Practical Clinical Audit Handbook

All Foundation trainees are expected to engage with quality management processes and any other activities that contribute to the quality improvement of training e.g. by completing the on-line GMC Trainee Survey. It is mandatory to complete an audit or quality improvement project (QIP) and upload evidence on your e-portfolio.

All Audits/QIPs must be registered with the Trust Audit Department, and they are also available to help with the process.

Background:

This handbook aims to provide assistance, to carry out delivery of successful clinical audit project at SASH.

THE ROLE OF CLINICAL AUDIT
Did you know that **clinical audit** is a **quality improvement process**? It is not about just collecting data or providing assurance – its aim should be to **improve patient care** – so if your project is not aiming to do this it's probably not a clinical audit. If undertaken correctly, you should pick a project where we know there is **variation in care** and **improvement** is required. We then measure our care against a **SMART standard** over time testing the effectiveness of the changes we make – repeating the clinical audit cycle (*see image in LEARN*) until your aim is achieved and improvement sustained.

What is the difference between clinical audit and research?

Although the two processes ae synergistic with each other there are fundamental differences between the two. Put simply:

A research project focuses on discovering new information and exploring the best ways to do things, research asks:
"What is the right thing to do and what is the best way to do it?"

A clinical audit evaluates how well current best practice is being carried out; audits ask:
"Are we doing the right thing and are we doing the best way".

Registration:

As clinical governance is continuous process, audits are something you should always have in the back of your mind. The easiest way to get involved is to ask the members of the multidisciplinary team on your placements if any audits are taking place and if any help is requied.

HOW CAN YOU GET INVOLVED
Most processes will fail if not followed from start to finish. Too many clinical audits are referred to as 'complete' when the data has been collected, results presented back and actions ageed. This is actually the start of the project and it is important to monitor the effectiveness of the actions taken/changes made to see if they have been effective at improving patient care. **Make sure you plan & register your project with SASH Divisional Clinical Audit Facilitator and get support from your local Clinical Audit lead(s). Appendix -The list of all audit leads provided**

Clinical Audit and Effectiveness Facilitators:

Location: Trust HQ – AD73

Division	Name of Facilitator	Phone Number	Email address
Cancer & Diagnostics	**Icona Miles or Elizabeth Paige**	**6565**	**icona.miles@nhs.net; elizabeth.paige1@nhs.net**
Medicine	**Vesna Hogan**	**6220**	**v.hogan@nhs.net**
Surgery	**Lisa Norton**	**6222**	**lisa.norton1@nhs.net**
WACH	**Sara Cumming**	**6209**	**sara.cuming@nhs.net**

Benefits of getting involved:

There are numerous individual advantages from getting involved in the clinical aduit process. These include:

You will develop experience with the audit cycle and learn the most efficient ways to do things.
You will increase your own understanding of clinical care, which can help with medical exams and career selection.
You work potentially can be presented at a national conference or pubished in a peer reviewed journals.
You can demonstrate an early commitment to clinicla governance o a particular speciality, which can be useful addition to your CV especialy if applying fo the academic foundation programme.
They offer opportunities to netwok with members of the multidiciplinary team and senior clinicians.
Involvement in an audit might generate research ideas and lead to subsequent research projects

Clinical Audit Programme:

The audit programme is set up each financial year in advance. All projects within the programme have been identified through consultation as priorities for the Division. The list contains audits necessary for the forthcoming year.

All the projects within the programme have been identified through consultation as priorities for the Division. This is not an exhaustive list of clinical audit activity that will take place throughout 2020/21; other projects may be facilitated by the Clinical Audit Facilitator and Audit Leads over the year according to on-going priorities and available resources.

Each of the audits in the programme full into following categories:

1. Core Programme

Audits within this section relate to or support the following priorities like:

- External ‘must dos’ (Core Programme).
    - Participation in the National Clinical Audits & Patient Outcome Programme, CQUINs or other commissioner priorities
- Internal ‘ must dos’ (Core Programme)
    - Clinical Effectiveness activity (e.g. following the introduction of new procedures)
    - Patient Safety issues or Clinical Risk issues

- Divisional/Speciality/Service priority (Participation in national audits not part of NCAPOP (e.g. Royal College initiated), Demonstrating compliance with CQC outcomes. Guidance from professional bodies (e.g. NICE, Royal College, exc.), Local guidelines/policies (High priority)).

2. Additional Programme

It is important to maintain a degree of locally initiated projects by clinical staff; these projects can lead to real improvements in patient care as well as providing valuable education for junior staff but do not necessarily fall into any of the other categories.

Other /Clinicians interest or priority

Local guidelines / policies (low priority)

Service Evaluation projects

Patient surveys etc.

These are based on priority areas for clinical audit as outlined within the Trust Clinical Effectiveness Group and Healthcare Quality Improvement Partnerships (HQIP) 'Clinical Audit Programme Guidance'.

