

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

CORPORATE CLINICAL AUDIT POLICY

Policy Number:	SA39
Scope of this Document:	All Staff
Recommending Committee:	Clinical Audit and NICE Divisional Groups
Approving Committee:	Executive Committee
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Lead Author(s):	Deputy Director of Improvement & Innovation

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2020 – Version 7

*Striving for perfect care
and a just culture*



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Further information about this document:

Document name	CORPORATE CLINICAL AUDIT POLICY (SA39)
Document summary	<p>The objective of this policy is to describe the framework for managing Clinical Audit and describes:-</p> <ul style="list-style-type: none"> • The duties of all parties within Mersey Care NHS Trust • The development of the Clinical Audit Programme • The Clinical Audit process • The required contents of a Clinical Audit report • The process for monitoring compliance with the standards of the policy <p>This policy will be made available in other formats such as easy read, audio, Braille, large text, other languages and different coloured paper on request.</p>
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To be read in conjunction with	<p>Health Records Policy and Procedures IT06 Confidentiality and Information Sharing IT10</p>
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

- 1.1 This Policy has been reviewed in line with the Healthcare Quality Improvement Partnership (HQIP) *Clinical Audit: a guide for NHS boards and partners - summary* published in January 2015 to reflect the changes in the NHS in England, the Health and Social Care Bill, the lessons from Mid Staffordshire and Keogh Reviews and the enhanced focus on well led organisations.
- 1.2 Healthcare Quality Improvement Partnership (HQIP) is contracted by the Department of Health to deliver outcome focused quality improvement programmes structured around collection of clinical data, and advocate that a Clinical Audit policy should describe a working definition of clinical audit and how the organisation practices clinical audit, its systems and its processes.
- 1.3 This Policy focuses on the developing role of quality improvement, audit and review in providing assurance by clinicians to the board, stakeholders and commissioners that services are well led, delivering responsive improved cost effective outcomes with transparency in choice of audit, action plans and impact
- 1.4 Participation in National Clinical Audits and publication of outcome statistics is now required as part of the NHS England Standard Contract and CQC guidance
- 1.5 Clinical audit is a tool in strategic management as part of the broader quality improvement programme; which provides assurance and is aligned to broader interests and targets that the board needs to address.
- 1.6 Clinical audit is part of an overall framework of quality and is reported in the Trust's Quality Account. The Trust is regulated and performance managed against its participation in clinical audit.
- 1.7 This policy sets out the Quality Improvement Audit Framework which identifies seven key areas of focus for clinical audit:
 - National Audits: Commissioned for Quality Account
 - Contract Requirements
 - Key Lines of Enquiry for CQC
 - Risk issues associated with previous audit or complaint/incident investigation
 - NICE Guidance
 - National Audits
 - Practitioner and service development as part of enquiry to establish baseline measures of clinical practice
- 1.8 The purpose of clinical audit is improvement. The trust operates a trust-wide rolling audit programme, which covers all stages of the audit cycle, but allows prioritisation and stakeholder involvement in-year. Audits are considered complete when there has been re-audit and reported improvement.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 The Clinical Audit Programme is aligned to the broader strategic interests of the organisation and other aspects of our strategic management. Clinical audit can provide assurance to commissioners and the trust and any gaps identified can be addressed in forthcoming plans and budgets.
- 2.2 Within our broader Clinical Audit Programme there is a robust process for ensuring that each quality improvement method is chosen for its merit and impact. Clinical audit is utilised when it has been identified as the most effective tool to improve and assure the quality of the service delivered.
- 2.3 A delegated sub-committee of the board, the Quality Assurance Committee, receives assurance that audits and re-audits are completed in a timely and effective fashion. Where there is a lack of assurance the committee identifies and reviews action plans and may escalate concerns to other Board sub-committees.
- 2.4 By adopting a professional approach to clinical audit, by setting auditable procedures for, selecting and delivering audit-based improvement, the board can determine materiality (risk, value and return) and trigger points for escalation as well as benchmarking to compare with norms and emerging good practice.
- 2.5 The trust's Clinical Audit Programme is focused on the patient pathway, and working in partnership with other health and social care providers and commissioners, involved in these pathways, has proven to improve overall care in our community. We invite external organisations to peer-review our approach.

