Cumbria Partnership
NHS Foundation Trust

Policy Title: Clinical Audit (CPFT)

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Policy On A Page

SUMMARY & AIM

This policy sets out the principles, roles and responsibilities and practices which the Cumbria Partnership Foundation Trust follows when auditing clinical practice.

This policy sets out a framework for the conduct of clinical audit, providing standards and guidance for all staff. It includes the Trust's procedures for:

- Instigating appropriate clinical audit projects;
- Registering and approving clinical audit project proposals;
- Developing and designing clinical audit projects;
- Undertaking, completing and ratifying clinical audit projects, findings and actions;
- Sharing the results of clinical audit project findings;
- Ensuring that ratified actions are implemented with evidence provision.

TARGET AUDIENCE

This policy applies to anyone engaged in the clinical audit process under the auspices of the Trust. This includes:

- all staff, both clinical and non-clinical, including staff on short-term or honorary contracts;
- students and trainees in any discipline;
- service users, carers, volunteers and members of the public.

TRAINING

Training is available through the Clinical Effectiveness and Audit Team and SharePoint site resource.

KEY REQUIREMENTS

Please follow these golden rules for conducting clinical audit:

- Liaise with the Clinical Audit Lead for your Care Group/Network to agree your audit topic before you start
- Ensure your project measures against a standard or standards
- Only carry out audits that will benefit the Trust's service users and / or carers
- Register your clinical audit project on the Clinical Audit Proposal System (CAPS2) on the Clinical Audit intranet site before starting to audit
- Seek advice from the Clinical Audit Team or your Care Group/Network Lead when designing your project
- Complete the electronic Clinical Audit Report form fully, including findings, actions and information on sharing of findings for ratification by appropriate committee
- Submit electronic evidence of the implementation of all audit actions

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1. INTRODUCTION

Clinical audit is an integral part of the Trust's learning culture, reflecting the importance of clinical audit as a process for learning around best practice and leading to improvement of care and services. Clinical audit does not take place in isolation, but is part of the Trust-wide arrangements for organisational learning. Clinical audit is a vital component of the wider Quality, Safety and Safeguarding Team within the Quality and Nursing Directorate.

The locally accepted 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 health outcomes." (Burgess, 2011)

The Cumbria Partnership Foundation Trust is committed to providing safe and effective healthcare services to its local communities. Using its skills, knowledge and expertise, the Trust aims to provide high quality, evidence-based care to the public, to promote and improve health and wellbeing according to clinical need.

2. PURPOSE

The purpose of this policy is to set out a framework for the conduct of clinical audit within the Trust. It provides standards and guidance for all staff participating in clinical audit activities. It includes the Trust's procedures and expectations for:

- Instigating appropriate clinical audit projects;
- Registering and approving clinical audit project proposals;
- Developing and designing clinical audit projects;
- Undertaking, completing and ratifying clinical audit projects, findings and actions;
- Sharing the results of clinical audit project findings;
- Ensuring that ratified actions are implemented with evidence provision.

This policy also sets out the support that is available from the Clinical Effectiveness and Audit Team, outlines the rationale for undertaking clinical audit and establishes the procedures to be followed.

This policy aims to provide assurance to the Board, Trust members and the public that the organisation is committed to providing high quality care and treatment, and to improving clinical services where necessary.

Guidance and views on clinical audit provided by the New Principles for Best Practice in Clinical Audit (Burgess, 2011), the Bristol Royal Infirmary Enquiry, Standards for Better Health (2008), the Francis Report (2013), the Healthcare Quality Improvement Partnership (HQIP), Clinical Audit Support Centre (CASC) and the Care Quality Commission (CQC) website have been taken into account in the development of this policy.

The National Institute for Health and Care Excellence (NICE) states that: “All healthcare professionals need to understand the principles of clinical audit, and the organisations in which they work must support them in undertaking clinical audit.”

Every NHS health professional seeks to improve the quality of patient care and, as the NICE guidance states, clinical audit provides a framework in which such improvement can be achieved collaboratively and systematically.

Medical staff are required to participate in quality improvement activities as part of their revalidation. Clinical audit is the prime method of meeting this requirement to achieve this.

A secondary purpose of this policy is to set out the process for the identification and conduct of National Confidential Enquiries and Inquiries. It provides guidance for all staff participating in Enquiry and Inquiry activity.

Since its inception NCEPOD has moved from reviewing the care of surgical patients and now covers all specialties. This is reflected in the wide range of studies currently being undertaken, including studies now covered by the Cumbria Partnership Foundation Trust. These are identified as part of the process for identifying relevant National Clinical Audit from the list published annually by HQIP.

