TRUST CLINICAL AUDIT POLICY

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Changes to Local audit Process

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PROCEDURE SUMMARY
This Policy establishes the governance arrangements and responsibilities for clinical audit in the Trust. This procedure provides a framework through which the clinical audit programme will be defined and delivered. It will ensure a consistency in the process across the Trust that is understood by all Trust staff and will clarify their individual responsibilities. This will ensure that the principles set out in the Policy for Undertaking Clinical Audit are translated into continuous clinical quality improvement.

The Trust monitors the implementation of and compliance with this procedure in the following ways;
External Audit as scheduled

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The Director responsible for monitoring and reviewing this policy is
Executive Nurse
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

POLICY FOR UNDERTAKING CLINICAL AUDIT

CONTENTS

THIS IS AN INTERACTIVE CONTENTS PAGE, BY CLICKING ON THE TITLES BELOW YOU WILL BE TAKEN TO THE SECTION THAT YOU WANT.

1.0 INTRODUCTION

2.0 PURPOSE

3.0 DEFINITION OF CLINICAL AUDIT

4.0 DUTIES AND RESPONSIBILITIES

5.0 MONITORING

6.0 POLICY REFERENCES
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

POLICY FOR UNDERTAKING CLINICAL AUDIT

Assurance Statement
The Trust is committed to delivering effective Clinical Audit in all the services it provides. This policy will ensure that the process for undertaking Clinical Audit within the Trust is in line with national and local requirements. It also provides assurance to the Trust Board of Directors on the effectiveness and quality of the clinical care provided by measuring compliance to agreed standards and addressing actions identified.

1.0 INTRODUCTION

1.1 The purpose of this Policy is to set out the framework for clinical audit within the Trust and should be read in conjunction with the Clinical Audit Procedure.

1.2 The aim of clinical audit is to improve service user care by enhancing professional practice and services delivered through a continuous process of reviewing patient care against agreed standards. Changes are made, where necessary, to meet those standards and following the dissemination of learning outcomes re-audits will often be undertaken to see if the changes have been made and the quality of service user care improved.

1.3 Patient safety is a key priority within the Trust and requires a collaborative approach to clinical audit to ensure that lessons are learned from audits and are shared widely across the organisation.

1.4 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:

- Good Doctors Safer Patients (Department of Health, 2006)
- Trust Assurance & Safety (Department of Health, 2007)
- The NHS Next Stage Review Final Report, High Quality Care For All [the ‘Darzi Report’], (Department of Health, 2008).
- The Mid Staffordshire Public Inquiry report commented on the requirement for the Care Quality Commission (CQC) and Clinical Commissioning Groups (CCG’s) amongst others to develop clinical quality standards and hold providers to account for failure to achieve these. High quality clinical audit is a key mechanism for ensuring this evidence can be obtained in a robust and timely manner.
2.0 PURPOSE

2.1 Clinical audit is an integral part of clinical governance arrangements within the NHS and will be carried out by clinicians and other NHS professionals throughout the Trust in order to improve the quality of care received by service users.

2.2 To ensure that the benefits of clinical audit are embedded across the whole organisation the Trust develops clearly defined national and local priorities which are built into forward annual programmes of work. The Clinical Audit annual work streams are reported in Quality accounts for the Trust.

2.3 The annual forward national and Trust locality audit programme is the main focus for the organisation and for the dedicated Clinical Audit Department (CAD). This programme of work ensures that key information work streams, such as for the Care Quality Commission (CQC) including some selected National Institute for Health and Care Excellence (NICE) audits, and other regulatory or local organisations, such as Clinical Commissioning Groups are provided with robust data about Trust services.

2.4 In addition to the Trust’s priority programme discussed in 2.3 individual localities also may complete clinical audits that seek to demonstrate clinical services are improving service user care and outcomes by reviewing practice of particular interest at local level against agreed national or other standards. This work is led by the operational localities involved with minor support from CAD.

3.0 DEFINITION OF CLINICAL AUDIT

3.1 Clinical audit has been defined as ‘A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structures, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated changes are implemented at an individual team, or service level and further monitoring is used to confirm improvement in healthcare delivery’. Endorsed by the National Institute for Clinical Excellence 2002

3.2 The Trust aims to ensure that the clinical audit process in place for EPUT:

- Supports clinical staff in all disciplines and specialties to participate in local and/or national audits of the treatment and outcomes for service users

- As part of day-to-day clinical practice, in this way, problems are highlighted and changes can be implemented as a matter of course

- Has an impact on the quality of care being provided, which is evidenced by improved services users experiences and outcomes

- Is carried out in an efficient and effective way and represents good value for money
Has a forward work programme related to both local and national priorities with the overall main aim of improving service user outcomes

Makes available suitable training and expert support to ensure that all clinicians and other relevant staff conducting or managing clinical audits are given the appropriate knowledge & skills to facilitate the successful completion of the audit cycle and to raise awareness regarding the organisation’s systems and arrangements for participating in clinical audit

Ensures that clinical managers support all clinicians and other relevant staff conducting and/or managing clinical audits to have appropriate time, knowledge and skills to facilitate the successful completion of the audit cycle

Undertakes a formal review of the local priority and national audit programme carried out in the Trust to ensure that it meets the organisation's aims and objectives as part of the wider quality improvement agenda