The list of current clinical audit activity can be obtained from the Clinical Audit Facilitator.

Prospective vs Retrospective clinical audit:

Prospective clinical audit allows for accurate real time accrual of data which reflects current rather than historical practice. Data collection should therefore be 100% accurate both in volume and detail. Case notes or data will be readily available and there is the added advantage that data which never makes it into the notes will be accessible. Retrospective clinical audit can however act as a historical benchmark but is of most use if a critical incident arises (be this complaint, litigation, adverse evident or serious adverse outcome) and a review of practice is required urgently.

Resources for Clinical Audit available at SASH:

Make sure that your project is agreed and supported by the division first. Seek advise from your clinical audit facilitator. Their expertise can be inavaluable in ensuring the medthodology is robust. The facilitator will be able to help you with the setting up and running of the project depending on time availability and the rest of the clinical audit demands. They can ensure that the audit is recognised within the Trust Clinical Governance Programme if appropriate. This will help with miaximising the impact of the audit and increase the opportunity fo driving for driving changes in practice. The facilitator will be able to provide you with advice on the presentation of results and the methods that can be used to develop an action plan and promote change.

SUPPORT AVAILABLE FROM CLINICAL AUDIT FACILITATOR	
They are in post to facilitate clinical audit and to ensure that a robust process is followed.	
Topic selection	Proposed audits have often been done before, either in the trust or elsewhere. The audit facilitator can advise on the best way forward.
Setting standards	As audits are standards based, the audit department can provide advice to ensure that this is robustly done.
Project registration	All projects must be following Trust registration procedure and audit process.
Data collection	It is the responsibility of the clinical lead/supervisor to take responsibility for this. At ESH facilitator can advise on what resources may be available. (e.g. retrieval of the case notes, identifying the sample size etc).
Data processing	Facilitator is able to assist in the processing and analysis of data.
Reporting	Facilitator is able to provide you with appropriate template for the production of audit reports. Using this will prompt you to include all relevant aspects of the process and results.
Presentation	Facilitators are very skilled with the use of PowerPoint and similar presentation software so they can provide advice on the best way to present results to different audiences.
Action Plans	It is rare for an audit to be done without a need identified to change practice. The facilitator can provide advice and support in the creation of action plans that address issues raised.
Change management	Facilitators have a lot of experience on issues relating to change management and tools that could be used.
Publication/conferences	Audit facilitators are generally aware of opportunities for publication in journals, other than those that specialise in clinical management. Also, they are aware of regional and national conference where successful audits may be presented.

Completing the Audit Cycle (Action Planning and Re-Audit)

Audit should be a quality improvement process and therefore having identified problems or deficiencies in structures or processes or poor outcomes an action plan should be developed to improve either the structures or process of care as this should lead to an improvement in outcome. The action plan (Appendix 2 – template) must include a review date and identify the individual or individuals responsible for their implementation. 90% of audits with an action plan should be re-audited. It is to be hoped that re-audit would then demonstrate improvements. If this is sustained some form of monitoring should replace a full audit which could be re-activated should performance deteriorate. This will retain enthusiasm in the audit process and allow a more enervative approach to patient care. Results of good audit should be disseminated both locally within your speciality as well as via Divisional Boards or Clinical Effectiveness Group where possible. You are required to send the results (final presentations or a formal report) as well as the Action Plan if appropriate to the Clinical Audit Facilitator so they can be added as evidence on the Trust Database for clinical governance purposes as well as production of the certificates.

Further learning:

SASH intranet
https://sashnet.sash.nhs.uk/workspaces/clinical-audit-effectiveness

Electronic Project Registration web link
http://iis05-datix/datix/live/index.php?form_id=1&module=PAL

Best Practice in Clinical Audit (HQIP)
http://bit.ly/2BgHv4b

Making Data Count (NHS improvement)
http://bit.ly/2qTID93

National Quality Improvement Clinical Audit Network Forum
http://forum.nqican.org.uk

Appendix1 – List of Audit Leads by Division:

Cancer & Diagnostics Division ▲

Chief of Cancer & Diagnostics Division: Dr Tony Newman-Sanders

Divisional Chief Nurse: Paula Tooms

Clinical Audit Lead End of Life Care - Dr Naomi Collins

Clinical Audit Lead Blood Transfusion - Elizabeth Tatam

Clinical Audit Lead CNS & Nurse Led audits - Paula Tooms

Clinical Audit Lead Cellular Pathology - Dr Bruce Stewart

Clinical Audit Lead Diagnostics - Dr Pratik Patel

Clinical Audit Lead Haematology - Dr Cornel Dragan

Divisional Clinical Audit Facilitators: Icona Miles / Elizabeth Paige,

Tel. Ext.: 6565

Email: icona.miles@nhs.net or elizabeth.paige1@nhs.net

Based in Room AD73, First floor, Trust Headquarters

Medicine division

Chief of Medicine Division: Dr Ben Mearns

Divisional Chief Nurse: Hannah Tompsett

Clinical Audit Lead Acute Medicine - Dr Borja Tejero Moya

Clinical Audit Lead GIM - Dr Vegas Ziauddin

Clinical Audit Lead Cardiology - Dr James Sneddon

Clinical Audit Lead Diabetes & Endocrinology - Dr Benjamin Fields / Dr James Clark

