

CLINICAL AUDIT POLICY

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Applies to:	Clinical Effectiveness Team All registered staff

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DOCUMENT CONTROL

Reference	Version	Status	Author
KS/Nov/14/CAP	7	Final	Clinical Audit Manager
<p>Amendments</p> <p>07/07/2017: Clinical Audit Proposal form (App B) updated to include Medicines Management Team in Approved Section Clinical Audit Report Template (App C) updated to include Directorate results Noting annual report is submitted to the CCG via Clinical Quality Review Group Removal of reference to CQC Essential Standards and adding Key Lines of Enquiry Change of group/organisation names:</p> <ul style="list-style-type: none"> • Integrated Governance changed to Quality and Performance Committee • Monitor changed to NHS Improvement • NHSLA changed to NHS Resolution • NHS Standard Contract – main requirements added as bullet points <p>General review of wording throughout whole document</p> <p>14/07/2016: minor amendments to reflect:</p> <ul style="list-style-type: none"> • Removal of reference to CSCE • Addition of Divisional Governance Groups • Additional annual Trust audits • Updated Risk Matrix scoring • Minor amendments to Report template <p>03/07/2015: minor amendment - updated with latest version of Audit Report template (to include CQC Key Lines of Enquiry (Section 5 of report template).</p> <p>General: Removal of reference to SPICE, replaced with What's-On Update on role of Clinical Audit Manager Update on role of Best Practice Groups Update of cross referenced policy names Removal of internal links to appended documents General grammar</p> <p>Specific: 1 Introduction – added reference to NHS Standard Contract which has resulted in the following additions: 5: Clinical Audit section:</p> <ul style="list-style-type: none"> • Multi-disciplinary and multi-professional audit: additional points 5.19 and 5.20 • Prioritising clinical audit topics: <ul style="list-style-type: none"> ○ addition of NCAPOP projects and IGT audits ○ removal of 5 x record keeping audits <p>8: Monitoring Compliance: additional 2 reporting bullet points within 8.2</p> <p>Also: 1 Introduction – added reference to Mid Staffordshire Public Inquiry 4 Explanation of terms used - added National Clinical Audit and Patient Outcomes Programme</p> <p>Document objectives: To provide an overarching structure to maintain and support a culture of best practice in the management and delivery of clinical audit within the Trust.</p>			

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1. INTRODUCTION

- 1.1 The expectation for healthcare professionals to participate in regular clinical audit was first established in the 1989 Government White Paper, 'Working for Patients'. This has been reinforced and extended by a succession of key national publications, including:
- Clinical Governance — Quality in the NHS (Department of Health, 1999);
 - Good Medical Practice (General Medical Council, 2001;)
 - Good Doctors Safer Patients (Department of Health, 2006);
 - The NHS Next Stage Review Final Report, High Quality Care For All [the 'Darzi Report'], (Department of Health, 2008);
 - NHS Litigation Authority Risk Management Standards for Mental Health and Learning Disabilities January 2010;
 - Care Quality Commission (CQC) Registration Standards – Outcome 16: Assessing and monitoring the quality of service provision;
 - Equity and excellence: Liberating the NHS (Department of Health, 2010);
 - HQIP 'New Principles for Best Practice in Clinical Audit' Radcliffe Publishing, 2011;
 - Mid Staffordshire NHS Foundation Trust Public Inquiry Report, 2013;
- 1.2 When carried out in accordance with best practice standards, clinical audit:
- provides assurance of compliance with clinical standards;
 - identifies and minimises risk, waste and inefficiencies;
 - improves the quality of care and patient outcomes.
- 1.3 The importance which the Department of Health and healthcare regulators attach to effective clinical audit is shown by the extent to which participation in national and local clinical audit is now a statutory and contractual requirement for healthcare providers.
- 1.4 The NHS standard contracts for mental health and community services, which came into effect in April 2011, cover agreements between commissioners and all providers delivering NHS funded services. The contract terms apply to new agreements from April 2011 for NHS Foundation Trusts, including services provided by Somerset Partnership NHS Foundation Trust. Providers must:
- Participate in national clinical audits within the National Clinical Audit and Patient Outcomes Programme (NCAPOP) relevant to their services
 - Make national clinical audit data available to support publication of consultant-level activity and outcome statistics
 - Implement and/or respond to all relevant recommendations of any appropriate clinical audit
 - Implement an ongoing, proportionate programme of clinical audit of their services in accordance with good practice
 - Provide to the co-ordinating commissioner, on request, the findings of any audits carried out, in particular locally-agreed requirements such as Commissioning for Quality and Innovation (CQUIN) audits

- 1.5 In addition to this contractual requirement, the regulatory framework operated by the Care Quality Commission (CQC) requires registered healthcare providers to regularly assess and monitor the quality of the services provided. They must use the findings from clinical and other audits, including those undertaken at a national level, and national service reviews to ensure that action is taken to protect people who use services from risks associated with unsafe care, treatment and support. They must also ensure healthcare professionals are enabled to participate in clinical audit in order to satisfy the demands of the relevant professional bodies (for example, for revalidation).
- 1.6 The Board is required by NHS Improvement to certify that they have effective arrangements in place for the purpose of monitoring and continually improving the quality of healthcare provided to patients, and must therefore ensure they have in place systems processes and procedures to monitor, audit and improve quality.
- 1.7 Under the Health Act 2009, the Trust is required to produce an annual Quality Account, which must include information on participation in national and local clinical audits, and the actions which have been taken as a consequence to improve the services we provide.
- 1.8 From April 2012, the NHS Resolution requires all scheme members to have 'an approved documented process for making sure that all clinical audits are undertaken, completed and reported on in a systematic manner'. As a minimum, the approved documentation must include a description of the:
- duties;
 - how the organisation sets priorities for audit, including local and national requirements;
 - requirement that audits are conducted in line with the approved process for audit;
 - how audit reports are shared;
 - format for all audit reports, including methodology, conclusions, action plans, etc.;
 - how the organisation makes improvements;
 - how the organisation monitors action plans and carries out re-audits;
 - how the organisation monitors compliance with all of the above.
- 1.9 This policy is designed to fulfil these requirements, and all staff are required to ensure that any clinical audits they undertake are conducted in line with this policy.

