

Directorate of Performance Assurance

QUALITY & AUDIT STRATEGY 2015 – 2018

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Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the "protected characteristics" as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

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1.0 Executive Statement

1.1 Northern Lincolnshire and Goole Foundation Trust (NLAG) is committed to delivering effective clinical audit in all clinical services it provides. The organisation considers clinical audit to be a key component of achieving its vision to deliver safe and high quality patient-centred services. When carried out in accordance with best practice standards, clinical audit:

- Provides assurances of compliance with clinical standards
- Improves quality of care and patient outcomes
- Evaluates performance in order to support the assurances of quality within the Trust
- Supports the organisation in building quality into systems and processes through seeking views and experience of staff and service users to inform planning and future direction
- Identifies and minimises risk, waste and inefficiency

1.2 This document describes the strategic approach within the Trust to developing quality and audit over the next three years, identifies the key quality and audit objectives required to meet national and local priorities and is applicable to all staff employed within the Trust.

2.0 Organisation 'Fit'

2.1 It is important that clinical audit is not seen as an isolated quality improvement activity but as one of a set of tools which teams and services can use to improve the quality of care that is delivered to service users and their carers. It is also important to consider the links to wider quality and governance frameworks that exist.

2.2 As a body of work clinical audit should be integral to supporting corporate objectives and strategic aims, and assist in shaping them through driving improvement and quality of care. Clinical audit however, undoubtedly requires leadership and managerial commitment since there is only so much that an individual or team can do to make the full spread of changes that it may recommend. The Healthcare Quality Improvement Partnership (HQIP) states NHS Boards need to be aware of the value and usefulness of clinical audit to their role in effective governance and delivering high quality services¹ through the following:

2.3 **Quality:** Clinical effectiveness is one part of lord Darzi's definition of quality, alongside clinical safety and patient experience. Lord Darzi describes clinical effectiveness as understanding success rates from different treatments for different conditions, including clinical measures such as mortality or survival rates, complication rates and measures of clinical improvement. Clinical effectiveness is also fundamental to improving patients' experience of their care.

- 2.4 Corporate Assurance:** The clinical audit strategy outlines the process by which the Trust Board will be assured that effective clinical audits are conducted to drive and measure quality of clinical care. Information on the provision and quality of services derived from clinical audit will inform the Board Assurance Framework and provide evidence for registration requirements of the Care Quality Commission and other external assessors. Assurances can be gained by the Board from the Trust's Clinical Audit process in support of self-certification. The clinical audit framework will also contribute to meeting commissioners' requirements, including NICE clinical guidelines and Quality Accounts, in terms of assessment of the quality of services they commission. Achievement of a number of Commissioning for Quality and Innovation (CQUIN) goals will be evidenced by clinical audit.
- 2.5 Quality Governance Framework (Monitor):** Quality governance is the combination of structures and processes at and below board level to lead on trust-wide quality performance including: ensuring required standards are achieved; investigating and taking action on sub-standard performance; planning and driving continuous improvement; identifying, sharing and ensuring delivery of best-practice; and identifying and managing risks to quality of care.² Clinical audit provides quality assurance mandated by Monitor to the Trust. In particular, the clinical audit programme is driven by national audits, with processes for initiating additional audits as a result of identification of local risks (e.g. incidents), ensuring robust action plans are in place to address quality performance issues and that the quality of information is robust.
- 2.6 Complaints and other forms of patient feedback:** Themes from this intelligence can be used to propose topics for clinical audit. For example, if local complaints or surveys illustrate specific, persistent and/or local concerns, then the clinical audit programme can be designed to include the monitoring of standards related to those concerns.³
- 2.7 Patient and Public Involvement and (Foundation Trust) membership engagement-** (i.e. how organisations respond to the 'Duty to Involve' set out in Section 242 of the NHS Act 2006); The Trust is committed to involving patients, carers and the public in service development and in the formation and consideration of proposals for improvement. On being authorised as an NHS Foundation Trust this duty extends to our membership. The Foundation Trust regulator, Monitor, requires Trusts to demonstrate that it is taking every opportunity to engage members and monitors compliance with membership governance.
- 2.8** Close engagement with the public will help ensure that services focus on the needs of patients. Clinical audit supports involvement and engagement by facilitating patient feedback and action plans to implement changes for quality improvement. Furthermore, clinical audit can involve patients, carers and the public in all elements of clinical audit, including priority setting, means of engagement, sharing of results and plans for sustainable improvement.
- 2.9 Research and development:** Clinical audit assesses compliance of clinical care against evidence-based standards set by research. Research and development therefore underpins clinical audit and by completing the clinical audit cycle services not only evidence compliance with standards, but they can also potentially generate further ideas for research.

