Clinical Audit Policy

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Title & Department of originator:	Clinical Audit Policy, Department of Quality & Safety
Title of responsible committee/department:	Quality and Workforce Committee
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Next Review date:	June 2022 or sooner or when there is a change in Policy or National Guidance
Target audience:	Both Clinical and Non-Clinical Staff
Impact Assessment Date:	21/07/2017
Summary	The purpose of the policy is to set out the framework for the conduct of clinical audit and to maintain and support a culture of best practice in the management and delivery of clinical audit within Primary Care 24 (PC24). The policy sets out the rationale for undertaking, and the expectations in relation to conducting and participating in clinical audit. With the overall aim being to promote high quality clinical audit within the organisation.

Version	Date	Control Reason	Title of Accountable Person for this Version
V1.0	November 2017	New Policy	Associate Director of Nursing
V1.1	June 2019	Reviewed policy and updated Company name	Associate Director of Nursing

Reference Documents	Electronic Locations (Controlled Copy)	Location for Hard Copies
Please refer to Section 10 of the policy	Primary Care 24 Intranet / SOPs Clinical / Operations … **Delete as appropriate***	**Policy File, Wavertree Headquarters**

Consultation: Committees / Groups / Individual	Date
Medical Director, Leadership Team, Senior Management Team, Policy Group, Quality & Workforce Committee and the Board	Feb 2018

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1. INTRODUCTION – STATUTORY AND MANDATORY REQUIREMENTS FOR CLINICAL AUDIT

1.1 When carried out in accordance with best practice, clinical audit:

- Improves the quality of care and patients outcomes
- Provides assurance of compliance with clinical standards
- Identifies and minimises risk, waste and inefficiencies

Participation in both national and local clinical audit is statutory and a contractual requirement for healthcare providers. The https://www.england.nhs.uk/nhs-standard-contract/17-18/ forms the agreement between commissioners and providers of National Health Service (NHS) funded services, who must:

- Participate in national clinical audits within the National Clinical Audit and Patient Outcomes Programme (NCAPOP) relevant to their services
- Implement and / or respond to all relevant recommendations of any appropriate clinical audit
- Implement an ongoing, proportionate programme of clinical audit of their services in accordance with good practice
- Provide to the co-ordinating commissioner, on request, the findings of any audits carried out, in particular locally-agreed requirements such as Commissioning for Quality and Innovation (CQUIN) audits

In addition, the regulatory framework of the Care Quality Commission (CQC) requires registered healthcare providers to monitor the quality of their services, describes the care patients should expect, and provides prompts for providers to consider when aiming to meet requirements for governance and audit, set out in Regulation 17 https://www.cqc.org.uk/content/regulation-17-good-governance whereby:

"To meet this regulation, providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice."

Providers must use the findings from clinical audits and other quality improvement initiatives, including those undertaken at a national level – such as National Confidential Inquiries and Enquiries and National Service Reviews

