Portsmouth Hospitals NHS
NHS Trust

DRAFT

CLINICAL AUDIT POLICY

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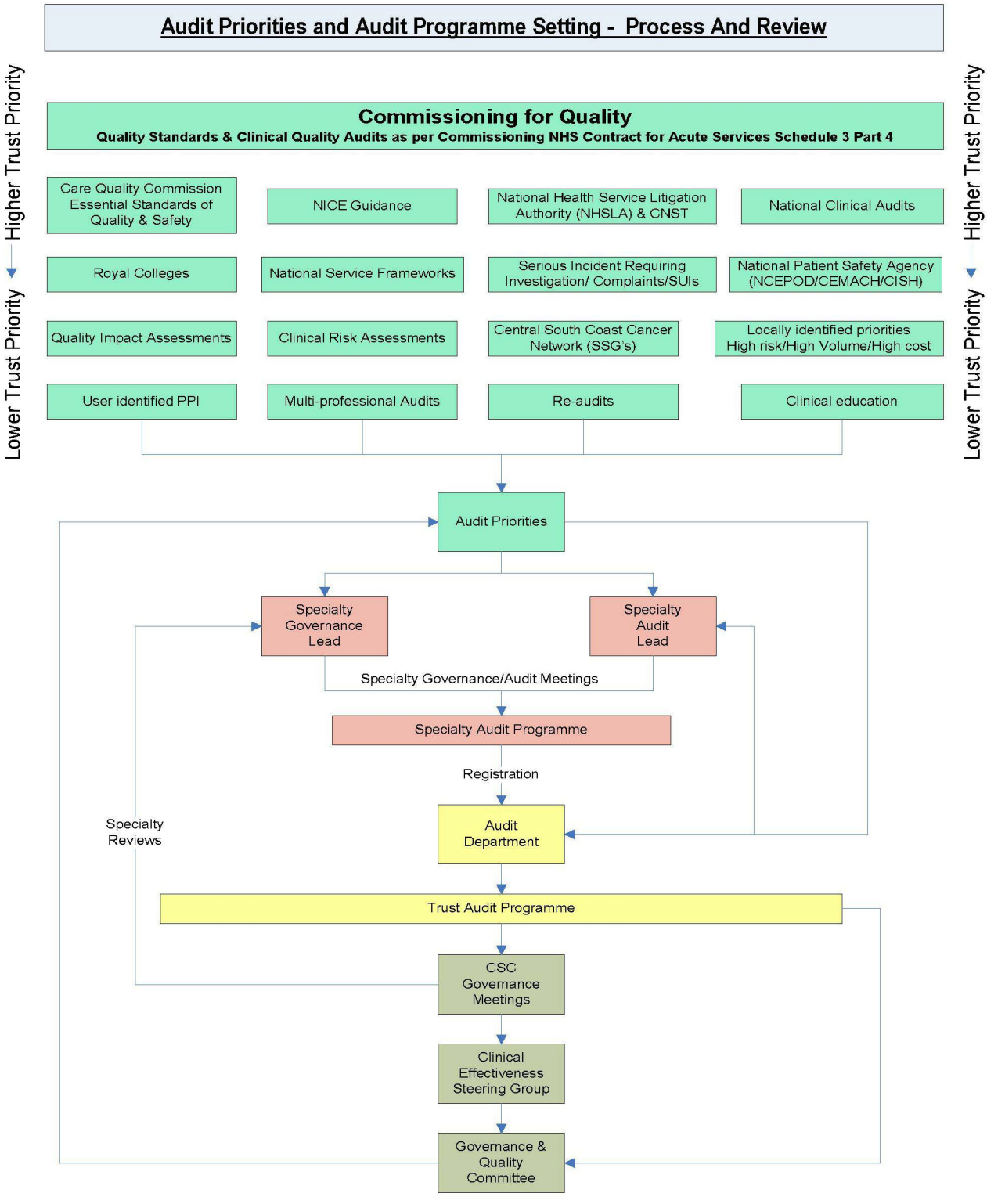
Key Words	NHSLA; Care Quality Commission; Quality Contract; NICE; Technology Appraisal Guidelines; Interventional Procedures Guidance; Clinical Guidelines; NICE Implementation; NICE Compliance; Clinical Audit; Monitoring; Governance; Audit;

CONTENTS

QUICK REFERENCE

Clinical Audit Flow Chart



1. INTRODUCTION

Portsmouth Hospitals NHS Trust (the Trust) has a responsibility for conducting clinical audit in order to demonstrate that:

- Patients receive the best and most appropriate standards of care according to the best available evidence;
- It supports a culture of best practice in the management and delivery of clinical audit;
- All healthcare professionals reflect on their own and their teams' practice to identify opportunities to change practice and to improve the quality of patient care;
- Improvements in the patient experience contributes to the outcome of the patient journey;
- Services meet essential standards of quality and safety;
- To test defined processes to ensure they are working and ultimately improve patient outcomes,
- Re-audits are undertaken to ensure changes made have improved the quality of patient care,
- There is equity through consistent application of this policy.

The Trust is required to demonstrate to stakeholders that Clinical Audit is being conducted within the Trust and across the health community:

- This is a mandatory requirement contained within the annual Quality Account,
- Care Quality Commission (CQC) essential standards of quality and safety.
- Clinical Audit is subject to annual scrutiny by the CQC via a special data collection indicator 'Engagement in Clinical Audit'.
- The NHS Litigation Authority Risk Management Standards (NHSLA) now have a standard dedicated to Clinical Audit (Standard 5 – Criterion 1).
- Assurance of compliance is also required for Schedule 3, Part 4 of the NHS standard Acute Services Quality Contract.

Appendix A details the national context in relation to clinical audit.

2. PURPOSE

This policy sets out the Trust processes for implementing, monitoring and reporting progress in relation to clinical audit thus ensuring a common Trust-wide understanding and consistency by all staff regarding the evidence of best practice in clinical audit. It also sets out the Trust's expectations in relation to the content of a prioritised Annual Clinical Audit Programme ensuring the Trust can demonstrate evidence against the Trust's strategic objectives of 'Best Care', Best People' and 'Best Hospital'.

The policy clarifies roles and responsibilities of all staff; to sustain a culture of best practice in the management and delivery of clinical audit activity as an integral part of good governance processes in the Trust and provides guidance for all staff participating in clinical audit activities. It includes the Trust's procedures and expectations for registering and approving clinical audit proposals.

The policy ensures participation in local and/or national audits of the treatment and outcomes for patients in each clinical specialty covered by the organisation;

3. SCOPE

This policy applies to all healthcare professionals, including students, volunteers and patients as well as all staff engaged in the clinical audit process under the auspices of the Trust.

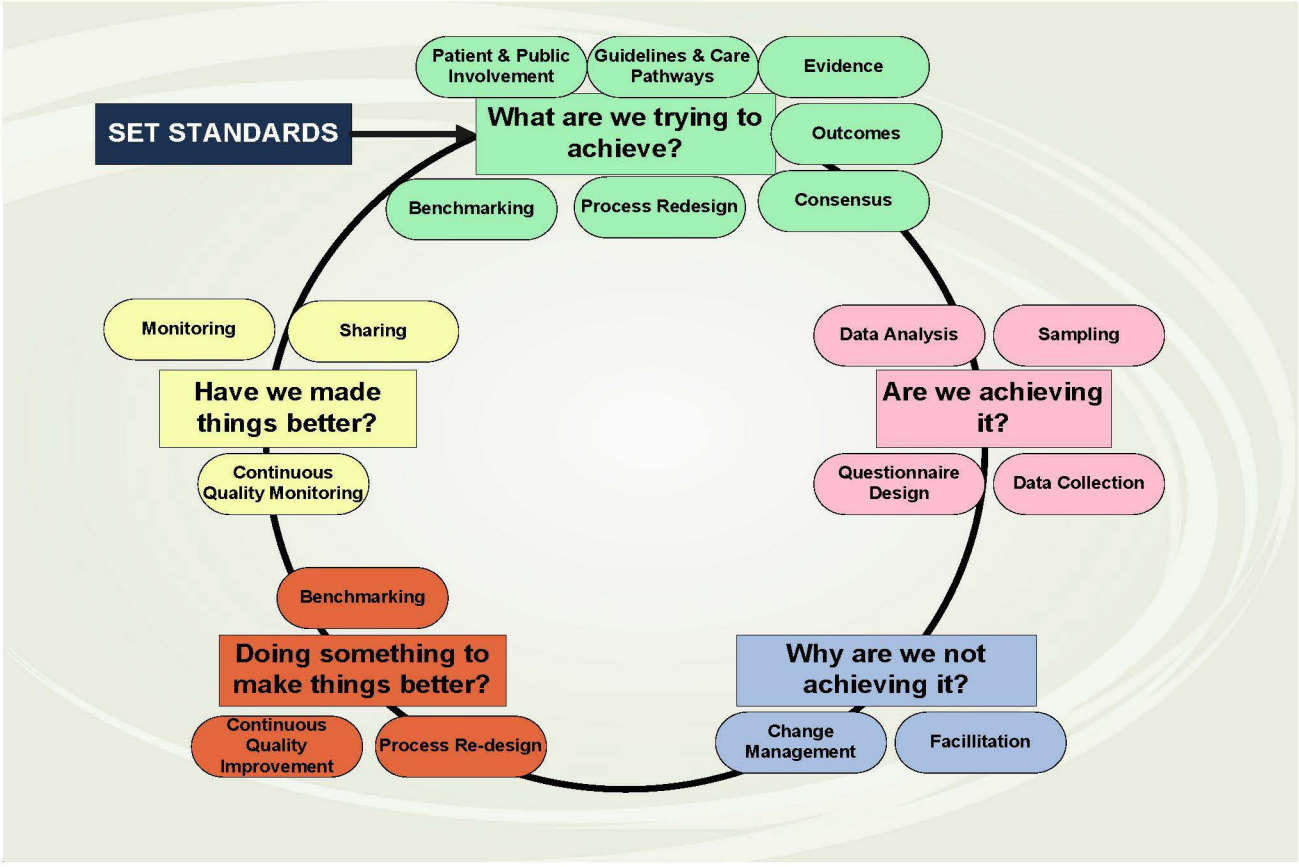
In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

