**Clinical Audit Policy**

This policy details the responsibilities and processes associated with clinical audit activity within the Trust.

All staff who take part in clinical audit or who are responsible for staff who do so.

Michelle Bramble, Clinical Audit Facilitator

Andrew Thomas, Compliance and Safeguarding Lead

Approved by Quality & Safety Committee

22nd March 2018

Executive Director of Nursing and Operations

Clinical

Audit

22/03/2021

All clinical staff

Electronically

Yes

No

HQUIP

Changes to: responsibilities forward audit plan process and audit actions reporting.

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1 National context

1.1 Statutory and mandatory requirements for clinical audit

When carried out in accordance with best practice, clinical audit:

- Improves the quality of care and patient outcomes
- Provides assurance of compliance with clinical standards
- Identifies and minimises risk, waste and inefficiencies

Participation in both national and local clinical audit is a statutory and contractual requirement for healthcare providers. The NHS standard contract forms the agreement between commissioners and providers of NHS-funded services, who must:

- Participate in national clinical audits within the National Clinical Audit and Patient Outcomes Programme (NCAPOP) relevant to their services
- 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 coordinating commissioner, on request, the findings of any audits carried out, in particular locally-agreed requirements such as Commissioning for Quality and Innovation (CQUIN) audits

In addition, the regulatory framework of the Care Quality Commission (CQC) requires registered healthcare providers to monitor the quality of their services. The CQC fundamental standards describe the care patients should expect, and provides prompts for providers to consider when aiming to meet requirements for governance and audit, set out in Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, whereby:

“To meet this regulation, providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.”

Providers must use the findings from clinical audits and other quality improvement initiatives, including those undertaken at a national level – such as national confidential enquiries and inquiries and national service reviews – to ensure that action is taken to protect people who use services. They must also ensure healthcare professionals are enabled to participate in clinical audit in order to satisfy the demands of their relevant professional bodies (for example, for revalidation and professional development).

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 that have been taken as a consequence to improve the services provided.
The statutory and mandatory frameworks that regulate clinical audit within the NHS in England continue to evolve, and are detailed within HQIP’s publication, Statutory and mandatory requirements in clinical audit.

2 Purpose of this policy

2.1 Purpose of this policy

The purpose of this policy is to set out the rationale for clinical audit and provide a framework for such activity, including standards, guidance and procedures, as well as details of the support available from the Clinical Audit Team:

- For registering and approving clinical audit project proposals
- For developing and designing clinical audit projects

This policy aims to support a culture of best practice in the management and delivery of clinical audit, and to clarify the roles and responsibilities of all staff involved.

2.2 Improvement and assurance

Quality in the NHS was defined in High quality care for all: NHS next stage review, led by Lord Darzi, and enshrined in legislation through the Health and Social Care Act 2012. This set out three dimensions, seen in diagram 1, which must all be present to provide a high-quality service.

*Diagram 1: the 3 dimensions of quality in healthcare*

- Patient experience: quality care is delivered for a positive experience, including being treated according to individual wants or needs, and with compassion, dignity, and respect
- Clinical effectiveness: quality care is delivered according to the best evidence regarding what is clinically effective in improving an individual’s health outcome
- Patient safety: quality care is delivered to prevent all avoidable harm and risks to an individual’s safety
Quality improvement in healthcare is a process that seeks to enhance patient experience and individual health outcomes, through measuring and improving the effectiveness and safety of clinical services.

Quality assurance in healthcare is the planned and systematic monitoring of activity to ensure that the requirements for safe, clinically effective services and positive patient experience are met. Quality assurance aims to provide confidence and certainty in the quality of services.

While clinical audit is fundamentally a quality improvement process that provides the opportunity for ongoing review and service development, it also plays an important role in providing assurance on the quality of services.