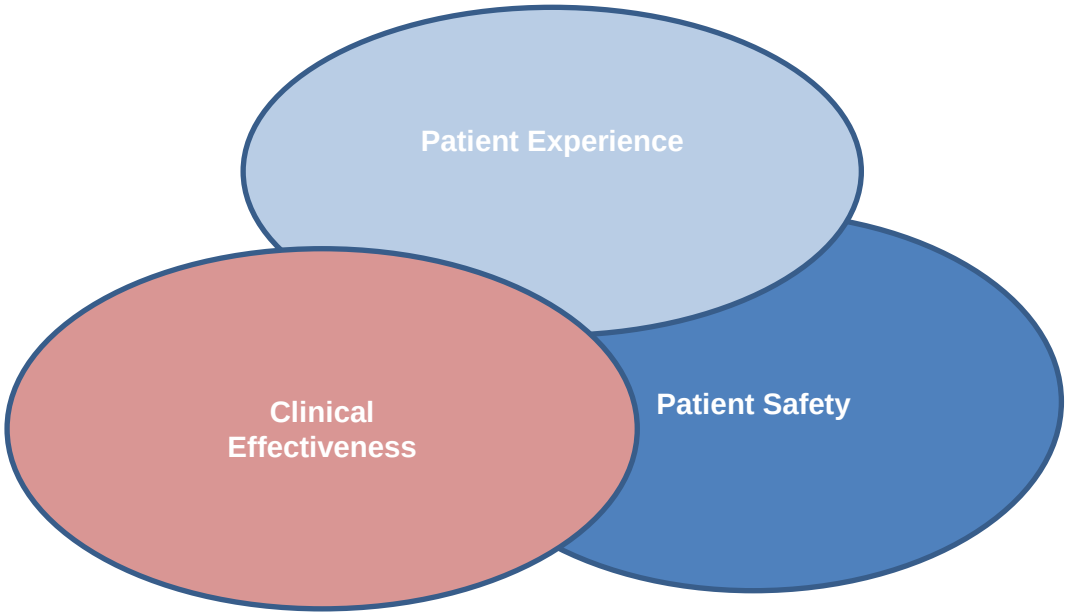
– to ensure that action is taken to protect people who use services. They must also ensure healthcare professionals are able to participate in clinical audit in order to satisfy the demands of their relevant professional bodies (for example, for revalidation and professional development).

2 STATEMENT OF PURPOSE

2.1 The purpose of the policy is to set out the framework for the conduct of clinical audit and to maintain and support a culture of best practice in the management and delivery of clinical audit within Primary Care 24 (PC24). The policy sets out the rationale for undertaking, and the expectations in relation to conducting and participating in clinical audit. With the overall aim being to promote high quality clinical audit within the organisation.

2.2 IMPROVMENT AND ASSURANCE

2.3 Quality in the NHS was defined in *High quality care for all: NHS next stage review,* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf, led by Lord Darzi, and enshrined in legislation through the *Health and Social Care Act 2012,* http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted This set out three dimensions, seen in diagram 1, which must all be present to provide a high-quality service:



2.4 **PATIENT EXPERIENCE** quality care is delivered for a positive experience, including being treated according to individual wants or needs, and with compassion, dignity, and respect

CLINICAL EFFECTIVENESS quality care is delivered according to the best evidence regarding what is clinically effective in improving an individual's health outcomes

PATIENT SAFETY quality care is delivered to prevent all avoidable harm and risks to an individual's safety

QUALITY IMPROVEMENT in healthcare is a process that seeks to enhance patient experience and individual health outcomes, through measuring and improving the effectiveness and safety of clinical services

QUALITY ASSURANCE in healthcare is the planned and systematic monitoring of activity to ensure that the requirements for safe, clinically effective services and positive patient experience are met. Quality assurance aims to provide confidence and certainty in the quality of services

While clinical audit is fundamentally a quality improvement process that provides the opportunity for ongoing review and service development, it also plays an important role in providing assurance on the quality of services.

Healthcare Quality Improvement Partnership (HQIP) http://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/ offers an overview of a range of quality improvement techniques that might be combined with clinical audit activity.

PRIMARY CARE 24 IS COMMITTED TO ENSURING

- Participation in all national clinical audits, National Confidential Inquiries and Enquiries and, National Service Reviews relevant to the services provided
- All clinical audit activity within PC24, or conducted in partnership with external bodies, is registered both locally and nationally as appropriate, and conforms to nationally agreed best practice standards (see HQIP's *Best practice in clinical audit*, http://www.hqip.org.uk/resources/best-practice-in-clinical-audit-hqip-guide/ 2016)
- The annual programme of clinical audit activity meets the Integrated Performance Report (IPR) objectives, and includes all of the clinical audits necessary to meet the requirements of regulators and commissioners
- Records of reviews of the annual programme of clinical audit, individual clinical audit projects, as well as the results of national clinical audits, National Confidential Inquiries and Enquiries, and National Service Reviews, are

maintained, to: Help facilitate effective clinical audit activity through robust governance systems

