

## CLINICAL AUDIT POLICY

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Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is  
Executive Nurse**

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**CLINICAL AUDIT POLICY**

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SAMPLE ONLY

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## CLINICAL AUDIT POLICY

### 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.

### Equality and Diversity Statement

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

## 1.0 INTRODUCTION

- 1.1 Clinical audit is a proven method of quality improvement and an important mechanism for providing assurance in relation to the provision of safe and effective patient care. It gives staff a systematic way of looking at their practice and making improvements. When carried out in accordance with best practice, clinical audit:
- Leads to improvements in quality of care delivered and patient outcomes
  - Provides assurance of compliance with clinical standards
  - Identifies and promotes good practice
  - Highlights risk, waste and inefficiencies with the aim to develop solutions
- 1.2 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
  - 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

- 1.3 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*, 5 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.”*

- 1.4 This policy and the associated procedure applies to anyone engaged in the clinical audit process under the auspices of the Trust and includes:
- all staff, both clinical and non-clinical, including staff on short-term or honorary contracts
  - students and trainees in any discipline
  - service users, carers, volunteers and members of the public
- 1.5 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.

## 2.0 DUTIES

**The Chief Executive** is responsible for:

- the Trust’s statutory duty of quality
- has overall responsibility for this policy

**The Executive Team** is responsible for:

- The implementation and monitoring of this policy and associated procedure.
- Ensuring there is effective prioritisation for appropriate participation in national and locally defined priority clinical audits.
- Ensuring appropriate systems are in place throughout the organisation to carry out clinical audit and the implementation of any national guidance concerning clinical audit, as well as providing support to obtain additional resource that may be required.
- Ensuring appropriate systems are in place throughout the organisation to share learning from clinical audit and support any quality improvement following any clinical audit.
- Ensuring appropriate systems are in place throughout the organisation to resource any changes as highlighted through any recommendations as a result of any clinical audit.
- Identifying project leads in areas for national audits.

**Operational Directors and Senior Managers** are responsible for:

- Ensuring the operational directorates and clinical or other professional staff are supported to carry out clinical audit.
- Ensuring the annual priority programme is delivered within their services and that the clinical audit activity is undertaken within those areas in such a way as to result in quality improvements or assurances on clinical care.
- Where clinical audits have been carried out within the service, and recommendations have been made, the necessary actions are carried out to improve service user outcomes.
- Providing project leads for priority audits in their areas.

**Clinical Governance & Quality Sub Committee (CG&Q)** is responsible for:

- Approving the Annual Clinical Audit Priority Programme before being presented to the Quality Committee, a sub-committee of the Board.
- Reviewing the annual report as per trust governance reporting structure.
- Ensuring the Annual Clinical Audit Priority Programme is appropriately supported and progress monitored via an assurance report. Any changes to the national or priority clinical audit programmes are presented in the report and discussed by the committee.
- Reviewing the assurance levels that clinical audits provide to show that services are being delivered as expected.
- Responding to any concerns and/or risks identified from clinical audits from local Quality and Safety Groups, support the development of actions to mitigate risks. Then monitor the relevant actions as necessary.
- Escalate any concerns when necessary to the Quality Committee, a subcommittee of the Board. This robust governance reporting structure will ensure relevant information from clinical audits will be shared throughout the organisation.

**Medicines Management Groups (MH & LD and CHS)** are responsible for:

- Ensuring the progress of the annual priority programme for medicines related clinical audits.
- Provide support to project leads and CAD with national medicines related audits.
- Reviewing and approving any service defined medicines clinical audits
- Reviewing the assurance levels that medicines related clinical audits provide to show that services are being delivered as expected.
- Responding to any concerns and/or risks identified from the medicines related clinical audits, supporting the development of actions to mitigate risks. Then monitor the relevant actions as necessary.

**Local Quality and Safety groups** are responsible for:

- Ensuring the progress of the clinical audit report based on the annual priority programme.
- Supporting the clinical audits with their service areas, following up with those registered as local projects with the relevant leads.
- Reviewing the assurance levels that clinical audits provide to show that their services are being delivered as expected.
- Ensuring learning from the relevant completed clinical audits is shared.

- Addressing any clinical risk issues identified through a clinical audit with an appropriate action plan and monitored by senior operational managers.
- Raising any concerns via governance reporting structures to the Clinical Governance & Quality Sub Committee (CG&Q) 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.
- Any clinical audit training or educational needs identified from any clinical audit are implemented.