2. PURPOSE & SCOPE

- 2.1 The purpose of this Clinical Audit Policy is to maintain and support a culture of best practice in the management and delivery of clinical audit within the Trust.
- 2.2 It includes the Trust's procedures and expectations for registering and approving clinical audit project proposals, and the process that should be followed when developing, designing and conducting clinical audit projects.
- 2.3 It clarifies the roles and responsibilities of all staff participating in clinical audit activities, and details the guidance and support that is available from the Clinical Audit Team.
- 2.4 This policy applies to anyone engaged in the clinical audit process under the auspices of the Trust, including students, volunteers and patients, as well as staff.

3. DUTIES AND RESPONSIBILITIES

- The **Chief Executive Officer** is responsible for the statutory duty of quality and takes overall responsibility for this policy
- The **Trust Board** has overall responsibility for the effective prioritisation for participation in national audit and decisions about local audit and delegates executive responsibility to the Director of Nursing and Patient Safety
- The **Executive Lead Director** with devolved responsibility is the Director of Nursing and Patient Safety who is the Chair of the Clinical Governance Group, who will ensure that clinical audit is used appropriately to support the Board Assurance Framework
- The **Clinical Governance Group** will monitor the effectiveness of this policy and ensure the policy is reviewed every three years or sooner if national or local guidance requires
- **Best Practice Groups** are determined and managed by the relevant operational directorate and may be service specific, or based on a care pathway. They report to the appropriate Divisional Governance Group(s). They have responsibility for supporting the Trust clinical audit plan, by identifying the auditor and supervisor, and the monitoring and implementation of clinical audit recommendations. Responsibilities also include developing clinical audit standards as required.
- The **Clinical Audit Manager** is the author of this policy and has responsibility for ensuring that clinical audit is embedded into clinical practice and is undertaken with due regard to this policy. With the assistance of the Clinical Audit Team, provides support to the Best Practice Groups.
- The **Head of Research and Clinical Effectiveness** has responsibility for the application of audit results in improving the quality of patient care and providing assurance of compliance with national guidance and best practice

- **Clinical Audit Team** is responsible for facilitation and completion of the Trust Clinical audit Plan and provides assistance for any additional clinical audits.
- All **Trust staff**, whether health and social care practitioners or administrative staff are responsible for ensuring they comply with this policy/procedure when undertaking audit.

SPECIFIC AUDIT DUTIES AND RESPONSIBILITIES

3.1 Audit Lead

The Audit Lead is the person who conducts the audit.

Specific responsibilities:

- to ensure that they have access to the appropriate skills and knowledge to undertake the proposed audit;
- discuss proposed audit with the supervisor of the audit;
- where appropriate to consider collection and analysis of data relating to the protected characteristics of patients as defined by the Equality Act 2010;
- to obtain and complete an Audit Proposal before the clinical audit project is commenced by using the Audit Proposal Template (see Appendix B);
- return the completed Audit Proposal form to the Clinical Audit Manager;
- undertake the audit;
- write up a report, using the Template Audit Report (see Appendix C);
- agree with the Clinical Audit Manager or the supervisor of the audit as to how the audit results will be disseminated and shared with colleagues.

3.2 Clinical Audit Supervisor

A clinical audit supervisor will be identified for each audit undertaken. A supervisor would usually be a consultant, service/team/ward manager, hospital matron, consultant nurse, or clinical lead. If the audit lead falls within these staff groups, a supervisor is not required.

Specific responsibilities:

- ensure support to the audit lead in collecting the data as this may involve other admin and/or clerical staff;
- ensure the audit is given priority and support within the proposers' work schedule;
- ensure the audit is completed;
- ensure the outcomes of the audit are shared;
- act as a point of contact to whom the Trust can direct questions concerning progress with the audit;
- consider their role in any re-audit.

3.3 Clinical Audit Manager

The role of the Clinical Audit Manager is to organise, drive and provide a framework for clinical audit across the Trust.

Specific responsibilities:

- develop and monitor the Trust-wide Clinical Audit Plan;

- to work with staff to ensure that priorities at both national and local levels are included;
- ensure that all projects undertaken within the Trust comply with the audit process set out in this policy;
- facilitate specific audit projects on behalf of other groups and organisations where required;
- develop a clinical audit training programme and make this available to all appropriate staff;
- provide regular reports to Clinical Governance on progress with the Trustwide Clinical Audit Plan;
- provide an annual report on audit activity to the Board via the Clinical Governance Group and the Quality and Performance Committee. This report is also forwarded to the CCG via the Clinical Quality Review meeting

3.4 **Clinical Audit Facilitator:**

Specific responsibilities:

- Advising on methodology, sample size and data collection
- to ensure that all audit projects are registered on the audit register;
- Devising audit tools
- Assisting with report writing
- to ensure that all registered audit projects are acted upon and audit results shared;
- support the person undertaking the audit;
- schedule any re-audit if appropriate;

3.5 **Best Practice Groups (including Medical Audit Group)**

Specific responsibilities in connection with audit:

- ensure clinical audits are undertaken according to the Trust Clinical Audit Plan, and agree and sign off recommendations;
- ensure systems are in place for the dissemination and implementation of recommendations arising from clinical audits. Ensure all actions are completed and report completion to appropriate Divisional Governance Groups;
- identify risk and record on the appropriate Risk Register as described within the Risk Management Policy and Procedure;
- escalate any findings/recommendations that may impact on the Trust to the Divisional Governance Group and subsequently the Clinical Governance Group. Where appropriate this will include other groups/individuals;
- identify lessons learned to promote organisational learning;
- ensuring that the findings of clinical audit are fed back to clinical staff to ensure that lessons learnt are disseminated and incorporated systematically into clinical practice;
- propose re-audit intervals;
- identify the relevant CQC Key Lines of Enquiry (KLOE) for each audit project when reviewing reports

3.6 **Divisional Governance Group**

The role of the Divisional Governance Group in connection with audit is:

- To identify priority areas of Trust service activity in which audit or monitoring is needed to manage risks and/or improve service quality;
- Receiving audit reports from Best Practice Groups and ensuring the identified improvement actions are implemented, and risks assessed and recorded appropriately.
- receiving reports on compliance against agreed clinical audit standards, to identify areas requiring action and to make recommendations to the Executive Team as appropriate;
- to provide the Clinical Governance Group with regular progress reports.