Participation in NCEPOD studies has been mandated by the Department of Health and the General Medical Council. NCEPOD does not require patient consent as it has approval from the Patient Information Advisory Group (PIAG) under section 60 of the Health and Social Care Act 2011 to use patient data without consent.

3. POLICY DETAILS – CONDUCTING CLINICAL AUDIT:

Clinical audit is a quality improvement approach of clinical governance. As such, it requires that the process for clinical audit is closely followed to ensure that all activity is captured within the organisation and approved, projects complete, actions are implemented, quality improvement is demonstrated and evidence is available for internal and external monitoring purposes.

Project Leads are required to understand and follow the clinical audit flowchart; appendix 1.

3.1 The Clinical Audit Programme

3.1.1 Agreeing a Programme of Clinical Audit Activity

The Trust develops and maintains a rolling programme of Clinical Audit that will be segmented into national, local and internal priorities and so available resources are invested to enable improvement care. All clinical audit activity must be registered as clinical audit is an evidence based approach to quality improvement and there is a need to demonstrate the activity and work invested.

The programme will incorporate Trust-wide clinical audits and Care Group / Network clinical audits. National clinical audits will be incorporated in line with national responsibility as published via the Healthcare Quality Improvement Partnership (HQIP) providing that we provide the care and services. Other national audit that does not appear on the HQIP list will be incorporated as required.

The views and opinions are sought by the Clinical Effectiveness and Audit Manager from a wide range of stakeholders, including individual members of staff, service users and carers and senior leadership teams.

The Clinical Audit Programme is reviewed prior to the start of each financial year, and ratified by the QSC following pre-approval via CEAC.

The Trust will report the results and outcomes of local clinical audit activity to Clinical Commissioning Groups upon request.

3.2 Choosing and Prioritising Local Clinical Audit Topics

Clinical audit projects are categorised as either priority or standard audit to ensure prioritisation in line with available resource. A greater importance is placed upon registering, supporting, progressing and completing priority projects.

The Trust is committed to supporting other locally determined clinical audit activity as a significant contributor to the continuous process of service improvement. It is acknowledged that individual clinicians may initiate a clinical audit project on the basis of personal interest, personal development or as part of an educational or training programme. It is important that these are registered with the Trust and

reported through existing clinical governance structures to maximise organisational learning and for approval from Clinical Audit Leads.

Each Care Group is asked to nominate local priority projects to compliment the Trust-wide priority projects. Care Group priority projects will address priorities such as known concerns, SIRIs, trends from patient complaints and PALS, specific risks or suspected issues gained through clinical governance committee sources.

Service evaluations and staff surveys can be registered using the same proposal form. Registered clinical audits sometimes involve a patient, carer or staff questionnaire. However, patient/carer satisfaction surveys are not registered using the Clinical Audit Proposal form and should instead be directed to the Patient Experience Team.

3.3 National Clinical Audits

The Trust will aim to participate in all the mandatory national clinical audit projects for which it is eligible, i.e., the organisation provides the care and services being audited and the national project is set up for our type of organisation (Mental Health and/or Community Services Trust) to supply the audit data.

Although national audits are mandatory according to our statutory contract as a Trust and known to be considered by external monitoring organisations, the national HQIP guidance for boards does state that “this is often neither a feasible nor desirable use of resources”, so there is scope to not participate occasionally provided that sufficient reason is given and that the Quality Report accurately reflects this.

3.3.1 National Clinical Audit Identification

Prior to the start of the financial year HQIP publishes a national clinical audit list, which includes three types of national clinical audit:

1. National Clinical Audits;
2. National Confidential Enquiries into Patient Outcome and Death (NCEPOD);
3. National Confidential Inquiries.

The Clinical Effectiveness and Audit Manager will identify all topics and incorporate these into a list of national clinical audits prior to liaising with Care Group / Network Clinical Audit Leads and the CEAC to interpret the available information and wording of documents and establish eligibility for the Trust to contribute. An eligible example the Trust regularly participates in is the National Confidential Inquiry into Suicide and Homicide (NCISH).

3.3.2 National Clinical Audit Approaches

National clinical audits, enquiries and inquiries are registered on the CAPS2 system in the same way as any Trust project in order to monitor progression, ensure completion, and identify and implement actions based on the findings.

In contrast to local Trust projects, the mandatory national project reports are compiled by the body supporting the national project, and the report findings are then sent to the Trust. Once the national reports are published, the methodology and findings will be incorporated into the local report template and actions and sharing of findings will be added that are specific for our organisation.

National clinical audits are specifically reported on in the Trust's Annual Report to show how we have used the findings from participation in national projects to improve the care and services we provide.