HQIP’s A guide to quality improvement methods offers an overview of a range of quality improvement techniques that might be combined with clinical audit activity: Guide to quality improvement methods

The prime responsibility for auditing clinical care lies with the clinicians who provide that care. Support from appropriately trained and experienced clinical audit staff, which includes training in processes and practice, is provided for clinicians who carry out clinical audit, and for non-clinical staff, patients, and members of the public who may be involved in clinical audit projects. Associated information governance guidance can be found in HQIP’s Information governance for local clinical audit.

The organisation is committed to ensuring:

- Participation in all national clinical audits, national confidential enquiries and inquiries, and national service reviews relevant to the services provided
- All clinical audit activity within the Trust, or conducted in partnership with external bodies, is registered both locally and nationally as appropriate, and conforms to nationally agreed best practice standards
- The annual programme of clinical audit activity meets Board Assurance Framework objectives, and includes all of the clinical audits necessary to meet the requirements of regulators and commissioners
- Records of reviews of the annual programme of clinical audit, individual clinical audit projects, as well as the results of national clinical audits, national confidential enquiries and inquiries, and national service reviews, are maintained, to:
  - Help facilitate effective clinical audit activity through robust governance systems
  - Demonstrate compliance with requirements of regulators and commissioners

3 Definitions

3.1 Definition of clinical audit
Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.

Diagram 2: the clinical audit cycle:

- **Stage 1** – preparation and planning: to agree required standards and clinical audit methodology
- **Stage 2** – measuring Performance: data collection in order to evaluate performance against required standards
- **Stage 3** – Implementing Change: using action planning where shortfalls are identified
- **Stage 4** – Sustaining Improvement: through monitoring and service development, with repeated clinical audit cycles as required

4 **Scope**

4.1 **Target audience**

This policy applies to anyone engaged in the clinical audit process within the Trust, including:

- All staff, both clinical and non-clinical, and those on short-term or honorary contract
- Students and trainees in any discipline
- Patients, carers, volunteers, and members of the public

This policy also applies when clinical audit is undertaken jointly across organisational boundaries.

4.2 **Multidisciplinary and multi-professional audit, and partnership working with other organisations**

The Trust encourages clinical audit to be undertaken jointly across professional and organisational boundaries. Partnership working with other local and regional organisations will be encouraged where improvements to the patient journey may be identified through shared clinical audit activity.
The Trust also supports collaboration on multi-professional clinical audits of interest to other parts of the local health and care economy, both within the outside of the NHS, e.g. primary/secondary care, local authorities, independent health and social care providers etc.

4.3 Involving patients and the public

The Trust promotes a commitment to involving patients, carers, and members of the public in the clinical audit process, either indirectly through the use of patient surveys and questionnaires, or directly through participation of patients, carers, and members of the public on clinical audit project steering groups or quality improvement patient panels. The draft forward audit programme must be circulated to the Patient and Carer Panel at the start of each financial year for review and to provide the opportunity for additional project suggestions. Clinical audit project leads are required to complete the Patient and Public Involvement section of the Trust audit proposal form in order to identify opportunities for involvement, for example, in the governance of the project, the collection of data, the development of action plans and dissemination of audit findings and recommendations.

Duties, roles, and responsibilities

- Chief Executive

The chief executive is responsible overall for the statutory duty of providing a good quality of care which is the principle aim of this policy.

- Trust Board

The Trust Board is responsible for setting Trust priorities and requirements in relation to clinical audit. Its roles and responsibilities are set out in HQIP’s guidance: A guide for NHS boards and partners

- Audit Committee

The Audit Committee maintains an overview of the audit process within the Trust to ensure that it is comprehensive and fit for purpose. The Audit Committee will receive an annual update on progress in implementing the Clinical Audit Programme

- Quality and Safety Committee

The Quality and Safety Committee will receive quarterly updates on progress in implementing the Clinical Audit Programme and be made aware of quality and safety issues identified from clinical audit

- Quality and Safety Delivery Group

The Quality and Safety Delivery Group will receive quarterly updates on progress in implementing the Clinical Audit Programme and be made aware of quality and safety issues identified from clinical audit

- SDG Quality and Safety Groups
The SDG Quality and Safety Groups are tasked with oversight and scrutiny of the Trust’s clinical audit activities, prioritisation of participation in national clinical audit, decisions about local clinical audit, the review of audit proposals and audit reports, including progress through repeated clinical audit cycles.

