



Audit Strategy

Quality Assurance & Service Improvement



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1. Foreward

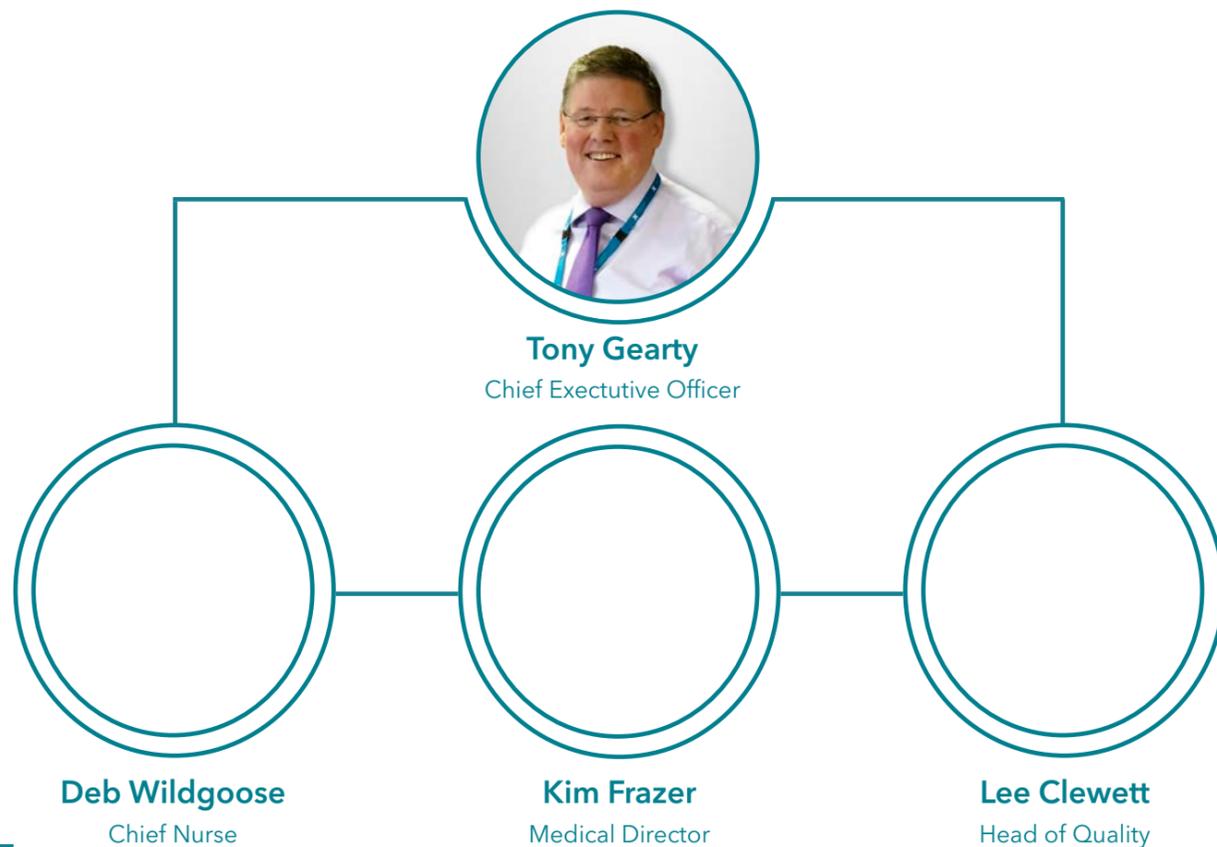
1.1 Cheswold Park Hospital's Quality Strategy 2019 - 2021 sets out our key objectives -

- To care for & champion the needs of the people who use our services
- To support, develop & celebrate the staff who service them

1.2 The Integrated Audit Manual 2021 is one of many processes Cheswold Park Hospital will implement to ensure we are delivering on this commitment.

1.3 The audit process provides essential assurance to people who use our services, their family and carers, as well as people who commission services.

1.4 This is our implementation framework that will improve our systems of compliance and audit, and ensure we embed quality and governance in all we do as set out in our Quality Strategy.



2. Introduction

2.1 Audit is a quality improvement process that seeks to improve patient care and outcomes through the systematic review of care provision against explicit criteria and the implementation of change (NICE 2002).

2.2 Cheswold Park Hospital's audit process provides a continuous process of improvement that supports our services key objectives:

"To care and champion the need of the people who use our services"

"To support, develop & celebrate the staff who serve them"

2.3 The Integrated Audit process supports Cheswold Park Hospital's commitment to ensure our core values are met & exceeded, as set out in our Quality Strategy.