4. DEFINITION OF CLINICAL AUDIT

4.1 Clinical Audit

"Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and implementation of change. Aspects of the structure, process 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." (Principles of Best Practice in Clinical Audit endorsed by HQIP/NICE/CQC)

"Clinical audit is a clinically-led initiative in which healthcare professionals compare actual practice against agreed, documented, evidence-based standards with the intention of modifying their practice where indicated, thereby improving patient care" (National Audit & Governance Group)



Key Features of a Clinical Audit Cycle

1. Preparing for audit
2. Selecting criteria
3. Measuring performance
4. Making improvements and
5. Sustaining improvements

Other processes similar to and related to clinical audit (which are not covered by this policy) – can be seen in Appendix B

4.2 Improvement and Assurance

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. However, the Trust is also clear that clinical audit is not an appropriate mechanism for investigating matters relating to the performance of individual healthcare professionals.

For the purposes of this Policy the term clinical audit refers equally to both local clinical audit and National clinical audit projects.

5. DUTIES AND RESPONSIBILITIES

Trust Board

The Trust Board has overall responsibility for ensuring that:

- There is a top level commitment to the quality of care provided to our patients;
- Appropriate processes are in place to effectively manage clinical audit;
- The Trust complies with its statutory obligations to undertake regular clinical audit.
- Clinical Audit is professionally undertaken and completed – i.e. clinical audits are undertaken and completed to professional standards including the quality of data being analysed through to action plans being implemented.
- Clinical Audit is producing results that are shared and acted upon, followed by improvements that are made and sustained.
- There is a capable and confident team leading and delivering clinical audit.

Governance & Quality Committee (G&QC)

The G&QC has overall responsibility for ensuring monitoring and the implementation of the Trust's Quality Improvement Strategy and Clinical Audit Strategy in addition to the ongoing monitoring of compliance with national standards and local requirements.

Clinical Effectiveness Steering Group (CESG)

The CESG, chaired by the Medical Director, is a sub-committee of the G&QC providing direction and formally reporting on progress against the key work-streams relating to clinical audit and effectiveness across the Trust. It will take into account national best practice guidance to ensure standards across the Trust are aligned with the priorities set out in the assurance framework and organisational objectives. CESG will also consider the clinical audit implications arising out of national reports and enquiries, making recommendations as required to the G&QC. CESG has overall responsibility for ensuring that, through appropriate monitoring, there is continuous and measurable improvement in the quality of the services provided to our patients.
The CESG is responsible for overseeing and agreeing the prioritised annual Forward Trust Clinical Audit Programme.

Audit Committee

The Audit Committee are responsible for seeking assurance on behalf of the Trust Board that adequate clinical audit processes are in place and ensuring evidence of actions and improvements from audit results are appropriately acted upon.

Governance Leads Forum (GLF)

As a subgroup of the G&QC, the GLF are responsible for monitoring governance and quality issues which cross Clinical Service Centre (CSC) boundaries.

CSC Governance Meetings (CSCG)

CSCG meetings have the responsibility to ensure that they monitor and approve Clinical Audit programmes covering the specialties within their CSC and that any action plans resulting from clinical audit activity; both national and local are regularly monitored, shared and where necessary required improvements are actioned and implemented.
CSCG meetings ensure any issues or concerns arising from the findings of clinical audit are appropriately managed and escalated to specialty or CSC risk registers. Escalating any issues of concern to the CSC Management Team, this includes the CSC Chief of Service.

CSC Management Teams (CSCMT)
CSC Management Teams are responsible for receiving and acting upon any information from the CSCG Meetings, concerning barriers to the implementation of improvements identified through clinical audit activity and acting accordingly. They are also responsible for acting upon resource issues which may be an outcome of clinical audit activity.

Ethics Committee
The Ethics Committee is responsible for reviewing and approving clinical audit projects which investigate sensitive areas or asks staff/service users sensitive, intrusive questions directly or indirectly.

Chief Executive
The Chief Executive has ultimate responsibility for effective Governance within the trust including a statutory duty of quality and takes overall responsibility for this policy, however this duty has been delegated to the Medical Director.

Medical Director
The Medical Director has delegated responsibility to ensure that Clinical Audit activity is appropriately implemented across the Trust and that the Trust Board is made aware of any issues that may impact upon the organisation's ability to do so.

Head of Governance and Patient Safety
The Head of Governance and Patient Safety has management responsibility for delivering the governance agenda including ensuring that effective systems are in place to oversee the management of Clinical Audit.

CSC Chiefs of Service (CoS)
CSC Chiefs of Service have overall responsibility for ensuring that Clinical Audit programmes within their CSC reflect both the CSC and Trust priorities and are monitored and implemented by appropriate leads and to timescales, this is delegated through the CSC governance structures. CoS are responsible for ensuring that service quality is underpinned by clinical audit and forms part of continuing professional development.

CSC Governance Leads
The Governance Leads have responsibility to ensure that their CSC are aware of the quality agenda and to ensure that there is robust evidence of improvements and outcomes from its national and local CSC clinical audit programme, to give assurance of implementation of resulting actions and sustained improvements. They are also responsible for ensuring that any identified issues or concerns are risk assessed and escalated to the specialty or CSC risk registers as appropriate. CSC Governance Leads are also responsible for escalating non-participation of National audits to the Medical Director.

Clinical Audit and Assurance Manager
The Clinical Audit and Assurance Manager has responsibility for the operational and day-to-day implementation of this policy, including the escalation of any identified issues to the CESG and or GLF. The Clinical Audit and Assurance Manager will ensure that the GLF and the CESG receive a quarterly status summary of the Clinical Audit Programme.

Clinical Audit Coordinator/Facilitator

The Clinical Audit Coordinator/Facilitator is responsible for the coordination of the specialty and Trust-wide clinical audit programme, both National and local audit, providing support and advice to relevant staff and assisting the Clinical Audit and Assurance Manager as appropriate including escalating any issues identified. The Clinical Audit Coordinator/Facilitator will also maintain the Clinical Audit database and National Audit spreadsheet together with evidence to support clinical audit outcomes and improvements.

CSC Specialty Audit Leads (SAL)
Each specialty has an identified SAL who has responsibility for ensuring that an appropriate prioritised forward audit programme is submitted to the Clinical Audit Department and that this is aligned and prioritised against the Trust's organisational objectives, including any identified risks or patient safety concerns or incidents. SALs have responsibility of ensuring participation in local and national clinical audit is effectively managed within their specialties and can evidence learning outcomes from this activity with appropriate implementation of and sustained improvements from this activity. SALs are responsible for ensuring both the registration of and reporting of outcomes of clinical audit activity is reported regularly to the Clinical Audit Department. (See appendix D).
SALs are responsible for providing an Annual Audit Report to their CSC Governance meetings which clearly illustrates the outcomes of their audit activity and confirms the status of implementation of action plans, including the learning and changes in practice that has occurred. SALs are responsible for ensuring re-audit takes place to evidence improvements from implemented action plans and improvements are sustained.

