Clinical Audit Policy and Procedures

Version	Date	Reason for Change	Edited by	Approved by	Review Date
1.0	18/08/2021		SM & GT	Q&O Committee	18/08/2024
1.1	Nov 2024	Review – added audit plan	SM & GT	Q&O committee	1st November 2026

Table of Contents

Policy statement

Background statement

The purposes of this policy and procedures are to set out a framework for the conduct of clinical audit within Thanet Health CIC, and to maintain and support a culture of best practice in the management and delivery of clinical audit within Thanet Health CIC.

Statement

The organisation has adopted the universally accepted definition for both national and local clinical audit as defined by the National Institute for Health and Clinical Excellence (NICE) in their Principles for Best Practice in Clinical Audit (2002) is "a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change."

Responsibilities

Compliance with the strategy and policy will be the responsibility of all staff. The Directors are responsible for monitoring the application of the policy.

Training

Training will be provided specific to role across all clinical staff.

1. Introduction

THCIC 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. THCIC is therefore committed to delivering effective clinical audit in all of the clinical services it provides. This policy provides a framework to support the following:

- 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 THCIC's corporate objectives

2. Background

The expectation for professionals to participate in clinical audit was first established in the 1989 White Paper "Working for Patients". Subsequent national publications have reinforced this requirement.

In 2008 the CQC introduced an "Engagement in Clinical Audits" indicator which places the following expectations on organisations who are registered with the CQC:

- To participate in local and national clinical audits of the treatment and outcomes for service users in each clinical directorate
- To have a clinical audit policy and program related to local and national priorities with the overall aim of improving service user outcomes

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

THCIC is committed to ensuring stakeholder engagement in the clinical audit process. As such we are committed to:

- Early involvement of clinical leaders in the clinical audit process
- Supporting all staff to undertake clinical audit
- Involvement of service users and carers in the clinical audit process
- Partnership working with other organisations to ensure a system wide approach to clinical audit and sharing lessons learned

3. Scope

This document is directed at all staff who are responsible for overseeing the direction and development of clinical audit within the organisation or who are involved in the clinical audit process.

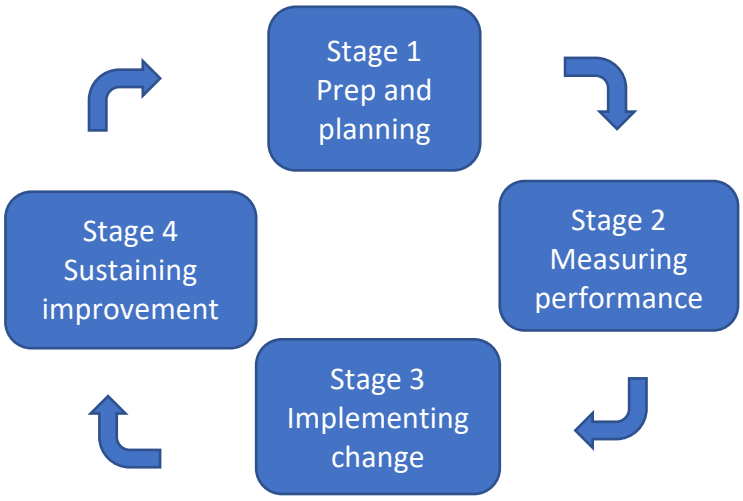
4. Definitions

4.1 Clinical audit

Clinical audit is one of a number of activities focused on improving patient care. NICE published "Principles for Best Practice in Clinical Audit" in 2002, which defined clinical audit as:

"a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement."

Clinical audit cycle Fig 1.



4.2 Standard
A standard is the level of care to be achieved for any particular criterion.

4.3 Criterion
A criterion is a definable and measurable item of healthcare which describes quality and can be used to assess it.

5.0 Roles and Responsibilities
Chief Executive

- The CEO is responsible for the statutory duty of quality and as such takes overall responsibility for this policy.

Chief Operating Officer

- The COO has day to day responsibility for the delivery, implementation and review of this policy. As such the COO is responsible to the development and implementation of the THCIC clinical audit program.