3.3.3 National Confidential Enquiries into Patient Outcome and Death (NCEPOD)

The Trust Medical Director is appointed as the NCEPOD Ambassador and the Clinical Effectiveness and Audit Manager as the NCEPOD Local Reporter. This ensures that both roles remain up to date and in receipt of NCEPOD requirements, including quarterly newsletters.

The General Medical Council considers it good practice for all doctors to contribute to National Enquiries. Consultants whose patients are included in an NCEPOD study are responsible for submitting the relevant data with accuracy, completeness and within the relevant timescale.

3.4 Clinical Audit Systems

3.4.1 Registering a Clinical Audit

For each clinical audit project that is undertaken, an electronic audit proposal form must be completed by the Project Lead and approved by the Clinical Audit Lead for the Care Group / Network via the clinical audit intranet site: https://systems.cumbria.nhs.uk/ClinicalAudit/Proposal.aspx

The Clinical Audit Proposal form is provided as Appendix 2.

All clinical audit activity must be registered irrespective of the level of support being requested.

3.4.2 Approving a Clinical Audit Project

Once submitted the Clinical Audit Proposal is verified by the Clinical Audit Team and if satisfactory, i.e., all the required information is present, coded to appear on the Metrics monitoring system. The Clinical Audit Team then alerts the respective Clinical Audit Lead to verify and approve in line with their plan and from a clinical perspective.

The respective Clinical Audit Lead then reviews the submitted proposal in the system and approves it, or requests further information. Approval is based on the topic being in line with the current respective section of the clinical audit programme, i.e. not a repeat of an area already done and a project that will be of benefit to our care and services. It is recommended that clinicians registering a clinical audit topic link with their clinical audit lead before submission.

3.4.3 Clinical Audit Monitoring

Monitoring all clinical audit activity in the Trust centrally is essential in order to provide all Networks, Care Groups and Trust-wide updates on their clinical audit activity. It is also used to provide Trust-wide and Care Group assurance reports, as well as informing Clinical Audit Leads of the progress of individual projects and actions.

Completion of the electronic Clinical Audit Proposal form automatically populates the primary clinical audit database, also known as the Clinical Audit Proposal System (CAPS2).

CAPS2 holds all information from Clinical Audit Proposals and Clinical Audit Reports. The data in CAPS2 is shared with all Care Group/Network Clinical Audit Leads and Committees and with CEAC using the front end monitoring system known as Metrics. This Excel document shows all audits and resulting actions, contains hyperlinks to each electronic proposal and report form and is available to all Trust staff via the following link:

http://cptportal.cumbria.nhs.uk/SiteDirectory/ClinicalAudit/CAPS%202%20Reporting/Metrics%206.5%20BETA.xlsx

Metrics can also be used by all Trust staff to search for specific clinical audit topics in progress or recently completed, and filtered to meet information requests relating to clinical audit from anywhere in the Trust.

Additionally Metrics feeds live dashboard information for Care Groups, Networks and members of staff to view live clinical audit monitoring positions.

3.5 The Use of Standards in Clinical Audit

By definition, clinical audit involves measuring clinical practice against predetermined standards of best practice in order to provide meaningful results.

The Library and Knowledge Services are available to assist staff in determining available standards and staff are advised to liaise with them for this prior to completing the Clinical Audit Proposal form. Link to the Library and Knowledge Service site: http://www.library.ncumbria.nhs.uk/index.aspx

The standards being measured against will be stated within the completed Clinical Audit Proposal form. The Clinical Effectiveness and Audit Team and respective

Care Group/Network Clinical Audit Lead are responsible for verifying that a standard to measure against is present. Clinical audit proposals that do not demonstrate a standard being measured against will not be approved or registered as clinical audit.

3.6 Reporting

The Project Lead completes the Clinical Audit Report online on CAPS2 via the clinical audit site. The link to each specific report is provided by the Clinical Audit Team following registration. The link can also be found using the Metrics monitoring tool or by using the CAPS2 search facility on the clinical audit site:

https://systems.cumbria.nhs.uk/ClinicalAudit/ProjectSearch.aspx

The template blank Clinical Audit Report is provided as Appendix 3.

When a Clinical Audit Report is completed an automatic email is sent to the Clinical Audit inbox (clinical.audit@cumbria.nhs.uk) and a member of the team verifies the report to ensure it contains all the required elements and marks as completed on CAPS2. The date of report, date of action plan and re-audit date can only be entered by the Clinical Audit Team. If all elements are present the respective Clinical Audit Lead is then alerted to verify the Clinical Audit Report from a clinical perspective.

