

## Clinical Audit Policy

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## Clinical Audit Policy Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		Review, revision and re-naming Clinical Audit Policy (P_CIG_01)	1.3.16	J Anderson/J Gooch
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## Clinical Audit Policy

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## Procedural Document Statement

<b>Background Statement</b>	The purpose of this policy and procedures are to set out a framework for the conduct of clinical audit within the Trust, and to maintain and support a culture of best practice in the management and delivery of clinical audit within the Trust.
<b>Responsibilities</b>	Compliance with the strategy and policy will be the responsibility of all staff. Managers are responsible for monitoring the application of the policy.
<b>Training</b>	Training in clinical audit will be the responsibility of the clinical audit team. Accessing training prior to commencing an audit will be the responsibility of all staff
<b>Dissemination</b>	This policy will be available on the Trust intranet and will be disseminated to all teams via the Divisional Lead/Clinical Director/ Quality meetings
<b>Monitoring</b>	This policy is monitored via the Clinical Safety and Effectiveness Committee and assurance given to the Quality and Risk Committee
<b>Equality Statement</b>	As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture.

# 1 Introduction

1.1 The Trust acknowledges the significance of clinical audit as a quality improvement process and as an important mechanism for providing assurance in relation to the provision of safe and effective patient care. The Trust is therefore committed to delivering effective clinical audit in all the clinical services it provides. This document provides a framework to support the following throughout the Trust:

- the conduct of clinical audit
- the promotion of a culture of learning and continuous service improvement that delivers demonstrable improvements in patient care and contributes to meeting the Trust's corporate objectives

# 2 Purpose

2.1 Statement of purpose

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:

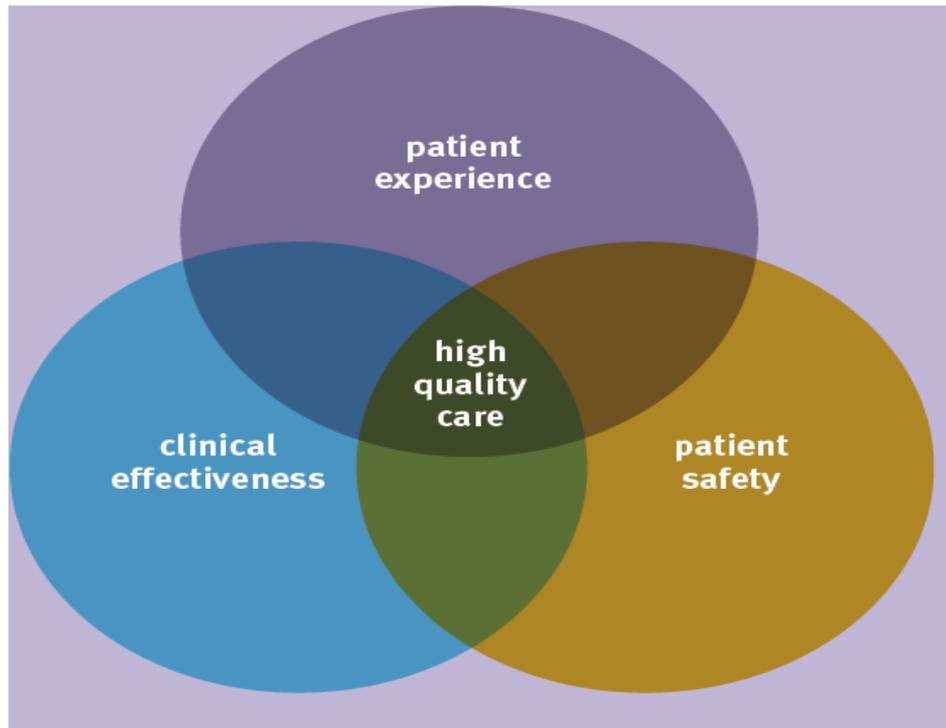
- For registering and approving clinical audit project proposals
- For developing and designing clinical audit projects

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 three dimensions of a high-quality healthcare service**



The three dimensions of a high-quality healthcare service:

- 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 outcomes
- 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 standards 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.