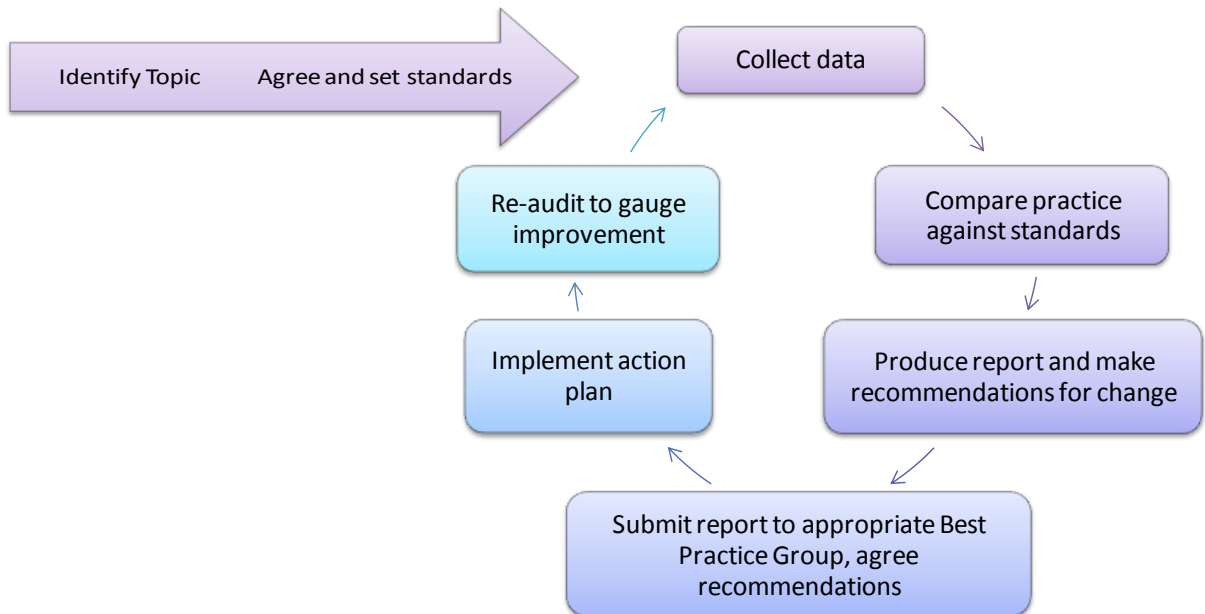
4. DEFINITIONS

- **CQC:** Care Quality Commission;
- **What's-On:** Fortnightly electronic staff newsletter;
- **NICE:** National Institute for Health and Clinical Excellence;
- **NPSA:** National Patient Safety Agency;
- **CPA:** Care Programme Approach – the national framework for effective mental health care with its principles of assessment, care plan, care coordination and review;
- **F1:** Foundation year 1 trainee;
- **F2:** Foundation year 2 trainee;
- **GPVTS:** General Practitioner Vocational Training Scheme;
- **CQUIN:** Commissioning for Quality and Innovation;
- **HQIP:** Healthcare Quality Improvement Partnership;
- **NCAPOP:** National Clinical Audit and Patient Outcomes Programme – national audits, registries and outcome review programmes which are commissioned by HQIP. Participation is mandated under this contract for all projects relevant to the services the Trust provides.

5. CLINICAL AUDIT

- 5.1 Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through a 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/standards. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery (NICE Principles for Best Practice in Clinical Audit, 2002).
- 5.2 The Trust has an agreed pathway for clinical audit (see Appendix A)

- 5.3 The stages of clinical audit methodology are commonly summarised as shown in the diagram below:



- 5.4 The Trust supports the view that Clinical Audit is fundamentally a quality improvement process. However, it also plays an important role in providing assurances about the quality of services.

- 5.5 Not all quality improvement projects would be regarded as clinical audit – refer to the Research and Development policy for details regarding the governance of other methodologies and the differences between them

COMMITMENT TO STAKEHOLDER ENGAGEMENT, COLLABORATION AND PARTNERSHIP

- 5.6 Patients and carers often assess quality of care in different ways to healthcare professionals; they can provide a unique perspective based on their personal experience and can help design services around patient needs.
- 5.7 The Trust promotes a commitment to the principle of involving service users/patients/carers in the clinical audit process either indirectly through the use of service user/patient surveys/questionnaires or directly through participation of identified individuals on project steering groups or patient forums.
- 5.8 Involvement/engagement activities may include auditing issues highlighted by patient complaints, through to the direct involvement of patients in clinical audit projects or on programme steering groups.
- 5.16 Patient surveys may be undertaken for clinical audit purposes (i.e. to determine whether a clinical standard has been met). Patients whose care is covered by a specific set of clinical audit standards may be asked whether their care met those standards. This can be a stand-alone audit approach, or can complement an audit of case records or clinician experience. This is distinct from those undertaken for other purposes (e.g. to determine patient satisfaction, etc.).

MULTI-DISCIPLINARY AND MULTI-PROFESSIONAL AUDIT, AND PARTNERSHIP WORKING WITH OTHER ORGANISATIONS

- 5.9 Multi-disciplinary and cross-organisational working is a hallmark of good clinical audit practice.
- 5.10 The Trust encourages clinical audit to be undertaken jointly across professions and across organisational boundaries where appropriate. Partnership working with other local, regional and national organisations is encouraged where improvements to the patient journey may be identified through shared clinical audit activity.
- 5.11 Wherever possible, audit results will allow doctors to access their individual results, which will enable inclusion in their appraisal portfolio for revalidation purposes.
- 5.12 National clinical audit data will be made available to support the publication of consultant level outcomes.

Involving medical students, doctors and other students (e.g. nursing/ psychology etc.) in training

- 5.13 Students attached to the Trust who are interested in involvement in clinical audit should have access to support from their consultant/mentors.
- 5.14 Doctors in training, including F1, F2, GPVTS, and core psychiatry trainees should have support from their educational supervisor to undertake audit projects.

