

Document		
Title	Clinical Audit Strategy	
Trust Ref No	2095-43505	
Main points this document covers	This strategy describes how the Trust will implement the clinical audit policy and increase the impact of audit on clinical services	
Who is the document aimed at?	All staff who take part in Clinical Audit or who are responsible for staff that do so.	
Authors	Michelle Bramble, Clinical Effectiveness Lead Andrew Thomas, Head of Nursing and Quality	
Approval Process		
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1. Executive statement

The Trust is committed to delivering effective clinical audit in all the clinical services it provides. The Trust sees clinical audit as essential to continually evolve, develop and maintain high quality patient-centered services.

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

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

The Trust is committed to ensuring that clinical audit delivers these benefits, and has adopted a policy on the governance and practice of clinical audit, which applies to all staff.

Achieving the objectives set out in this strategy will ensure that the Trust policy is implemented and effective, resulting in sustained improvements to the quality of care provided to patients.

An internal audit inspection of the arrangements for clinical audit within the Trust was carried out in September 2017 and a report produced outlining the findings and recommendations for improvement which have been incorporated into this strategy document.

2. Organisational context

2.1 It is important that clinical audit is not seen as an isolated quality improvement activity but as one of a set of tools which teams and organisations can use to improve the quality of care that is delivered to service users and their families. Clinical audit should only be utilized when it has been identified as the most effective tool to improve and assure the quality of the service delivered.

2.2 Clinical audit (as a body of work) should contribute to the delivery of Shropshire Community Health NHS Trust's quality objectives and its overall vision for:

- Quality assurance: clinical audit should inform the Board Assurance Framework, specifically in relation to assuring the quality of clinical care including meeting the statutory and mandatory requirements for clinical audit set out in the clinical audit policy
- Clinical governance: the framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish
- Quality: including contributing to Quality Accounts and ensuring that services are delivered so as to be safe, effective and to provide a positive patient experience
- Integrated governance: systems, processes and behaviors by which organisations lead, direct, and control their functions in order to achieve organisational objectives, safety and quality of services and in which they

relate to patients and carers, the wider community and partner organisations

- Patient and public involvement: ensuring that service user voices are central from planning to delivery, using insightful methods of working in co-production with patients, families and carers to improve outcomes.
- 2.3 For Shropshire Community NHS Trust, as a provider organisation, clinical audit should reflect commissioner requirements and aspirations, for example, by providing evidence for commissioning with regard to contractual requirements and CQUINS.
- 2.4 Clinical audit should support and be informed by other key streams of governance and quality activity, such as:
- Clinical effectiveness: examining clinical outcomes and making improvements
 - Evidence-based practice: ensuring practice is based on current research findings
 - Clinical risk management/patient safety: auditing in response to concerns highlighted proactively by risk assessment and reactively by advise incidences
 - Complaints and other forms of patient feedback: auditing in response to themes arising
 - Service improvement: involving transformation teams in discussions about clinical audit topic choice
 - Regulation: ensuring requirements such as the fundamental standards of the Care quality Commission are being met
- 2.5 Clinical audit should support ongoing expectations and initiatives, for example:
- Consultant appraisal, revalidation and health professional registration: enabling clinicians to comply with their professional codes of conduct
 - Information governance: ensuring that clinical audit activity meets the requirements of information governance legislation
 - National recommendations and guidance: issued by national bodies such as the National Institute for Health and Carer Excellence (NICE), the Clinical Outcomes Review Programme (COrP – covering National Confidential Enquiries and Inquiries), National Clinical Audit and Patient Outcomes Programme (NCAPOP), and national service reviews
 - National Service Frameworks: defining standards of care, e.g. for chronic obstructive pulmonary disease, diabetes, long-term conditions, old age and stroke care
 - NHS Litigation Authority Initiatives: such as the Sign Up to Safety campaign

- Research and development: mutually supportive of clinical audit
- Service evaluations: clinical audit may form a part of service evaluation projects
- Statements of Internal Control: clinical audit's contribution about the quality of its services and the effective management of risk