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 guide, Information governance in local quality improvement, available on the HQIP website.

LCCHS 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 (see HQIP's guide, Best practice in clinical audit)
- 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 Locally accepted definition of clinical audit**

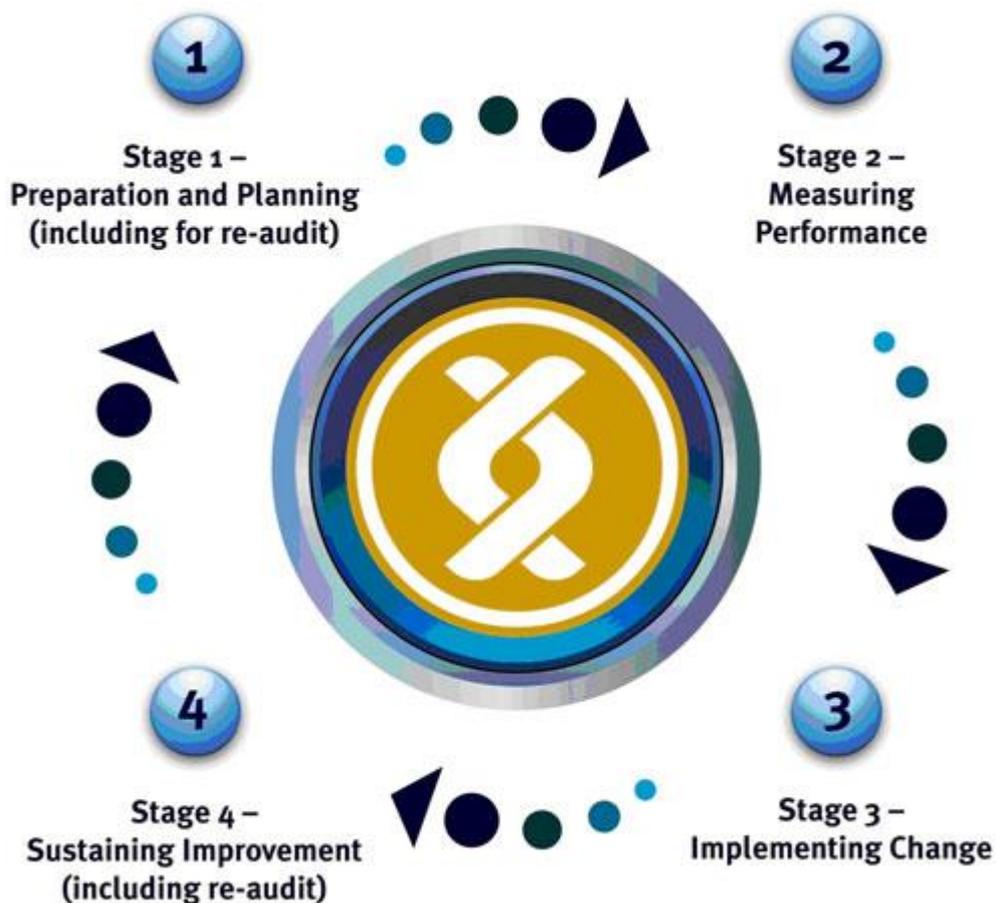
Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.<sup>13</sup>

Diagram 2 demonstrates the four stages of 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

Clinical audit against evidence-based standards as part of an ongoing, planned annual quality assurance programme ensures that high quality care is always delivered. Although there are similarities, the clinical audit cycle should not be confused with the Plan, Do, Study, Act cycle, which is a separate quality improvement tool used to drive and increase compliance with a standard against which there is an identified shortfall, or to investigate the impact of changes to practice within a defined timeframe.