**The Clinical Audit Department (CAD)** is responsible for:

- Developing the Trust's Clinical Audit Annual Priority Programme to include all relevant national audits as well as the local priorities via consultation with all relevant operational and corporate senior managers and approved by the CG&Q.
- The delivery of the approved clinical audit programme.
- Ensuring all national and local priority clinical audit reports are disseminated widely within the Trust.
- Providing support for local clinical audits as resource allows.
- Escalating of any concerns in findings that need to be raised with the Quality and Safety Groups, CG&Q and the Learning Oversight Sub Committee (LOSC).
- Monitoring any progress with trustwide action plans following completion of all clinical audits on the annual priority and national clinical audit programmes
- Providing reports to CG&Q and local Quality and Safety Groups on progress of clinical audits, learning identified, raising any concerns with assurance levels to the local Quality and Safety Groups and CG&Q.
- Completing an annual report and providing this to the CG&Q and Audit Committee
- Providing the Performance, Compliance and Assurance teams, Risk and Quality leads with details about any potential risks identified and the levels of assurance the audits provide in order for any concerns to be monitored by robust Trust processes.
- Providing support to the Project Leads as necessary.
- Ensuring where re-audits are identified in national and priority clinical audit action plans; these are undertaken and reported against the original findings.
- Maintaining a registry of all clinical audits as well as the annual forward priority programme.
- The training on Clinical Audit is provided via the Trust's online training system (OLM) and updated as necessary.
- Providing additional training and present on best practices of Clinical Audit as and when requested.

**Quality Leads** are responsible for:

- Having oversight of the annual clinical audit priority programme and the outcomes from completed clinical audits.
- Embedding learning within their services from completed clinical audits.

**Clinical Service/Team Managers** are responsible for:

- Ensuring that the principles detailed within this policy and its aligned procedure are followed.
- Ensuring support is given to staff to participate in the national and priority clinical audits and local priority clinical audits identified by the relevant operational service quality groups.
- Any local issues identified by an audit are addressed.
- Their staff receiving appropriate clinical audit training as required.
- All staff, where appropriate, in their service that clinical audit forms part of their continuing professional development.

**Project Lead** is responsible for:

- Working closely with CAD to understand the parameters of the audit, including 'key milestones'
- Project leading the clinical audit from establishing the needs of the audit project, setting timelines for data collection to presentation of final report, and developing a team as necessary to complete the audit.
- Sourcing and appointing data co-ordinators, as necessary. This can be facilitated and supported by CAD.
- Liaising with the data co-ordinators to agree timeframes for collection, and additionally with CAD, the quality and quantity of data required
- Ensuring data collected meets the pre-defined criteria: quality and quantity
- Ensuring all clinical audit data is handled and managed in line with Information Governance policies and procedures.
- When leading a national or priority audit;
  - Ensuring data is sent to CAD for uploading or sending on to the programme lead
  - Reviewing the received national report with the support of CAD
- Liaising with CAD regarding any issues that become apparent and agree a way forward with timeframes for resolution.
- Escalating to CAD and the lead Executive Director / Director where issues are not likely to be resolved easily/in a timely manner
- Sharing and discussing the report with CAD and relevant services.
- Developing a draft report which includes initial recommendations and clear actions to address the recommendations, using the Trust standard format as included in the procedure. The report must highlight areas of good practice as well as improvement. Where risks have been identified an improvement plan is developed with the service/s involved with specific, measurable, achievable, realistic and time bound actions. These are then monitored through the services Quality and Safety Groups.
- Writing the final report including the 'Executive Summary' and submitting this to CAD for Executive sign off
- Presenting the approved report to agreed forum/s

**Data Co-ordinator** is responsible for:

- Managing the collection of data as required within the parameters of the project to the required quality and quantity
- Supervising the data collectors to ensure timely delivery
- Escalating any issues early to ensure minimal impact on the project and confirm when resolved
- Liaising with the Project Lead to review data collected for quality and quantity
- Ensuring clinical audit data is handled and managed in line with Trust Information Governance policies and procedures

**Data Collector** is responsible for:

- Collecting the required minimum set of data as directed by the Project Lead/Data Co-ordinator
- Collecting data to the required standards in terms of:
  - Time
  - Quality
  - Quantity
- Ensuring any queries are answered quickly and issues or concerns are escalated immediately to minimise impact on the project.
- Ensuring clinical audit data is handled and managed in line with Trust Information Governance policies and procedures