- 2.10 Consultant appraisal and revalidation:** Participation in clinical audit enables clinicians to appraise their work and demonstrate compliance with their professional codes of conduct.

3.0 Scope

This strategy is intended to inform and support all staff working at Northern Lincolnshire and Goole NHS Foundation Trust and external parties who have an interest and responsibility for contributing to and overseeing the development, direction and delivery of clinical audit and effectiveness activity within the organisation. This will typically include:

- Trust Board Executive Directors
- Trust Board Non-Executive Directors
- Deputy Directors/Associate Medical Directors/Deputy Chief Nurse
- Associate Chief Operating Officers
- Associate Chief Nurses
- Service Leads
- Clinical and Speciality Leads
- Heads of Service / Service Managers
- Operational Governance Groups
- Nursing and Midwifery Advisory Forum
- Patient and Staff Experience Group
- Learning Lessons Review Group
- Infection, Prevention and Control Committee
- Commissioners
- External agencies (e.g. CQC, Monitor)

4.0 Definition of Clinical Audit

- 4.1 The universally accepted definition for both national and local clinical audit as defined by the National Institute for Health and Clinical Excellence (NICE) in their 'Principles for Best Practice in Clinical Audit' is:

“A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery”⁴



- 4.2 As demonstrated in the diagram above clinical audit is defined as a cycle in which definition of standards, measurement, action and then re-measurement all form one integrated process. As HQIP state in their most recent book NEW Principles of Best Practice in Clinical Audit: “The touchstone of clinical audit is surely improving quality. Measuring is not enough to justify funding and resourcing the time of local clinicians or audit teams. Continuing to justify their time on audit demands that clinical audit remains conceptualised as what clinicians and local audit staff already know it to be, namely a complete cycle of improvement.”⁵ Furthermore, in their guide for NHS Boards and Partners HQIP assert clinical audit needs to have board oversight to ensure this cycle is complete and that the clinical audit is not solely owned by the immediate clinical team but by management.⁶ Such oversight would support the Trust's overall strategic objectives and ensure the cost effectiveness of clinical audit activity.

5.0 Strategic Aim

5.1 The Trust aims to build a strong foundation by which clinical audit not only provides robust quality assurance to patients, but drives the quality of their care.

5.2 The principal aims of the strategy are therefore to:

- Ensure a co-ordinated approach to all quality and audit activities undertaken by NLAG staff and ensure robust systems are in place.
- Prioritise quality and audit activity to reflect Trust priorities and respond to significant concerns arising locally
- Ensure staff have access to support and training in quality and audit methodologies
- Promote patient focused quality and audit activity, in line with the Trust's Quality & Audit Policy and HQIPs Criteria for Best Practice in Clinical Audit, which is both multi-disciplinary and wherever possible multi-organisational

6.0 Aims and Objectives

In order to achieve the strategic aim described above the Trust is committed to developing the following areas of clinical audit during 2015-2018. The objectives are supported by the operational plan shown in Appendix A of this document.

6.1 **Key Aim: Ensure a co-ordinated approach to all quality & audit activity undertaken within NLAG and ensure robust systems are in place**

Objectives:

- Develop clear and precise systems and procedures to support clinical audit activity
- Coordinate all clinical audit activity in the Trust to ensure there is a central point of information and duplication of activity is avoided
- Further develop and maintain the Quality and Audit SharePoint page on the intranet
- Improve the timeliness of audit findings including feedback and action planning
- Assist healthcare professionals to improve quality of patient care through robust quality and audit activities including proactive support of action plan development and monitoring

6.2 Key Aim: Prioritise quality and audit activity to reflect Trust priorities and respond to significant concerns arising locally**Objectives:**

- Develop and successfully deliver a critically assessed clinical audit priority programme that address national and local requirements whilst being properly resourced and managed
- Strengthen the links with clinical governance and risk management to identify key risk areas and learn lessons
- Ensure close links with the specialities / directorates; providing priority support to identified projects and encourage ownership of the rolling programme and resulting action plans