## 4. Scope

### 4.1 Target Audience

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

- All staff, including management, senior management, and Trust Board Members, both clinical and non-clinical, and those on short-term or honorary contracts
- 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 and outside of the NHS, e.g. community/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

Patients and carers view quality of care differently to healthcare professionals, and provide a unique perspective based on their personal experience. Their views should be captured to design services to meet their needs.

At LCHS patients are involved both passively and actively with clinical audit and quality improvement. Incident investigations, RCAs and complaints are all interrogated and may lead to the development of a quality improvement plan or clinical audit and resulting action plan.

In line with the LCHS stakeholder engagement strategy a patient representative will be sought for the Clinical audit committee and their feedback sought on audit proposals and action plans.

Patient surveys may also be used for clinical audit purposes to determine whether a clinical audit standard has been met and patient representation from the target group must be actively involved in any survey design.

#### 4.4 Involving students and junior doctors

LCHS actively encourages medical students and students from other disciplines involvement in its clinical audit programme where possible.

Support will be extended wherever possible to Medical Students who choose clinical audit for the Student Selected Component of their studies. The Trust's preferred approach is to assign Students to identified projects in the agreed Trust clinical audit programme where possible.

Clinical audits and QI projects is a requirement in all junior doctors' training, and LCHS will provide appropriate support to help them meet this requirement.

## 5. Duties, roles and responsibilities

### Chief Executive

The chief executive is accountable for the statutory duty of quality, and takes overall responsibility for this policy, for effective prioritisation to participate in national clinical audit, and for decisions about local clinical audit.

### Medical Director

The executive/Board lead for clinical audit is the medical director.

Her/his 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

## **Clinical Audit Support Officer**

The responsibilities of the clinical audit support officer are:

- To provide an effective and efficient administration service to the Clinical Audit and NICE implementation function and to support the Deputy Medical Director/Medical Director.
- To support the effective implementation of the Trust Clinical Audit programme.
- To implement systems and processes to monitor, collate and report progress against the implementation of the Trust Clinical Audit programme.

## **Divisional Leads / Clinical Directors**

All Divisional Leads/ Clinical directors must ensure that a senior clinician within their directorate is nominated as the service line lead for clinical audit (they may choose to take on this role themselves).

The responsibilities of the divisional/service line leads for clinical audit are:

- To ensure that this policy is implemented throughout their division/service line
- To ensure that all clinical audit activity within their division/service line is registered on the Trust database and complies with nationally accepted best practice standards
- To ensure that their Division/service lines participates in all national clinical audits, national confidential enquiries and inquiries, and national service reviews that are relevant to the services provided
- To ensure 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 teams.
- To work with clinicians, service managers, directorate and service line governance and quality managers, and clinical audit staff, to ensure that the clinical audit programme meets all clinical, statutory, regulatory, commissioning, and Trust requirements

## **Divisional Quality Assurance Managers**

The responsibilities of the divisional quality assurance managers are to:

- Support the Divisional Leads/Clinical Directors in the implementation of this policy

## Individuals

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 their professional codes of conduct and in line with the standards set out within this document

## Trust Board

The Trust Board should be assured that clinical audits are:

- Material – i.e. that they are prioritised to focus on key issues and that the value outweighs the cost.
- Professionally undertaken and completed – i.e. clinical audits are undertaken and completed to professional standards including the quality of data being analysed.
- Producing results that are shared and acted upon.
- Followed by improvements that are made and sustained

## Audit Committee

The Audit Committee receives the annual Clinical Audit Report and plan in order to gain assurance of the clinical audit function.

## Quality and Risk (Q&R) Committee

The Q&R committee has responsibility for the approval and monitoring of the clinical audit plan.

## The Clinical Safety & Effectiveness Group (CSEG)

CSEG will

- Monitor delivery of a robust trust-wide clinical audit programme and support actions to maintain compliance.