CHOOSING TOPICS AND PLANNING PROJECTS

Programme of activity

- 5.15 The Trust has a dynamic audit plan that is not restricted to a single year. The plan is compiled by a process of considering both 'bottom up' (via clinical staff/services, patients, etc.) and 'top down' (via Trust governance groups, service management groups or regulatory or commissioning requirements)
- 5.16 The plan is split into two parts:
- an overarching three year programme, setting out those projects to be covered during each year;
 - a structured current annual plan, with scheduled dates for preparation, data collection, analysing, and reporting for each project.
- 5.17 The clinical audit plan contains references for each audit project if it is appropriate to use the topic as evidence under the CQC Essential Standards (2009), and also notes those projects that are able to be used as quality assurance for CQUIN targets and Quality Accounts.
- 5.18 The audit plan is monitored by the Clinical Governance Group.

Prioritising clinical audit topics

- 5.19 There are many reasons why clinical audits are undertaken, although in essence there are two main drivers: quality improvement and quality assurance.
- 5.20 Audit projects falling into the following categories would automatically be included in the audit plan:
- CQUIN targets (annually);
 - NICE Quality Standards benchmark audits (18 months after publication date, to allow for implementation – subject to calculation of risk score to determine if inclusion threshold is met);
 - national audits (regularity defined by operating organisation);
 - NCAPOP projects relevant to services provided;
 - Commissioning requirements (as required);
 - Infection Control (annually);
 - Information Governance toolkit audit (annually);
 - Suicide Prevention (annually);
 - Handover (annually);
 - Clinical Supervision;
 - Learning Disabilities (annually, topic to be decided ad hoc);
 - Medicines Management (annually, topic to be decided ad hoc);
 - Integrated Rehabilitation Services (annually, topic to be decided ad hoc);
 - Safeguarding (annually, topic to be decided ad hoc);
 - Mental Health Act (annually, topic to be decided ad hoc);
- 5.21 The inclusion and prioritisation of all other audit/re-audit projects to the Trust Audit Plan would involve projects being risk assessed and scored on the following clinical audit risk assessment scoring system:

	Score	Description
Compliance	1 – 10	Score 1 where compliance is excellent, up to 10 where compliance is non-existent. If evidence is not available via previous audit or self-assessment, score 5 (i.e. not positive or negative score)
Patient Safety	1-5	1 = no safety issues, 5 = major safety issues
Clinical benefit	1-5	1 = minimum benefit to patient, 5= maximum benefit
Frequency	1-5	The number of patients to whom this audit relates, as a proportion of the whole Somerset Partnership patient group. 1 = low frequency, 5 = high frequency.
NHS Commissioning Board Special Health Authority (previously NPSA)	10	Score 10 if project is requirement of NPSA
NICE Technology appraisals	10	Score 10 if project is a NICE TA

Trust priority	10	Score 10 if audit project is documented as a Trust priority
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5.22 This gives each project a score from 4 – 75. A project with a score of 20 or over would be automatically included in the audit plan. The score allocated would determine if the audit (or re-audit) was added to year 1 (score 25 +), year 2 (score 23 – 24) or year 3 (score 20 - 22).

5.23 The Trust is committed to supporting other locally determined clinical audit activity as a significant contributor to the continuous process of service improvement. Individual clinicians may initiate a clinical audit project on the basis of personal interest, personal development or as part of an educational or training programme. However, they should ensure this is registered with the Trust and reported through existing clinical governance structures to maximise organisational learning.

5.24 The Clinical Audit Team will offer facilitation and guidance to clinicians/teams/wards carrying out projects that fall outside the Trust audit plan.

GOVERNANCE OF CLINICAL AUDIT

5.25 The Trust recognises that a commissioner can appoint an independent auditor to audit the quality, outcomes, recording and coding of clinical activity and will facilitate this, subject to assurances regarding the independent auditor's access to patient identifiable information.

Systems for registering and approving audits

5.26 For each clinical audit project that is undertaken, prior to the project commencing, an audit proposal form (appendix B) must be completed by the project proposer, and approved by the Clinical Audit Manager in conjunction with the appropriate Best Practice Group/Chair where appropriate.

5.27 All clinical audit activity must be registered with the Clinical Audit Manager irrespective of the level of facilitation being requested of the Clinical Audit Team.

5.28 Those clinical audits not approved will also be added to the register. The clinician proposing the audit will be provided with a written account of the reason/s for the non-approval by the Clinical Audit Manager.

The use of standards (or criteria) in clinical audit

5.29 All clinical audits that appear on the Trust Clinical Audit Plan will have agreed Trustwide clinical audit standards attached as appendices to the appropriate policy/procedure. These standards will be agreed between the Clinical Audit Team and the policy author/Best Practice Group/Clinical Audit Lead/Supervisor, and will form the basis of the audit (excluding national audits where the standards will be pre-set).

- 5.30 For audits being carried out by Teams/individual clinicians that do not appear on the audit plan, and where there are no pre-agreed clinical audit standards, standards will be agreed at the beginning of the project between the Clinical Audit Team and the policy author/Best Practice Group/Clinical Audit Lead/Supervisor, and will be attached as an appendix to the appropriate policy.
- 5.31 Clinical audit standards are derived from a variety of current and previous sources:
- NICE clinical guidelines/technology appraisals/public health guidance;
 - National Patient Safety Agency guidance;
 - any other national guidance;
 - local guidance, standard operating procedures, protocols;
- 5.32 Clinical Audit Standards are reviewed and agreed by the appropriate Best Practice Group, as part of the appropriate policy.
- 5.33 It is expected that any audit project will use pre-agreed clinical audit standards where they exist. This enables quality of care to be audited in a consistent manner across the Trust and provides the appropriate assurance required against national and local guidance.

Information governance: collection, storage and retention of data and confidentiality

- 5.34 There is a legal and professional obligation to keep patients and staff information confidential.
- 5.35 All clinical audit activity must take account the Data Protection Act (1998) and the Caldicott 2 Principles (2013), which states that data should be:
- adequate, relevant and not excessive;
 - accurate;
 - not used for any other purpose;
 - held securely;
 - not kept for longer than is necessary.
- 5.36 Patients are made aware at the point of referral/admission that the quality of their care can be audited. Refer to the Confidentiality and Data Protection Policy for further details.
- 5.37 Where clinical audit is reported, information will be anonymised unless there is a compelling reason not to do so and consent has been given by the person identified.

