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 Facilitators, 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 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 goverance is continous 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.

Do check whether the audit has been done before since this can save you time in developing tools and standards and allow you to benchmark your results.
You should have access to a clinical audit team, its staff are best involved at the outset since they usually have a wealth of experience to draw on and can be a valuable source of advice and practical support.

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).

Clinical Audit and Effectiveness Facilitators:

Location: Trust HQ – AD73

Division	Name of Facilitator	Phone Number	Email address
Cancer & Diagnostics	**Caroline Self**	**6565**	**c.self@nhs.net**
Medicine	**Vesna Hogan**	**6220**	**v.hogan@nhs.net**
Surgery	**Lisa Norton**	**6222**	**lisa.norton1@nhs.net**
WACH	**Samantha Braddick**	**6209**	**s.braddick@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 but other projects may be added and facilitated by the Clinical Audit Facilitator and Audit Leads over the year according to on-going priorities and available resources. The programme may contain: **external "must dos"** (e.g. NCEPOD, CQUINs or other commissioner priorities audits); **internal "must dos"** (e.g. following the introduction of new procedures, patient safety issues or clinical risk issues, National audits by Royal College initiated, NICE or local guidelines/policies).

Also, the programme might contain projects initiated **locally 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 fail to any of the other categories stated above. (e.g. service evaluation projects, patient surveys etc.). **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 advice 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 maximising the impact of the audit and increase the opportunity to 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.

CHOOSING AN APPROPRIATE TOPIC

The key to choosing an appropriate topic is to ensure it is simple and focused on a specific aspect of care that is considered a priority for assurance or improvement. As demand for quality data increases, it is vital that scarce resources are directed towards audit topics that are considered interesting and important to as many stakeholders as possible. Stakeholders can include members of the multidisciplinary team, heads of the department or service, trust managers and, of course, the patients or carers themselves.

Ensuring your audit is linked to organisational and service objectives and risks will gain you valuable managerial support for your audit, and also enables the use of "organisational levers" when it comes to changing practice. Consider whether there are areas of practice with known risks or concerns, perhaps from clinical incidents or complaints. For example, patient safety / resulting from SI audits will often be a priority due to the associated high risks, volumes of usage and costs.

EVALUATION AGAINST EXPLICIT CRITERIA

Since clinical audit requires evaluation against explicit criteria, it is helpful if there are existing guidelines or standards available — so research those in your area of practice. Demonstration of compliance with national guidance is often an organisational objective, but auditing regional or local policies and protocols can also provide vital assurance on the quality of care. You should also remember to bear practicalities in mind when choosing a topic; data need to be accessible using available resources and the feasibility of making improvements should not be beyond the realms of possibility.

Set measurable standards - Develop audit criteria that allow you to measure whether or not you meet expected standards for the aspect of care you have chosen.

Look at what nationally agreed best practice exists around your topic, for example recommendations from the National Institute for Health and Clinical Excellence, National Patient Safety Agency, confidential inquiries (eg, National Confidential Enquiry into Patient Outcome and Death), royal colleges and the Department of Health. Compare these with local and regional guidance. If no guidance is available, the clinical team can agree consensus standards for the audit; these may lead to the production of guidelines in the future.

You do not need many standards but they do need to be SMART: ie, "specific", "measurable", "achievable", "relevant" and "time-bound". They should also be theoretically sound (that is, based on the best evidence available). You may need to identify exclusions to the standards or reduce the expected level of compliance if they

Further learning:

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

(You will find the current list of Audit Leads by Division on this page)

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

or you can use the form attached in this document (Appendix 1)

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

Top tips for auditing

The following tips can help you get the most out of your audit:

*** Make it official – Register it first with Audit Facilitator**

*** Engage others involved in the aspect of care to be audited**

*** Develop your standards from best available evidence**

*** Pilot your methodology**

*** Keep it simple at all stages**

*** Allow sufficient time for planning and implementation of change**

*** Measure practice against the standards and draw conclusions**

*** Develop recommendations and an action plan**

*** Follow through the actions to completion**

*** After implementation of action, re-audit to close the audit loop**

*** Share the learning through presentations, reports, newsletters, bulletins and posters**

*** If you have access to a clinical audit team — use it**

Appendix1 – Project Proposal Form

Appendix 2 – Action Plan template

Word document copies can be obtained from facilitator

Appendix2 – Project Proposal Form:

PROJECT REF NO. *(office use only)*	Date received

Surrey and Sussex NHS Healthcare NHS Trust

Project Proposal

- This form is for all healthcare professionals, and Trust employees, who wish to undertake Clinical Audit activity, which includes surveys, at Surrey & Sussex Healthcare NHS Trust.
- This form must be completed whether or not support is required from a Clinical Audit Facilitator
- Please return completed proposal to your Clinical Audit Facilitator

Project Proposer:

Name:	Division:	
Position / Job Title:	Specialty:	
E-mail address:		Tel No: Bleep No:

Supervising Consultant:

Name:

Project Type:	☐**Clinical Audit**	☐**Quality Improvement**	☐**Service Evaluation**	☐**Survey**
Title of Project:				

Why do you want to undertake this project?