2.4 Cheswold Park Hospitals audit process supports our models of care, which is built upon 5 key principles:

1. Positive Behaviour Support.
2. Appreciative Inquiry.
3. Therapeutic Outcomes.
4. Healthy Lifestyles.
5. Safe Services.



3. The Audit Process

3.1 To promote independence within the audit process Cheswold Park Hospitals Integrated Audit Programme 2021 includes all audits being supported by an Audit Sponsor and being undertaken by an Auditor who is not a core member of the team in the service being audited. The Auditors are personnel from:

- Quality Compliance Partners
- Central Support Departments
- Nurses with specialist responsibility in subject areas
- External partners such as Speeds Pharmacy

3.2 The Audit Sponsors are members of the Senior Leadership Team within Cheswold Park Hospital who are considered the lead within their field of knowledge and experience. They have a pivotal role in ensuring the robustness of the audit process and outcomes.

3.3 To inform the Integrated Audit Programme 2021, all audits undertaken in 2020 were reviewed. This resulted in audits being discontinued or continued.

3.4 All audit tools that support the Integrated Audit Programme 2021 have been revised by the Audit Sponsor or Auditor and new Audit Tools developed as required.



3.5 There has been no adjustments to compliance and sample sizes for 2021 and re-audit will be undertaken when required, as identified by the Audit Sponsor.

3.6 The Quality Compliance Partner takes on the role of Audit Administrator and is responsible for coordinating and administering all aspects of the audit programme. This includes electronic storage of audit results and progress monitoring of actions in the Audit Report. The Quality Compliance Partner is responsible for the provision of the Integrated Audit Manuals that will be provided to all services.

3.7 Throughout the 2021 audit year, information will be gathered from Audit Sponsors and Auditors regarding the effectiveness of the audits undertaken. In the final quarter of 2021 a consultation will take place involving Audit Sponsors, Auditors and senior operational staff, with the aim of:

- Revising the current audit tools;
- Identifying new audit requirements for 2022;
- Developing new audit tools;
- Confirm future Audit Sponsors and Auditors; and
- Agreeing the Integrated Audit Programme for 2022.

4. The Key Skills Of An Auditor

4.1 We recognise and acknowledge that all Auditors and Audit Sponsors need to possess the required skills in four key areas of the audit programme if it is to achieve its aim of improving service delivery and patient experience.

4.2 These four key area are:

4.2.1 Personal Attributes

- Knowledge of the audit process
- An enquiring mind
- Objectivity
- Methodical approach
- High standard of practice
- Analytical skills
- An interest in the audit process
- A determination to support best practice

4.2.2 Communication

- Positive team worker
- Effective communication skills
- Effective listening skills
- Ability to share knowledge & outcomes positively



4.2.3 Leadership

- Non-judgemental/unbiased
- Trustworthy
- Ability to delegate
- Positive role model
- Motivated and motivating
- Integrity and character

4.2.4 Organisational

- Effective time management
- Effective organisational skills
- Ability to focus on the task
- Consistent approach
- High level of commitment

5. The Integrated Audit Programme 2021 Implementation Guide

5.1 The Integrated Audit Programme 2021 Implementation Guide will be followed by all Audit Sponsors, Auditor and Operational Leaders to ensure that the Audit Programme is effectively implemented and learning from audits are implemented to improve the quality of service delivery and service user experience.

5.2 It is the responsibility of the Quality Compliance Partner to ensure that the Operational Leaders support full implementation of the audit programme.

5.3 It is the role of the Director of Quality to oversee effective implementation of the Integrated Audit Programme 2021 and take corrective action if/when required to address any deviation from the Integrated Audit Programme 2021 Implementation Guide with the Chief Nurse & other SLT members.

5.4 It is the responsibility of the Auditor to identify if re-audit is required at an earlier stage than the next scheduled audit, which may be within the 2021 audit year or the following audit year. This decision is a judgement by the Auditor and re-audit occurs when the audit results are significantly below compliance level and/or the non-compliance of a single/few standards create significant concerns about the areas of practice being audited.