3. Scope

This strategy is targeted at all the clinicians and staff within Shropshire Community Health NHS Trust who have responsibility for overseeing the direction and development of clinical audit. The roles and responsibilities for the governance and oversight of this strategy are as follows:

- 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

- SCHAT 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

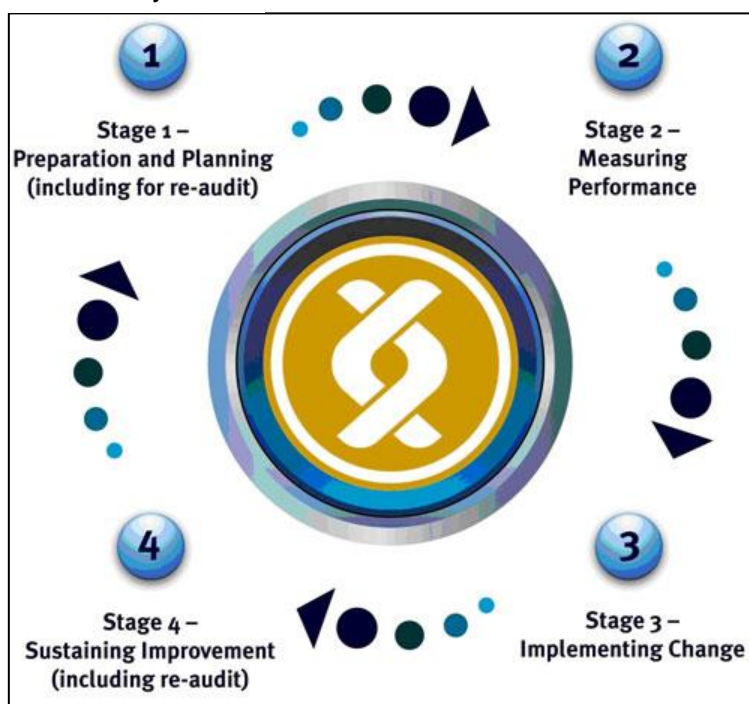
4. Definition of clinical audit

NICE (2002) defines clinical audit as:

“A quality improvement process that seeks to improve patient care and outcomes through systematic review of care 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”.

Clinical audit is often shown as a 'cycle' as shown in the illustration below.

Diagram 1: clinical audit cycle:



5. Strategic aim

The aim of this strategy is to use clinical audit as a process towards the organisation meeting its value of commitment to quality, its goal of delivering high quality care and its objective of delivering services that are safe, caring, effective, responsive and well-led. The strategy focuses on creating a culture that is committed to learning and continuous organisational development through measurement of evidence-based practice to deliver demonstrable improvements in patient care.

6. Objectives

This section describes the areas of clinical audit practice the Trust is committed to developing throughout the lifetime of the document. The strategic aim is supported by a number of action-oriented service objectives.

- To improve the use of clinical audit as a tool in strategic management as part of the broader quality improvement programme; obtain assurance that the strategy for Clinical Audit is aligned to broader interests and targets that the Board needs to address
- To ensure that staff consider the full range of quality improvement tools and choose clinical audit if its methodology is best suited to assess the issue at hand and develop an improvement plan
- To ensure that the clinical audit programme includes a combination of national and local priorities with sufficient resources to complete the cycle for each element of the programme

- To agree on the timescales and resources required for each clinical audit activity upfront but have a process in place to deal with variations and additional requirements
- To operate a rolling clinical audit programme that covers the different stages of individual projects on a continuous basis focused on outcome improvements for each area
- To ensure the professionalism of Clinical Audit by agreeing what constitutes unacceptable variation in Clinical Audit results compared to evidence based standards
- To ensure that clinical audit crosses care boundaries and encompasses the whole patient pathway
- To develop a strategy to ensure patient and stakeholder engagement at the different stages of the Clinical Audit cycle
- To share clinical audit results with other providers, commissioners, regional clinical networks and local patient networks
- To provide sufficient education and training in Clinical Audit