Clinical Audit Project Leads
Clinical Audit Project Leads are responsible for liaising with the appropriate SAL before commencement of any audit project, to ensure the audit priorities of the specialty are fulfilled before personal interest projects. To ensure the SAL is aware of the audit activity and can ensure no duplication of subjects are audited.

All Staff
All staff are individually accountable for ensuring they audit their own practice as defined by their codes of conduct and are responsible for ensuring that they familiarise themselves, and comply with, the requirements of this policy.

6. COMMITMENT TO STAKEHOLDER ENGAGEMENT, COLLABORATION AND PARTNERSHIP

6.1 Involving patients and the public
The Trust encourages a commitment to the principle of involving patients/carers in the clinical audit process either indirectly through the use of patient experience surveys/questionnaires or issues/trends highlighted by patient complaints or directly through participation of identified individuals on project steering/focus groups or patient forums.
By definition, if a patient survey is being undertaken for the purposes of clinical audit, this should be in order to obtain information from service users which enable the Trust to determine whether certain standards are being achieved. Other patient surveys, for example those concerning patient satisfaction, will usually more appropriately be undertaken as Patient & Public Involvement activity.

6.2 Multi-disciplinary and multi-professional audit, and partnership working with other organisations
Multi-disciplinary and cross-organisational working are hallmarks of good clinical audit practice. The Trust encourages clinical audit undertaken jointly across professions and across 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. It is good clinical audit practice for representatives of all those affected by the audit to be included in the project team.

6.3 Involving clinical and non-clinical managers

When conducting clinical audits and other quality improvement activities, partnership with clinical and non-clinical managers should be considered. It is particularly important to involve managers if the anticipated outcome of a clinical audit project raises resource implications so that this can be escalated to relevant groups.

6.4 Involving medical students and F1/F2 doctors

6.4.1. Medical staff are required to participate in clinical audit as part of their ongoing education and re-validation and the Trust encourages the participation of all doctors in clinical audit.
6.4.2. Prior to any clinical audit project starting, Educational Supervisors are responsible for ensuring that all clinical audit projects are registered and approved by the Clinical Audit Department.
6.4.3. The Clinical Audit Department will only provide certificates or letters of confirmation of participation in clinical audit for projects that have been registered and approved by the Clinical Audit Department **AND** have a clinical audit report and action plan submitted to the Clinical Audit Department.
6.4.4. If a medical student / trainee doctor leaves the Trust, it is the SAL's responsibility to ensure that the project is completed by another member of staff.
6.4.5. Any data collected during a doctor's time with the Trust, remains the property of the Trust at all times.

6.5 Working with commissioners

The Trust welcomes and encourages our commissioners to work collaboratively in determining programmes of audit activity through partnership working with SALs. These are usually through the PCT Quality Contract or via negotiation with the SALs to ensure appropriate resources and capacity are available to conduct the audit. These audits should be registered with the Clinical Audit Department in January / February for review and inclusion on the annual audit programme that runs from 1st April to 31st March.

7. CHOOSING TOPICS AND PLANNING PROJECTS

7.1 Agreeing an annual programme of activity

7.1.1 Prior to the start of every financial year, the Trust will agree an appropriate planned programme of clinical audit activity. This programme should meet the Trust's corporate requirements for assurance, but must be owned by the CSCs. The proposed Forward Audit Programme will be prepared by the Clinical Audit Department following consultation with all appropriate SALs and CSC Governance leads to enable opportunity for key priority topics to be identified in their areas. The final programme will be ratified by the CESG.

7.1.2 The Trust is committed to supporting other locally determined clinical audit activity as a significant contributor to the continuous process of service 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 Clinical Audit Department and reported through existing clinical governance structures to maximise organisational learning.

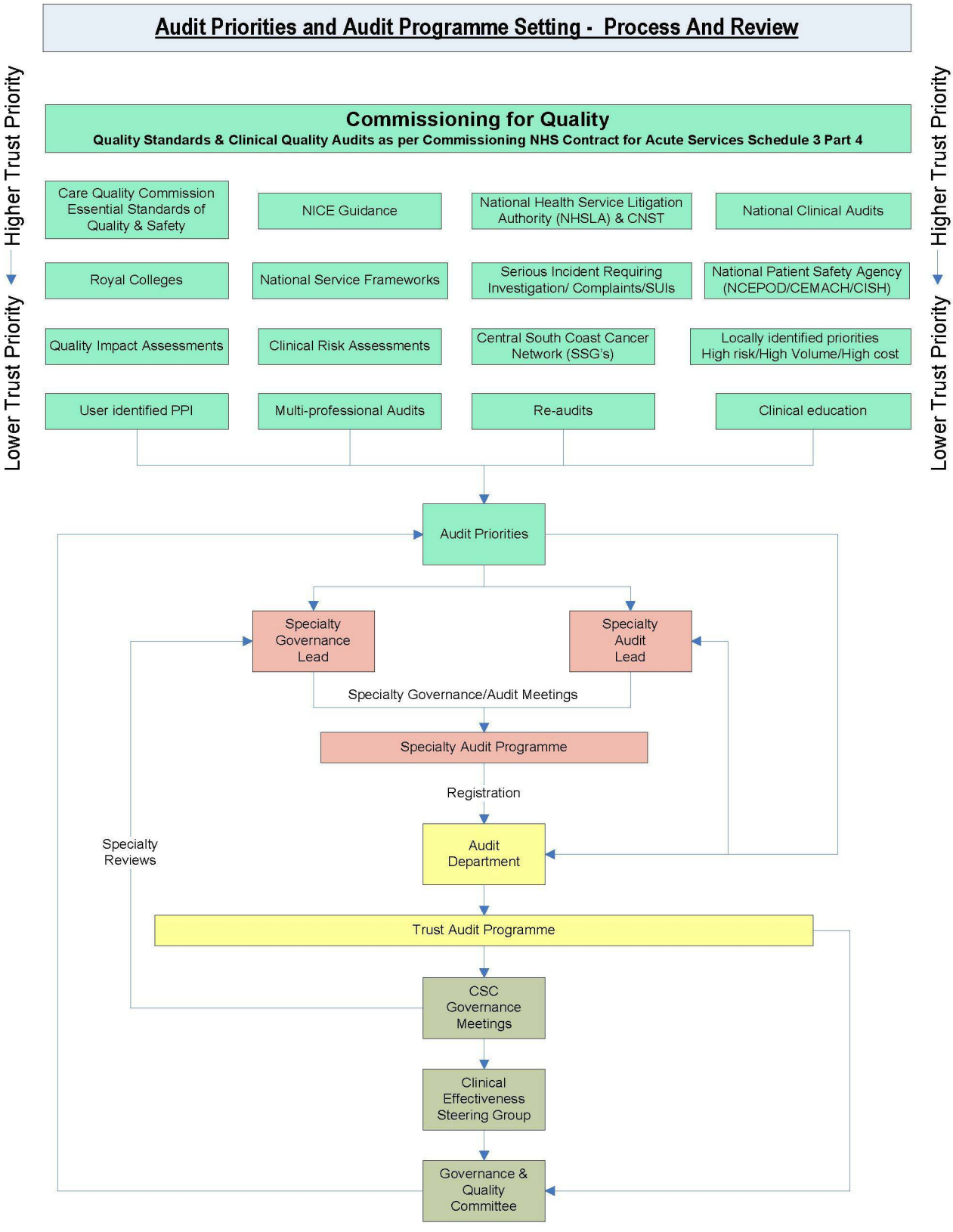
7.1.3 Audit projects should contribute to the overall priorities of the organisation and be clear about how patient care will be improved.

7.2 Choosing and prioritising local clinical audit topics

7.2.1 There are many reasons why clinical audits are undertaken, although in essence there are two main drivers: quality improvement and quality assurance. Within the Trust, clinical audit resources are finite, and as such resources will be restricted to projects with measurable

standards and criteria that are expected to deliver improvement and assurance according to agreed Trust priorities.
7.2.2 It is important that all clinical audits are registered with, and the results/report are provided to the Trust via the Clinical Audit Department, and reported through existing clinical governance structures to maximise organisational learning.
7.2.3 The Trust's Policy approach in respect of National Audits, is to treat all projects sponsored by the National Clinical Audit Patient and Outcomes Programme and those declared by the Department of Health and required to be declared in the Trust annual Quality Account as 'must do' audits and hence a high priority.
Non participation in any of the above National Audits must be notified to the relevant CSC Governance leads and have written executive agreement from the Medical Director and logged with the Clinical Audit Department.
7.2.4 All registered audits will be assessed by the Clinical Audit Department for appropriateness against the Audit Project Assessment Tool produced by the Practical Handbook for Clinical Audit (Appendix H).