- **Medical Director**

The executive/Board lead for clinical audit is the medical director. His/her responsibilities in respect of clinical audit are:

  - To ensure that the Trust clinical audit strategy and annual programme of work are aligned to the Board’s strategic interests and concerns
  - To ensure that clinical audit is used appropriately to support the Board Assurance Framework
  - To ensure this policy is implemented across all clinical areas
  - To ensure that any serious concerns regarding the Trust’s policy and practice in clinical audit, or regarding the results and outcomes of national and local clinical audits, are brought to the attention of the Board
  - To take responsibility for ensuring effective prioritisation is undertaken to participate in national clinical audit, and for decisions about local clinical audit.

- **Senior Managers-Managers**

Managers are responsible for ensuring that service development and delivery is underpinned by an effective programme of clinical audit, which forms part of the Continuing Professional Development regime for their team(s). Service managers must ensure that all clinical audit activity within their respective areas is registered.

- **Clinical Effectiveness Facilitator**

The Clinical Effectiveness Facilitator is responsible for compiling the annual clinical audit programme and ensuring that the processes outlined within this policy are adhered to within the Trust.

- **SCHT Staff**

All staff employed by the Trust have a responsibility for the continual improvement of the quality of the service they provide, and all clinical staff are individually accountable for ensuring they audit their own practice in accordance with the professional codes of conduct and in line with the standards set out within this document.

5  **Conduct of clinical audit**

The process for undertaking clinical audit within the Trust is outlined below.

5.1  **Agreeing an annual programme of activity**

Prior to the start of every financial year, the Trust will agree an appropriate planned programme of clinical audit activity. This programme should meet the Trust’s corporate requirements for assurance, but must be owned by clinical services and be reflective of both national and local priorities.
External ‘must do’ audits (Priority 1)

The first step in developing a comprehensive annual programme is the identification of all the clinical audit projects which must be undertaken by the Trust in order to meet external regulatory requirements. It is essential to ensure that these projects are treated as priority and that appropriate resources are provided to support them. Failure to participate or deliver on these externally driven audits may carry a penalty for the Trust, either financial or in the form of a failed target or non-compliance. They will form the core of the annual clinical audit programme.

The list of ‘must do’ audits may include:

- NCAPPOP and other national clinical audits which are relevant to the services provided and where participation must be reported in Quality Accounts
- Audits demonstrating compliance with regulatory requirements e.g. audits with the aim of providing evidence of implementation of NICE guidance, NSFs, and other national guidance such as that coming from the Clinical Outcomes Review Programme (former National Confidential Enquiries)
- Audits required by external accreditation schemes e.g. NHSLA Risk Management Standards and associated indemnity schemes, cancer peer review audits etc.
- Audits which must be undertaken in order to comply with provider policies which are themselves subject to external review
- Commissioner priorities including national and regional CQUIN audits

Internal ‘must do’ audits (Priority 2)

The Trust must also compile a list of internal ‘must do’ clinical audits, based on the classic criteria of high risk or high profile. Many of these projects will emanate from governance issues or high profile local initiatives and may include national initiatives with local relevance but no penalties for non-participation. They may include:

- Priorities reflective of organisational objectives for clinical audit as outlined in the clinical audit strategy
- Clinical risk issues
- Audits undertaken in response to serious untoward incidents/adverse incidents/complaints
- Organisational clinical priorities
- Priorities identified via Patient and Public Involvement initiatives

Local priority audits (Priority 3, 4 and 5)

Once the ‘must do’ audits have been identified, staff and stakeholders should be asked to propose projects they believe will be of benefit to the Trust and its patients and service users. Any member of staff who wants to propose an audit must complete an audit proposal form (Appendix 1) and submit it to their service manager or lead in the first instance for approval and completion of the Quality Impact Assessment tool. This will ensure that the project is aligned to service or team objectives and priorities and that it can be assigned a priority score. The service manager or lead should forward all audit proposals to the Clinical Effectiveness Facilitator prior to the start of the new financial year. All proposals
will be reviewed and approved by Heads of Nursing and SDG Managers prior to inclusion on the forward audit programme.