- Demonstrate compliance with requirements of regulators and commissioners

3. LOCALLY ACCEPTED DEFINITION OF CLINICAL AUDIT

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

- **STAGE 1 – PREPERATION AND PLANNING** to agree required standards and clinical audit methodology
- **STAGE 2 – MEASURING PERFORMANCE** data collection in order to evaluate performance against required standards
- **STAGE 3 – IMMPLEMENTING CHANGE** using action planning where shortfalls are identified
- **STAGE 4 – SUSTAINING IMPROVEMENT** through monitoring and service development, with repeated clinical audit cycles as required

The (HQIP) document “Clinical Audit: A simple guide for NHS Boards and Partners” 2010 provides further clarification of the key features of Clinical Audit detailed below;

- Use clinical audit as a tool in strategic management; ensure the clinical audit strategy is allied to broader interests and targets that the board needs to address
- Develop a programme of work which gives direction and focus on how and which clinical audit activity will be supported in the organisation
- Develop appropriate processes for instigating clinical audit as a direct result of adverse clinical events, critical incidents and breaches in patient safety
- Check the clinical audit programme for relevance to board strategic interests and concerns. Ensure that results are turned into action plans, followed through and re-audit completed
- Ensure there is a lead clinician who manages clinical audit within the organisation, with partners/suppliers outside, and who is clearly accountable at board level
- Ensure patient involvement is considered in all elements of clinical audit, including priority setting, means of engagement, sharing of results and plans for sustainable improvement
- Build clinical audit into planning, performance management and reporting

- Ensure with others that clinical audit crosses care boundaries and encompasses the whole patient pathway
- Agree the criteria of prioritisation of clinical audits, balancing national and local interests, and the need to address specific local risks, strategic interests and concerns
- Check if clinical audit results evidence complaints and if so, develop a system whereby complaints act as a stimulus to review and improvement

4. SCOPE

4.1 The policy applies to anyone engaged in the clinical audit process within PC24, including:

- All staff, both clinical and non-clinical, and those on short term contracts
- Students and trainees in any discipline
- Patients, carers volunteers and members of the public

When clinical audit is undertaken jointly across organisational boundaries appropriate processes will be agreed on a case by case basis.

4.2 MULTIDISCIPLINARY AND MULTI-PROFESSIONAL AUDIT, AND PARTNERSHP WORKING WITH OHER ORGANISATIONS

PC24 encourages clinical audit to be undertaken jointly across professional and organisational boundaries. Partnership working with other local and regional organisations will be encouraged where improvements to the patient journey may be identified through shared clinical audit activity.

PC24 also supports collaboration on multi-professional clinical audits of interest to other parts of the local health and care economy, both within and outside of the NHS, e.g. primary/secondary care, local authorities, independent health and social care providers.

5. DUTIES, ROLES AND RESPONSIBILITIES

5.1 **THE CHIEF EXECUTIVE** is responsible for the statutory duty of quality and takes overall responsibility for this policy

5.2 **THE MEDICAL DIRECTOR** is responsible for ensuring PC24's Clinical Audit Programme of work is aligned to the Board's strategic objectives / interests and concerns:

- To ensure that clinical audit is used appropriately to support the Integrated Performance Report
- To ensure the policy is implemented across all clinical areas
- To ensure that any serious concerns regarding PC24 policy and practice in clinical audit, or regarding the results and outcomes of national and local clinical audits, are brought to the attention of the Board

5.2 **THE EXECUTIVE DIRECTOR OF NURSING AND QUALITY** has accountability for the process, procedure / policy and the implementation of Clinical Audit