☐ National/Regional audit

☐ Topic identified through Risk Management structures/Risk register

☐ Problem identified by Clinical Incident reporting

☐ Problem identified by Complaints monitoring/Patient Complaint

☐ Issue identified through Litigation/Risk of Litigation

☐ National Clinical Guidance e.g. NICE, Royal College

☐ Corporate/Core audit

☐ Current Trust Policy

☐ Patient/Carer Survey/Interview**

☐ Re-audit

☐ Area where need to set standards

☐ Other: ……..

Are you involving a PCT	Will you contact patients directly? *	Will your audit affect other areas of the Trust?	Which areas will be involved?
☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	

Please state below what guidance it is that you will be auditing against. Please include a printout/link to the guidance with this proposal form:

Aims /Objective(s): What is your audit measuring? What are you hoping to change as a result of audit?

** Please complete separate "Conducting a Survey" form in addition to this

Project Team. (*This team should be multi-disciplinary where possible/necessary and include those with authority to sanction any necessary changes. Please list all personnel who will be involved in this audit)*

Name	Job Title	Directorate / Specialty	Role within Project (e.g. data collection)

Are you, or any of the above, leaving ☐ Yes ☐ No

If 'YES', date of leaving …… / …… / ……the Trust in the near future?

Do **all** the members of your project team have a **full** employment contract with Surrey & Sussex NHS Healthcare Trust?

☐ Yes ☐ No. If '**No**', please give full details on a separate sheet.

Sample - *How will you identify appropriate cases for audit? Please discuss your audit sampling with your audit facilitator, as they will be able to advise you.*

☐ Clinic list ☐ Cerner ☐ Other ☐ Departmental database ☐ Apex

Give details of any sampling method you will use:

Number of cases to be audited: .....

.....

Data collection parameters **Start date**: ..... / ..... / .....
End date: ..... / ..... / .....

Presentation Date
...../...../.....

Presentation Forum
.....

Data Collection Method: This will depend on what data items you need to collect in order to answer your standards, and whether they are readily available in case notes or on hospital computer systems

☐ Casenote review ☐ Review of computer database(s) ☐ Other method *(specify below)*

☐ Prospective data collection

Confidentiality & Data Protection:

Will the personal identifiable data be held by the proposer?	If Yes, what measure have been put in place to ensure confidentiality of personal data *(please tick all that apply)*	Who will have access to the data generated
☐ Yes ☐ No	☐ In locked office ☐ USB Data stick ☐ In locked filing cabinet ☐ Trust computer ☐ Other, *please state*	☐ Project proposer ☐ Audit facilitator ☐ Other, *please state*

It is your responsibility to ensure that all data protection and storage complies with the Data Protection Act 1998. If the project involves accessing patient identifiable data, the Trust strongly recommends that you contact the Trust Caldicott Guardian and Data Protection Officer.

All supporting documentation (i.e. data collection form/copy of guidance to be audited) **should be attached to the proposal application before submitting project for approval**

PLEASE OBTAIN APPROPRIATE SIGNATURES BEFORE SUBMISSION TO CLINICAL AUDIT FACILITATOR

N.B. Any change in the criteria or scope of this audit topic will require completion of another Clinical Audit Project Proposal Form

Project Proposer

- I understand that audit data, relating to either staff or patients, must not leave the Trust.
- I understand that data collected and the results belong to the Trust, not myself, and agree to the results appearing in the Trust's Clinical Audit Reports.
- I confirm that, to the best of my knowledge, the information provided in this application is accurate.
- By signing this form I agree to ensure that this project is completed, the results disseminated and a report and action plan given to my clinical audit facilitator.

…….. ……. ……. / ……. / ……

Signature of Project Lead | Name (printed) | Date

Consultant Audit Lead/Matron

- I confirm that the full implications of this project, including priority of the topic within the Division and resource implications, have been considered.
- I also agree to ensure the dissemination of audit results and lead on the implementation of action plan, if necessary, in order to obtain improvements in the quality of care provided.
- This project is part of the Divisional Audit Programme agreed by the Management Board

…….. ……. ……. / ……. / ……

Signature of Consultant Audit Lead/Matron | Name (printed) | Date

If your project is approved the information on this form will be entered onto the Clinical Audit Project Management database and will be added to the Clinical Audit website.

When your audit is completed, you will be asked to complete an Action Plan.

Appendix2 – Action Plan template:

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							

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	.....	.....	.....