Factors to take into account considering project proposals for inclusion on the forward audit programme are:

- Is the topic concerned with high cost, high volume or high risk to staff, or to patients/service users?
- Is there evidence of a quality problem, e.g. patient complaints, high complication rates, adverse outcomes or poor symptom control?
- Is there evidence of wide variation in practice?
- Is good evidence available to inform audit standards, e.g. systematic reviews or national clinical guidelines?
- Is the problem measurable against relevant standards?
- Is auditing the problem likely to improve healthcare outcomes as well as process improvements?
- Is auditing the problem likely to have economic and efficiency benefits?
- Is the topic a key professional or clinical interest?
- Are reliable sources of data readily available for data collection purposes?
- Can data be collected within a reasonable time frame?
- Is the problem concerned amenable to change?
- Is the topic pertinent to national or local initiatives or priorities?
- Does the topic lend itself to the process of audit, or is a different process more appropriate e.g. root cause analysis, activity or workload analysis?
- How much scope is there for improvement, and what are the potential benefits of undertaking this audit?

The practical steps involved in compiling the Trust annual clinical audit programme are shown at Appendix 2.

**Review and approval of the draft clinical audit programme**

The process for review and approval of the draft audit programme is as follows:

- The initial draft will be reviewed by SDG Managers and Heads of Nursing
- The draft will then be submitted to SDG Quality and Safety Groups
- The final version will be submitted to Quality and Safety Committee for approval

The following issues will be considered as part of the review process:

- Is each project included on the programme a clinical audit? Does it aim to improve patient care by implementing change, where quality of care under review falls short of defined standards and criteria?
- Are all projects of relevance to the Trust?
- Are all clinical services represented on the programme?
- Is the priority score assigned to each project appropriate?
- Is the Trust participating in all relevant national audits?

**Additions to the programme**

Audits will also be accepted onto the programme on an *ad hoc* basis as the year progress. A proposal form will need to be completed for all Local Priority Audits (Priority 3, 4 and 5) and approved at SDG Quality and Safety Group.
5.2 Working with commissioners

The Trust will consult and work collaboratively with commissioners in determining a programme of clinical audit activity. Where appropriate, the results of individual audits will be shared with commissioning bodies and a quarterly update of progress against the audit programme submitted to CQRM.

5.3 Systems for registering and approving audits

All clinical audit activity must be registered with the Clinical Audit Team, irrespective of the level of facilitation being requested of the team, to ensure project consistency, and to enable progress review and monitoring for quality assurance purposes.

5.4 Use of databases

Data provided on registration will be used to compile a database of all clinical audit activity undertaken throughout the Trust. The database will be updated regularly by the Clinical Effectiveness Facilitator and will be used to report to the SDG Quality and Safety Groups, Quality and Safety Delivery Group and Quality and Safety Committee on the progress of the annual clinical audit programme.

5.5 The use of standards (or criteria) in clinical audit

By definition, clinical audit involves measuring clinical practice against standards of best practice. Project leads and SDG Quality and Safety Groups when approving project proposals should ensure:

- Clinical audit standards are based upon the best available evidence, e.g. NICE guidance (or equivalent), National Service Frameworks, national guidelines etc.

- The audit standards being used are valid i.e. they have the capability of giving a true picture of what is being audited and are sensitive (able to ‘flag’ all or almost all cases in the audit for which there is a problem) and specific (able to identify truly good care).