3. SCOPE

- 3.1 Every employee within Mersey Care NHS Trust has a responsibility for participating in clinical audit and quality improvement initiatives.
- 3.2 This policy applies equally to all members of staff, either permanent or temporary.

4. DEFINITIONS

- 4.1 Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
- 4.2 Clinical audit involves measuring clinical practice against predetermined standards of best practice. Standards are an agreed statement of best practice which will improve the quality of care and will usually be broken down into measurable criteria with an expected level of compliance. Criteria are explicit statements that define what is being measured and represent elements of care that can be measured objectively.

- 4.3 Standards should be evidenced based and ideally taken or adapted from sources including national guidance recommendations e.g. NICE, Clinical Audit criteria, network or local guidelines and policies.

5. DUTIES

5.1 Executive Director of Nursing

- 5.1.1 The Executive Director of Nursing holds organisational accountability for clinical audit and has responsibility for clinical audit at Trust Board level; and it's sub-committees; in particular the Quality Assurance Committee.

5.2 Deputy Director of Improvement & Innovation

- 5.2.1 The Deputy Director of Improvement & Innovation is responsible for relaying information, including escalating concerns, in relation to clinical audit activity to the attention of the Executive Director of Nursing, and any sub-committees of the Board on behalf of the Executive Director of Nursing.

5.3 Clinical Audit and NICE Lead

- 5.3.1 The Clinical Audit and NICE Lead, under the direction of the Deputy Director of Improvement & Innovation, is responsible for clinical audit within the Trust. The Clinical Audit and NICE Lead informs the Deputy Director of Improvement & Innovation, or nominated deputy, of all clinical audit activity through the Quality Assurance committee.

5.4 Clinical Divisions

- 5.4.1 Each Clinical Division has a responsibility to prioritise areas to be audited and oversee local clinical audit activity as part of the relevant governance framework.

5.5 Clinical Audit Team

- 5.5.1 The Clinical Audit Team, under the direction of the Clinical Audit and NICE Lead, is responsible for conducting or liaising with other professionals to coordinate Trust-wide audits.

5.6 All Staff

- 5.6.1 All staff have a responsibility to support the clinical audit process, inclusive of communicating and acting upon findings and recommendations from audit reports.

6. PROCESS

- 6.1 In pursuit of the promotion of a culture of learning and continuous service improvement that delivers demonstrable improvements in care and contributes to meeting the trust's corporate objectives alongside clinical audit, there are various other data collection and quality monitoring activities and audit included in the Audit programme.
- 6.2 **Quality Account priorities**
- 6.2.1 There is a legal requirement to publish an annual 'Quality Account' which provides the public with an overview of the quality of care provided by the Trust, the document is uploaded onto NHS Choices website for ease of access. The Quality Account includes the Centre for Perfect Care and Wellbeing priorities a summary of clinical audit activity to improve the quality of patient care across the Trust's services. Delivery of the Quality Account is monitored by the Quality Assurance Committee
- 6.3 **Working with Commissioners**
- 6.3.1 The trust is committed to performing clinical audit as part of the NHS Standard Contract and the Commissioning for Quality and Innovation (CQUIN) schemes. Performance and Information and Finance Departments within the Clinical Divisions and commissioners agree areas for clinical audit for inclusion in the annual Clinical Audit Programme
- 6.4 **National Clinical Audit**
- 6.4.1 The Clinical Audit Programme is developed following national guidance published by the Healthcare Quality Improvement Partnership (HQIP) and considers National Clinical Audits which are listed in the National Clinical Audit Patients Outcome Programme (NCAPOP) and are considered relevant to Mersey Care NHS FT.
- 6.5 **Clinical Records audit**
- 6.5.1 Audit of clinical record entries completed by multi-disciplinary professionals reviewing quality and standards of record entries required as mandatory annual evidence to support the Trust Information Governance Toolkit standards
- 6.5.2 This audit considers requirements specified within Corporate Health Records Policy & Procedures IT06 and the Information Governance Toolkit Standard 404.
- 6.5.3 The Information Governance Requirement Assurance 404 specifies that; *"It is essential that organisations undertake audits of clinical records in all specialties to ensure that the quality of the health record can justify any decisions taken if required."* This audit is reported on an annual basis to the Trust's Health Records Committee and actions to enable improvements are agreed and included in an action plan.