Confidentiality agreements

- 5.38 There may be occasions when the individuals are involved in clinical audit activities who are not employed by the NHS, e.g. contractors, students, volunteers, patients, carers, and members of the public. In all cases, assurance of pre-engagement checks and the signing of an NHS confidentiality agreement will be required. Where these do not already exist, appropriate checks will be undertaken and an honorary contract issued.

Clinical audit database

- 5.39 Details of all approved audit projects will be held on a central database, maintained by the Clinical Audit Manager, which will include:
- a unique reference number;
 - the name of the proposer and supervisor;
 - the objectives of the project and standards to be audited;
 - brief results and recommendations;
 - forum and date results presented;
 - current status of project.

Ethics and consent

- 5.40 One of the principles underpinning clinical audit is that the process must always be conducted within an ethical framework to ensure that the process should offer benefit and not cause harm to the subjects. (Dixon, Healthcare Quality Quest).
- 5.41 The ethical framework will consider the following five principles:
- there is a benefit to existing or future patients or others that outweighs potential burdens or risks;
 - the service user/patient's right to self-determination is respected;
 - the service user/patient's privacy and confidentiality are preserved;
 - the activity is fairly distributed across service user/patient groups;
 - the competency of the auditor, ensuring supervision arrangements are in place;
- 5.42 The audit proposal form (Appendix B) includes a selection of questions which must be completed, and the responses to these questions will be reviewed by the Clinical Audit Manager, and referred to the Head of Research and Clinical Effectiveness where appropriate.

REPORTING AND DISSEMINATION OF RESULTS

Reporting

- 5.43 The Trust has a standard Audit Report Template which should be used to detail the audit project and results; this can be found on the Intranet and is attached as Appendix C.

Dissemination

- 5.44 Audit reports will be submitted to the appropriate Best Practice Group and/or Medical Audit Meeting, in addition to presentation to appropriate staff and groups, for formal approval of recommendations and re-audit dates.
- 5.45 Audit reports will be published on the Trust intranet and highlighted in the “What’s-on” electronic newsletter that is emailed to all staff.
- 5.46 Findings of any audit will be made available to commissioners on request.

Action plans and improvement

- 5.47 Where the results of a clinical audit indicate sub-optimal practice, an action plan should be produced, which is contained in the Recommendations section of the audit report. Action plans should be specific, measurable and achievable/realistic. They should have clear implementation timescales with identified leads for each action.
- 5.48 If the audit results indicate a change in policy/procedure, the appropriate document lead will be contacted directly as part of the action plan, which will be monitored to ensure the document is updated.
- 5.49 If the audit results indicate a change in training techniques or highlights specific training issues, the Learning and Development Team should be contacted directly as part of the action plan and any change monitored accordingly.
- 5.50 Ideally the action plan should include routes of escalation if difficulties in implementation are encountered. This route could include managerial escalation, or referral to the appropriate governance group.
- 5.51 The action plan should be discussed and agreed by the appropriate Best Practice Group, and these discussions recorded within the minutes. This discussion should include discussion/escalation of any issues and concerns, and how this has been addressed.
- 5.52 The implementation of the action plan (Recommendations) is monitored by the appropriate Best Practice Group and the appropriate Divisional Governance Group.
- 5.53 Not all clinical audits will require an action plan e.g. where an audit shows that standards are being met or guidance followed. For such audits there should be an explicit statement saying ‘no further action required’ in the audit summary report and a reason given for no re-audit.

Re-audit

- 5.54 Re-audit is important to determine whether the agreed actions have been implemented according to the action plan, and identify if improvements have been achieved.
- 5.55 Re-audit periods will be calculated and proposed by the appropriate Best Practice Group, using the Clinical Audit Risk Assessment detailed in 5.27. The re-audit period will vary depending on the assessed risk.

6. TRAINING REQUIREMENTS

- 6.1 Insufficient training on clinical audit skills has been highlighted as a barrier to successful audit (Principles for Best Practice in Clinical Audit NICE 2002), and it is acknowledged by the Trust that aspects of clinical audit require skills to enable successful clinical audit, for example using the correct clinical audit methodology. The Trust will ensure that all clinicians and other relevant staff conducting and/or managing clinical audits have access to appropriate knowledge and skills to facilitate the successful completion of the audit cycle.
- 6.2 Improvements in clinical audit education and training are key to the delivery of this policy in order to promote clinical audit activities that are led by healthcare professionals.
- 6.3 Training raises the profile of clinical audit and builds up capacity and capability of all staff involved in clinical audit, thus acting as a driver for quality improvement.
- 6.4 The Trust will ensure that staff supporting clinical audit have access to relevant training in order to gain or maintain the appropriate skills and knowledge to enable them to facilitate the successful completion of the audit cycle.
- 6.5 The Clinical Audit Team is available to deliver training to groups or to individuals, and can tailor training to individual requirements and level of knowledge.
- 6.6 It is good practice for audit supervisors and leads to have undergone clinical audit training, or for them to include it in their Personal Development Plan.

7. MONITORING COMPLIANCE AND EFFECTIVENESS **Monitoring arrangements for compliance and effectiveness**

- 7.1 The Best Practice Groups are responsible for ensuring improvements, where necessary, are implemented, providing assurance to the relevant Divisional Governance Group that recommendations have been completed. The Divisional Governance Group will escalate areas of concern to the Clinical Governance Group.
- 7.2 The process for reviewing results and ensuring that improvements in practice occur is as follows:
- a report of all clinical audit activity is submitted to the Clinical Governance Group quarterly, including a brief summary of results, and highlighting any specific areas of concern;
 - an annual report detailing all activity within the Trustwide Clinical Audit Plan is submitted to the Board via the Clinical Governance Group and Quality and Performance Committee
 - individual audit results are presented to the appropriate Best Practice Group. The purpose is to identify good practice, any shortfalls, lessons learnt, and to develop an action plan, which will include re-audit if required.

