	Q2	Q3	Q4
CA0025	UCD Centre Audit	Q1	Q2	Q3	Q4
<b>TBC</b>					
<b>TBC</b>					
<i>UCD wide</i>					
CA0009	Frequent attenders	Q1	Q2	Q3	Q4
CA0012	PGD	Q1	Q2	Q3	Q4