The following flow chart outlines the Trust priorities for audit topic selection.


Audit Priorities and Audit Programme Setting - Process And Review
Higher Trust Priority
Lower Trust Priority
Commissioning for Quality
Quality Standards & Clinical Quality Audits as per Commissioning NHS Contract for Acute Services Schedule 3 Part 4
Care Quality Commission Essential Standards of Quality & Safety
NICE Guidance
National Health Service Litigation Authority (NHSLA) & CNST
National Clinical Audits
Royal Colleges
National Service Frameworks
Serious Incident Requiring Investigation/ Complaints/SUIs
National Patient Safety Agency (NCEPOD/CEMACH/CISH)
Quality Impact Assessments
Clinical Risk Assessments
Central South Coast Cancer Network (SSG's)
Locally identified priorities High risk/High Volume/High cost
User identified PPI
Multi-professional Audits
Re-audits
Clinical education
Audit Priorities
Specialty Governance Lead
Specialty Audit Lead
Specialty Governance/Audit Meetings
Specialty Audit Programme
Registration
Specialty Reviews
Audit Department
Trust Audit Programme
CSC Governance Meetings
Clinical Effectiveness Steering Group
Governance & Quality Committee

8. GOVERNANCE OF CLINICAL AUDIT

8.1 Systems for registering and approving audits

8.1.1 For each clinical audit project that is undertaken, an audit registration form (Appendix F) must be completed by the audit lead and approved by the appropriate SAL before commencement of data collection, either by signature or if completing electronically, cc'd to the SAL and sent to the Clinical Audit Department. All those with a major involvement in the outcome of the clinical audit project (stakeholders) must be identified and contacted for their approval before the clinical audit commences.

8.1.2 **All** clinical audit activity must be registered with the Clinical Audit Department regardless of any help being requested of the Clinical Audit Department.

8.1.3 All Clinical Audit Registration Forms submitted to the Clinical Audit Department will be logged onto the Trusts Central Clinical Audit Database and the specialties Clinical Audit Plan will be updated.

8.1.4 The Clinical Audit Department will review and approve the registration and issue an acknowledgment with an audit identification reference number to the audit lead, once satisfied that the audit meets the expected criteria of a clinical audit project.

8.1.5 The clinical audit proposer will carry out the registered clinical audit once an acknowledgement has been received from the Clinical Audit Department, under the auspices of the SAL using approved clinical audit methodology and sampling, ensuring information governance and Caldicott confidentiality principles are adhered to (see 8.4).

8.1.6 All clinical audit data collection tools should be validated by performing a pilot clinical audit to ensure:

- the sample size and type are appropriate
- data collected can be compared to standards and criteria
- data collected answers the clinical audit objectives.

8.1.7 The Clinical Audit proposer will produce a written audit report or presentation clearly showing the levels of achievement against each of the audit standards and highlighting the areas of good practice identified and any areas of concern. (See example of a clinical audit template - Appendix I).

8.1.8 The results of the clinical audit will be disseminated appropriately to the specialty concerned through the SAL and or specialty governance/audit meeting, where an appropriate action plan shall be proposed to address any areas of concern with named responsible persons and appropriate implementation timelines.

8.1.8 A copy of the written report and or presentation with the proposed action plan must be submitted to the Clinical Audit Department with a completed Clinical Audit Reporting Form (Appendix G).

8.1.9 Any areas of concern must be appropriately risk assessed and if necessary added to the specialty risk register until the concern is resolved or action plan implemented and evidence of improvement identified by re-audit.

8.1.10 Any audits carried out on behalf of the commissioners via the PCT Quality Contract or via negotiation with the SALs may be shared at the joint Clinical Quality Review meeting to enable shared learning with our external partners.

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

By definition, clinical audit involves measuring clinical practice against predetermined standards of best practice. Standards are an agreed statement of best practice which describes the aspect or quality of care to be achieved. They will usually be broken down into measurable criteria with a

screening level of achievement usually 100%. (e.g. All records will contain the patient's date of birth – 100%). Further information on measuring against approved and recognised standards of care can be found in 'Local Clinical Audit Handbook for Physicians' (see www.HQIP.org.uk) or 'A Practical Handbook for Clinical Audit' (Audit-Handbook-CGSupport). Audit Standards should be evidenced based and ideally taken or adapted from sources including Royal College guidelines, national guidance e.g. NICE guidance, NSF documents, Scottish Intercollegiate Guidelines Network (SIGN) standards, clinical audit criteria, network or local clinical guidelines and policies. Project proposals which do not involve explicit standards will not be registered as clinical audit.

8.3 Equality and diversity

Clinical audit practice must take account of equality and diversity issues. The SAL must ensure that the process for determining choice of clinical audit projects, and the manner in which project patient samples are drawn up, does not inadvertently discriminate against any groups in society based on their race, disability, gender, age, sexual orientation, religion and belief.

8.4 Information governance: collection, storage and retention of data and confidentiality

All clinical audit activity must take account of the Data Protection Act (1998) and the Caldicott Principles (1997). This means, for example, that data should be:

- adequate, relevant and not excessive
- accurate
- processed for limited purposes
- held securely
- not kept for longer than is necessary.

Clinical audit activity must also conform to the requirements of the NHS Confidentiality Code of Practice (2003) (see Trust Policy 'Confidentiality Code of Conduct'), which states that "Patients must be made aware that the information they give may be recorded, may be shared in order to provide them with care, and may be used to support local clinical audit". There is available a Trust leaflet "Your Rights, Our Responsibilities" which informs patients data may be used for clinical audit purposes.

This Code of Conduct complements the information and instructions contained within the Information Security Policy, which is issued by the ICT Department (and is available to view through Trust Management Policies), which remains the authoritative document relating to all aspects of Trust-wide information security. The Information Security Policy describes the responsibilities for information security for all staff in the Trust, and provides an implementation plan to ensure adequate compliance, audit and review.

If patients have been so informed, Section 60 of the Health and Social Care Act 2001 makes provision for the collection of patient identifiable data for the purposes of clinical audit; however best practice would always direct towards anonymisation of clinical audit data unless there was a compelling reason not to do so.

By default service user identifiable information should **NOT** be collected as part of a clinical audit. All clinical audit data should be annonymised for patients, service users and staff. This means that identifiable data such as name, address, postcode, date of birth, and any other combination of details that may identify the individual are removed. Special care will need to be taken when auditing areas where there are relatively few clinical cases, and individuals could be identified more easily. This includes the anonymisation of clinicians in an audit report (for example where the relative 'performance' of different clinicians might otherwise be revealed in a report, the purpose of clinical audit being quality assurance and improvement, not performance management.

The Trust follows the record retention schedules as set out in the Records Management NHS Code of Practice (DoH 2006) Part 2. (See Trust Policy - Records Retention and Disposal).

The Trust policies concerning the storage of personally identifiable data on memory sticks, laptops, the hard drives of individual computers (as opposed to the network), and the use of email to share any such data must be observed at all times.

8.4.1 Confidentiality agreements

There may be occasions when the Trust engages individuals in its clinical audit activities who are not directly employed by the Trust, e.g. staff who are on honorary contracts, volunteers, students, indeed patients and the public. It is important that they understand the "rules" which apply to the practice of clinical audit, so training is an important consideration. If teams are considering this, then the Trust will require such individuals to sign a confidentiality agreement, which is provided at Appendix J. These should be retained for five years by the person or department leading or supervising the audit.

8.4.2 Clinical audit database

The Trust Clinical Audit Department maintains a central clinical audit database with details of all registered clinical audit activity. The records that will be held on this database include all details contained within the project registration forms, including the names and contact details of the project leads and those conducting the project, as well as any summary reports, presentations, any action plans and updates to action plan implementation as available. The information will be used to generate the clinical audit annual report, and to provide information for reporting and assurance purposes. The database will only be accessed by the Corporate Clinical Governance team. A search engine is available on the Intranet but this is restricted to basic project details and no personal details are given.

8.5 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 not do harm. Clinical audit must always be conducted within an ethical framework. The ethical framework will consider 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.

In cases where the clinical audit is investigating a sensitive area or asks staff/service users sensitive, intrusive questions, the clinical audit must be discussed with the Head of Research or the Chair of the Ethics Committee who may seek advice from other relevant staff within the Trust.

When conducting a clinical audit that involves direct contact with service users / carers, all staff must ensure they are approached in a sensitive and respectful manner, they should be given a full written explanation (which needs approval from the Ethics Committee and Information Governance) as to the purpose of the clinical audit and should be assured about confidentiality and the length of time their data will be held and be given the option not to take part in the clinical audit.