## **Clinical Audit Group**

The Clinical Audit Group will

- Provide assurance to the CSEG that there are adequate controls in place to achieve the Trust's key objectives specific to clinical audit and that statutory obligations are being met.
- Monitor delivery of actions articulated within the Clinical Audit Plan.
- Escalate any issues or themes identified to CSEG.
- Agree the key priorities in terms of LCHS Clinical Audit

## **Quality Assurance Groups**

The Quality Assurance Groups will

- Approve Divisional and Service line audit proposals
- Monitor progress of agreed audits
- Monitor the actions resulting from any clinical audit

## 6. Conduct of clinical audit

### 6.1 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 considering ward to Board requirements. This programme should meet the Trust's corporate requirements for assurance but must be owned by clinical services.

The first step in developing a comprehensive annual programme is the identification of all the external clinical audit projects that must be undertaken by LCHS.

These may include

- NCAPOP and other national clinical audits relevant to the services provided, and/or 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 National Institute for Health and Care Excellence (NICE) guidance, National Service Frameworks, and other national guidance such as that generated by the Clinical Outcomes Review Programme (CORP – covering National Confidential Enquiries and Inquiries)
- Audits required by external accreditation schemes, e.g. cancer peer review audits etc
- Audits that must be undertaken in order to comply with provider policies, particularly those that are subject to external review
- Commissioner priorities including national and regional Commissioning for Quality and Innovation (CQUIN) audits.

The Trust must then compile a list of internal 'must-do' clinical audits, based on identified high risk or high profile matters arising locally.

These may include:

- Audits undertaken to meet organisational objectives and service developments
- 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

The annual audit programme will be ratified via CSEG, Q&R and Audit Committee prior to commencement.

## 6.2 Working with commissioners

LCHS works collaboratively with its providers to ensure that the information for any required CQUIN schemes (Commissioning for Quality and Innovation) or System Quality Priority Schemes or outcomes related to practice change and learning assurance aligned to specific national and locally agreed targets form part of the clinical audit programme where appropriate. The established LCHS performance and contract management process includes the monitoring of CQUIN or System Quality Priority schemes outcomes if applicable to Divisions and service lines.

## 6.3 Choosing and prioritizing local clinical audit topics

LCHS is committed to supporting locally determined clinical audit activity to significantly contribute to the process of continuous service quality improvement.

It is acknowledged that individual clinicians may initiate a clinical audit project on the basis of personal interest, personal development, or as part of an educational or training programme. It is important that these are registered with the Trust and reported through existing clinical governance structures to maximise organisational learning.

For each clinical audit project:

An audit proposal form must be completed by the project lead (appendix 1)

The proposal must be approved by the divisional QAG first and then the clinical audit committee.

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

## 6.4 Use of databases

Data provided on registration will be used to compile a database of all clinical audit

activity undertaken throughout the Trust. This database will be updated regularly by the clinical audit support officer and will be used to report to the clinical audit group on the progress of the annual clinical audit programme. The format and content of the database will be subject to review and approval by the clinical audit group

#### 6.5 The use of standards (or criteria) in clinical audit

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 a round of data collection has been completed and the data has been analysed, the results and findings should be presented at the Divisional Quality Assurance Group for discussion, agreement of action plans and a commitment to complete another audit cycle within a designated timeframe.

#### 6.6 Reporting

Once completed clinical audits should be reported using the Clinical Audit report template (appendix 2) as recommended by HQIP Documenting local clinical audit: A guide to reporting and recording. Clinical audit findings should be presented initially to team and service line meetings, and then to the divisional QAG for inclusion on the QAM report to the Clinical Audit Committee. A copy of the report and action plan should be forwarded to the Clinical Audit Support Officer.

#### 6.7 Dissemination

Each Quality Assurance group will review all clinical audit findings for the relevant service lines/divisions. A poster (appendix 4) will be developed for all clinical audits for dissemination to all relevant teams and service lines and for display at the Trust annual clinical audit meeting.

The clinical audit group will review all summary clinical audit reports on completion. A quarterly summary of all audit findings will be presented to CSEG, and Q&R.

An annual audit report will be presented to CSEG, Q&R and the Audit committee.