5.3 **THE QUALITY & WORKFORCE COMMITTEE** is the corporate committee tasked with oversight and scrutiny of PC24's clinical audit activity, prioritisation of participation in national clinical audit, decisions about local clinical audit, and review of audit reports, including progress through repeated clinical audit cycle

5.4 **THE CLINICAL AUDIT & EFFECTIVENESS LEAD** will ensure effective management and monitoring with clear accountabilities around allocation of high level reports that have a clear and significant impact upon clinical practice

5.5 **THE EXECUTIVE DIRECTOR OF NURSING AND QUALITY** is responsible for the management of the Clinical Audit Programme within the organisation, and to ensure that processes are implemented, monitored and reported

5.6 **SERVICE CLINICAL AUDIT SERVICE LEADS** each service will have a designated service Clinical Audit Lead within their team who is responsible for managing, leading and supporting clinical audit activity within their service. The service Clinical Audit Leads will be key champions of Clinical Audit within their area. Where service Clinical Audit Service Leads are not assigned the responsibility remains with the Manager of the service.

6. MONITORING COMPLIANCE

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / Committee which will receive the findings / monitoring report	Group / Committee / individual responsible for ensuring that the actions are completed
Reviewing and evaluating the process for setting priorities for the clinical audit programme including participation in local and national clinical audit / disseminating audit results / making improvements / monitoring action plans and carrying out re-audits	Review of compliance against the organisational Clinical Audit Programme	Clinical Audit & Effectiveness Lead	Ongoing	Quality & Workforce Committee	The Audit Committee

7. EQUALITIES AND HEALTH INEQUALITIES STATEMENT

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

8. PERSONAL INFORMATION STATEMENT

PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate whether the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 2018. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 2018, therefore no Privacy Impact Assessment is necessary.

9. ASSOCIATED PC24 DOCUMENTS

- PC24 Clinical Audit Procedure
- PC24 Clinical Audit Registration Form
- PC24 Guidance notes on the completion of the Clinical Audit / Service Evaluation Registration Form
- PC24 Clinical Audit / Service Evaluation Summary Report

10. SUPPORTING REFERENCES

- NICE: *Principles for Best Practice in Clinical Audit*, Oxford, Radcliffe Medical Press, 2002,
- The New NHS – Modern Dependable (DOH, 1997),
- A First Class Service, (DOH, 1998), Clinical Governance – Quality in the NHS, (DOH 1999),
- Good Medical Practice (GMC, 2001),
- Learning from Bristol: the report of the public inquiry into children's heart surgery at Bristol Royal Infirmary 1984 – 1995 [the Kennedy Report] (DOH, 2002)
- National Standards, Local Action (DOH, 2004),
- Good Doctors Safer Patients (DOH, 2006)
- Trust Assurance & Safety (DOH, 2007),
- The NHS Next Stage Review Final Report, High Quality Care for All [the 'Darzi Report'] (DOH, 2008),
- The White Paper 'Trust Assurance and Safety' (DOH, 2007),
- Clinical Audit: A simple guide for NHS Boards and Partners" Healthcare Quality Improvement Partnership (HQIP) document, 2010

11 APPENDICES

Appendix 1 Equalities & Health Inequalities Screening

Equalities and Health Inequalities – Screening Tool

Name of Policy: **Clinical Audit Policy**
Date of Ratification: **February 2018**

Version number: V1.0

First published: November 2016

To be read in conjunction with Equalities and Health Inequalities Analysis Guidance, Quality & Patient Safety Team, Primary Care 24 , 2016.

Prepared by: Quality & Patient Safety Team.

Introduction

The purpose of this Screening Tool is to help you decide whether or not you need to undertake an Equality and Health Inequalities Analysis (EHIA) for your project, policy or piece of work. It is your responsibility to take this decision once you have worked through the Screening Tool. Once completed, the Head of your SDU or the Quality & Patient Safety Team will need to sign off the Screening Tool and approve your decision i.e. to either undertake an EHIA or not to undertake an EHIA.

