

## Clinical Audit Procedure

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# Contents

- 1 Introduction ..... 3**
- 2 Purpose..... 3**
- 3 Scope ..... 3**
- 4 Definitions..... 3**
- 5 Duties and responsibilities ..... 4**
- 6 Procedures..... 5**
- 7 Training Requirements ..... 9**
- 8 Process for monitoring compliance with this Procedure ..... 9**
- 9 References and sources of information ..... 9**
- 10 Associated documents ..... 10**
- Appendix A: Equality Impact Assessment..... 11**
- Appendix B: Audit Planning and Report Template..... 13**
- Appendix C: Trust Action Plan Template..... 14**

# Clinical Audit Procedure

## 1 Introduction

Tavistock and Portman Foundation NHS Trust (the Trust) has a responsibility for conducting clinical audit in order to demonstrate that:

- Patients receive the best and most appropriate standards of care according to the best available evidence;
- Healthcare professionals reflect on their own and their teams' practice to identify opportunities to change practice and to improve the quality of patient care;
- Services meet essential standards of quality and safety.

The Trust is required to demonstrate to stakeholders that clinical audit is being conducted within the Trust:

- This is a requirement contained within the annual Quality Account,
- The Care Quality Commission (CQC) essential standards of quality and safety include a requirement for clinical audit

The Trust recognises that clinical audit is an effective quality improvement process that seeks to improve patient care and outcomes through systematic review of current care and the implementation of change where necessary. It is committed to seeking ways of using clinical audit as a method of improving care, and will actively encourage all clinical staff to be involved in undertaking audit and following lessons learned from completed audit projects.

## 2 Purpose

The purpose of this procedure is to set out the way that clinical audit will be used to monitor standards of practice across the Trust as an integrated part of its clinical governance process.

This procedure seeks to provide assurance of compliance with the NHSLA risk management standard for clinical audit and CQC requirement for staff to be actively evaluating care that they give.

## 3 Scope

This procedure is relevant to all clinical staff in the Trust.

## 4 Definitions

## 1.1. Clinical Audit

“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and implementation of change. Aspects of the structure, process 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.” (Principles of Best Practice in Clinical Audit endorsed by HQIP/NICE/CQC)

“Clinical audit is a clinically-led initiative in which healthcare professionals compare actual practice against agreed, documented, evidence-based standards with the intention of modifying their practice where indicated, thereby improving patient care” (National Audit & Governance Group)



### Key Features of a Clinical Audit Cycle

1. Preparing for audit
2. Selecting criteria
3. Measuring performance
4. Making improvements and
5. Sustaining improvements

## 5 Duties and responsibilities

## Chief Executive

The Chief Executive has overall responsibility for ensuring that effective clinical audit takes place across the trust and that staff are actively encouraged from learning from audit and using it as an effective way to improve quality, and that the trust's audit programme reflects both trust wide and national priorities in mental health.

**The Director of Clinical Quality and Patient Experience** has overall responsibility for all aspects of clinical quality including clinical audit and leads the Clinical Quality and Patient Experience (CQPE) Workstream of the Clinical Quality Safety and Governance Committee (CQSGC).

**The Associate Medical Director, Clinical Audit Lead (AMD)** is responsible for setting the strategic priorities and leading the Trust's clinical audit programme. The AMD will devise an annual clinical audit programme and monitor progress on Trust wide audits. The AMD is responsible for reporting to the CQPE workstream and CQSG on a quarterly basis.

**The Clinical Governance Manager** will lead on the management of clinical audit, draft the clinical audit programme, and maintain the clinical audit register. The manager will be the first point of contact for clinical audit and will provide support to the AMD.

**Clinical Directors and Heads of Discipline** are responsible for promoting effective clinical audit and providing support to staff who are conducting audit. Directors are responsible for ensuring they have local arrangements for the receipt of audit reports and acting on results.

**Team Managers** are required to ensure that all staff in their team are actively involved in auditing aspects of their own and the team's clinical work.

**All clinical staff** are expected to actively engage in clinical audit and respond to requirements for changes to practice when lessons are learned as a result of audit.

**Lead auditor** –this person is responsible for the management of an audit exercise and subsequent follow-up.

## 6 Procedures

### 6.1 Establishing a Trust Annual Audit Plan

The AMD and the Clinical Governance Manager will work with other staff to develop an annual Trust clinical audit programme based on Trust and external priorities. As far as possible this should be a 'bottom up' process, i.e. a responsive audit programme that works to audit and improve areas of practice about which there are concerns or areas identified for potential improvements, whilst taking account of the areas of possible collaboration. In drafting the plan, the Clinical Governance Manager will ensure that up to six Trust wide audits are undertaken annually.

In developing the annual Trust clinical audit programme or directorate audit plans the lead should consider whether an audit would assist in achieving the following.