HQIP’s guide to Ensuring Data Quality in Clinical Audits should be consulted by project leads at the audit planning stage: [HQIP ensuring data quality in clinical audit](#)

5.6 Reporting

- A project report should be completed for every clinical audit undertaken. In the majority of cases, data analysis will be carried out by the Clinical Audit Team and report writing by the project lead/team. The Trust audit report template must be used for this purpose - a copy of the template is available on the clinical audit section of the Quality Is Here SharePoint site. HQIP guidance on documenting local clinical audit is available via the following link: [Documenting local clinical audit: A guide to reporting and recording](#)
• The completed audit report will be submitted to SDG Quality and Safety Groups for review and approval of the findings and recommendations. The project lead may be invited to present the audit findings, but as a minimum, the relevant service representative must be present when the audit findings are reviewed.

• A quarterly summary of the findings and recommendations from audits will be submitted to the Quality and Safety Delivery Group and, via that group, to the Quality and Safety Committee and the Board. The summary will also identify any delays to implementation of the forward audit programme.

5.7 Dissemination

Regular summary clinical audit reports, together with recommendations, should be communicated to all relevant areas of the organisation and Trust committees. An effective audit carried out in one area of the Trust may be transferable to other parts of the organisation. Once around of data collection has been completed and the data has been analysed, the results and findings should be presented to relevant healthcare professionals, stakeholders and groups for discussion, agreement of action plans and a commitment to complete another audit cycle within a designed timeframe.

5.8 Action plans for improvement

Once a cycle of data collection has been completed, an action plan will be developed, and included as part of the project report submitted to SDG Quality and Safety Groups for approval of the audit findings and recommendations. This information will be recorded on the centrally held, clinical audit database and a quarterly update provided to SDG Quality and Safety Groups who will monitor progress in implementation.

Actions should be specific, measureable, achievable and relevant. They must have clear implementation timescales, with identified leads for each action. Action plans must be approved by the relevant head of service.

Not all clinical audits will require an action plan, e.g. where an audit shows that standards are consistently and repeatedly being met, and practice is effective. For such audits there should be an explicit statement within the summary report that no further action is required, along with the reason(s) for this.

The scoring mechanism, derived from HQIP guidance, to be used for clinical audit results is provided in the table below. This is a general guide only; results must also be weighted by the project team according to the importance of the aspect of care or treatment being audited.

Diagram 3: scoring mechanism for audit results

Key: | Adherence > 80% | Adherence 60% – 79% | Adherence < 59%

The SDG Quality and Safety Groups will monitor the implementation of actions, ensuring that any identified required changes are incorporated into practice and into relevant business plans and/or risk registers as appropriate.
The implementation of action plans will be managed via Datix and reports produced on a quarterly basis for SDG Quality and Safety Groups. The relevant service manager on the group will be required to confirm that all actions have been implemented; the prompt to do so will be an action on the meeting action log.

5.8.1 Identifying risks

If the failure to progress or complete a clinical audit, or the failure to implement an action plan, poses a risk to patients, staff or the healthcare provider as a whole (e.g. a financial risk due to failure to meet standards), appropriate entries must be made on the Trust’s risk register.

5.9 Repeating audit cycles

The clinical audit cycle is not complete until agreed actions are implemented according to the corresponding action plan, and evidence is obtained of the impact of the action plan on compliance with standards. Repeated cycles of audit may be carried out to ensure standards and criteria are consistently and repeatedly met, and practice is effective.

As a general rule, re-audits should be carried out within a 6 month timescale following completion of the initial audit. The re-audit may be targeted at those areas of clinical practice where non-compliance was identified in the initial audit so as to minimise the time and resources involved.