6. Guidance & Support With The Audit Programme

6.1 Guidance and support can be obtained on implementation of the audit programme from a number of personnel within Cheswold Park Hospital including:

- The Director of Quality
- Quality Compliance Partners
- The Audit Sponsors
- Auditors



7. The Annual Audit Programme 2021

7.1 Table 1 contains the Integrated Audit Programme 2021.

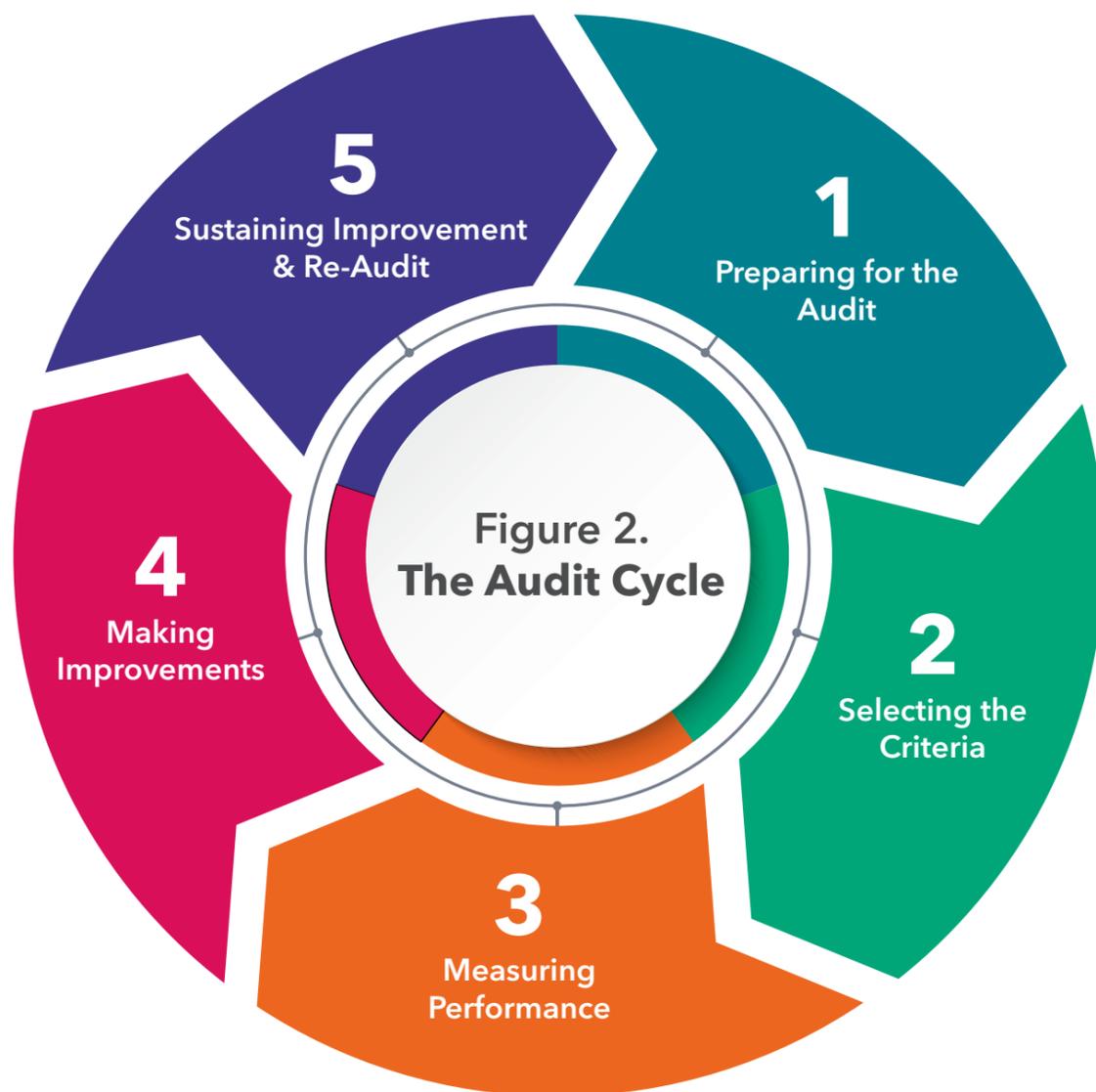
7.2 It is the responsibility of Quality Compliance Partners to progress monitor that the audits are being undertaken within the identified time-scale of the year. If the Quality Compliance Partner identifies an earlier re-audit date for a specific audit then s/he should progress monitor that this re-audit is undertaken.