Generally clinical audit projects would not require ethical approval if:

1. Data is collected from clinical records
2. The data is gathered as part of the routine clinical care
3. No patients are approached directly
4. Data is only reviewed by the clinical team caring for the patient
5. Patients are not in a "vulnerable" group
6. The audit is working to predetermined standards.

Projects not meeting these criteria or if there are any doubts should be referred to the Ethics Committee.

No clinical audit will examine the work of another professional or specialty without their knowledge. Suitable stakeholder selection of key members of staff within professions or specialty before the audit commences will ensure dissemination of clinical audit information and engagement of relevant staff.

9. TRAINING AND DEVELOPMENT

9.1 Overall organisational approach

Improvements in clinical audit education and training are key to the delivery of this policy in order to promote clinical audit activities that are led by healthcare professionals. Training raises the profile of clinical audit and builds up capacity and capability of all staff involved in clinical audit, thus acting as a driver for quality improvement.

9.2 Provision of clinical audit training

The Trust will make available suitable training, awareness or support programmes to all clinicians regarding the Trust's systems and arrangements for participating in clinical audit.

9.2.1 The Clinical Audit Department will provide clinical audit training/advice that can be accessed by all healthcare professionals who are responsible for auditing the quality of care they deliver. This will include:

- Ad hoc one to one training where resources will allow
- Clinical Audit awareness sessions on request
- Bespoke training will be given to groups and individuals on request.
- Leaflets, information and resources are available on the Clinical Audit Intranet Site

9.3 Employment and development of clinical audit staff

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

10. REPORTING AND DISSEMINATION OF RESULTS

10.1 Reporting

A Clinical Audit Template Report, including guidance on what should be included in the report, is available on the intranet (and at Appendix I). Completed reports and or presentations should be sent to the Clinical Audit Department and should include an action plan produced from the clinical audit recommendations. A Clinical Audit Reporting Form must be completed to help summarise the findings to those external to the specialty (see Appendix G). These will be used when reporting governance information about clinical audit activity within the Trust.

10.2 Dissemination

Completed reports must be presented to the relevant specialty governance or audit meetings to ensure appropriate discussion and dissemination of learning from the results and engagement and agreement with the recommended action plan, with a commitment to re-audit made in a designated time. It is expected that summaries of Clinical Audits will be presented to CSCG meetings as part of the required specialty governance reports. These are also required to be reported to the G&QC via the CSCG quarterly reports.
Summaries of audit reports may be shared with the CESG and included in the CESG board reports. A successful clinical audit in one area may be transferable to other parts of the organisation.

10.3 Project management database

All Audit reports and or presentations, including clinical audit reporting forms, received by the Clinical Audit Department will be archived in the Central Clinical Audit Database as a reference source and as a repository of evidence of Trust-wide clinical audit activity.

10.4 Clinical audit annual report

An annual specialty clinical audit report will be produced by the SALs demonstrating the outcomes and conclusions of the success of their clinical audit plans, reviewing last years clinical audit activity, giving information that includes an update if action plans have been fully implemented and any improvements to patient care that has occurred. This should also include what actions the specialty intends to take to improve the quality of healthcare provided. This will also include proposals for the following years audit plan. This information will feed into the Trust-wide annual clinical audit report which will be presented to the CESG, G&QC and Audit Committee. This information will also be required to feed into the Trusts' annual Quality Account.

11. ACTION PLANS AND IMPROVEMENT

11.1 Action plans

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 produced. An example action plan can be found in The Clinical Audit Report Template in Appendix I.

Action plans should be specific, measurable and achievable/realistic. They should have clear implementation timescales with identified leads for each action. Action plans should also have been approved by the relevant specialty audit/governance committee or Chief of Service.

Not all clinical audits will require an action plan e.g. where an audit shows that standards are being met or guidance followed. For such audits there should be an explicit statement saying 'no further action required' in the audit summary report and a reason given for no re-audit.

Any barriers to change or non-implementation of identified action plans, or resource constraints which preclude implementing change should be escalated via the specialty risk register mechanisms.

SALs are responsible for ensuring the identified changes are incorporated into practice and relevant business plans and for ensuring the implementation and monitoring of action plans through the specialty audit/governance committee or Chief of Service.

11.2 Re-audit

Re-audit is important to determine whether agreed actions have been implemented according to the action plan. Re-audits of projects should be considered when planning forward audit plans and The Clinical Audit Department will support forward planning of re-audits when timescales have been given. Projects due for re-audit will be considered during planning of the annual programme. Where appropriate, re-audit may focus on specific aspects that require improvement. It should be noted that re-audit should only be undertaken once the action plan has been fully implemented and the change in practice has had time to be embedded in current practice.

12. MONITORING EFFECTIVENESS

12.1 Monitoring the effectiveness of clinical audit activity

12.1.1 The Clinical Audit Manager will ensure all projects approved by the Clinical Audit Department comply with this policy. Projects that do not comply will not be approved.

12.1.2 All project leads of approved clinical audit projects are required to submit clinical audit reports and action plans to the Clinical Audit Department supported by an Audit Reporting Form which summarises the findings and actions (Appendix G). The Clinical Audit Department will monitor the progress on the implementation of actions plans via the CESG and will co-ordinate with SALs to ensure that re-audits are performed to show improvements in practice.

12.1.3 Each Clinical Specialty will have available a forward annual audit programme approved by the CESG, with identified/proposed timescales and with stated stage of completion updated quarterly by the SAL.

12.1.4 On a quarterly basis, the Clinical Audit Department will report progress on the clinical audit programme and action plans to the CESG.

12.1.5 The following is a list of standards/indicators that will be monitored by the Clinical Audit Department and reported in the Clinical Audit Annual Report.

Key Performance Indicator	Lead Responsible	Evidence	Reviewed by / Frequency	Lead Responsible for any Required Actions
A list of all registered Clinical Audit projects will be available on the Clinical Audit Database	Clinical Audit Facilitator	Annual Audit Plan	CESG Quarterly	Clinical Audit Manager
Annual Audit Programme will be disseminated to the GLF and CESG for approval	Clinical Audit Facilitator	Minutes of CESG	CESG Quarterly	Clinical Audit Manager
Each Specialty will have an identified Clinical Audit Lead	Clinical Audit Facilitator	Clinical Audit Lead Report	CESG Annually	Clinical Audit Manager
All registrations will be validated by the Audit Facilitator or Manager and acknowledged with an audit reference no.	Clinical Audit Facilitator	Signed Registrations with reference no.s	Audit Manager Quarterly	Clinical Audit Manager
All completed audits will have a supporting report with an action plan and Audit Reporting Form	Specialty Audit Lead	Audit Reporting Forms available	Clinical Audit Facilitator Quarterly	Clinical Audit Manager
Number of local clinical audits registered with the department by CSC/Specialty	Specialty Audit Lead	Annual Report	CESG Audit Committee Annually	Clinical Audit Manager
Number of National Audits participated in by CSC/Specialty	Specialty Audit Lead	Annual Report	CESG Audit Committee Annually	Clinical Audit Manager
Abandoned Clinical Audits will have a documented reason for abandonment	Specialty Audit Lead	Annual Report	CESG Audit Committee Annually	Clinical Audit Manager
The Annual Audit Report will be approved by the CESG and available on the Intranet	Clinical Audit Manager	Minutes of CESG	CESG Audit Committee Annually	Clinical Audit Manager

12.2 Monitoring the effectiveness of the policy

12.2.1 This Clinical Audit Policy will be reviewed every two years. However, should national guidance or legislation change then the policy may be reviewed sooner.

12.2.2 As part of the policy review process, the effectiveness of the policy and its application will be assessed. Information and results from clinical audit systems, user feedback and external clinical audits/reviews will be used to inform this assessment. This will be performed by the Clinical Audit Department in association with the Audit Committee, CESG and G&QC.