8 REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

8.1 References

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8.2 Somerset Partnership would like to take this opportunity to acknowledge and offer thanks to HQIP 'New Principles for Best Practice in Clinical Audit' Radcliffe Publishing, 2011, including the NHSLA for the Template Clinical Audit Policy and Strategy (Revised: Major Changes, Jan 2012)
<http://www.hqip.org.uktemplate-policy-strategy/>

8.3 Relevant National Requirements

- Department of Health initiatives
- NICE and other clinical guidance
- NHSLA Risk management Standards for NHS Trusts providing Acute, Community or Mental Health & Learning Disabilities Services and Non-NHS Providers of NHS Care, 2013-2014

8.4 Cross reference to other procedural documents

- Confidentiality and Data Protection Policy
- Information Governance Policy
- Information Security Policy
- Record Keeping and Records Management Policy
- External Recommendations Policy
- Risk Management Policy and Procedure
- Research & Development

8.5 All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

9 APPENDICES

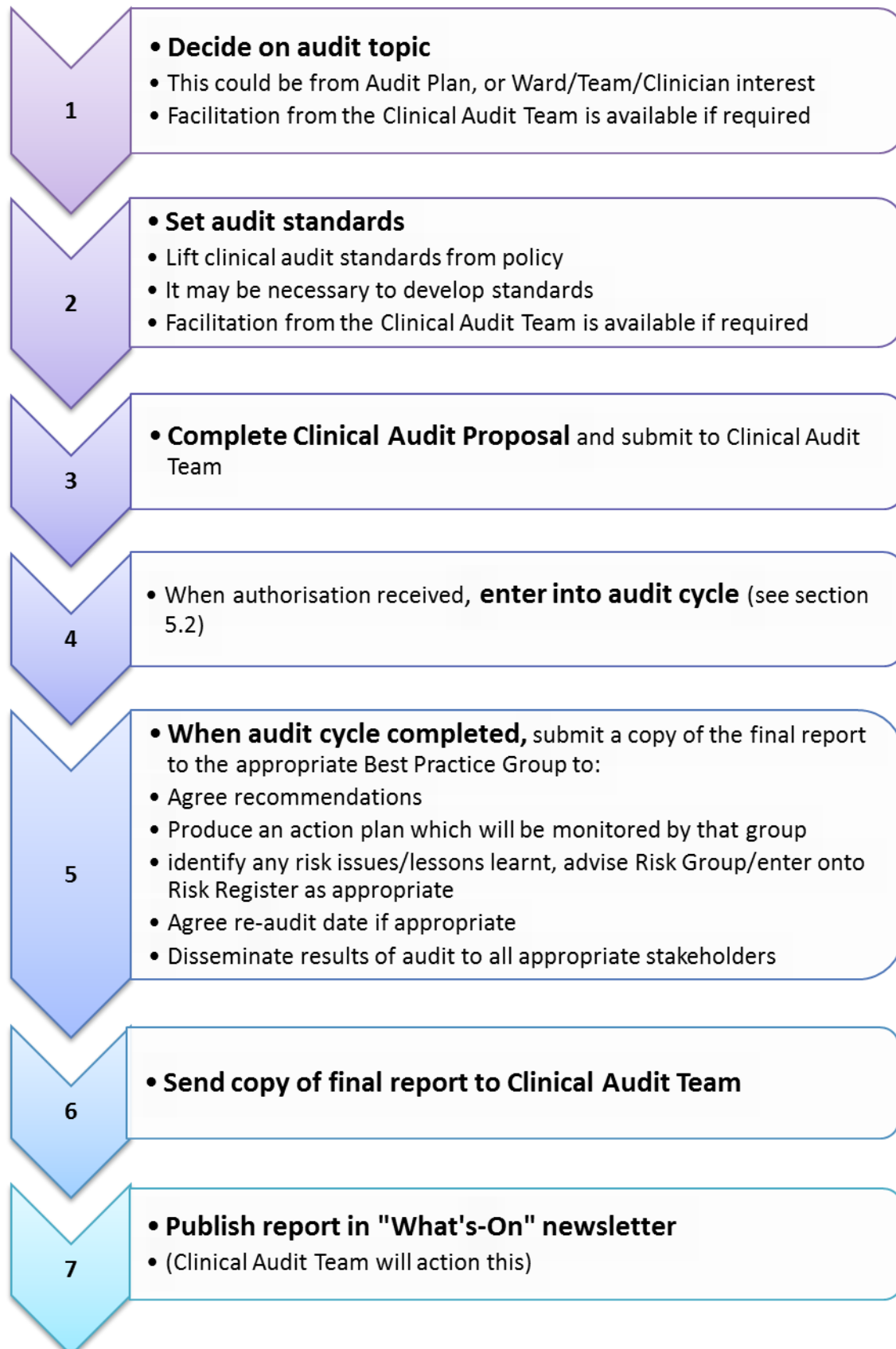
9.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A: Trust wide audit/reaudit pathway

Appendix B: Clinical Audit Proposal Form

Appendix C: Clinical Audit Report template

TRUST CLINICAL AUDIT PATHWAY FOR CLINICAL AUDIT LEAD TO FOLLOW:



CLINICAL AUDIT PROPOSAL FORM

AUDIT LEAD:		JOB TITLE:	
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AUDIT SUPERVISOR:		JOB TITLE:	
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SERVICE DIRECTOR:		AUDIT TYPE <i>(delete as appropriate)</i>	TRUST PLAN / CLINICIAN OR TEAM
DEPUTY SERVICE DIRECTOR:			

CLINICAL AUDIT TITLE:	
Planned methodology <i>(e.g. no. of clients, episodes, instances, time period to audit)</i>	

CLINICAL AUDIT OBJECTIVE(S) <i>(please state explicitly the specific purpose of the project, and what you hope to achieve from it)</i>

Please state what the anticipated benefit to the client will be by carrying out this project:

STANDARD		REFERENCE <i>(e.g. policy/NICE paragraph number etc.)</i>	COMPLIANCE (%)	EXCEPTIONS	DEFINITIONS/INSTRUCTIONS <i>(e.g. any interpretations, directions, or instructions on where/how to find information)</i>
1					
2					
3					
4					

ETHICS SCREENING LIST – Does the clinical audit: <i>(Give explanations below for any Yes answers)</i>					
1	<i>Infringe any patient's rights or risk breaching any patient's or carer's confidentiality or privacy?</i>	Yes/No	6	<i>Allocate any interventions differently among groups of patients or staff?</i>	Yes/No
2	<i>Pose any risk for or burden on a patient beyond those of his or her routine care?</i>	Yes/No	7	<i>Have someone carrying out the audit that does not normally have access to patient's records or information?</i>	Yes/No
3	<i>Involve any clinically significant departure from usual clinical care?</i>	Yes/No	8	<i>Collect data directly from any patient or carer?</i>	Yes/No
4	<i>Gather any information about a patient or carer beyond that collected in routine patient care?</i>	Yes/No	8b	<i>If Yes, could the audit subject a patient or carer to more than minimal burdens or risks if it is time consuming or requests sensitive information?</i>	Yes/No/NA
5	<i>Report any data that could be used to identify any patient or practitioner?</i>	Yes/No			