Quality and Governance Officer

- The Q&G officer works with the CEO and the COO to ensure this policy and the associated clinical audit program are delivered.

Clinical staff (See Clinical Audit Guide for Staff Appendix 1)

- Ensuring they audit their own practice in accordance with their professional codes of conduct.
- Conducting clinical audit in accordance with this policy and procedure.
- Taking account of lessons learned and making changes to service provision where appropriate.
- Participating in relevant national clinical audits.

Undertaking a gap analysis in response to publication of National Audit reports when identified as the clinical lead and developing an action plan to address and identified deficiencies in accordance with the Implementation of National Guidance Policy.

6.0 Accountability
Clinical audit is a significant mechanism for providing assurance on the quality of services provided. This responsibility is delegated by the THCIC Board to the Quality and Operations Group.

7.0 Process for setting priorities for a Clinical Audit Programme including participation in national and local audits
THCIC will agree an annual Clinical Audit Programme in March. The Programme will be prepared by the COO, Clinical Lead for UTC, and the Q&G officer. The proposed Programme will be reviewed by the Quality and Operations meeting, following which the Programme will be signed off by the THCIC Board.

There are many reasons why clinical audits are undertaken, although in essence there are 2 main drivers, quality assurance and quality improvement.

In the first instance an audit will be prioritised where there are concerns about the performance of a service. These concerns may be evidenced by internal data sets and/or there may, for example, be a pattern of concerns which have been raised by users/carers of a particular service. In the absence of any concerns the Quality and Operations group will take a view about which services, and which elements of those services should be candidates for a clinical audit.

8.0 The use of standards and criteria in clinical audit

By definition, clinical audit involves measuring clinical practice against pre-determined standards of best practice. Standards are an agreed statement of best practice which will improve the quality of care. They will usually be broken down into measurable criteria with an expected level of compliance for example, 100% of clinical records will have the patient's date of birth recorded.

Standards should be evidence based and ideally taken or adapted from sources including national guidance recommendations e.g. NICE, clinical audit criteria, network or local guidelines and policies.

9.0 Equality and Diversity

The process for determining and implementing clinical audits must not discriminate on the basis of race, disability, gender, sexual orientation, religion and belief.

10.0 Information governance

All clinical audit activity must take account of the General Data Protection Regulation (GDPR) 2018 and the Caldicott principles (1997). Data should therefore 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) which states "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."

Patient identifiable data should not be collected as part of the clinical audit. All clinical audit data should be anonymised for patients and staff. Special care should be taken when auditing services where there are relatively few clinical cases.

Where the clinical audit involves the patient being contacted to complete an audit questionnaire, the patient must be written to, explaining what the clinical audit is, the reason for the audit and to whom the information may be disclosed to.

11. Ethics and consent

Clinical audits do not require approval from a Research Ethics committee. However, they must be conducted within an ethical framework to ensure that no harm is caused to patients or staff and that data collection is reliable.

Every clinical audit should conform to the following four principles:

- There is a benefit to existing or future service users or others that outweigh potential burdens or risks
- Each service user's right to self-determination is respected
- Each service user's privacy and confidentiality is preserved
- The activity is fairly distributed across service user groups

When conducting a clinical audit direct contact with patients all staff must ensure they are approached in a sensitive and respectful manner. They should also be given a written explanation of the purpose of the audit, which also states our commitment to confidentiality, the length of time their data will be held, and be given the option not to take part in the audit.

12. Reporting and disseminating results

A clinical audit report template will be made available to staff.

Completed reports will be sent to the COO. The report should include the findings of the audit, recommendations as a result of the audit, and an action plan. The report will be presented to the Quality and Operations meeting.

If unacceptable practice is identified during the process of undertaking the audit, or subsequently when compiling the report then this should be escalated to the COO immediately. In the absence of the COO then the issue should be escalated to the CEO.

An annual Clinical Audit Report will be included in the THCIC Annual Report.