6.6 Provision for Audits Requested by Trust Board

- 6.6.1 Priorities reflective of organisational objectives for clinical audit as outlined in the Quality Account and Quality Schedule agreed by the Board and shared with commissioners include priority areas that allow us to meet statutory requirements.
- 6.6.2 The trust acknowledges the significance of clinical audit as a quality improvement process and as an important mechanism for providing assurance in relation to the provision of safe and effective care. Provision will be made in the Annual Clinical Audit Programme for ad-hoc audits requested by the Trust Board to provide additional assurance on any area of concern.
- 6.6.3 Oversight of any audits added to the Annual Clinical Audit Programme will be undertaken by the Quality Assurance Committee.

6.7 Annual Clinical Audit Programme Development

- 6.7.1 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 clinical services.
- 6.7.2 The proposed programme will be prepared by the Clinical Audit and NICE Lead following consultation with all relevant stakeholders. Clinical Division's will present their clinical audit priorities and prospective plan to their respective Governance forum for approval. The overall Clinical Audit Programme will be presented to the Quality Assurance Committee and will include the following priorities:
 - National Audits: Commissioned for Quality Account
 - Contract requirements
 - Key Lines of Enquiry from CQC
 - Risk issues associated with previous audit or complaint/incident investigation
 - NICE Guidance
 - National Audits
 - Practitioner and service development as part of local enquiry to establish baseline measures of clinical practice

6.8 Clinical Audit Proposals

- 6.8.1 Any staff member planning to undertake a clinical audit should complete a Project Proposal Form (Appendix One). The audit will be logged on the trust database AMaT. A timetable for each clinical audit project will be completed by the Clinical Audit and NICE Lead and progress or slippage reported through the Quality Assurance Committee. Each audit on the Trust Clinical Audit Programme will have an identified member/s of staff to coordinate the audit.

6.9 Sampling and Data Sourcing

- **Sampling:** The sample chosen for any clinical audit must be sufficient to produce credible results. For small populations a representative sample may be determined by the professionals coordinating the audit and selected randomly. For large populations a representative sample should be determined using an electronic sampling technique.
- **Data Sourcing:** Data collected for audits should be from a reliable source.

6.10 Data Collection and Analysis

- **Data collection tools:** Data collection tools must include a unique identification number, which refers to the subject audited, the date which data was collected; and it is recommended that the name of the auditor is included on the data collection tool, especially where more than one auditor is collecting the data. The Clinical Audit coordinator can advise and assist with developing audit tools.
- **Data analysis:** This is the process of extracting relevant data from that collected and interpreting into useful information. The Clinical Audit department will facilitate this. Analysis can be illustrated diagrammatically i.e. using charts, as percentages, or using more sophisticated techniques as is deemed appropriate.
- **Root cause analysis:** Where the results of a clinical audit indicate sub-optimal practice and there is scope for improvement, a root cause analysis approach may be undertaken to identify what improvements are needed.