#### 6.8 Action plans for improvement

The main purpose of clinical audit is to deliver improvements in clinical practice. Where the results of a clinical audit indicate sub-optimal practice, an action plan must be developed and implemented, and its effects monitored. A systematic approach to

the development and implementation of clinical audit action plans is essential for effective improvement, and a standardised action plan template should be used as per appendix 3.

Actions should be specific, measurable, 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 or department.

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 Quality Assurance groups and the clinical audit group 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.

## 6.9 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. This may be achieved by repeating data collection or by instituting a programme of ongoing monitoring. Repeated cycles of clinical audit may be carried out to ensure standards and criteria are consistently and repeatedly met, and practice is effective.

## 7. Governance and Ethics

### 7.1 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 considering the following four principles

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

The clinical audit group is 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 Chair of the group.

## 7.2 Equality and diversity

LCHS 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 patient samples are selected, should not inadvertently discriminate against any groups in society based on their race, disability, gender, age, sexual orientation, religion, or 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 clinical audit group, 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.

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

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

- Adequate, relevant, and not excessive
- Accurate
- Processed for limited purposes
- Held securely
- Not kept for longer than is necessary.

Those carrying out clinical audit should ensure that they meet the requirements of the LCHS Information Security and Data Protection Policies.

## 8. Training and Development

### 8.1 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 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 capacity and capability for the reflective practice of all those involved, and acts as a driver for quality improvement.

## 8.2 Provision of clinical audit training

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

- An introductory clinical audit training session is available to any member of staff
- An ongoing programme of clinical audit training of different levels is available to all staff to enable them to undertake clinical audit
- 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 on clinical audit processes are available through the HQIP website

## 8.3 Employment and development of clinical audit staff

The Trust will employ suitably skilled clinical audit staff to support the programme of clinical audit activity. The Trust will also ensure that staff have access to further relevant training in order to maintain and develop their knowledge and skills.

Clinical audit staff will be expected to participate in professional training and development activities including those organised by HQIP, the National Quality Improvement (including Clinical Audit) Network (N-QI-CAN) and the East Midlands Clinical Audit Network (EMCAIN).

# 9. Monitoring

## 9.1 Responsibilities

Each clinical audit project on the programme should have a clinical lead who is ultimately responsible for the conduct of the audit.

Responsibility for service line programmes is that of the Divisional Lead /Clinical Director.

Organisation-wide projects may be monitored centrally by the Deputy Medical Director

## 9.2 Monitoring progress

A quarterly report for all audits should be submitted to the clinical audit group via the summary report.

## 9.3 Monitoring the implementation of action plans

Once a cycle of data collection has been completed, an action plan will be developed, and the progress in implementing this action plan should also be monitored. All actions should include target dates for completion, and reporting may therefore be by exception.

## 9.4 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 appropriate risk register.

# 10. References

High quality care for all: NHS next stage review

Health and Social Care Act 2012.

HQIP A guide to quality improvement methods

HQIP Information governance in local quality improvement,

HQIP Best practice in clinical audit

HQIP Documenting local clinical audit: A guide to reporting and recording.

## **Appendices**

### **Appendix 1 Clinical Audit Proposal Form**

#### **WHAT IS CLINICAL AUDIT?**

Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements.

The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits can also be performed locally in trusts, hospitals or GP practices. (NHS England)

Please complete the following to register and outline the criteria for your audit  
If this proposal is for the Trust's participation in a national audit, please attach the national registration form

## Appendix 1 Clinical Audit Registration Form

<b>Audit Lead</b>	
<b>Job Role</b>	
<b>Department/Service</b>	
<b>Service Line</b>	
<b>Date Form Completed</b>	