Provides the organisations management and governance leads with regular reports on progress being made with delivering the priority and national forward programme and outcomes of this work, including identifying potential risks found in the audit and providing levels of assurance that expected standards are being adhered to

Encourages clinical audit to be undertaken jointly across professions and organisational boundaries. Partnership working with other local and regional organisations will be encouraged where improvements to the service user’s journey may be identified through shared clinical audit activity

3.3 The Trust is committed to promoting and supporting clinical audit within all services by providing appropriate resources to facilitate the process including a suitably skilled centralised Clinical Audit Department

4.0 DUTIES AND RESPONSIBILITIES

4.1 The Chief Executive will ensure:

- That the principles of this policy, the related procedural guidelines and other associated policies are implemented across the organisation
- That any necessary financial resources required are identified

4.2 The Executive Team will ensure:

- The implementation and monitoring of this policy and associated procedures
- There is effective prioritisation to ensure appropriate participation in national and locally defined priority clinical audits
- Appropriate systems are in place throughout the organisation to carry out clinical audit
- The implementation of any national guidance concerning clinical audit
4.3 Clinical Governance & Quality Group (CG&QG) and Local Quality and Safety groups.

- The local Quality and Safety groups will receive information about any potential risks identified from clinical audits. These may arise from either national or local priority clinical audit programme. They will also be advised of assurance levels that clinical audits provide to show that services are being delivered as expected.
- These groups will raise any concerns via governance reporting structures to the Clinical Governance & Quality Group (CG&QG) who, when it is felt necessary, will continue reporting upwards to the **Quality Committee, a sub-committee of the Board**. This robust governance reporting structure will ensure relevant information from clinical audits will be shared throughout the organisation.
- The clinical audit department (CAD) will monitor progress with the action plans following completion of all clinical audits on the annual priority and national clinical audit programmes, again raising any concerns with the CG&QG and the governance reporting structure described above. All action plans will be collated centrally on the Datix database.
- That any agreed clinical risk issues identified by an audit are addressed and monitored via consultation with senior operational and corporate managers.
- That any training or educational needs identified from any clinical audit are implemented.

4.4 The Head of Clinical Effectiveness will ensure:

- That the Trust’s clinical audit annual forward national and local priority programme is identified via consultation with all relevant operational and corporate senior managers and approved by the CG&QC.
- That the Clinical Audit Department (CAD) will work to ensure delivery of the approved annual national and local priority programme.
- CAD will also provide support for locality based clinical audits as resource allows. That all national and local priority clinical audit reports are disseminated widely within the Trust.
- That CAD monitor and report on implementation of action plans developed for National and Trust priority, at service and team level as appropriate to local operational service quality groups via monthly reports. The head of Clinical Effectiveness will be responsible for ensuring escalation of any concerns in findings that need to be raised with the CG&QC and, or learning oversight committee (LOC).
- That where re-audits are identified in national and priority clinical audit action plans they are undertaken and reported against the original findings.
- Training in Clinical Audit is provided via the Trust’s online training system (OLM).
4.5 Operational Directors and Senior Managers will ensure:

- That clinical audit leads to demonstrable improvements in service user outcomes
- That operational directorates and clinical or other professional staff are supported to carry out clinical audit

4.6 Clinical Service/Team Managers will ensure:

- The procedures and principles detailed within this policy and its aligned procedure are followed
- That support is given to clinical and other professional staff to participate in the national and priority clinical audit and local priority clinical audits identified by the relevant operational service quality groups
- That any local issues identified by an audit are addressed
- That staff receive appropriate clinical audit training as required
- That clinical audit, where appropriate, forms part of continuing professional development

4.7 Individuals will ensure:

- The procedures and principles detailed within this policy and its aligned procedure are followed
- That where possible audits results are presented on the Trust standard format attached to the accompanying procedure
- That all clinical audits they are involved in lead to provision of robust assurance levels about the service/s being audited. Additionally every clinical audit will highlight any potential risks to the service being audited as well as actions to address any improvements required being clearly identified. This is expected via a clinical audit report and action plan which individuals involved in the audit may be expected to present to a senior corporate or local operational quality groups.
- That where re-audits are identified they are undertaken and reported

5.0 MONITORING

5.1 The Executive Nurse is responsible for ensuring monitoring of implementation and compliance with this policy and associated procedure is undertaken.

5.2 The review audit will be undertaken at least 3 yearly and will include a detailed audit of compliance and effects of any actions undertaken since the previous review, with the opportunity to also look more qualitatively at the link between clinical audit centralised services and operational service. Areas that could be included in the review are:

- Duties and responsibilities (see 4.0)
- Process for setting priorities for the Clinical Audit programme
- Process for ensuring that audit tools reflect the standards set out in the organisations approved documents
- Process for disseminating audit results
• Format of audit reports
• Process for making improvements
• Process for monitoring action plans and re-audits

5.3 The results of monitoring will be disseminated through the Clinical Governance and Quality Group. This group will be responsible for ensuring that actions are implemented as required.

5.4 In order to share learning all clinical audit reports will be loaded onto the Trust’s intranet. Staff will be advised about this via Trust staff electronic publications, such as a link provided in ‘Trust Today’.

6.0 POLICY REFERENCES

• Records Management
• Storage, Retention and Destruction of Records

END