5.10 Clinical Audit Annual Report

An annual clinical audit report will be produced and submitted to SDG Quality and Safety Groups for initial approval, and following that to Quality and Safety Delivery Group, Quality and Safety Committee and the Board. The report will provide the following information:

- Overview of clinical audit activity
- Education and training
- Patient and public involvement
- Monitoring
- Plans for forthcoming year
- Detailed account of clinical audit activity

6 Governance and ethics

6.1 Ethics and consent

By definition, clinical audit projects should not require formal approval from a Research Ethics Committee. However, one of the principles underpinning clinical audit is that the process should do good and should not do harm. Clinical audit must always be conducted within an ethical framework and should consider the following four principles:

- There is a benefit to existing or future patients or others that outweighs potential burdens or risks
- Each patient’s right to self-determination is respected
• Each patient’s privacy and confidentiality are preserved
• The activity is fairly distributed across patient groups

See HQIP’s Guide to managing ethical issues in quality improvement or clinical audit projects for more information [Managing ethical issues in quality improvement](#)

The SDG Quality and Safety Groups are responsible for the ethical oversight of clinical audit across the organisation and any person who has concerns regarding the ethics of clinical audit should refer them to the Chairs of these groups. This ethical oversight will ensure that:

• The clinical audit programme is managed efficiently to make best use of resources, and performance management issues associated with poor audit design, poor execution or failure to deliver improvements in patient care, are addressed

• Any ethical concerns that arise during the design and planning of individual clinical audits are addressed

• Any instances of serious shortcomings in patient care that come to light through clinical audit are communicated to the manager of the service involved at the earliest opportunity, and that appropriate steps are taken to address them

• Risk management issues identified through clinical audit results are addressed in clinical audit action plans, and that those plans are implemented effectively

### 6.2 Equality and diversity

The Trust aims to ensure that its healthcare services and facilities are not discriminatory and, wherever possible, attend to the physical, psychological, spiritual, social, and communication needs of any patient or visitor, showing no discrimination on the grounds of ethnic origin or nationality, disability, gender, gender reassignment, marital status, age, sexual orientation, race, trade union activity, or political or religious beliefs.

The process for determining choice of clinical audit projects, and the manner in which project patient samples are drawn up, should not inadvertently discriminate against any groups in society based on their race, disability, gender, age, sexual orientation, religion and belief. Any person who has concerns regarding the ethics of clinical audit activity within the Trust should refer them in the first instance to the SDG Quality and Safety Groups, who may require equality impact assessments to be undertaken and/or equality data to be collected as part of clinical audit activity, in order to determine whether any particular groups of patients are experiencing variations in practice.

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

All clinical audits must adhere to NHS Information Governance policies and standards, paying special attention to the Data Protection Act and the Caldicott Principles, whereby data should be:

• Adequate
7 Training and development

7.1 Overall organisational approach

Some aspects of clinical audit require specialist skills, for example, using the correct clinical audit methodology. This policy sets out how the trust will ensure that all clinicians and other relevant staff and patients conducting and/or managing clinical audits are given the appropriate time, knowledge and skills to facilitate the successful completion of clinical audit cycles. Clinical audit education and training are key to the delivery of this policy, in order to promote activity led by healthcare professionals.

Training raises the profile of clinical audit and best practice standards, builds up the capacity and capability for reflective practice of all those involved, and acts as a driver for quality improvement.

7.2 Provision of clinical audit training

The Trust will make available suitable training, awareness and support programmes to staff regarding the systems and arrangements for participating in clinical audit. This will ensure:

- Training for local, regional and national clinical audit activities, and bespoke training, will be given to groups and individuals on request.
- Appropriate training is available to any patients and other members of the public who participate in clinical audit activities.
- Educational resources and links to HQIP guidance and online training will be available on the clinical audit section of the Trust's SharePoint site – Quality is Here.

8 Monitoring

8.1 Monitoring the effectiveness of clinical audit activity

8.1.1 Monitoring progress

Each clinical audit project should have a lead who is ultimately responsible for the conduct of the audit. However, to ensure that the Trust as a whole benefits from the programme, it must be monitored effectively. The arrangements in place for monitoring are as follows:

- The Clinical Effectiveness Facilitator will monitor progress on a day to day basis, ensuring that, as far as possible, projects included on the forward plan are started and completed on time and that any problems or delays are addressed.