<b>Audit Title</b>	
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<b>Type of audit</b>	<b>Description</b>	<b>Designed to answer</b>	<b>Select one</b>	
<b>Initial audit</b>	To measure current practice against clinical standards and provide assurance	Does this service reach a predetermined standard?		
<b>Re-audit</b>	An audit of a procedure or process which asks the same basic questions as the initial audit. A re-audit is meant to ensure that the issues raised in the original audit were addressed and the resulting improvement sustained over time	Does this service reach a predetermined standard/evidence improvement on a previous audit/provide assurance that standards are still being met?		
<b>Service</b>	To evaluate the	What standard does		

<b>Evaluation</b>	effectiveness and/or efficiency of current practice or service	this service achieve?	
<b>Quality Improvement Project</b>	Where an area has been identified for improvement (e.g. from incident/complaint/initial audit). To measure changes put in place to evidence that improvement	Have standards improved following implemented change?	

<b>National</b>	e.g. National Clinical Audit and Patient Outcomes Programme	
<b>Regional</b>	e.g. Regional network, system objectives	
<b>Local</b>	Audit looking at a department, service line or Trust objective	

<b>Audit Level</b>		
<b>Level 1</b>	External 'must do' audits e.g. National Clinical Audits & Patient Outcome Programme (NCAPOP), NICE guidance, DH statutory requirements	
<b>Level 2</b>	Internal 'must do' audits. Priorities reflective of organisational objectives for clinical audit as outlined in the local clinical audit strategy or strategic objectives e.g. Clinical risk issues, SIs, clinical priorities, patient feedback	
<b>Level 3</b>	Organisational/Service priorities e.g. Local clinical interest audit agreed by service lines/services as a priority	

<b>Level 4</b>	Clinician/professional interest e.g. educational audits	
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<b>Audit Background &amp; Aim</b>
<i>Why are you completing this audit and what do you hope to achieve? e.g. Source of audit, as a result of a complaint/incident, service development, assessment/monitoring, to provide assurance, evidence improvement</i>

<b>Profession/s</b>	
<b>Doctors/Medical</b>	
<b>Nursing</b>	
<b>Clinical Practitioners (e.g. paramedic)</b>	
<b>Allied Health Professionals</b>	
<b>Other</b>	

<b>Which guidance (if any) does this audit relate to?</b>
<i>e.g. NICE, SOP, Policy, external recommendation, national guidelines/audit (please include the number and title)</i>

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<b>Scope</b>	
<i>What standards are you going to measure, what is the aspect of care that you are going to examine and what target are you going to set?</i>	
<i>Complete below and/or attach audit template</i>	
Standard/Aspect	Target (%)
<i>E.g. Drugs administered to patients should be in date</i>	<i>100%</i>

Sample Size	Proposed period of data collection
<i>Overall/by site?</i>	<i>E.g. patients discharged in April 2021/monthly attendances</i>

Frequency
<i>Do you intend to repeat this audit, if so, how often? E.g. monthly, quarterly, annually</i>

**Submission & Reporting**

Planned date for completion and submission of the audit summary report

*(this date will be added to the clinical audit plan)*

Relevant committee(s)/group(s) at which audit findings report to be presented

*(e.g. Medicines Management/ IP&C/ Safeguarding/Quality Assurance Group)*

How often do you intend to report?

*(This may differ from the audit frequency)*

## Appendix 2 Clinical Audit Report Form

<b>Audit Lead</b>	
<b>Job Role</b>	
<b>Division/Service</b>	
<b>Service Line</b>	
<b>Date Period</b>	
<b>Report Completed</b>	

<b>Audit Title</b>	
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<b>Project Team</b>	
<b>Name of Project Lead</b>	<i>Title and Grade</i>
<b>Name</b>	<i>Title and Grade</i>
<b>Name</b>	<i>Title and Grade</i>
<b>Name</b>	<i>Title and Grade</i>

<b>Executive Summary</b>
The executive summary should briefly describe the background and rationale for the project, the main aims and objectives, key findings and recommendations, and should be written after the clinical audit report has been completed

### Background Rationale

Briefly describe the reasons for undertaking this clinical audit, for example:

- Evidence of a potential quality problem
- Recent clinical incidents
- Following a previous audit, actions were implemented to improve practice and a further audit cycle is now required
- An audit is required to ensure adherence to new clinical guidelines following their implementation

### Aim

State what you expect the audit to achieve. The aim should specify clear improvement focused goals, for example:

- To ensure that a particular practice is safe
- To ensure that a recent change in practice has improved compliance with evidence-based standards
- To ensure that practice is compliant with NICE guidance.