6.11 Clinical Audit Report

6.11.1 A Clinical Audit Report allows the auditor to share all aspects of the clinical audit with their audience. A Clinical Audit Report must include the following; and it is recommended that these are used as section headings:

- **Introduction:** A background of the audit, including the relevance of the audit and any current government policy and other key documentation.
- **Aim:** A definition of the key purposes of the audit.
- **Objectives:** What the audit is trying to achieve, taken from policy / requirements; i.e. the audit standards.
- **Methodology:** An explanation of the criteria for inclusion in the audit, the total population and the sample selected, and the method of data collection.
- **Findings:** A detailed description of the audit findings numerically and/or pictorially. An overall comparison of the results for each service/team, highlighting the level of compliance against each of the objectives.
- **Conclusion:** A brief overview of the audit results and information regarding how this may compare to what was expected based on existing information or benchmarking data..

- **Action for improvement:** Clinical audits will highlight issues which should be considered for improvement. Actions for improvement should be discussed and agreed prior to the development and sharing of an Action Plan.

6.11.2 Clinical Audit Leads, within the respective Divisions, and specialty staff are responsible for ensuring the identified actions are incorporated into clinical practice and relevant business plans. Services or departments are responsible for the implementation and monitoring of action plans.

- **Re-Audit:** Re-audit is important to determine whether agreed actions have been implemented according to the action plan. The Clinical Audit Department will support forward planning of re-audits, when timescales have been given. Clinical Audit projects due for re-audit will be considered during the planning of the annual Clinical Audit Programme. Where appropriate, re-audit may focus on specific aspects that require improvement (i.e. not a full re-audit).

6.12 Information Governance

6.12.1 All Clinical Audit activity must take account of the Data Protection Act (2018), the Caldicott Principles (2013) and the Trust Confidentiality Policy IT10. This means that's data should be:

- adequate, relevant and not excessive
- accurate
- process for limited purpose
- held securely
- not kept for longer than is necessary
- audit data held electronically should be stored on server according to the Trust Retention and Destruction Schedule
- shared appropriately and safety in the best interests of their patients

6.12.2 Clinical audit activity must conform to the requirements of the NHS Confidentiality Code of Practice (2003) which states the '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'. If patients have been informed, Section 60 of the Health and Social Care Act 2001 makes provision for the collection of patient identifiable data for the purpose of Clinical Audit; however best practice directs that data be anonymised unless there was a compelling reason not to do so.

7. CONSULTATION

- 7.1 This policy has been reviewed and updated in consultation with Divisional Audit Leads, Head of Nursing and the Executive Director of Nursing.
- 7.2 The Quality Assurance Committee and Audit Committee agree the Clinical Audit Programme for the coming year and provide bi monthly updates.

8. TRAINING AND SUPPORT

- 8.1 Clinical Audit Awareness is included in the Trust's Junior Doctor's induction and is provided by the Clinical Audit Department, support, training and guidance is also provided on request to staff audit leads in respect of audit design, sample size, audit tool development and root cause analysis.

9. MONITORING

- 9.1 The Clinical Audit and NICE Lead will ensure that all Clinical Audit Projects comply with this policy. Projects that do not comply will not be approved.
- 9.2 All approved Clinical Audit Projects are required to submit Clinical Audit Reports and action plans to the Divisions governance meetings and are uploaded to the Clinical Audit Teams Audit Management and Tracking (AMaT) system. The Clinical Audit Department will monitor the progress on the implementation of action plans and ensure re-audits where required. Progress will be reported quarterly to the Quality Assurance Committee.
- 9.3 The Clinical Audit and NICE Lead will produce regular updates and an Annual Clinical Audit Report for presentation to the Quality Assurance Committee and bi-annual reports to Local Commissioners as required by the Quality schedules.
- 9.4 The Annual Report will also be included in the Trust's Annual Quality Account.

10 EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: Corporate Clinical Audit Policy
Area covered: Trust wide

What are the intended outcomes of this work? The policy sets out a framework for Clinical Audit and quality improvement programme.
Who will be affected? Staff and service users.