13. REFERENCES AND ASSOCIATED DOCUMENTATION

External

National Institute for Health and Clinical Excellence (NICE), "Principles for Best Practice in Clinical Audit", 2002, Radcliffe.
Department of Health, "Records Management NHS Code of Practice" (2006) Part 2.
Department of Health, "NHS Confidentiality Code of Practice" (2003).
Department of Health, "Caldicott Principles", (1997).
Healthcare Quality Improvement Partnership (HQIP), "Template for Clinical Audit Policy"
Healthcare Quality Improvement Partnership (HQIP), "Clinical Audit: A simple guide for NHS Boards and partners", 2010.
Healthcare Quality Improvement Partnership (HQIP), "Guide for Clinical Audit Leads" 2011.
Healthcare Quality Improvement Partnership (HQIP), "Local Clinical Audit Handbook for Physicians"
Healthcare Quality Improvement Partnership (HQIP), "A Practical Handbook for Clinical Audit", (CG Support Group).
NHS Litigation Authority, "Risk Management Standards for NHS Trusts providing Acute, Community, or Mental Health & Learning Disability Services and Independent Sector Providers of NHS Care"

Internal

Clinical Audit Strategy
Risk Assessment Policy and Protocol

Appendix A

National Context for Clinical Audit

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:

- The New NHS — Modern Dependable (Department of Health, 1997)
- A First Class Service (Department of Health, 1998)
- Clinical Governance — Quality in the NHS (Department of Health, 1999)
- Learning from Bristol: the report of the public inquiry into children's heart surgery at Bristol Royal Infirmary 1984–1995 [the 'Kennedy Report'] (Department of Health, 2002)
- Good Medical Practice (General Medical Council, 2001)
- National Standards, Local Action
- 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).
- Equity And Excellence: Liberating The NHS (Department of Health, 2010)

Since the creation of Standards for Better Health by the Department of Health in 2004, all NHS Trusts have had to make an annual declaration including their compliance with Standard C5d, which states that "Healthcare organisations [must] ensure that clinicians participate in regular clinical audit and reviews of clinical services."

Furthermore, in 2008, the Healthcare Commission (now replaced by the Care Quality Commission in 2010) introduced an 'Engagement in clinical audits' indicator which places the following expectations on NHS Trusts:

- To participate in local and/or national audits of the treatment and outcomes for patients in each clinical directorate covered by the Trust.

- To have a clinical audit policy and strategy programme related to both local and national priorities with the overall main aim of improving patient outcomes.

- To make available suitable training, awareness or support programmes to all clinicians regarding the Trust's systems and arrangements for participating in clinical audit

- To ensure that all clinicians and other relevant staff conducting and/or managing clinical audits are given appropriate time, knowledge and skills to facilitate the successful completion of the audit cycle.

- To undertake a formal review of the local and national audit programme undertaken in the Trust to ensure that it meets the organisation's aims and objectives as part of the wider quality improvement agenda.

- To provide the Trust's management and governance leads with regular reports on the progress being made in implementing the outcomes of national clinical audits, and review the outcomes, with additional or re-audits being conducted where necessary.

More recently the NHS Litigation Authority has introduced a standard for Clinical Audit (Standard 5.1) stating that the organisation must have "an approved documented process for ensuring that all clinical audits are undertaken, completed and reported on in a systematic manner that is implemented and monitored."

Appendix B

Definitions and Other Processes Similar to and Related to Clinical Audit

Healthcare Quality Improvement Partnership (HQIP)
The Healthcare Quality Improvement Partnership was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. It is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices (formerly the Long-term Conditions Alliance).

National Institute for Health and Clinical Excellence (NICE): NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

Organisational Gap Analysis: Is a review of actual current practice against best practice recommendations, producing an action plan where gaps are identified to align current practice with the identified best practice recommendations.

Peer review
Where clinicians have their work reviewed by others in their profession or field of practice. It is an assessment of the quality of care provided by a clinical team with a view to providing feedback and thereby supporting reflection on practice, with the intent that this will lead to improvements in the quality of care.
Example: cancer services peer review organised by the local cancer network

Adverse occurrence screening/critical incident monitoring
Is peer review of cases that have caused concern or from which there was an unexpected outcome. The multi-disciplinary team discusses individual anonymous cases to reflect upon the way the team functioned and to learn for the future.
Example: morbidity and mortality meetings.

Casenote reviews
Another form of peer review, used to investigate the circumstances leading to an unexpected outcome. Undertaken by individual clinicians, sometimes on their own cases, and other times on those of other specialties. These may utilise a structured approach, with a standardised tool applied to randomly selected cases (e.g Global Trigger Tool (GTT) reviews), or a more generalised review of the appropriateness of the clinical care provided identifying issues with regard to processes/systems. e.g. contemporaneous audit of unexpected deaths in Adult Medicine.

Confidential enquiries
Are not normally based on standards but are an investigation triggered by an event such as death. They may lead to subsequent local clinical audits.

Patient satisfaction surveys/focus groups
Methods used to obtain service users' views about the care they have received. Patient experience surveys may be undertaken to determine what actually happens in order to improve services, thus differing from patient satisfaction surveys which ask whether the patients liked what happened.
Example: National Inpatient Survey, local patient satisfaction surveys in individual specialties.

Patient outcomes review programme (e.g. PROMS)
Complements clinical audit, and many clinical audits will contain some measure of what the benefit was to patients against the priority outcomes anticipated. They may help to define standards for future clinical audits.
Example: National Elective Surgery PROMs: Hip replacements/ Knee replacements/ Hernia/ Varicose veins.

Patient experience surveys
Patient experience surveys may be undertaken to determine what actually happens against recognised standards of care in order to improve services, thus differing from patient satisfaction surveys which just ask whether the patients liked what happened. Supplement patient outcome review programmes, and can be a part of clinical audit by assessing the degree to which care was offered against standards.

Registries and clinical databases
Only those registers where the data is used to drive quality improvement should be classified as clinical audits – some simply collect data about procedures or conditions without always having any quality improvement element.
Example: the National Joint Registry which, as well as counting the number of implants of various kinds, is used to assess the performance of individual surgeons and the quality of different makes or manufacturers of implant.

Service Evaluation/monitoring
This is designed and conducted principally to define or judge current care, measuring the service without reference to a standard, defined system or approach. It usually involves analysis of existing data, but may include the administration of a simple interview or questionnaire. Elements of service evaluation often appear as part of a clinical audit.
See Appendix C – differentiating service evaluation and clinical audit.

Research
Is different from clinical audit, in that it seeks to obtain new knowledge and finding out what treatments are the most effective, i.e. what we should be doing (whilst clinical audit ascertains whether we are doing what we should be doing, and how well we are doing it). Research proves a hypothesis whereas Clinical Audit improves against an already proven standard.
See Appendix C – differentiating research and clinical audit.

Service Improvement
Aims to improve patient care through continuous improvement of clinical outcomes and patient experience through group-led activity, which focuses explicitly on quality and safety as routes to improving services, whilst also delivering essential productivity and efficiency gains.
In different contexts may also be referred to as "service development".
Asks questions like – "how can we make this service safer, more efficient, better for patients?"
(e.g. DH, NHS Institute for Innovation & Improvement)

Other associated activities which are not clinical audit

Counting things (numbers of operations, etc)
The collection of data which is not related to clinical standards (criteria) is not considered to be clinical audit. Whilst data collection with the explicit purpose of setting standards of best practice may sometimes be considered to be a legitimate audit activity (called 'pre-audit'), it is important that the audit cycle is observed and that standards are established as a result of the project.

Investigations
Similarly, clinical audit staff are sometimes asked to "find out more about what's happening here". Whether or not these kinds of request constitute clinical audit is also dictated by the presence or absence of clinical standards.

Morbidity & Mortality Review

Although early NHS definitions of Clinical Audit mention peer review, this is notably absent from more recent NHS-approved literature. M&M review is an essential part of Clinical Governance and that issues raised should feed into the Clinical Audit programme. However M&M review is not itself clinical audit and clinical audit staff are not responsible for organising the M&M process.

Routine Monitoring of Clinical Outcomes

The identification and measurement of clinical outcomes may form a significant part of a clinical audit project, however routine ongoing monitoring of outcome data for purposes including performance monitoring should not be considered to be Clinical Audit *unless* this is explicitly linked to the change process (implicitly this means that process measures must also be monitored, as this is how practice – and outcomes – will be improved).