13. Action Plans and Improvement

The main purpose of Clinical Audit is to deliver service improvement. Where the results of clinical audit show evidence of sub-optimal practice an action plan must be produced and agreed by the Quality and Operations meeting.

Action plans should be specific, measurable and achievable. They should have clear implementation timescales with identified leads for each action.

Where an audit shows that all standards are being met the audit report should contain a specific statement that no further action is required.

Re-audits will be undertaken to ensure that action plans have been implemented effectively.

Appendix A - Clinical Audit Guide for Staff (Jan 2021)

Contents

1.0 What is Clinical Audit

Clinical Audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. This is done by measuring the care and services provided against evidence base standards, changes are implemented to narrow the gap between existing practice and what is known to be best practice. Ideally a clinical audit is a continuous cycle that is continuously measured with improvements made after each cycle and should be viewed as an integral part of working practice.

HQIP (Healthcare Quality Improvement Partnership) definition of 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 healthcare outcomes."

The benefits of clinical audit:

- Improves efficiency
- Improves patient care
- Improves effectiveness
- Ensures delivery of best practice

- Promotes higher standards of care
- Brings about change
- Aids continuous education
- Efficient use of resources
- Improves accountability
- Meeting patients needs and expectations
- Reduces frustration
- Reduces health inequalities
- Reduces organisational and clinical error

2.0 The Clinical Audit Cycle

Stage 1 Preparation and Planning (including for re-audit)

The topic for clinical audit is a priority. The clinical audit topic reflects a local service, specialty, or national priority where care could be improved or refined through clinical audit.

The clinical audit criteria are based upon the best available evidence e.g. NICE guidance. The clinical audit criteria are expressed in a form which enables measurement.

THCIC agrees the clinical audit. Staff should have the time to undertake the audit. If the staff undertaking the audit require training then this will be provided.

Patients are recognised as key stakeholders in the audit process. As appropriate patients are involved in the design and delivery of the audit.

Stage 2 Measuring Performance

The clinical audit method is described in a written protocol. This will include:

- The estimated timescale for the audit
- A description of the methodology and data collection process
- A description of safeguards to ensure confidentiality

The target sample should be appropriate to generate meaningful results. For example, a sample size which reflects the service being audited.

The data collection must be robust and must be analysed and reported in a way that maximises the impact of the clinical audit.

Data are analysed and feedback of the results is given so that the momentum of the clinical audit is maintained in line with the agreed timescale.

Results of the clinical audit are presented in the most appropriate manner for each potential audience to ensure the results support action planning.

The results are communicated effectively to all key stakeholders, including patients. This can be through presentations, written reports, posters etc but should be in a format which is easily understood.

Stage 3 Implementing Change

An action plan is developed and implemented to take forward any recommendations made.

The clinical audit results are written into a plan which sets out the areas needing improvement and where there is good compliance, recommends the action to address the identified issues and sets out how these will be implemented. Recommended actions should be targeted at the relevant service.

The action plan has the agreement of all or the majority of stakeholders involved in the clinical audit process. Any barriers to implementing change should be identified in the plan and action taken to address them.

The plan identifies who is responsible for taking each action, and by when, and when achievement of the actions will be reviewed.

The plan identifies and financial or other resource implications associated with the actions.

Implementation of the action is closely monitored and progress regularly communicated. Timetables need to be set and those with responsibility will monitor and drive the implementation of the action plan.

Stage 4 Sustaining Improvement (including re-audit)

The clinical audit is a cyclical process that demonstrates that improvement has been achieved and sustained.

The topic is re-audited to complete the audit cycle where necessary. Re-audit can measure continuing compliance with the clinical audit standards, confirm that recommendations arising from the initial audit have been implemented, or measure that good practice has been maintained. In some cases re-audit may not be necessary or possible e.g. if all standards are met in the first audit or there have been significant structural changes.

The results of the re-audit are recorded and disseminated appropriately.

3.0 Audit Pathway

Audit pathway:

4.0 Additional guidance on the audit process

4.1 Registering your audit

The audit registration must be submitted to the Chief Operating Officer. Once agreed the audit will be added to the THCIC annual Clinical Audit programme.