Evidence
What evidence have you considered? The Policy
Disability (including learning disability) No issues identified.
Sex No issues identified.
Race No issues identified.
Age No issues identified.
Gender reassignment (including transgender) No issues identified.
Sexual orientation No issues identified.
Religion or belief No issues identified.
Pregnancy and Paternity No issues identified.

Carers No issues identified.
Other identified groups No issues identified.
Cross Cutting No issues identified.

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Not engaged
Right of freedom from inhuman and degrading treatment (Article 3)	Not engaged
Right to liberty (Article 5)	Not engaged
Right to a fair trial (Article 6)	Not engaged
Right to private and family life (Article 8)	The policy is protected of confidential personal data.
Right of freedom of religion or belief (Article 9)	Not engaged
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Not engaged
Right freedom from discrimination (Article 14)	Not engaged

Engagement and Involvement This policy has been reviewed and updated in consultation with Divisional Audit Leads, Deputy Director of Improvement & Innovation and the Executive Director of Nursing.

Summary of Analysis
Eliminate discrimination, harassment and victimisation No negative impact has been noted.
Advance equality of opportunity The policy is supportive to staff undertaking audit as training and support is provided on an individual basis.
Promote good relations between groups Nothing indicated within policy.

What is the overall impact? The policy is not noted to be discriminatory directly or indirectly.

Addressing the impact on equalities

Action planning for improvement

For the record Name of persons who carried out this assessment: Steve Bradbury, Deputy Director of Improvement & Innovation
Date assessment completed: 3 March 2020
Name of responsible Director: Trish Bennett - Executive Director of Nursing
Date assessment was signed:

11 Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			

12. APPENDICES

Appendix 1

AUDIT PROPOSAL

INTRODUCTION

I would like to propose this Audit for consideration. I understand that the Clinical Audit Team and the relevant service Clinical Audit lead will consider the proposal and that I will be informed of the outcome within 7 working days of submission unless extraordinary circumstances prevail.

TITLE:

LEAD (name and contact details):

DIVISION:

DATE:

SUMMARY OF PROPOSAL (no longer than half a page):

THE AUDIT

STATEMENT OF THE ISSUE

(Why? – a brief description of the issue, the relevance and importance of dealing with the issue to you, your service, and the Trust)

AIMS & OBJECTIVES

(What? – a description of the key themes the audit will focus on, including any standards you intend to monitor against and the impact the outcomes of the audit will have upon the whole organisation)

METHODOLOGY

(How? – a description of how you intend to tackle the issue; i.e. sample size, your chosen approach to the audit and how any learning from the audit will be applied across the whole organisation)

TIME MANAGEMENT

(When? – a description of how the audit will be managed, including the timeframe and any milestones)

ENGAGEMENT & INVOLVEMENT

(Who? – details of who will be involved in the audit and their specific roles, including any actions for improvement)

- a) **Who to disseminate audit findings to?**
- b) **Who is responsible for Action Planning?**

Clinical Audit Action Plan

Audit Title and Date:

Audit Lead:

Background Information

Actions	Next steps	Person(s) Responsible	Time Frame
1.			
2.			
3.			
4.			

SUPPORTING DOCUMENTS

Caldicott Committee, The. (1997 & 2013). Report on the review of patient-identifiable information. London: Department of Health.

Available at: www.oxfordradcliffe.net

Confidentiality and Information Sharing [IT10](#)

Data Protection Act 1998. London: The Stationery Office.

Available at: www.opsi.gov.uk

Health Records Policy and Procedures [IT06](#)

Health and Social Care Act 2012

Health Quality Improvement Partnership (HQIP). (2016) Developing a Clinical Audit policy.

Available at: <https://www.hqip.org.uk/wp-content/uploads/2018/02/VzdKRV.pdf>

National Institute for Health and Clinical Excellence (NICE) (2002) Principles for Best Practice in Clinical Audit. Oxon: Radcliffe Medical Press.

Available at: www.nice.org.uk