### Objectives

Objectives should be identified from the outset of the clinical audit project and SMART (Specific, Measurable, Achievable, Realistic, and Timely)

**Standards/Guideline/Evidence Base**

What standards and guidelines have you compared practice with? What criteria have been used?

**Sample**

Which patients will be included in the audit, and from which time period has the sample been selected?

**Data Source**

Which data sources have been used in the clinical audit?

**Methodology**

Describe how the clinical audit was undertaken. This should be written in narrative format

**Caveats**

This section should contain an explanation of any factors the reader should be aware of that may affect the results.

**Findings**

The standards used in the clinical audit should be highlighted in bold. Compliance

against the standards should be detailed, to include the number and percentage compliance with further explanation of non-compliance where required, for example:

- Standard: All diabetic patients must have an annual review (N=125)
- Exceptions: None
- Compliance: 120/125 (96%) diabetic patients had an annual review
- Non-compliance: In 4/125 (3%) cases, patients were offered an annual review on two occasions but, on both occasions, did not attend. In 1/125 (1%) case there was no record that an annual review had been offered

Present your data in a table where possible

### Observations

What overall observations can be drawn from your findings? Detail any key themes arising from the analysis of data or any other information gained as part of the audit process (use bullet points), in terms of good practice, and areas for improvement

### Presentation and Discussion

Include information on where and when the project was presented and the discussion following the presentation

### Recommendations

Recommendations should be made based on the clinical audit results and any other relevant finding identified during the course of undertaking the audit,

# Clinical Audit Report Template

## Clinical Audit Report Template

<b>Audit Lead</b>	
<b>Job Role</b>	
<b>Audit Lead</b>	
<b>Job Role</b>	
<b>Division/Service</b>	
<b>Service Line</b>	
<b>Date Period</b>	
<b>Report Completed</b>	
<b>Audit Title</b>	veloped to address any shortfalls in compliance with the port should explain, in narrative form, how the action
<b>Project Team</b>	
<b>Name of Project</b>	<i>Title and Grade</i>
<b>Project Team</b>	
<b>Name of Project</b>	<i>Title and Grade</i>
<b>Lead</b>	<i>Title and Grade</i>
<b>Name</b>	<i>Title and Grade</i>
<b>Executive Summary</b>	
The executive summary should briefly describe the background and rationale for the project, the main aims and objectives, key findings and recommendations, and should be written after the clinical audit report has been completed	
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The executive summary should briefly describe the background and rationale for the project, the main aims and objectives, key findings and recommendations, and should be written after the clinical audit report has been completed	
<b>Learning Points</b>	
Include any learning points relating to the clinical audit methodology and process <i>that you need to be considered and addressed before undertaking a re-audit</i>	
<b>Background Rationale</b>	
Briefly describe the reasons for undertaking this clinical audit, for example: • Evidence of a potential quality problem • Recent clinical incidents • Following a previous audit, actions were implemented to improve practice and a further audit cycle is now required • An audit is required to ensure adherence to new clinical guidelines following their implementation	
<b>Background Rationale</b>	
Briefly describe the reasons for undertaking this clinical audit, for example: • Evidence of a potential quality problem • Recent clinical incidents • Following a previous audit, actions were implemented to improve practice and a further audit cycle is now required • An audit is required to ensure adherence to new clinical guidelines following their implementation	
Where applicable detail any references in Harvard format, and to previous audit reports	
<b>Aim</b>	
State what you expect the audit to achieve. The aim should specify clear improvement focused goals, for example:	
<b>Aim</b>	
State what you expect the audit to achieve. The aim should specify clear improvement focused goals, for example: <ul style="list-style-type: none"> <li>• To ensure that a particular practice is safe</li> <li>• To ensure that a recent change in practice has improved compliance with evidence-based standards</li> <li>• To ensure that practice is compliant with NICE guidance.</li> </ul>	

- To ensure that a particular practice is safe
- To ensure that a recent change in practice has improved compliance with evidence-based standards
- To ensure that practice is compliant with NICE guidance.

