ELFT Clinical Audit Guidance

Data Collection:

1. The dates for data collection in 2021-22:

   Quarter 1: 6 April – 19 April 2021
   Quarter 2: 5 July – 19 July 2021
   Quarter 3: 4 October – 18 October 2021
   Quarter 4: 10 January – 31 January 2022

2. Ensure you have identified a designated 'data collector' - please see table below for who suggested data collectors should be for each audit.

3. You will be sent an e-mail containing an electronic link, which will take you to the 'Healthcare Comms' landing page. This is where all the audits which are applicable to your directorate are listed. You will then need to complete the audits relevant to your team by following the instructions on the survey.

4. Please refer to the table below for guidance as to what audits are applicable to your team, how big your sample should be and who should complete the audit.

Sampling Guide:

Audit	Services	Sampling Guide	Data Collector
Infection Control (completed every quarter)	All Services	Submit 1 audit survey per team	Service manager (or deputy)
Directorate Audit (completed every quarter)	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
Safe & Secure Handling of Medication (completed every 6 months)	All Inpatient Wards and community teams that hold medication	Submit 1 audit survey per team	Ward pharmacist

Clinical Use of Medicines (completed every quarter)	All Inpatient Wards	Pharmacists to submit 10 audit survey per ward *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
Medications Controlled Drugs (completed every quarter)	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 and ward pharmacist

5. Once you have completed each survey, **press the 'Complete Survey' green button** at the end of each set of questions to submit the tool, (**please note that if you don't select 'Complete Survey' the data can not be accounted for).** The Quality Assurance Team (QA) will then extract the data and analyse the results.
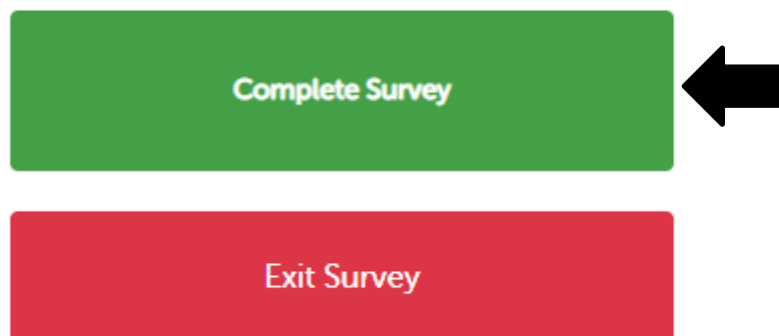
Discussion & Reporting:

6. The QA team will analyse the data after each audit cycle. As we are currently transitioning from Reporting Services to PowerBI for our analytics, this data won't be available on reporting services. The QA team will produce a manual report of overall performance for your directorate.

7. Leads are responsible for notifying and sharing the report with all teams. It is important 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:

8. 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

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

If you have any questions on the process please do not hesitate to get into contact with: elft.qa@nhs.net