Appendix C

DIFFERENTIATING AUDIT, SERVICE EVALUATION AND RESEARCH

RESEARCH	CLINICAL AUDIT	SERVICE EVALUATION
The attempt to derive generalisable new knowledge including studies that aim to generate hypotheses as well as studies that aim to test them. Asks the question – "what is best practice?"	Designed and conducted to produce information to inform delivery of best care. Asks the questions – "are we following best practice?" and "what is happening to patients as a result?"	Designed and conducted solely to define or judge current care. Asks questions like – "has this service been a success?"
Quantitative research – designed to test a hypothesis. Qualitative research – identifies/explores themes following established methodology.	Designed to answer the question: "Does this service reach a predetermined standard?"	Designed to answer the question: "What standard does this service achieve?"
Addresses clearly defined questions, aims and objectives.	Measures against a standard.	Measures current service without reference to a standard.
Quantitative research -may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced.	Involves an intervention in use ONLY. (The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference.)	Involves an intervention in use ONLY. (The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference.)
Usually involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care.	Usually involves analysis of existing data but may include administration of simple interview or questionnaire.	Usually involves analysis of existing data but may include administration of simple interview or questionnaire.
Quantitative research - study design may involve allocating patients to intervention groups. Qualitative research uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications.	No allocation to intervention groups: the health care professional and patient have chosen intervention before clinical audit.	No allocation to intervention groups: the health care professional and patient have chosen intervention before service evaluation.
May involve randomisation	No randomisation	No randomisation
ALTHOUGH ANY OF THESE THREE MAY RAISE ETHICAL ISSUES, UNDER CURRENT GUIDANCE:-		
RESEARCH REQUIRES R.E.C. REVIEW	AUDIT DOES NOT REQUIRE R.E.C. REVIEW	SERVICE EVALUATION DOES NOT REQUIRE R.E.C. REVIEW

Appendix D

Responsibility and Guidance for all Specialty Audit Leads

- Lead and promote the planning and implementation of a Forward Clinical Audit Programme for the Specialty. Ensuring estimated timescales for start and finishing are included. (This is a PCT Quality Contract requirement).

- Ensure they are suitably conversant with the principles and practice of Clinical Audit.

- Ensure any audits required by the PCT Quality Contract are completed to required timescales.

- Be familiar with the local and national priorities for audit and appropriate National Service framework's or National Strategies including the NHS Outcomes Framework to ensure their inclusion in the audit programme. HQIP Healthcare Quality Improvement Partnership is now responsible for overseeing the National Audit Programme (previously overseen by the Healthcare Commission) funded by the Department of Health. These have grown in importance over the last couple of years as they are now being used to benchmark Trusts performance. Tariffs will soon become affected for non-participation in the near future. Any non-participation in relevant National Audits are required to be submitted to the CSC Governance meetings and written sign off from the Medical Director must be obtained.

- Identify potential audit topics from NICE guidance as a high priority.

- Ensure that all audits planned and carried out are in accordance with the relevant guidelines, e.g. Practical Handbook for Clinical Audit as published by the Clinical Governance Support Team, to meet Care Quality Commission (CQC) requirements of best practice in Clinical Audit, in a timely fashion.

- Ensure audits have completed the audit cycle within twelve months in line with the Principles of Best Practice in Clinical Audit (NICE, 2002). These stages are outlined as:

    1) Preparing for audit
    2) Selecting criteria
    3) Measuring performance
    4) Making improvements and
    5) Sustaining improvements

- Ensure the audit programme produces evidence of improvements in patient care and ensure users' views are taken into account and users' are involved where possible when selecting some of the audit topics.

- Ensure any identified adverse outcomes from audit results are escalated on to the Specialty Risk Register along with any identified partial/non compliance with National/ Local guidance (e.g. NICE Guidance) until they are resolved. This should also include partial /non-compliance with any recommendations of best practice e.g. NCEPOD (National Confidential Enquiry into Patient Outcome and Death).

- Promote quality audit projects ensuring protected or allocated time to manage and conduct clinical audit.

- Ensure proposed audit uses (or sets) explicit standards of care.

- Ensure no discrimination with regard to equality and diversity when identifying audit samples/population.

- Ensure adherence to the Caldicott principles and the requirements of the Data Protection Act.

Appendix D (cont.)

- Ensure the audit programme is integrated with Clinical Governance issues such as risks/complaints and adverse critical incidents, including breaches in Patient Safety.

- Ensure and include participation and input of other departments, where procedures overlap. Encourage multidisciplinary and multi-professional audits and ensure all interested parties have been consulted before the proposed project commences.

- Ensure the audit process is completed from start to finish, from the audit being first registered with the Clinical Audit Department, even if assistance is not required. To the findings being recorded and reported, highlighting the Key areas of Good Practice and Key Issues/Areas of concern.

- Remind staff of the Clinical Audit Department's willingness to supply help and support for registered audits, either in the form of advice or via its intranet site and available audit tools. Please note we are also able to provide patient sample lists using ICD10 diagnostic codes and OPCS operation codes.

- Ensuring once the audit is complete; all findings are written up in a report or presentation and then copied to the Clinical Audit Department along with action plans for any identified key issues of concern. Agree a set period of time for this process to be audited again once the action plan has been implemented, to ensure all areas of concern identified, are addressed and closed out.

- Ensure all findings are reported/presented to the department and staff concerned (I.e. include those departments where procedures overlap).

- Agree and support the implementation of policies generated by the Clinical Audit Department :

  NICE
  National Confidential Enquiries
  Interventional Procedures

- Attend specialty Governance/Audit meetings to ensure audit is joined up with Governance. Ensure Specialty Governance Leads present audit outcomes as part of Specialty Governance reporting to Clinical Service Centre Governance meeting to ensure shared learning.

- Encourage/attend or set up working groups or appropriate meetings to build audit links with partner PCT's /SHA to ensure a whole system wide and seamless service from the patient's perspective.

- Identify any personal/specialty training requirements to ensure robust programme of audit.

Information

It is proposed that staff in the clinical Audit Department will provide the Clinical Audit lead with the following;

- Lists of past or current on-going audits, which have been registered.
- Summary of completed audits to date.
- Status of communications in relation to the registered audits and NICE guidance, including re-occurring non-responders.
- Up to date list of Specialty Audit Leads.
- Certificates for participants completing an audit cycle.
- Patient lists from ICD10 diagnostic codes and OPCS procedure codes.

Appendix E

Clinical Audit Registration Process

Portsmouth Hospitals has a dedicated Clinical Audit department who can be contacted on ext **7700 6906**.

Clinical Audit is all about measuring the quality of care and services against standards and making improvements where necessary.

To Register an Audit
Forms are available electronically on the intranet (Departments→Clinical Audit→Registration Proformas):
http://pht/Departments/ClinicalAudit/Audit%20Registration%20Proforma/Forms/AllItems.aspx
And send to: derek.williams@porthosp.nhs.uk

1 Audit will be acknowledged and given an Audit Reference Number. If you require Medical Records, they can now be requested once the Audit is accepted.

2 When your Audit Report/Presentation is available please send, along with our Audit Reporting Form
http://pht/Departments/ClinicalAudit/Audit%20Registration%20Proforma/Forms/AllItems.aspx

3 If you require any further assistance, please contact:
Clinical Audit Department, 2nd Floor, Rm 2.03, De La Court House, Queen Alexandra Hospital
Ext: 7700 6906

Appendix F

Clinical Audit Registration Form

A copy of this template can be found on the Clinical Audit Intranet web page

Portsmouth Hospitals NHS
NHS Trust

CLINICAL AUDIT REGISTRATION FORM

Office Use
Audit ID:
Initials:
Reg Date:

This form sets out the aims of your proposed audit and outlines how it will be carried out and by whom. If you are requesting assistance with your audit, the information you provide will be used to decide whether the Clinical Audit Department can offer help and support, so please ensure that you give as much information as possible. Your audit may not require assistance, however, the Trust needs to be aware of ALL Clinical Audits being undertaken and completing this form will ensure that your audit is registered.

Proposed Audit Title (audit question):		**Today's Date:**
Start Date of Audit:	**Estimated End Date of Audit:**	

Professions involved: ☐ Uni-professional ☐ Multi-professional ☐ Multi-disciplinary ☐ Collaborative with PCT

Audit Proposed by:	**Situated at:**	**Tel/Bleep No:**
Specialty:	**Clinical Service Centre of Proposer:**	
	(Please select)	
Clinical Lead(s) / Consultant for the Audit:		**Tel/Bleep No:**
Specialty / Clinical Service Centre Lead (supporter for the Audit):		
Any other participants in the Audit:	**Have they agreed to participate?**	
	☐ (Please select)	

Nature of Audit:

- ☐ Clinical Audit (against standards agreed/enclosed)
- ☐ Re-audit of previous audit (ref: ☐)
- ☐ Evaluation of process
- ☐ ICP variance analysis
- ☐ NICE Guidance (ref no. ☐)
- ☐ Quality Monitoring
- ☐ Compliance with Care Quality Commission – Outcome
- ☐ Audit is related to patient falls (Osteoporosis/bone health/NOF/hip #)
- ☐ Baseline Auditing
- ☐ Public/Patient Involvement
- ☐ Cancer Services
- ☐ NSF
- ☐ National Audit
- ☐ NCEPOD
- ☐ NHSLA / CNST
- ☐ Other (please state)

Which of the following criteria does the Audit meet: (please tick all that apply)

- ☐ Area of high risk
- ☐ Area of high cost
- ☐ Area of high volume
- ☐ Incl in CSC Business Plan
- ☐ Issue of local concern
- ☐ National initiative
- ☐ Regional Audit
- ☐ Other, please specify:

Aims & Objectives of Audit:

What do you plan to do with the results: (please tick all that apply)

- ☐ Change practice based on problems/shortfalls highlighted
- ☐ Improve documentation
- ☐ Improve multidisciplinary working relationships
- ☐ Review guidelines/protocols ☐ Develop guidelines/protocols
- ☐ Identify areas for staff education
- ☐ Identify areas for patient education
- ☐ Decrease complaints in this area
- ☐ Decrease incidents/risk

Proposed methodology for the Audit:

☐ Retrospective ☐ Prospective ☐ Both

Where is the data located?