## Appendix 3 Clinical Audit Action Plan

Audit Number:

### KEY (Change status)

1. Recommendation agreed but not yet actioned
2. Action in progress
3. Recommendation fully implemented
4. Recommendation never

### Clinical Audit Action Plan

Project Title

Action Plan Lead: *Name and Job Title*

Recommendations	Actions (if none required write none)	Action by date	Person Responsible	Comments and Action status	Change Stage

## **Appendix 4 Clinical Audit Poster template**

Posters should be a summary of the main presentation, and should include:

- Trust Logo at the top
- Introduction - showcase the rationale for the audit, why was this a good topic to audit?
- Audit Standards
- Description of population and sample size
- Summary of Methodology
- Key Results directly compared to clinical standards
- Conclusions
- Action Plan with responsibilities and timings. Include whether the actions have been implemented and if you have any evidence that they have been effectively embedded in practice.
- Acknowledge all contributors to the project on the poster (including the Audit Department)
- Accompanied by an A4 summary

### Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in *italics*. Email for all correspondence: email to [lhnt.edifirst@nhs.net](mailto:lhnt.edifirst@nhs.net)

A. Service or Workforce Activity Details	
1. Description of activity	Clinical Audit Policy
2. Type of change	start new / adjust existing
3. Form completed by	<i>Janine Elson, Deputy Medical Director</i>
4. Date decision discussed & agreed	<i>September 2021</i>
5. Who is this likely to affect?	Service users <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Wider Community <input type="checkbox"/>  If you have ticked one or more of the above, please detail in section B1, in what manner you believe they will be affected.
B. Equality Impact Assessment	
Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the protected characteristics: <a href="#">age</a> , <a href="#">disability</a> , <a href="#">gender reassignment</a> , <a href="#">marriage and civil partnership</a> , <a href="#">pregnancy and maternity</a> , <a href="#">race</a> , <a href="#">religion or belief</a> , <a href="#">sex</a> , <a href="#">sexual orientation</a> . Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc. Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).	
1. How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?) Please ensure you capture expected positive and negative impacts.	<i>Positive impact            Patient and carer involvement is activity encouraged.            Good Quality clinical audit will ensure that health inequalities are identified and addressed.</i>
2. What data has been/ do you need to consider as part of this assessment? What is this showing/ telling you?	<i>Patient data and population data broken down by protected characteristics and groups at risk of health inequality.</i>

<b>C. Risks and Mitigations</b>	
1. What actions can be taken to reduce / mitigate any negative impacts? (If none, please state.)	Patient/carer involvement on clinical audit group Audit registration before commencement as detailed in policy
2. What data / information do you have to monitor the impact of the decision?	% of audits with patient/carer involvement Audit registration forms
<b>D. Decision/Accountable Persons</b>	
1. Endorsement to proceed?	Yes
2. Any further actions required?	<i>none</i>
3. Name & job title accountable decision makers	Dr Janine Elson Deputy Medical Director
4. Date of decision	13/10/2021
5. Date for review	<i>13/10/2023</i> <i>Or when any significant change occurs.</i>

### **Purpose of the Equality and Health Inequality Assessment tool**

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.
- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.

#### Checklist

- Is the purpose of the policy change/decision clearly set out?
- Have those affected by the policy/decision been involved?
- Have potential positive and negative impacts been identified?

- Are there plans to alleviate any negative impact?
- Are there plans to monitor the actual impact of the proposal?