Reasons:	
-----------------	--

HELP NEEDED <i>(Please ensure you outline fully what help you are requesting)</i>	
Is help or support from any other department or service needed to complete the audit?	Yes/No
If yes, describe whose help is needed and the nature of the help:	

WORK PLAN <i>(please ensure all sections are completed, as this will help us in tracking progress, especially if help is required from us)</i>			
	Planned date:		Planned date:
1 Start by:		3 Data analysed by:	
2 Data collected by:		5 Report completed by:	
5 Report to be submitted to:			

Please list the sources of information/reference which will assist us in your project <i>(For example, titles of clinical audit standards, policies, NICE guidance)</i>

TO BE COMPLETED BY THE CLINICAL AUDIT TEAM:			
Does the audit pass ethical consideration?			Yes/No
Does the project aim to improve the services for the patient/client?			Yes/No
Does this project have authority from Head of Service to proceed?			Yes/No
Does this audit contain any standards relating to medicines?			Yes/No
If Yes, date sent to Medicines Management Team:			
You now have authority to proceed with this project	Name:	Title:	Date:

Please do not commence any audit project until you have the final approved version of this form returned to you by the Clinical Audit Team (with the above box completed)

[Audit Title]

Audit No:

Audit Lead: Name and Title

Audit Supervisor: Name and Title

Head/s of Division/s:

Name (Division)

Name (Division)

Audit Support: Name, Clinical Audit Manager/Facilitator

**Group responsible for monitoring
recommendations/action plan:**

Group name

Date: MM/YYYY

Period Covered:

Working together

Everyone counts

Making a difference

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C: Audit Tool

1 INTRODUCTION

This section should provide some background to the service, practice, and/or process being audited. This report may be read by people outside of that service/practice/process so needs to be written in language that they will understand.

This would usually involve some background as to how this audit came about; who recommended it to be done; who was involved, what was/is the problem.

If it is a re-audit, put in here when the original audit was done and who was involved.

If appropriate undertake a literature search regarding the audit topic, for example:

- National Institute for Health and Clinical Excellence (NICE)
- Care Quality Commission (CQC)
- Department of Health (DoH)
- Healthcare Quality Improvement Partnership (HQIP)
- Current media attention, BBC News

[Please delete above text when completing this report]

2 OBJECTIVES

As stated on original Audit Proposal Form. It is really important to show what you actually want to achieve as a result of carrying out your audit. It may be to ensure a service is being delivered effectively, or that all records are kept in the correct order etc. However, you must make sure that the standards are relevant to your objectives.

You would usually be looking at a couple of objectives per audit.

[Please delete above text when completing this report]

3 ANTICIPATED BENEFIT/S TO THE PATIENT/CLIENT

As stated on original Audit Proposal Form

4 STANDARDS

As stated on original Audit Proposal Form.

An audit report should always be measuring against standards, guidelines or benchmarks of some sort; you need to state what these are and where they come from (references/ bibliography). For example:

- Venous leg ulcers will be treated with four layer compression bandaging
- Leg ulcers will be treated within 24 hours of occurrence.

If there are only a few standards, list them here. However, if you have more than about 6, consider referring to the Audit Proposal Form at the back of this audit report.

[Please delete above text when completing this report]

Standard 1:

Standard 2:

Standard 3:

Standard 4:

5 METHODOLOGY

As stated on original Audit Proposal Form. Here you would enter how you chose your sample, i.e. all new cases between certain dates, the first 50 cases after the letter M, pure random note pulling etc.

You would need to detail how the data was collected, eg questionnaire, interviews, note audit etc., and who was involved in the collection/interviews etc.

You would also need to show the number involved in your sample if it was not a specific number that was chosen.

[Please delete above text when completing this report]

6 CARE QUALITY COMMISSION

Please indicate which Key Lines of Enquiry (KLOE) this audit links into:

KLOE:	Description	Please tick (Clinical Audit Lead)
Safe	By safe, we mean that people are protected from abuse* and avoidable harm. <i>*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.</i>	
Effective	By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.	
Caring	By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.	
Responsive	By responsive, we mean that services are organised so that they meet people's needs.	
Well-led	By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture.	

7 EXECUTIVE SUMMARY OF RESULTS

For the purposes of providing a benchmarking tool in which standards can be grouped into non-compliant, partially compliant, and compliant, to aid improvement, the follow “RAG” Red, Amber & Green score has been developed.

- **00% - 44%:** Non – Compliant
- **45% - 79%:** Partially Compliant
- **80% - 100%:** Compliant

The intention of this RAG rating is to provide a simple visual indication of compliance, which provides focus to those standards specifically highlighted in this audit as requiring improvement.

However, the actual percentage results are also shown to give exact compliance rates.

REF NO	STANDARD	COMPLIANCE (%)	PREVIOUS COMPLIANCE (%)
1			
2			
3			
4			
5			
6			

Recommendations and resulting action plan, arising from the above results, will be agreed **and monitored** by the **XX (please complete)** Divisional Governance Group/s and by the XX Best Practice Group (please see “Agreed Recommendations” section of this report) with **XX** Best Practice Group taking the lead to ensure that **all** actions are completed and reported via the relevant Divisional Governance Group/s *(delete the last part of this sentence if only one BPG is involved)*

STANDARD		EAST	WEST	COUNTYWIDE	ADULT MENTAL HEALTH, CRISIS, & SPECIALIST	CHILDREN, YOUNG PEOPLE & FAMILIES	DENTAL
1		%	%	%	%	%	%
2		%	%	%	%	%	%
3		%	%	%	%	%	%
4		%	%	%	%	%	%
5		%	%	%	%	%	%
6		%	%	%	%	%	%

8 RESULTS

Here you would start with some demographic details, for example age, gender, MHA status, but only if applicable. If your audit involved looking at patients from more than just one ward/team, you could show the split between units in this section. You could also show diagnosis, presenting problems etc. Only show this if it is relevant to your audit, or of some interest.