**Audit/Practice Supervisors** are responsible for:

- Ensuring that the principles detailed within this policy and its aligned procedure are followed.
- Providing the necessary support for an individual to carry out a clinical audit to completion. They can be a Consultant Psychiatrist, Lead Consultant, Clinical Supervisor, Senior Manager or Clinical Director.
- Liaising with CAD to encourage the involvement of supervisees in clinical audits currently on the programme.
- Discussing and clearly identifying local clinical audits with supervisees. Potentially looking at emerging risks within their service areas.
- Support the proposal of a local clinical audit by signing off the request confirming support for the audit.
- Ensuring recommendations from a completed clinical audit that are relevant to the service/s being audited
- Ensuring any patient safety concerns or issues identified whilst carrying out an audit or on completion the appropriate actions have been taken
- Monitoring the actions and support the re-audit to ensure the changes have been implemented
- Reallocating the audit to another person if project cannot be completed by the original lead.
- Following up any actions identified from a local audit should a supervisee leave, and where possible reallocate to another supervisee

- Advising CAD regarding any issues that arise, or if an audit is subsequently cancelled

**Individuals** will ensure:

- That the principles detailed within this policy and associated procedure is followed.
- They actively participate in the clinical audits within their services as a part of providing robust assurance levels for their services. This can involve:
  - Data collection
  - Data submission
  - Analysis of the data
  - Supporting the development of a plan of action to address identified issues
  - Leading improvement within their area as identified through audit, this may include re-audit
  - Sharing and discussing the outcomes of the an audit
  - Escalating any concerns with regards to clinical audit to the appropriate leads
- Ensuring any clinical audit data is handled and managed in line with Trust Information Governance policies and procedures

### 3.0 DEFINITIONS

#### **Clinical Audit**

The Trust adheres to the definition of clinical audit set out in *Principles for Best Practice in Clinical Audit* (NICE, 2002):

“Clinical Audit is 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 structure, 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”

**Standard** – is a level of care to be achieved by any particular criterion.

**Criterion** – a definable and measurable item of healthcare which describes quality can be used to assess it.

**NICE** National Institute of Health and Care Excellence publishes evidence-based guidance for health and social care practitioners based on independent reviews of evidence for clinical and cost effectiveness of interventions.

**HQIP** Healthcare Quality Improvement Partnership is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its purpose is to promote quality in healthcare, and increase the impact that clinical audit has on healthcare quality in England and Wales.

**National clinical audit** - A national clinical audit is a clinical audit which has been set up across Trusts in England and Wales, enabling a large dataset to be created and comparisons to be made between Trusts. Participation in national clinical audits is strongly encouraged by the Department of Health and Monitor: Trusts are expected to report on their

participation in national audits in their Annual Quality Accounts (Quality Accounts toolkit, 2010).

**POMH-UK** - Royal College of Psychiatrists Prescribing Observatory for Mental Health-UK

**NCAPOP** - National Clinical Audit and Patient Outcomes Programme

**NCISH** - National Confidential Inquiry into Suicide and Safety in Mental Health

**Trust priority audits** - the Trust has a Clinical Audit Programme that is approved each year. This focuses on Trust priorities including national audits, audits requested from Clinical Commissioning Groups (CCG), and audits related to the Commissioning for Quality and Innovation programme (CQUINs). These audits are considered to be of particular importance and are likely to have findings that relate to a number of clinical areas.

**Local (or team-level) clinical audits** - A local audit is a more “bottom up” and often smaller scale audit designed to meet a Trust or service priority or as part of a quality improvement initiative in a team or on a ward. Local audits are added to the Trust Clinical Audit Programme through the year as they are audited. Recorded on the database and details are shared in reports for the relevant meetings.

#### **Quality Account**

A Trust wide report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider.

#### **CQUIN programme**

The Commissioning for Quality and Innovation (CQUIN) framework is designed to support improvements in the quality of services and the creation of new, improved patterns of care through a programme of targets and improvements that the Trust is commissioned to achieve each year.