- A progress report will be provided to SDG Quality and Safety Groups on a quarterly basis, using a progress report format developed by HQIP. The report gives basic information about all of the projects, and uses a traffic light system/RAG (red-amber-green) rating to indicate progress (or lack of it). Any
delays or problems arising will be addressed at these meetings and the remedial actions agreed upon recorded in the minutes.

- A quarterly progress report will also be provided to Quality and Safety Delivery Group. This will include an update of progress against completion of the clinical audit programme, outcomes of audit/compliance level, key lessons learned and any key risks or changes.

### 8.2 Monitoring the implementation of the policy

The Trust will monitor that:

- SDG Quality and Safety Groups are discharging their responsibilities
- Staff are receiving training
- There is vigorous system for determining what goes into the annual clinical audit programme
- Stakeholders are being involved
- Clinical audits are approved and registered
- Clinical audits are based on standards and conducted in line with this policy
- Projects are meeting data protection and confidentiality guidelines
- Results are being reported and disseminated
- Action plans are being agreed and implemented
- Timely progress reports are being sent to commissioners
CLINICAL AUDIT PROPOSAL FORM

This form is for the use of all healthcare professionals who undertake any clinical audit activity within Shropshire Community Health NHS Trust as part of the agreed Clinical Audit Programme.

Advice on completing the form is available from Michelle Bramble, Clinical Effectiveness Facilitator (01743 277687) Michelle.Bramble@shropcom.nhs.uk.

Both the clinical audit proposal and the associated data collection form should be emailed to the Clinical Effectiveness Facilitator prior to audit work commencing. The project will then need to be appropriated at the relevant SDG quality and Safety Group.

Please note that Clinical Audit is one among a range of quality improvement methods available to evaluate healthcare and may not necessarily be the most appropriate method for use with this topic. You should consult Healthcare Quality Improvement (HQIP) guidance on quality improvements methods to ensure that the correct methodology has been chosen Guide to quality improvement methods - HQIP

1. Title of audit:

2. Audit project team: The team should be multi-disciplinary where possible, be representative of all clinical services affected by the audit and include those with authority to sanction any necessary changes. Please list all staff who will be involved in this audit

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<th>Role within project (e.g. audit lead, supervisor)</th>
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Please also ensure that any stakeholders likely to be affected by the audit process or changes identified are notified at the planning stage

3. Patient and public involvement: Please consider whether a patient representative could be involved in carrying out this audit, for example, in the governance of the project, the collection of data, the development of action plans in response to audit findings and dissemination of those findings and recommendations. HQIP guidance on patient and public involvement can be found via this link: HQIP patient and public involvement

4. Introduction/Background: The rationale for choosing the topic (e.g. problem identified through risk management, clinical incident reporting, patient complaint, availability of national clinical guidance [NICE, NSF], locally developed guidelines or new research evidence, What makes it a priority topic (e.g. high risk, high cost, area of concern, area where there is a need to set standards)
5. **Overall aim of the audit:** The aim of the audit can be written as a statement about what you want to happen as a result of the audit or as a question you want your audit to answer.

6. **Objectives:** The aim is then broken down into a series of smaller objectives – the steps you need to take in order to assess whether or not you have achieved your aim (use bullet points)

7. **Standards:** Your standards are quantifiable statements detailing the specific aspects of patient care and management that you intend to measure current practice against. Standards should always be based on the strongest, most up to date evidence available (e.g. NICE guidance).

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8. **Sample** Please state how you have selected your audit sample

- What patients will be included in the audit?
- From what time period has the sample been selected?
- Specify the total sample size/population
- Specify any exclusion criteria

9. **Data sources and methodology:** Please provide information about your data sources and audit methodology

- What data sources will be used in the audit?
- Will the data be collected retrospectively, prospectively, real-time?
- Where will the data be collected e.g. ward, clinic?
- How will you record your data (e.g. Snap, Excel spreadsheet, paper data collection tool)
- How will the data collection process be piloted?
- What packages will be used for data analysis e.g. MS Excel, MS Access?
- Where will the audit results be presented?