6.3 Key Aim: Ensure staff have access to support and training in quality and audit**Objectives:**

- Ensure staff have the competency, support and time to participate in clinical audit
- Ensure that the Quality and Audit department remains at the forefront of quality improvement methodology and aspires to be a recognised centre of excellence

6.4 Key Aim: Promote patient focused quality and audit activity, in line with the Trust Quality & Audit Policy and HQIP's Criteria for Best Practice in Clinical Audit**Objectives:**

- Ensure clinical audit supported by the Quality and Audit Team is compliant with the Trust's Quality and Audit Policy and HQIP's Criteria for Best Practice in Clinical Audit
- Promote a culture of quality and audit that is patient and carer focused

7.0 References

1. Bullivent J Dr, Corbett-Nolan A, 2010, Clinical audit: A simple guide for NHS Boards & partner, The Good Governance Institute (CGI)
2. Monitor, 2010, Quality Governance Framework, Monitor
3. Bullivent J Dr, Corbett-Nolan A, 2010, Clinical audit: A simple guide for NHS Boards & partner, The Good Governance Institute (CGI)
4. Bullivent J Dr, Corbett-Nolan A, 2010, Clinical audit: A simple guide for NHS Boards & partner, The Good Governance Institute (CGI)

5. Burgess R, 2011, New Principles of Best Practice in Clinical Audit, Radcliffe Publishing Ltd
6. Bullivent J Dr, Corbett-Nolan A, 2010, Clinical audit: A simple guide for NHS Boards & partner, The Good Governance Institute (CGI)

8.0 Equality Act (2010)

- 8.1 In accordance with the Equality Act (2010), the Trust will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The Trust will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.
- 8.2 The Trust will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the Trust's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

**The electronic master copy of this document is held by Document Control,
Directorate of Performance Assurance, NL&G NHS Foundation Trust.**

Appendix A

Operational Plan

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
6.1 Key Aim: Ensure a co-ordinated approach to all quality & audit activity undertaken within NLAG and ensure robust systems are in place					
	Develop clear and precise systems and procedures to support clinical audit activity	<ul style="list-style-type: none"> Flowcharts developed to ensure that processes outlined in the Quality and Audit Policy are clear to all. 	30 April 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Flowcharts
		<ul style="list-style-type: none"> Update any existing process documents / flowcharts to ensure they are in line with the Quality and Audit Policy 	30 April 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Updated documents / flowcharts agreed at Quality & Audit Team Meetings

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
		<ul style="list-style-type: none"> Clarify and define the Quality and Audit Team services at relevant meetings and via other communications – intranet, updates, Quality and Audit leaflet and reports. 	30 April 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Minutes of meetings / Intranet / Quality and Audit leaflet
	Coordinate all clinical audit activity in the Trust to ensure there is a central point of information and duplication of activity is avoided	<ul style="list-style-type: none"> Promote the requirement for all audit activity to be registered with the Quality and Audit Department as per the Quality and Audit Policy 	30 September 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Quality and Audit Leaflet / minutes of meetings / Intranet
		<ul style="list-style-type: none"> Further develop the Priority 3 project database 	30 September 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Priority 3 database / Speciality audit meeting minutes

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
		<ul style="list-style-type: none"> Continue to develop the Trust priority clinical audit forward programme centrally and update the reporting <i>spreadsheet on a quarterly basis.</i> 	Ongoing	Risk and Clinical Audit Manager Quality and Audit Facilitators	Forward Programme / Reporting spreadsheet and quarterly reports.
	Further develop and maintain the Quality and Audit SharePoint page on the intranet	<ul style="list-style-type: none"> Ensure that all relevant Quality and Audit evidence is available for access by Trust staff 	31 August 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Quality and Audit SharePoint Page
		<ul style="list-style-type: none"> Further develop the resource section to include learning packs for clinical audit, templates, presentations on “how to”, and links to key websites. 	31 August 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Quality and Audit SharePoint Page

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
		<ul style="list-style-type: none"> Ensure all relevant monitoring reports including forward programme updates on progress are accessible on the intranet and signposted to relevant staff. 	30 September 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Quality and Audit SharePoint Page / Email / Minutes of Audit Meetings / Minutes of Governance Group meetings
	Improve the timeliness of audit findings including feedback and action planning	<ul style="list-style-type: none"> Processes streamlined and audit methodologies adopted that will enable wards, teams, and speciality audit results to be fed back in a timely manner for immediate action by the relevant service / management leads. 	31 March 2017	Head of Risk and Clinical Audit Risk and Clinical Audit Manager Quality and Audit Facilitators	Quality and Audit Team meeting minutes / Project Plans
		<ul style="list-style-type: none"> Strengthen links between the Quality and Audit Team and the operational groups to ensure key stakeholders respond quickly to sub optimal practice and take the appropriate actions. 	On-going	Quality & Audit Facilitators	Regular meetings with the Senior Management Team / Clinical and Nurse Leads. Governance Group minutes