Clinical Audit Lead Emergency Medicine - Dr Babak Daneshmand

Clinical Audit Lead Dermatology - Dr Sandeep Cliff

Clinical Audit Lead Care of the Elderly - Dr Chandra Prajapati

Clinical Audit Lead Neurology - tbc

Clinical Audit Lead General Internal Medicine - Dr Hanadi Asalieh

Clinical Audit Lead Respiratory - Dr Simon Bax

Clinical Audit Lead Rheumatology - Dr Sian Griffith

Clinical Audit Lead Speech & Language Therapy - Zoe Malyon

Clinical Audit Lead Dietetics - Vanessa Phillipson

Clinical Audit Lead Physiotherapy - Suzanne Lamm

Clinical Audit Lead Occupational Therapy - Suzanne Lamm

Clinical Audit Lead Physiotherapy - Suzanne Lamm

Clinical Audit Lead Stroke - Dr Stuart Jones

Divisional Audit Facilitator: Vesna Hogan

Tel. ext.:6220

Email: v.hogan@nhs.net

Based in Room AD73. First floor. Trust Headquarters

Surgical division

Chief of Surgery Division: Mr Ian Maheswaran

Divisional Chief Nurse: Jamie Moor

Clinical Audit Lead Anaesthetics & Critical Care - Dr Rita Saha

Clinical Audit Lead Dental - Dr Naomi Rahman

Clinical Audit Lead ENT - Mr Guna Reddy-Kolanu

Clinical Audit Lead Gastroenterology (inc. Endoscopy/Diagestive Diseases) - Mr Gayatri Chakrabarty

Clinical Audit Lead General Surgery - Miss Kirstin Carswell

Clinical Audit Lead Breast Surgery - Tania Da Silvia

Clinical Audit Lead Ophthalmology - Mr Minas Georgopoulos

Clinical Audit Lead Trauma & Orthopaedics - Miss Sabahat Gurdezi

Clinical Audit Lead Urology - Mr Jordan Durrant

Divisional Clinical Audit Facilitator: Leah Brooker

Tel. ext.: 6222

Email: lisa.norton1@nhs.net

Based in Room AD73, First floor, Trust Headquarters

Office hours: Mon, Tues and Fri 08:00am to 15:00pm, Wed and Thurs until 08:00 to 15:45pm.

Women and children division

Chief of WACH Division: Miss Karen Jermy

Divisional Cheif Nurse:

Clinical Audit Lead Paediatrics - Dr Kamal Khoobarry, Consultant Paediatrician

Clinical Audit Lead Obs/Gyn - Miss Jean Arokiasamy, Consultant Obstetrician and Gynaecologist

Clinical Audit Lead Safeguarding Children - Vicky Abbott Lead Nurse Safeguarding

Divisional Clinical Audit Facilitator: Sara Cuming

Tel. ext. 6209

Email: sara.cuming@nhs.net

Based in Room AD73, First floor, Trust Headquarters

Appendix2 – Action Plan template: (Word document copy can be obtained from facilitator)

Surrey and Sussex NHS Healthcare NHS Trust

CLINICAL AUDIT ACTION PLAN

Project Title:

A. Does the Outcome of the audit reveal? ☐ Full Compliance ☐ Partial Compliance ☐ Non-Compliance ☐ Other / Not applicable

Reason for improvement to achieve full compliance:	

B. i. Are there any risks to patient safety? ☐ Yes ☐ No

ii. Should this topic be added to the Risk Register? ☐ Yes ☐ No

C. Actions needed for improvement

Actions should be – Specific, Measurable, Achievable, Realistic and Timely

	What are you going to do *(specific & realistic)*	How will it be done *(measurable and realistic)*	Will there be any barriers which could hinder implementation for change?	'Implement by' Date *(Timely)*	Staff Member Responsible	Manager Responsible	Change Stage Key (see notes)
1							
2							

Action Plan Page 1

Change Stage Key:

1:	Recommended – Action not yet started	5:	Made - partial implementation
2:	Under Investigation	6:	Full implementation completed
3:	Agreed, but not yet actioned	7:	Never actioned (please provide reason why)
4:	Action in progress	8:	8: No further actions – discussed with Supervising Consultant

D. Lessons Learned

Statement of lessons learned – Required for Quality Accounts and Executive review			
	Signature	**Name** (PRINTED)	**Date**
Audit Project Lead	.....	.....	.....
Senior Clinician / Manager	.....	.....	.....