Audit	Auditor	Audit Sponsor	Frequency
Engagement & Observation Audit	Quality Compliance Partner	Director of Quality	Monthly
Mechanical Restraint Audit	Quality Compliance Partner	Director of Quality	Monthly
Security & Compliance Booklet Checks	Quality Compliance Partner	Director of Quality	Monthly
Locker Audits	Quality Compliance Partner	Director of Quality	Monthly
Seclusion Audit	Quality Compliance Partner	Director of Quality	Monthly
Seclusion 17 Leave Audit	Quality Compliance Partner	Director of Quality	Monthly
Section 132 Audit	Quality Compliance Partner	Director of Quality	Monthly
Patient File - Information Audit	Quality Compliance Partner	Director of Quality	Monthly
FACE Audit	Quality Compliance Partner	Director of Quality	Monthly
HCR20 Audit	Quality Compliance Partner	Director of Quality	Monthly
HoNOS Audit	Quality Compliance Partner	Director of Quality	Monthly
Care Plan Audit	Quality Compliance Partner	Director of Quality	Monthly
Supervision & Appraisal Audit	Quality Compliance Partner	Director of Quality	Monthly
Speeds Pharmacy Audit	Quality Compliance Partner	Director of Quality	Monthly
Clinic Room Audit	Quality Compliance Partner	Director of Quality	Monthly
Blanket Restrictions Audit	Quality Compliance Partner	Director of Quality	Monthly
Incident & Restraint Audit	Quality Compliance Partner	Director of Quality	Monthly
Dress Code Audit	Quality Compliance Partner	Director of Quality	Monthly
Hand Hygiene Audit	Quality Compliance Partner	Director of Quality	Monthly
Environment Checks Audit	Quality Compliance Partner	Director of Quality	Monthly
Infection Control Audit		Chief Nurse	Quarterly
Epilepsy Management Audit		Medical Director	Quarterly
Physical Healthcare Audit		Chief Nurse	Quarterly
HR Records Audit	Quality Compliance Partner	Chief Nurse	6 Monthly
Quality Development Review	Quality Compliance Partner	Medical Director	Annually

8. The Audit Cycle: Closing The Loop

8.1 Figure 2 depicts the five stages of the Audit Cycle that needs to be followed to achieve Cheswold Park Hospitals aim of improving service delivery and patient experience.



8.2 Stage 1: Preparing for the Audit

The reason for undertaking an audit may arise from a problem that has been identified from everyday practice, an investigation or to support implementation of national best practice and people know or feel practice could be improved upon.

Within Cheswold Park Hospital the choice of the audit programme is influenced by all three of these reasons for audit and the audits are chosen through a consultation process with the aim of improving service delivery and patient experience.

8.3 Stage 2: Selecting Criteria

The audit criteria is defined from national best practice, regulatory standards or local policy standards.

Within Cheswold Park Hospital it is the responsibility of the Audit Sponsor to ensure that the audit criteria meets the standard required to enable us to measure the audit topic to support improvements in service delivery and patient experience.

8.4 Stage 3: Measuring Performance

Following data analysis against the predetermined standards by the Auditor, an audit outcome will be identified which either falls above, below or matches the identified standards.

Within Cheswold Park Hospital the Audit Sponsor will review the audit outcomes to ensure that a robust process has been followed and the outcomes are just.

8.5 Stage 4: Making Improvements

From the audit outcomes key recommendations should be identified to address any areas of non-compliance identified by the audit. These key recommendations should be arranged into the Departmental Action Plan (DAP)

and given to the appropriate Operational Leaders for implementation.

Within Cheswold Park Hospital it is the responsibility of the Service Manager & Clinical Team Manager to implement the actions identified within the Audit Report and Departmental Action Plan and progress monitor delivery of these to full completion via governance meetings.

8.6 Stage 5: Sustaining Improvements and Re-Audit

Without re-auditing it is impossible to see if implemented recommendations have achieved improvements in service delivery and patient experience.

Within Cheswold Park Hospital, all audits will involve a re-audit process to ensure that the Audit Process is achieving sustainable changes. For some audits, if there are significant areas of non-compliance the Audit Sponsor may arrange for re-audit to occur earlier than the planned audit schedule. It is acknowledged that the annual audit programme will remain dynamic and responsive to Company priorities and therefore, some audits will be discontinued or deferred as appropriate and new audits may be introduced.

8.7 Stage 4 and 5 are considered the most fragile stages of the audit process and if these stages are not robustly implemented the audit outcomes will not achieve improvements in service delivery or service user experience.

Therefore, within Cheswold Park Hospital the operational leaders in partnership with Quality Compliance Partners need to robustly implement stage 4 and ensure that improvements required are embedded in practice to achieve sustainable improvements.

9. Roles & Responsibilities

9.1 The effective implementation of the Integrated Audit Programme 2021 is reliant on Cheswold Park Hospital employees supporting the Audit Programme as follows.