**National and mandatory requirements including:**

- National Clinical Audits relevant to our clinical practice;
- Care Quality Commission (CQC) requirements;
- Compliance with National institute for Health and Care Excellence (NICE) Guidelines
- Learning from National Confidential Inquiry into Suicide and Homicide by people with mental illness;
- National Service Frameworks
- Relevant clinical performance indicators;
- Best practice as described in evidence-based clinical guidelines developed by a Medical Royal College or other Professional Bodies
- Information governance requirements as set by NHS Digital.

**and Trust requirements including:**

- Performance requirements ;
- Audits linked to directorate /organisational priorities,
- Audits involving patients and carers;
- Audits that link to other elements of clinical governance (e.g. complaints, patient feedback, clinical risk etc.);
- Audits of locally developed guidelines, re-audits of previous projects to demonstrate improvement following change;
- Audits measuring staff or patient experience.

The Executive Management Team may identify specific clinical issues which require auditing and will request the appropriate Director to lead such audits and report the findings to the Executive Management Team in addition to the usual reporting via the Clinical Quality and Patient Experience Workstream of the CQSGC.

## **6.2 Process for ensuring appropriate standards of practice are audited**

The lead auditor for each project must ensure that the appropriate standards of practice are audited, this will usually be by referral to a relevant policy, procedure, guideline or other core source of agreed standards of practice.

### **6.2.1 Consideration of Trust Audit Proposals**

Prior to starting the audit the audit lead must submit details of the standards to be audited and the proposed methodology and timescale to the Clinical Governance Manager for approval. This should be on the first section of Appendix B. Once approved the audit lead will be asked to undertake the audit and report findings in the format described below.

The Trust audit lead will review the proposal to confirm that it is in line with the Trust audit plan and that the proposed data collection and analysis will meet the requirements of answering the audit question.

### **6.2.2 Directorate Audit Proposals**

Those undertaking directorate specific audits, as opposed to Trust priority audits should register these with the AMD and follow the same processes for design and implementation – see Appendix B. Advice can be obtained from the AMD or Clinical Governance Manager.

### **6.2.3 Informatics information for clinical audit**

Informatics will require an authorisation email from the Clinical Governance Manager prior to generating any reports for clinical audit purposes.

## **6.3 Carrying out the audit**

- Clinical Directors whose departments are subject to audit will be informed of the audit at the outset of data collection and the audit lead must respond to any objections or questions about the audit.
- All efforts will be made to ensure that audits do not interfere with direct clinical care. All appropriate steps must be taken to ensure that audit data is held in an anonymised and confidential format, using code identifiers and ensuring that no personal confidential data is retained at the completion of the audits.

On completion of the audit the Clinical Governance Manager must be sent the report based on the Audit Template (appendix B) including key results and discussion, recommendations, feedback, and an action plan for consideration by the AMD.

## **6.4 Format of the audit report**

The Trust has devised a template for audit reports. This is shown at Appendix B. It is not a requirement that this template is followed but each completed audit report must contain the following information:

- Date of Final Report
- Background : *Why the project was undertaken*
- Services audited

- Objectives and scope of the audit
- Methodology and Standards: *The standard(s) against which practice was compared*
- Key Results: *Main results arising from the project*
- Recommendations
- Feedback Findings
- References Contact details of author

## 6.5 Collaborative working

The Trust is committed to working collaboratively with patients, stakeholders and others to improve quality of care. In respect of clinical audit collaboration will take a number of forms including:

- considering feedback from patients as a prompt for audit projects;
- seeking opportunities with local healthcare partners to engage in multi-agency audit when appropriate;
- actively encouraging all junior doctors in training working in the Trust to participate in clinical audit and to provide them with details of the outcome of audits they have worked on if this extends beyond their time in the Trust.

## 6.6 Process for Disseminating Trust-wide audit results, monitoring action plans and re-auditing

Where the results of a clinical audit identify areas for improvement the results of the audit will be forwarded to the relevant Clinical Director and Clinical Governance Lead who will be asked to develop an action plan to respond to the findings.

Progress on the action plan will be monitored by the Clinical Governance Manager and reported by exception to the Quality and Patient Experience Working Group and CQSG.

## 6.7 Process for Promoting Improvements

- Information about improvements to quality of care will be promoted via the Clinical Governance Leads and summarised in an Annual Clinical Audit report
- When appropriate articles on improvements will be prepared for the Quality newsletter, Directorate newsletter, Members Newsletter and other media (e.g. Trust website)

## 7 Training Requirements

Staff training needs for clinical audit principles and practice will be led by the Clinical Governance Manager. The Clinical Governance Manager will ensure that any clinical data related audits are undertaken by a suitably qualified person

## 8 Process for monitoring compliance with this Procedure

The Trust will monitor compliance with this procedure in a number of ways including:

- The CQSG will approve the proposed annual audit programme, ensure that it meets both national and local priorities and is achievable within the limited resources of the Trust.
- The Quality and Patient Experience Work Stream Group will receive quarterly progress reports from the AMD against the annual plan to ensure that agreed targets are being met by timely completion of audits, and that audit reports are being produced in line with the requirements of this procedure. In the event of any shortfalls the AMD will require an action plan which they will then monitor.
- The CQSG will receive a quarterly assurance report on progress following completion of audits as part of the Quality and Patient Experience Work Stream report. The report will address issues of dissemination, and development and monitoring of actions plans where deficiencies have been shown via the audit.
- The CQSG will receive an annual summary report on audit progress and changes in practice that have been made as a result of audit from the Director of Quality and Patient Experience via the Quality and Patient Experience Work Stream Report.
- The Quality and Patient Experience Work Stream Group will ensure the Annual Clinical Audit report is completed and submitted to the CQSG for approval.

## 9 References and sources of information

Healthcare Quality Improvement Partnership (HQIP) (2009). *Using your health records to improve healthcare, Clinical audit in the NHS*. London: HQIP. Available from [www.hqip.org.uk](http://www.hqip.org.uk)

[Clinical audit:](#)

<https://www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/>

Healthcare Quality Improvement Partnership (HQIP). (2009). *An information Governance Guide for Clinical Audit*. London: HQIP. Available from [www.hqip.org.uk](http://www.hqip.org.uk)

National Institute for Health and Clinical Excellence (NICE). (2002). *Principles for Best Practice in Clinical Audit*. Oxon: Radcliffe Medical Press. Available at: [www.nice.org.uk](http://www.nice.org.uk)

Audit and Service Improvement:

<https://www.nice.org.uk/about/what-we-do/into-practice/audit-and-service-improvement>

Department of Health. (2003). *NHS Confidentiality Code of Practice*. London: Department of Health. Available at: [www.dh.gov.uk](http://www.dh.gov.uk)

NHS 5 Year Plan

Data Protection Procedure

## 10 Associated documents<sup>1</sup>

Health Records Procedure  
Health Records Audit Procedure  
Confidentiality Code of Conduct  
Data Protection Procedure

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<sup>1</sup> For the current version of Trust procedures, please refer to the intranet.

## Appendix A: Equality Analysis

<b>Completed by</b>	<b>Irene Henderson</b>
<b>Position</b>	<b>Clinical Governance Manager</b>
<b>Date</b>	<b>21.7.16</b>

<b>The following questions determine whether analysis is needed</b>	<b>Yes</b>	<b>No</b>
Is it likely to affect people with particular protected characteristics differently?		X
Is it a major policy, significantly affecting how Trust services are delivered?	X	
Will the policy have a significant effect on how partner organisations operate in terms of equality?	X	
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		X
Does the policy relate to an area with known inequalities?		X
Does the policy relate to any equality objectives that have been set by the Trust?		X
Other?		X

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Do policy outcomes and service take-up differ between people with different protected characteristics?		X	
What are the key findings of any engagement you have undertaken?			Na
If there is a greater effect on one group, is that			Na

consistent with the policy aims?			
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			Na
Will the policy deliver practical benefits for certain groups?	X		
Does the policy miss opportunities to advance equality of opportunity and foster good relations?		X	
Do other policies need to change to enable this policy to be effective?		X	
Additional comments			

If one or more answers are yes, then the policy may unlawful under the Equality Act 2010 – seek advice from Human Resources (for staff related policies) or the Trust’s Equalities Lead (for all other policies).

## Appendix B: Audit Planning and Report Template

*(Note sections that are in BLUE italics, should be filled in BEFORE data collection is started,*

*and sent to the AMD (Clinical Effectiveness) to register. Trust priority audits require approval of the AMD before data collection)*

<b>Service/Practice area audited</b>		
<b>Background</b> <i>(reason for the audit)</i>		
<b>Aim and Objectives of the audit</b>	<i>Aim</i> <i>Objectives</i>	
<b>Standards and Methodology</b>	<i>Standard(/s) to be measured:</i>  <i>Methodology</i>	
<b>Details of data collection</b> <i>(sample etc.)</i>		
<b>Key Results</b> <i>Main results arising from the project</i>		
<b>Recommendations summary</b> <i>(where relevant these should be addressed on the action plan below)</i>		
<b>Feedback Findings</b>		
<b>Acknowledgements</b>		
<b>Contact</b>		Date Report

## Appendix C: Trust Action Plan Template

When developing your action plan aim to ensure that it meets the following 5 criteria i.e. that it is **S.M.A.R.T.**

- Specific** describe the goal that the plan is addressing clearly and unambiguously
- Measurable** Set measures of success which may be a single target or milestones
- Achievable** check that the plan is achievable within available resources (if not either change the plan or develop a business case for further resources)
- Realistic** will the action plan be achievable in practice, ( e.g check if requires cooperation of others)
- Time-limited** set target completion date and review progress to assess progress

Action Plan Template