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
	Assist healthcare professionals to improve quality of patient care through robust quality and audit activities including proactive support of action plan development and monitoring	<ul style="list-style-type: none"> Ensure re-audits are explicitly documented in all priority project action plans and monitored accordingly. 	30 April 2017	Risk and Clinical Audit Manager Quality and Audit Facilitators	Monitoring reviews / Quality and Audit Reports / Action Plan monitoring spreadsheet
<ul style="list-style-type: none"> Ensure assurance levels are applied and appropriate escalation occurs to help drive improvements in patient care through clinical audit. 		30 June 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Reporting Spreadsheet / Quality and Audit Reports / Governance Group minutes / Self Certification	
<ul style="list-style-type: none"> Ensure robust action plans are developed using SMART principles and that implementation of actions is evidenced / tested (i.e. rapid cycle audits) for all priority projects. 		30 April 2017	Risk and Clinical Audit Manager Quality and Audit Facilitators	Action Plans / Evidence collation / Rapid Cycle Audits	

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
		<ul style="list-style-type: none"> Develop an action plan monitoring spreadsheet which lists each action and RAG rates progress. Action Plan 'owners' are identified from within the Operational Groups and progress monitored via the governance meetings. 	31 March 2016	Head of Risk and Clinical Audit Risk and Clinical Audit Manager Quality and Audit Facilitators	Action Plan monitoring spreadsheet / Action Plan monitoring reports / Governance Group minutes
		<ul style="list-style-type: none"> Provide updates to the Operational Groups of Priority 3 project work that have not had a subsequent data collection undertaken (re-audit) for them to action accordingly. 	30 October 2016	Quality and Audit Facilitators	Priority 3 update reports / Governance Group minutes / Speciality Audit meeting minutes

Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
6.2 Key Aim: Prioritise quality and audit activity to reflect Trust priorities and respond to significant concerns arising locally				
Develop and successfully deliver a critically assessed clinical audit priority programme that address national and local requirements whilst being properly resourced and managed	<ul style="list-style-type: none"> Ensure the programme of quality and audit activity considers all national and local imperatives and is linked with clinical effectiveness and best practice 	31 August 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Trust Quality and Audit Forward Programme Development Guidance / Rolling Forward Programme
	<ul style="list-style-type: none"> Ensure that projects are prioritised and given the relevant priority level of support. 	31 August 2016	Risk and Clinical Audit Manager	Trust Quality and Audit Forward Programme Development Guidance / Rolling Forward Programme
	<ul style="list-style-type: none"> Strengthen processes for delivering against national audits in terms of both participation and responding to areas of low compliance. 	Annual Review: 30 October 2016 – 30 October 2017	Risk and Clinical Audit Manager	National Audit Review / Action Plans

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
		<ul style="list-style-type: none"> Provide regular reports and updates of all ongoing priority audit activity to operational governance groups, management teams and to QPEC. Highlight any risks to non-delivery. 	31 May 2017	Risk and Clinical Audit Manager Quality and Audit Facilitators	Quarterly Reports to QPEC / Quarterly Reports to Governance Groups / Minutes of meetings
		<ul style="list-style-type: none"> Link with performance to enhance the delivery against key indicators in relation to national / local priority clinical audits. 	31 March 2016	Head of Risk and Clinical Audit / Head of Performance	Key Performance Indicators
	Strengthen the links with clinical governance and risk management to identify key risk areas and learn lessons	<ul style="list-style-type: none"> Identify quality and audit needs through incident reporting, complaints, claims, and PALS 	30 June 2016	Head of Risk and Clinical Audit Risk and Clinical Audit Manager	Trust Quality and Audit Forward Programme Development Guidance / Rolling Forward Programme