Then, you need to list your standards, one by one. Under each one, show whether the results of your data collection address the issue identified in that particular standard.

It is at this stage you will soon realise if your data collection form was adequately designed and able to collect all the information you required!

[Please delete above text when completing this report]

9 CONCLUSIONS

In this section, you should show clear identification of the underlying problems that have been highlighted, and also any examples of good practice found.

[Please delete above text when completing this report]

Reflections on local practice:

Key strengths identified:

Key areas for improvement:

10 PROPOSED RECOMMENDATIONS

(Including target dates and owners for each recommendation)

Show any suggestions you may have arrived at on how to rectify any problems highlighted, whose responsibility it is to ensure that changes occur, and how good practice will be disseminated.

It is here that any recommendations for a re-audit (and timescale) would be shown.

It is probable that after presenting and discussing your audit, more recommendations may come forward for insertion into this section.

For ANY recommendation that is related to medicines, please consult with the Medicines Management Team, who can provide expert advice and ensure the necessary governance procedures in respect of medicines are followed.

[Please delete above text when completing this report]

No	Recommendation	Action required	Who is Responsible	Target Date
1	Report to be discussed at [XX] Best Practice Group			
2	Report to be discussed at [XX] Divisional Governance Group			
3	Share results Trustwide	Send to editors of What's On and publish on intranet		
4				

11: AGREED TRUST RECOMMENDATIONS

(Completed by [XX Best Practice Group] on ??/??/?? and/or [XX Divisional Governance Group] on ??/??/??)

No	Recommendation	Action required	Who is Responsible	Target Date
1	Report to be discussed at [XX] Best Practice Group			
2	Report to be discussed at [XX] Divisional Governance Group			
3	Share results Trustwide	Send to editors of What's On and publish on intranet		
4				

Re-audit calculations (to be completed by the Clinical Audit Team):

Compliance: score 1-10 (<i>1 fully compliant, 10 non-compliant</i>)	
Patient Safety: score 1-5 (<i>1 low risk area, 5 high risk area</i>)	
Clinical Benefit to Patient: score 1-5 (<i>topic is of minimal benefit to patient (1), topic is of significant benefit to patient (5)</i>)	
Frequency (number of patients to whom the audit relates, as a proportion of the relevant population) Score 1-5 (<i>1 low frequency, 5 high frequency</i>)	
NPSA Score 10	
NICE TA Score 10	
Trust Priority Score 10 (identified as priority in Trust Business Plan)	
Total	

Scores:	Clinical Audit Plan Date <i>(e.g. 2016/2017)</i>
Score 25 and over - reaudit in the next financial year	
Score 23 - 24 - reaudit next financial year + 1	
Score 20 - 22 - re-audit next financial year + 2	
Score less than 20 - add to low risk list (no re-audit)	

Appendix A: Clinical Audit Proposal Form

AUDIT LEAD:		JOB TITLE:	
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AUDIT SUPERVISOR:		JOB TITLE:	
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SERVICE DIRECTOR:		AUDIT TYPE <i>(delete as appropriate)</i>	TRUST PLAN / CLINICIAN OR TEAM
DEPUTY SERVICE DIRECTOR:			

CLINICAL AUDIT TITLE:	
Planned methodology <i>(e.g. no. of clients, episodes, instances, time period to audit)</i>	

CLINICAL AUDIT OBJECTIVE(S) <i>(Please state explicitly the specific purpose of the project and what you hope to achieve from it)</i>

Please state what the anticipated benefit to the patient/client as a result of carrying out this project:

STANDARD		REFERENCE	COMPLIANCE	EXCEPTIONS	DEFINITIONS AND INSTRUCTIONS <i>(e.g. any interpretations, directions, or instructions on where/how to find information)</i>
1					
2					
3					
4					

ETHICS SCREENING LIST – Does the clinical audit: (Give reasons below for any Yes answers)					
1	<i>Infringe any patient's rights or risk breaching any patient's or carer's confidentiality or privacy?</i>	Yes/No	6	<i>Allocate any interventions differently among groups of patients or staff?</i>	Yes/No
2	<i>Pose any risk for or burden on a patient beyond those of his or her routine care?</i>	Yes/No	7	<i>Have someone carrying out the audit that does not normally have access to patient's records or information?</i>	Yes/No
3	<i>Involve any clinically significant departure from usual clinical care?</i>	Yes/No	8	<i>Collect data directly from any patient or carer?</i>	Yes/No
4	<i>Gather any information about a patient or carer beyond that collected in routine patient care?</i>	Yes/No	8b	<i>If Yes, could the audit subject a patient or carer to more than minimal burdens or risks if it is time consuming or requests sensitive information?</i>	Yes/No/NA
5	<i>Report any data that could be used to identify any patient or practitioner?</i>	Yes/No			

Reasons:	
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HELP NEEDED *(Please ensure you outline fully what help you are requesting)*

Is help or support from any other department or service needed to complete the audit? **Yes/No**

If yes, describe whose help is needed and the nature of the help:

WORK PLAN

Please ensure all sections are completed as this will help us in tracking progress, especially if help is required

	<i>Planned date:</i>		<i>Planned date:</i>
1 Start by:		3 Data analysed by:	
2 Data collected by:		5 Report completed by:	
5 Report to be submitted to:			

Please list sources of information/reference which will assist your project

(For example, Practice Standards, policies, NICE guidance)

TO BE COMPLETED BY THE CLINICAL AUDIT TEAM

Does the audit pass ethical consideration?	Yes/No
Does the project aim to improve the services for the patient/client?	Yes/No
Does this project have authority from Head of Service to proceed?	Yes/No
Does this audit contain any standards relating to medicines?	Yes/No
If Yes, date sent to Medicines Management Team:	
You now have authority to proceed with this project	Name: Title: Date:

Please do not commence any audit project until you have the final approved version of this form returned to you by the Clinical Audit Team (with the above box completed)

Appendix B: Full Results

This section should show the full results obtained from the audit. If you have already covered the full results in the previous sections, please delete this page.

Appendix C: Audit Tool

This section should show the audit tool used to carry out the data collection for this audit.