9.2 Director of Quality

It is the responsibility of the Director of Quality to;

- a) Undertake an annual consultation on the audit programme and develop a revised audit programme for subsequent years to ensure that continuous service improvements are ongoing.
- b) To monitor progress of the Annual Integrated Audit Programme and address any areas of non-compliance with the audit programme with the relevant operational leaders & Quality Compliance Partners.

9.3 Chief Nurse

The Chief Nurse actively support the Director of Quality with:

- a) The audit consultation process.
- b) The development of the annual audit programme.
- c) Compliance monitoring of the agreed audit programme.

9.4 Quality Compliance Partner

It is the responsibility of the Quality Compliance Partner to undertake the role and responsibilities of the Audit Administrator as outlined within this manual. This includes:

- a) Preparation and dissemination of all audit resources, including the two audit folders and the audit notice board Information for each service.
- b) Coordination of the implementation of the audits by emailing Audit Sponsors and Auditors at the beginning of each quarter and throughout the audit period, as per the Audit Programme Implementation Guide on [Page ?](#).
- c) Completes the Audit Reports and share them with Audit Sponsors & operational leaders.
- d) Completes the Audit Action Plans and progress monitors their completion by the relevant responsible person.
- e) Maintains the electronic Audit Records and Results.
- f) Shares the Audit Records and results with operational leaders for them to include these within the Audit Results Folder and display on the Audit Notice Board.
- g) Support the consultation and review of the audit programme as required.

9.5 Audit Sponsors

The Audit Sponsors are responsible for:

- a) Overseeing the development of the audit resources and approval of the audit tools.
- b) Supporting completion of the audits by the identified Auditor by supporting the auditors as required within the agreed period.
- c) Advising of the next re-audit timescale, depending on the outcome of the audit.
- d) Participating in the audit programme consultation and design of future audit programmes.

9.7 Chief Nurse

It is the responsibility of the Directors of Operations to:

- a) Monitor progress of the Annual Integrated Audit Programme and address any areas of non-compliance with the audit programme with the Service managers to promote compliance.
- b) Monitor the audit results via Clinical Governance Committee and support implementation of the actions to promote compliance with audit standards.

9.8 Service Managers

It is the Service Managers responsibility to:

- a) Ensure 100% compliance with addressing audit actions and compliance
- b) Identify a Service Audit Lead and monitor that they undertake this role fully and effectively.
- c) Support the completion of the audit programme as identified within this manual.
- d) Deliver on the actions identified within audit reports to promote full compliance with audit standards.
- e) Ensure that the Service Audit Lead maintains the audit folder and keeps the audit notice board up to date will all relevant documents.

10. Audit Storage Systems: Electronic Records, Manual Folders & Audit Notice Boards

10.2 Audit Folders

10.2.1 The Quality Compliance Partner will develop and disseminate the following two audit folders to each service:

1. The Integrated Audit Programme 2021 folder that will describe the audit programme and provide samples of all the audit tools.
2. The Audit Programme 2021 Results folder for storage of all audit results.

10.2.2 Whilst it is the responsibility of the Quality Compliance Partner to supply the two audit folders, it is the responsibility of the operational leaders to:

- a) Ensure that both audit folders are stored in a secure but accessible location within the service/ward, so that they are readily available for staff to access as required and to enable them to be shared with regulators during inspections.
- b) Ensure that the Integrated Audit Programme 2021 folder is kept up to date at all times by adding to it any additional resources that the Quality Compliance Partner sends to the service/ward.
- c) Prints off and adds to the Audit Programme 2021 Results folder all audit results that will be submitted to the Service.

10.3 Audit Notice Board

10.3.1 An Audit Notice Board should be located in all services in a prominent position to inform all stakeholders of the Integrated Audit Programme 2021 and the Audit Results for the particular service.

10.3.2 The Quality Compliance Partner is responsible for arranging for each service to be provided with an Audit Notice Board and for providing the audit resources to be displayed on the notice board.

10.3.3 It is the responsibility of the operational leaders to ensure that the Audit Notice Board is in a prominent position within the service/ward and kept up to date with the audit resources provided by the Quality Compliance Partner.



11. Conclusion

11.1 The Integrated Audit Programme 2021 forms part of the corporate Governance Framework and is a critical component in achieving our aim of improving service delivery and patient experience.

11.2 The Integrated Audit Programme 2021 will only achieve its aim if all stakeholders combine their efforts and effectively undertake their role and responsibilities related to the audit programme as identified within this manual.



“The achievements of an organisation are the results of the combined effort of each individual”.

- Vince Lombardo





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