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
		<ul style="list-style-type: none"> Triangulate information through close links with the Risk and Governance, Complaints, Claims and PALS Teams and with the governance links within the operational groups to help ensure key lessons for learning are identified. 	31 December 2016	Head of Risk and Clinical Audit Risk and Clinical Audit Manager Quality and Audit Facilitators	Trust Quality and Audit Forward Programme Development Guidance / Rolling Forward Programme / Quality and Audit Reports / Quality and Safety Days / Learning Lessons Review Group minutes
	Ensure close links with the specialities / directorates; providing priority support to identified projects and encourage ownership of the rolling programme and resulting action plans	<ul style="list-style-type: none"> Maintain strong links with the senior management teams within the operational groups, the directorate governance staff through ensuring a quality and audit presence at governance meetings and at business meetings, quality and safety days where relevant. 	31 December 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Governance Group minutes / Business meeting minutes

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
		<ul style="list-style-type: none"> Ensure audit rolling programme is agreed and embedded within the operational groups and is monitored, along with the resulting action plans, by them on a regular basis. 	31 April 2017	Risk and Clinical Audit Manager Operational Group Governance Leads Quality and Audit Facilitators	Email correspondence / Governance Group minutes
6.3 Key Aim: Ensure staff have access to support and training in quality and audit					
	Ensure staff have the competency, support and time to participate in clinical audit	<ul style="list-style-type: none"> Provide advice and guidance to all clinicians / healthcare professionals wishing to undertake clinical audit activity 	Ongoing	Quality and Audit Facilitators	Project Plans / Email correspondence / Speciality Audit meeting minutes

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
		<ul style="list-style-type: none"> Ensure resources (including proformas) are available to share with staff either by direct request or via the intranet. 	31 August 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Intranet site / Resources on H Drive for distribution
		<ul style="list-style-type: none"> Ensure staff have access audit skills training either via a rolling programme with specified dates or by request on an ad hoc basis. 	31 December 2016	Risk and Clinical Audit Manager Quality and Audit Facilitators	Rolling programme / attendance sheets / Email
		<ul style="list-style-type: none"> Provide a facilitation service for individual speciality clinical audit meetings. 	Ongoing	Quality and Audit Facilitators	Speciality Audit meeting minutes
		<ul style="list-style-type: none"> Managers / Service Leads to ensure staff are given adequate time to participate in clinical audit. 	Ongoing	Senior Management / Service Leads	Feedback from Clinical / Nursing Staff

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
	Ensure that the Quality and Audit department remains at the forefront of quality improvement methodology and aspires to be a recognised centre of excellence.	<ul style="list-style-type: none"> Continually develop the knowledge and expertise of the team through in house development and/or attendance at external training workshops and links to national and regional networks for clinical audit. 	Ongoing	Head of Risk and Clinical Audit Risk and Clinical Audit Manager	Attendance at workshops / courses / conferences. Shared learning via Quality and Audit Team meetings
6.4 Key Aim: Promote patient focused quality and audit activity, in line with the Trust Quality & Audit Policy and HQIP's Criteria for Best Practice in Clinical Audit					
	Ensure clinical audit supported by the Quality and Audit Team is compliant with the Trust's Quality and Audit Policy and HQIP's Criteria for Best Practice in Clinical Audit	<ul style="list-style-type: none"> Undertake regular self-assessments to ensure internal processes relating to the Quality and Audit central function are adhered to and correct templates are utilised. Refer to Quality and Audit Policy monitoring. Assess the Quality and Audit Team against the HQIP Criteria for Best Practice in Clinical Audit on an annual basis and report the findings and any resulting actions to QPEC. 	31 May 2016 and ongoing	Risk and Clinical Audit Manager	Reports to QPEC / Assurance Monitoring Sheet / Quality and Audit Team meeting minutes
			30 June 2018	Risk and Clinical Audit Manager	HQIP Criteria for Best Practice Report / QPEC minutes

	Milestone Name	Milestone Description	Milestone Completion Date	Responsible Personnel	Evidence of completion
	Promote a culture of quality and audit that is patient and carer focused	<ul style="list-style-type: none"> Utilise patient / carer feedback from PALS, patient surveys, dashboards, as well as from claims, complaints, and incidents to identify priority audits for the forward programme or to inform existing audits (i.e. additional 'intelligence'). 	30 June 2018	Risk and Clinical Audit Manager	Annual Quality and Audit Forward Programmes
		<ul style="list-style-type: none"> Ensure patient involvement in clinical audit through the patient panel and provide appropriate training to any patient participant. 	30 June 2018	Risk and Clinical Audit Manager Quality and Audit Facilitators	Quality and Audit Reports / QPEC Quarterly Quality and Audit updates