The Quality and Patient Safety Team can offer support where needed. It is advisable to contact us as early as possible so that we are aware of your project.

When completing the Screening Tool, consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

A number of groups of people who are not usually provided for by healthcare services and includes people who are homeless, rough sleepers, vulnerable migrants, sex workers, Gypsies and Travellers, Female Genital Mutilation (FGM), human trafficking and people in recovery. Primary Care 24 will also consider these groups when completing the Screening Tool:

The **guidance** which accompanies this tool will support you to ensure you are completing this document properly. It can be found at: http://extranet.urgentcare24.co.uk/

Equality and Health Inequalities: Screening Tool

A	General information
A1	Title: **Clinical Audit Policy** What is the title of the activity, project or programme?
A2.	What are the intended outcomes of this work? Please outline why this work is being undertaken and the objectives. **2.5 The Policy is designed to.....** The purpose of the policy is to set out the framework for the conduct of clinical audit and to maintain and support a culture of best practice in the management and delivery of clinical audit within Primary Care 24 (PC24). The policy sets out the rationale for undertaking, the expectations in relation to conducting and participating in clinical audit. With the overall aim being to promote high quality clinical audit within the organisation.
A3.	Who will be affected by this project, programme or work? Please identify whether the project will affect staff, patients, service users, partner organisations or others. Indirectly affects the following groups Staff / Patients and potentially partner organisations
B	The Public Sector Equality Duty

B1	Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?		
	(Yes)	(No)	Do not know
	Summary response and your reasons: Currently this information is not something the organisation routinely collects however, there may be a requirement to include and analyse the data collected for the 9 protected characteristics in the future. A request for collecting this data may be a requirement from our commissioners or as a direct consequence of a governance related issue.		
B2	Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	**(No)**	Do not know
	Summary response and your reasons:		
B3	Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?		
	(Yes)	No	Do not know
	Summary response and your reasons: Including the nine protected characteristics in data collection tools could provide the organisation with intelligence which could be used to further improve the care PC24 provides and delivers to its patient population.		
B4	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	**(No)**	Do not know
	Summary response and your reasons: For all the reasons stated above.		
B5	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	(Yes)	No	Do not know
	Summary reasons: Yes, as the organisation strives to provide high quality care with excellent outcomes, collecting data on the 9 protected characteristics can only help to improve the services PC24 delivers and ultimately will improve the health of the communities we serve.		
B6	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	**(No)**	Do not know
	Summary response and your reasons**:** For all the reasons stated above.		
C	**The duty to have regard to reduce health inequalities**		
C1	Will the initiative contribute to the duties to reduce health inequalities?		
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?		
	(Yes)	No	Do not know

	Summary response and your reasons: By collecting data on the 9 protected characteristics this information could be used to help improve the care PC24 provides and delivers to its patient population.		
C2	Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?		
	(Yes)	No	Do not know
	Summary response and your reasons: For all the reasons stated above.		
D	Will a full Equality and Health Inequalities Analysis (EHIA) be completed?		
D1	Will a full EHIA be completed? Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. [1] Please place an X below in the correct box below. Please then complete part E of this form.		
	Yes	Cannot decide	**(No)**
E	Action required and next steps		
E1	If a full EHIA is planned: Please state when the EHIA will be completed and by whom. Name: Date:		
E2	If no decision is possible at this stage: If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made. Summary reasons: Additional information required: When will it be possible to make a decision about an EHIA?		
E3	If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below. Summary reasons: This policy has been consulted on by the Quality & Patient Safety Tem. There is no negative impact with respect to the characteristics as defined by the Equality Act.		

F	*Record Keeping*		
Lead originator:	Michael Anthony Davis	Date:	21/07/17
Director signing off screening:	Helena Leyden	Date:	21/07/17
Directorate:	Quality & Patient Safety	Date:	21/07/17

Screening published:	Staff Intranet following ratification by Board	Date:	February 2018