Sample size (max. 50 recommended): ☐ **Sample group:**

Data collection period:

☐ Patient Casenotes* ☐ PAS ☐ Questionnaire / Survey

☐ Local / Specialty database (specify):

(Please enclose a copy of your data collection form, if you are just requesting patient case notes.)

Timetable for re-audit:

☐ Quarterly ☐ 6 monthly ☐ Annually ☐ Other (please specify):

How do you propose to disseminate the results of this Audit:

☐ CSC meeting ☐ Written report ☐ Presentation ☐ Audit meeting ☐ Dept meeting ☐ Publication ☐ Other

Support required from Clinical Audit Department (CAD)

- ☐ None (registration of audit only)
- ☐ Advice on how to proceed / audit planning
- ☐ Advice on literature searches and background information
- ☐ Proforma / Questionnaire design and administration
- ☐ Assistance with data analysis
- ☐ Assistance with report writing
- ☐ Assistance with presentation
- ☐ Patient list (PAS)

Terms of Agreement

1. It is understood and agreed that a copy of the signed Clinical Audit Registration Form will be sent to the Associate Medical Director, General Manager of the relevant CSC. The audit will be presented to the appropriate CSC / Clinical Governance / Team meeting by the Proposer (or representative)
2. It is understood and agreed that should the aims and objectives of the audit set out in the Clinical Audit Registration Form change significantly after the pilot phase has been completed, the Clinical Audit Department reserve their right to withdraw their support from the audit.
3. It is understood that, no matter what the outcome of the audit, the Audit Proposer will provide the Clinical Audit Department with an audit report to include: methodology, findings, recommendations and any changes in practice.
4. It is understood and agreed that a copy of the audit may be shared with our health economy partners.
5. It is understood and agreed that the Audit Proposer will acknowledge the contribution made by the Clinical Audit Department in any work published or presented subsequent to the audit being completed.

Proposal Agreement	Signature	Date
Senior Dr/Professional Overall Lead/General Mgr		
Clinical Audit Staff (title & surname)		

(This is the electronic form, please complete and save to local hard drive and then send as an e-mail attachment to derek.williams@porthosp.nhs.uk)

Appendix G

Clinical Audit Reporting Form

A copy of this template can be found on the Clinical Audit Intranet web page

Clinical Audit Reporting Form

Please complete this form for all finalised audits. You will need to save to a local hard drive and then send as an e-mail attachment to: derek.williams@porthosp.nhs.uk

If there is a written report or presentation available for this audit, please also forward to the Clinical Audit Department (electronic preferable).

Audit Title:

Audit ID No:	**Lead for this Audit:**

Start date:	**Finish date:**

Good Practice Identified:

Key Issues or Areas of Concern Identified:

Recommendations:

How were the findings disseminated? (Tick all that apply)

Presentations ☐ Published in national journal ☐ Audit meeting ☐

Written report ☐ Clinical Service Centre Meeting ☐ Departmental meeting ☐

Other:

Describe the Actions Taken or Planned:

Changes/ Improvement	Implementation Date

Further Comments (please detail how this audit has improved patient care):

Please note:

Certificates can be produced upon request for completed audits only.

Contact Details: Clinical Audit Department, Room 2.03 Top Floor, De La Court House
Queen Alexandra Hospital, Southwick Hill Road, Portsmouth, Hants PO6 3LY
Tel: 023 9228 6906 (Ext: 7700 6906)
Fax: 023 9228 6942

Appendix H

Audit project Assessment Tool

The purpose of the assessment is to ensure that audit activity is compliant with best practice, that research is not being undertaken as audit and that there is potential for and commitment to improvement in clinical care. The assessment criteria are based on the 'Principles for Best Practice in Clinical Audit' (NICE and Healthcare Commission).

Criteria	Score	Comment
Topic appropriateness High volume, high risk, high cost. As a result of litigation or patient complaint, adverse incident. National Clinical Audit or NHS Standard	 Score 2 Score 1 Score 3	Maximum score allowed 5
Standards (evidence based) Based on nationally agreed best practice eg NICE/NSF If none available then standards based on SIGN or College guidelines. Alternatively literature search undertaken, supporting information with regard to the level of evidence identified and the method of consensus. Patient perspective considered.	 Score 3 Score 2 Score 1 Score 2	Maximum score allowed 5
Methodology Multidisciplinary design with service users. Outcome and process built into design. Lead responsible clinician identified Data sources for prospective data collection identified Adequate audit tool and sample size Case mix adjustment for outcome assessment	 Score 2 Score 2 Score 1 Score 1 Score 1 Score 1	Maximum score allowed 5
Intended dissemination of results Distributed to all stakeholders and service users. Presented to directorate including managerial team. Local team presentation Presentation to regional or national meeting or publication	 Score 2 Score 2 Score 1 Score 1	Maximum score allowed 5
Potential for change consideration Lead clinician responsible for action planning identified. Managerial input into action planning identified. Potential barriers to change identified. Potential financial implications and risks identified and prioritised. Re-audit planned with tool adjustments if necessary Service monitoring criteria considered.	 Score 1 Score 1 Score 2 Score 2 Score 1 Score 1	Maximum score allowed 5 Some criteria may not be achievable pre-audit
Total (max 25)		Maximum score allowed 25

A score of 16 or more is considered a good audit

Appendix I

Example of a Clinical Audit Report

A copy of this template and presentation template can be found on the Clinical Audit Intranet web page

Title of Audit
Author:
Date of Report:

TABLE OF CONTENTS

1) INTRODUCTION & BACKGROUND

- Rationale for starting the audit?
- Audit aims and objectives
- What are the concerns relating to the topic?

E.g.

- Is this a Patient Safety concern?
- Size of the problem if known?
- Need to review best practice / National Guidance

2) METHODOLOGY

- Sample type and size
- Demographics
- Data collection method

3) RESULTS & STANDARDS

- Detail results compared against standards and level of achievement
- Criteria – target (standard)
- Exclusions (exceptions)
- Achievement
- Standards source (literature, national or local consensus)
- Aspect of care trying to achieve e.g. 100% of patients should receive thromboprophylaxis

Standard	Target	Exclusions	Result
Aspect of care	100%		

4) DISCUSSION

- Identified Good Practice - summary of good points from results
- Areas of Concern - summary of key issues from results
- Recommendations for Improving Care - summary of proposed actions to achieve key issues

Appendix I (cont.)

5) ACTION PLAN

- Summary of actions with responsible leads and timelines, including mechanism to be put in place to monitor implementation and date to re-audit

	Action	Responsible Person	Responsible Manager	Review Date

6) PATIENT CARE IMPROVEMENTS / GOOD PRACTICE IDENTIFIED AT RE-AUDIT

- Changes in practice for the benefit of patients

7) SHARING LEARNING

- Specialty, Divisional, Trust-wide and National
- Meetings, conferences, newsletters, articles
- Development of an E-learning tool?

8) REFERENCES

- List of publications

Appendix J

Clinical Audit Confidentiality Agreement

This declaration must be signed by any person who is not employed by Portsmouth Hospitals NHS Trust, or deemed an honorary employee through association with the appropriate department of the [academic body], who will be reviewing patient-related information for the purposes of clinical audit.

Declaration

I hereby declare that I fully understand that all patient-related information to which I have access, whether held on computer or in written form or given to me verbally, is confidential and I undertake never to divulge information to anyone without the authority of a senior member of administrative staff. I understand that this includes the divulging of information to the police.

I also understand that the names, addresses and details of patients contained in any documents or indexes are confidential and must not be accessed or divulged for personal interest or gain, or any other purpose other than healthcare business.

By signing this form I accept that I have been informed that under the provisions of the Data Protection Act 1998, unauthorised disclosure of data may result in personal prosecution.

Name:	
Project title:	
Post:	Department:
Email address:	
Mobile/telephone no:	
Signature and date:	
Witnessed by and date:	