4.2 Types of audit

Outcome audit – asks what the result of the care that was delivered. This is used to assess if patients are getting the appropriate outcome e.g. blood pressure control of diabetic patients.

Process audit – asks what care was delivered. Refers to decisions and actions taken e.g. do patients get the right treatment at the right time.

Structure audit – asks how care is delivered. Looks at items required for clinical practice e.g. equipment, materials.

4.3 Selecting a topic

It is advisable to choose a topic which encompasses as many of the following as possible:

- It is a priority
- It is of concern for service users and has the potential to improve outcomes for service users
- It is of clinical concern e.g. an acknowledged variation in clinical practice, high risk procedure
- It is financially important e.g. very common, very expensive
- It is of local and/or national importance
- It is practically viable e.g. can be measured and you will be able to implement change or effect the implementation of change
- There is new research evidence available

4.4 Audit Objectives

Having decided on the audit topic it is helpful to clearly define your clinical audit objectives. That is why you are doing the audit and what will be achieved as a result.

- Audit of clinical notes using set criteria for measuring competency
- Audit of antibiotic prescribing
- Audit of control drug prescribing
- Infection Control Audit
- Hand Washing Audit

4.5 Setting audit criteria and standards

A criterion is a statement that is used to assess the appropriateness of health care decisions, services, and outcomes. Criteria should be evidence based and agreed by the Quality and Operations Group.

A standard expressed as a percentage, defines the level of performance considered acceptable in relation to the chosen criterion. Standards need to be achievable.

4.6 Data collection

Most data collected for clinical audit are quantitative. It can also be useful to collect some qualitative data to increase understanding of complex areas e.g. service user views. More time tends to be required for the analysis of qualitative data than quantitative data.

4.7 Sample size

An audit usually involves a defined group of people who share certain characteristics such as the same medical condition or having received the same type of treatment. Ideally the care received by all of the audit population should be audited, however this can be impractical.

For most audits a snapshot sample will be sufficient, this should be small enough to allow rapid data collection but large enough to represent the audit population.

If greater accuracy in the results is required a sample size should be calculated that is representative of the whole audit population. Sample size calculations depend on:

- The size of the population
- The degree of accuracy required
- The degree of confidence required
- How often the audit criteria are expected to be met

4.8 Reporting

See reporting template in Appendix B below:

Appendix B – Feedback Report

Title of Clinical Audit

Service

Feedback Report (date)

Author:

Date report completed:

Contents:
Background
Aims and objectives (including criteria and standards)
Methodology
Results
Conclusions and lessons learned
Recommendations/action plans

Background
(reasons for the audit)

Aims and Objectives

Methodology
(Who/how/when did you audit, what did you want to achieve?)

Results/Key findings

Conclusions and lessons learned

Recommendations

ACTION PLAN

Recommendation/Issues	Action	Lead	Timescale	Completed Yes/no

Appendix C
THCIC Audit Plan
2024-2025

Annual Audit plan 24/25

Title of Audit and month due for completion	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Notes	Evidence	Leads	Frequency
GP and ACP Consultation Audit													new member of staff - audit consultations within the 1st 5 weeks. Any issues to re-audit on a monthly basis. No issues, every six		KK/SM	per notes /score or 3 times a yr
IPC Audit includes Hand hygine													All services - Hand washing / Sharps / PPE. last comp. 2023 - Future plans to do spot check assessments using UV gel and light box/torch c-ART staff need to be completed for handwashing	Info on sharepoint	MH/SM	twice yearly
Premises IPC Spot check													spot checks at all sites		MH	
Meds management audit													To work with ICB Meds management team and during Clinician consultation audits	Data from ICB and the Trust	SM	Annual
IG Spot Check Audit													Part of IG toolkit	Audit on Shared dri	PR	twice a year
Health and Safety Assessment	TBC												Completed by Croner	H&S folder	SH	twice a year
Fire Assessment													Completed by Croner	H&S folder	MH / PR	Annual