ELFT Clinical Audit and National Audit Plan
2023/24

ELFT Clinical Audit High level process

| Data collection 2 weeks | → | QA processes and sends out Reports to Directorates 3 weeks | → | Results discussed during MDT/team meeting and completes internal action trackers 6 weeks | → | Audit report presented to Quality Committee |
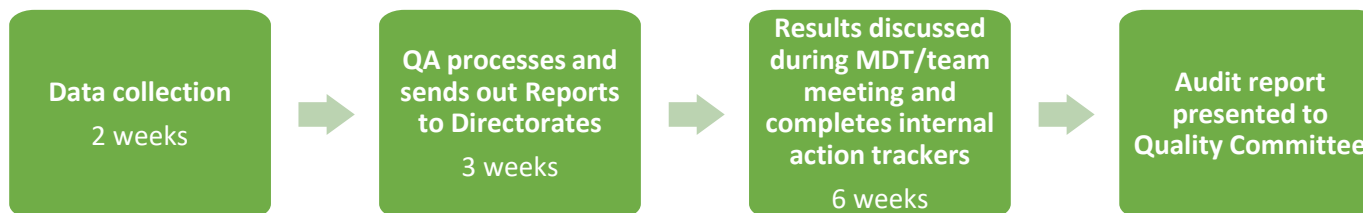
National Audit High level process

| Sampling 4 weeks | → | Data Collection 4-8 weeks | → | Data Entry 4-8 weeks | → | Reporting | → | Results discussed and action plan completed |

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QUALITY ASSURANCE

ELFT Clinical Audit Schedule
Key dates 2023/24

Controlled Drugs Audit	Q1			Q2			Q3			Q4		
	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Data collection start	3			3			2			8		
Data collection finish	17			17			16			22		
Results published by QA	24			24				6		29		
Action Tracker completed		21			21				18		26	

Directorate and Trustwide Audits	Cycle 1			Cycle 2			Cycle 3					
	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Data collection start			5				2				5	
Data collection finish			19				16				19	
Results published by QA				10				6				11
Action Tracker completed					21				18			
Audits reported (Please refer to sampling guide on next page)	✓ Directorate Audits ✓ Infection Control ✓ Clinical Use of Medicine ✓ Safe and Secure Handling of Medication (CHS only)			✓ Directorate Audits ✓ Infection Control ✓ Clinical Use of Medicine ✓ Transcribing Procedure			✓ Directorate Audits ✓ Infection Control ✓ Clinical Use of Medicine ✓ Safe and Secure Handling of Medication					

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Audit	Services	Sampling Guide	Data Collector	Frequency
Controlled Drugs	All Inpatient Wards* *Please complete the survey even if you do not have controlled drugs on the ward. You will be able to click 'no' or 'n/a' if the standard is not relevant to your service.*	Submit 1 audit survey per ward	To be completed by ward manager, ward pharmacy technician and ward pharmacist	Quarterly
Directorate Audit	All Services	Randomly select a minimum of 5 patients for inpatient wards and a minimum of 20 patients for community teams. For teams with very small caseloads, the maximum number of cases possible should be completed.	Team lead	3x per year (June, Oct, Feb)
Infection Control	All Services	Submit 1 audit survey per team	Service manager (or deputy)	3x per year (June, Oct, Feb)
Clinical Use of Medicines	All Inpatient Wards	Pharmacists to submit 10 audit survey per ward, please ensure at least 5 are discharged patients*. *If there are less than 10 patients on the ward, audit as many patients currently on the ward and notify the QA team to advise the number of patients on the ward/audited.*	Ward pharmacist	3x per year (June, Oct, Feb)
Safe & Secure Handling of Medication	All Inpatient Wards and community teams that hold medication	Submit 1 audit survey per team	Ward pharmacist or pharmacy technician	2x per year (Feb and Oct)
Transcribing Procedure	Community Health Services	Submit 10 audit surveys per service	Clinical leads and team leads	1x per yer (June)

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Data collection:

1. You will receive an e-mail with survey links the day data collection starts. Identify the relevant audits to your team in accordance with sampling guide (see previous page).

2. Once you have completed each survey, press the 'Complete Survey' green button submit the tool (please note, that if you don't select 'Complete Survey' the data can not be accounted for).
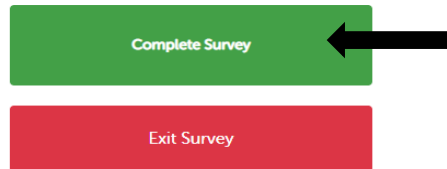
Discussion & Reporting:

3. The Quality Assurance Team (QA) will then extract the data and produce a manual report of overall performance for your directorate.

4. Leads are responsible for notifying and sharing the report with all teams. It is important that staff of all levels have access to the audit data results and it is suggested this is included as an agenda item every quarter within your team meetings / DMTs.

Planning for Improvement:

5. Once teams have discussed the data within their team meetings / DMT's, any change ideas should then be evidenced using the 'QA Action Tracker' which is shared with the QA team. The tracker for your directorate can be found in the 'ELFT Quality Folder' on your desktop: K:\Quality Outcomes and Patient Experience PUBLIC\Quality Action Trackers

6. The QA team will report on the process and outcomes to Trust Quality Committee.

National Audit Schedule
2023/24

Key Dates 2023/24		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
POMH 21a		R											
POMH 20b						R							
NCAP EIP		S	DC	DE	R								
POMH 7g			S	DC/DE	DC/DE				R				
POMH 22a								DC/DE	DC/DE				

References:

S = Sampling

DC = Data Collection

DE = Data Entry

DC/DE = Simultaneous Data Collection & Data Entry

R = Reporting

National Audit Guidance
2023/24

Audit	Services	Sampling Guide	Clinical Lead
POMH 21a: use of melatonin	CAMHS, community paediatrics or learning disability services	Patients of any age who are currently prescribed melatonin and are under the care of CAMHS, community paediatrics or learning disability services. Patients under the care of adult, forensic or old-age psychiatry services should not be included	**Cathy Lavelle**
POMH 20b: the quality of valproate prescribing in adult mental health services	Adult mental health services	Patients currently prescribed valproate and under the care of adult mental health services (including forensic services), irrespective of age. Patients under the care of other services, such as CAMHS, learning disability and older people's services, should not be included	**Syed Ashraf**
NCAP: early intervention in psychosis audit 2023	Early Intervention in Psychosis Services	Patients aged 65 or under who are on the caseload of an EIP team or CYPMH/CAMHS team with a diagnosis of First Episode Psychosis. Patients experiencing psychotic symptoms due to an organic cause should not be included	**Olivier Andlauer**
POMH 7g: monitoring of patients prescribed lithium	All mental health services	Patients under the care of your Trust who are currently prescribed lithium. There are no age or clinical service restrictions	**Olivier Andlauer**
POMH 22a: use of anticholinergic (antimuscarinic) medicines in old age mental health services	Old age mental health services	**TBC**	**TBC**