10. **Timescales:**

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- Project start date (month and year)
- Start of data collection (full date)
- End of data collection (full date)
- Project completion date i.e. report ready for presentation to SDG Quality and Safety Group (month and year)
11. **Support level:** Please indicate the level of support you require in carrying out this audit. Full facilitation may not always be available for lower priority audits.

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<td>Moderate support – review design, practical assistance</td>
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12. **Approval of proposal:**

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<tr>
<td>Proposal approved by service manager?</td>
<td></td>
</tr>
<tr>
<td>Proposal approved by Head of Nursing?</td>
<td></td>
</tr>
</tbody>
</table>

Name:

Name:
QUALITY IMPACT ASSESSMENT

This Quality Impact Assessment tool has been developed by the Healthcare Quality Improvement Partnership (HQIP) and provides a transparent system for deciding whether or not a locally-conceived clinical audit project should be carried out. **It should be completed by the Service Manager.**

Please give a score against each criterion in the table and add up to give a total score for the project you are proposing. This will enable the Trust to assign a priority score to the project. A total score of less than 20 represents a low priority local audit, 20-40 medium priority and more than 40 high priority. The maximum score attainable is 60. Some criteria are weighted to reflect their importance.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>No relevance (0)</th>
<th>Some relevance (1)</th>
<th>Almost met (2)</th>
<th>Fully met (3)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>High cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(x2)</td>
</tr>
<tr>
<td>High volume</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>High risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(x2)</td>
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<tr>
<td>Evidence of a quality problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(x2)</td>
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<tr>
<td>Wide variation in practice</td>
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<tr>
<td>Good evidence available to inform audit standards</td>
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<tr>
<td>Likely to improve healthcare outcomes as well as process improvements</td>
<td></td>
<td></td>
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<tr>
<td>Likely to have economic and efficiency benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(x2)</td>
</tr>
<tr>
<td>Topic is a key professional or clinical interest</td>
<td></td>
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<tr>
<td>Reliable sources of data readily available</td>
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<tr>
<td>Reasonable timeframe for completion</td>
<td></td>
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<td></td>
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<tr>
<td>Potential for change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(x2)</td>
</tr>
<tr>
<td>Scope for direct involvement of patients and carers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Multidisciplinary project</td>
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<td></td>
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<tr>
<td>Interface project (when project crosses organisational boundaries)</td>
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</tbody>
</table>

**TOTAL SCORE**

<table>
<thead>
<tr>
<th>Is Clinical Audit the most appropriate quality improvement method for evaluating this topic?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the project linked to a Trust objective? If so, which one?</td>
<td>Yes ☐ No ☐ Trust objective:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the project linked to a key risk? If so, which one?</td>
<td>Yes ☐ No ☐ Key risk:</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Process for compiling the annual Trust clinical audit programme

1. Initial draft clinical audit programme discussed by Heads of Nursing and SDG Managers (December). ‘Must Do’ audits and other priority projects linked to Trust Board strategic objectives to be identified (December)

2. Draft programme disseminated by SDG Managers to Service Managers/Team Leads. Service/Team priorities to be identified at clinical team meetings (January)

3. Clinical staff invited to submit proposals using the Trust audit proposal form to Service Managers/Team Leads. Managers/Team Leads approve each proposal, complete Quality Impact Assessment and email to Clinical Effectiveness Facilitator for inclusion on the draft audit programme (by end February)

4. Draft programme reviewed again by SDG Managers and Heads of Nursing. Programme submitted to Patient and Carer Panel and to SDG Quality and Safety Groups (March)

5. Final programme to be approved at Quality and Safety Committee (April)