**Quality improvement** - in health has many definitions, but it is commonly understood as an approach that enables an individual, team or organisation to improve performance by identifying and eliminating poor quality in any aspect of service delivery. Health organisations that adopt this approach commit to creating a culture in which constant evaluation and innovation thrives” (Strategic quality improvement: An action learning approach, The Kings Fund, 2016). Quality improvement involves designing and redesigning work processes and systems that deliver health care with better outcomes and lower cost, wherever this can be achieved.

#### **Service evaluation**

Service evaluation may be defined as: “A set of procedures to judge a service’s merit by providing a systematic assessment of its aims, objectives, activities, outputs, outcomes and costs” (NHS Executive, 1997). There are many different approaches to service evaluation. Whichever method is used, the process should provide practical information which helps to inform the future development of a service. Clinical audit may be one activity which takes place during a service evaluation, alongside other activities such as routine data gathering, incident reporting, and interviews with staff and service users.

#### **Clinical effectiveness**

“The extent to which specific clinical interventions, when deployed in the field for a particular patient or population, do what they are supposed to do, i.e., maintain and improve health and secure the greatest possible health gain from available resources” (Promoting Clinical Effectiveness: A Framework for Action In and Through the NHS, NHS Executive, 1996).

### Clinical governance

“A framework through which the NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish” (A First Class Service: Quality in the New NHS, Department of Health, 1998).

## 4.0 PRINCIPLES

- 4.1 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.
- 4.2 The Trust supports the view that Clinical Audit is fundamentally a quality improvement process, rather than data collection *per se* (although data analysis is an essential element of the clinical audit cycle). Clinical Audit also plays an important role in providing assurances about the quality of services.



<https://www.hqip.org.uk/wp-content/uploads/2018/02/guide-to-quality-improvement-methods.pdf>

It should be noted that:

- Not all “audit” is clinical audit.
  - There is a difference between:
    - Clinical audit - audit against agreed standards of best practice
    - Research - aims to create new knowledge
    - Service evaluation - assesses the effectiveness of a service
  - Clinical audit is not just a data collection exercise:
    - It involves measuring current patient care and outcomes against explicit audit criteria (also termed standards).
    - There is an expectation from the outset that practice will be improved.
  - Further clinical audit may be required to confirm that practice has improved.
- 4.3 The process of clinical audit is sometimes called the Audit Cycle and includes: agreeing standards of best practice (audit criteria); collecting data; analysing data against standards; feeding back results; agreeing and implementing changes; allowing time for changes to embed and then re-auditing to assess improvement. Clinical audit can be seen as a three dimensional process comprising of the clinical audit cycle and the audit spiral in which having measured quality or practice our outcomes lead to on-going and measureable (by further audit) outcomes:



- 4.4 The Trust aims to ensure that the clinical audit process is 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 priority 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 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 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 this meets the organisation's aims and objectives as part of the wider quality improvement agenda.
  - Provide the trust management and operational 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.

**5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE**

- 5.1 The Executive Nurse is responsible for ensuring the implementation and compliance of this policy and its associated procedure.
- 5.2 The review of the policy will be undertaken 3 yearly; this will include a detailed audit of compliance and effects of any actions undertaken since the previous review, with the opportunity to look more qualitatively at the link between the centralised services for clinical audit and operational services. Areas that could be included in the review are:
- Duties and responsibilities (see 2.0)
  - 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 Results of monitoring will be disseminated through the CG&Q. This group will be responsible for ensuring that actions are implemented as required.
- 5.4 The Audit Committee will have Clinical Audit in the schedule for the Trust's internal audit to monitor the implementation and compliance of this policy and associated procedure.
- 5.4 In order to share learning all clinical audit reports will be uploaded onto the Trust's intranet.

**6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)**

*Clinical audit - A simple guide for NHS Boards and partners*, Healthcare Quality Improvement Partnership (HQIP), 2010.

*Guide to Ensuring Data Quality in Clinical Audit*, Healthcare Quality Improvement Partnership (HQIP), 2010.

*Ethics and Clinical Audit and Quality Improvement*, Healthcare Quality Improvement Partnership (HQIP), 2010.

*NHSLA Risk Management Standards Standard 2 – Criterion 2.1*

*Quality Accounts toolkit*, Department of Health, 2010.

*Essential Standards of Quality and Safety*, Care Quality Commission, 2010.

**7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)**

CP57 Information Risk Policy  
 CP59 Data Protection and Confidentiality Policy  
 CP60 Information Sharing and Consent Policy  
 CP61 Corporate Records Policy

**END**