Completed Clinical Audit Reports are ratified by the Care Group / Network committee responsible for clinical audit to ensure that the report is of a satisfactory nature, and contains all the elements required, and that the actions stated will address the issues stated. In the same manner, completed re-audits are reviewed by these committees with the additional requirement of deciding whether the improvement shown comparing the current and previous audit cycles is sufficient to sign off the entire audit process, or whether a further cycle is required pending more actions. These reviews will be documented in the committee minutes for evidence of review.

When ratifying completed clinical audit reports committees are required to follow the Clinical Audit Ratification Guide; Appendix 4.

3.7 Dissemination

Dissemination of the key information is a vital step in the process of learning and making improvements based of the findings from clinical audits, also the dissemination of information need to be detailed in the Clinical Audit Report is required before the report can be considered complete. Information on dissemination will be stated in the ‘sharing of findings’ section of the Clinical Audit Report and needs to include all those with an interest in the subject, regardless of Care Group/Network. Consideration of dissemination is included in the Care Group/Network committee review of the completed report.

The Clinical Effectiveness and Audit Team circulate a monthly report using Metrics of all completed projects from the previous month, as well as completed Trust-wide reports. These are reviewed by the Care Group / Network committees.

3.8 Action Plans

The main purpose of clinical audit is to deliver improvements in clinical practice. Where the initial results of a clinical audit highlight areas for improvement, an action plan must be developed and implemented.

Actions, along with the person responsible for implementation and a deadline, are an integral part of the Clinical Audit Report and a report will not be considered as complete unless actions are stated to meet any issues identified. As such, actions are reviewed by Care Group/Network committees when they review reports.

Some clinical audits will not require an action plan, e.g., where an audit shows that standards are being met or guidance followed. For such audits there should be an explicit statement saying 'no further action required' in the Clinical Audit Report on CAPS2 and a reason given for no re-audit.

All actions stated in Clinical Audit Reports are automatically included in the Metrics monitoring tool. Metrics displays the status of the action, completed, overdue, in progress or closed accordingly. The Metrics monitoring tool is used to gather evidence of actions being implemented by the Clinical Audit Team and the Clinical Audit Leads.

Evidence of completion of actions will be submitted via each individual action from the electronic Clinical Audit Report by clicking the edit icon and then the submit evidence icon. A bitesize e-learning video has been created to guide clinicians in evidence submission, which is available via the following link:
http://www.youtube.com/watch?v=AfCJ99rrYBA&feature=youtu.be

Action implementation is an important element of the bi-annual Care Group Clinical Audit Assurance Reports in which Care Groups are required to demonstrate that they do not have significantly overdue actions.

3.9 Re-audit

Re-audit is a vital stage in the audit cycle. It enables direct cycle-on-cycle comparison to demonstrate improvement in care and services following the implementation of actions from the previous cycle.

Re-audit is an integral component of clinical audit across the Trust. Care Groups must ensure re-audit is incorporated in their programme each year in order to achieve 'Significant Assurance' via the CEAC Assurance Report review.

3.10 Ethics and Consent

Clinical audit projects do not require formal approval from an Ethics Committee as they do not alter or add to the care being delivered to the service user or carer. If a project does alter or add to the care being delivered as part of its design it is not a

clinical audit project and advice should be sought from the Research department before progressing.

One of the principles underpinning clinical audit is that the process should do good and not do harm.

Clinical audit must always be conducted with an ethical approach, ensuring:

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

CEAC is responsible for the ethical oversight of clinical audit across the organisation and any person who has concerns regarding the ethics of clinical audit should refer them to the Chair of CEAC.

3.11 Information Governance: Collection, Storage and Retention of Data and Confidentiality

All clinical audits must adhere to NHS Information Governance policies and standards. Audits should pay special attention to the General Data Protection Regulation and Data Protection Act (2018) and the Caldicott Principles (2013). This means, for example, that data should be:

- Adequate, relevant and not excessive;
- accurate;
- processed for limited purposes;
- held securely; and
- not kept for longer than is necessary.

Clinical audit activity will conform to the requirements of the NHS Confidentiality Code of Practice (2003) which states that "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" (page 21). If patients have been so informed, Section 60 of the Health and Social Care Act 2001 makes provision for the collection of patient identifiable data for the purposes of clinical audit. However to ensure best practice staff will pseudonymise clinical audit data unless there is a compelling reason not to do so.

Staff will maintain confidentiality in respect of disclosure about discussions which take place at meetings and committees discussing clinical audit.

Clinical audit reports will be anonymous, i.e., not mentioning the names of patients or clinicians (for example where the relative 'performance' of different clinicians might otherwise be revealed in a report, the purpose of clinical audit being quality assurance and improvement, not performance management).

Staff undertaking clinical audit activities will adhere to the Trust Information Governance policies listed in Section 10.

3.12 Confidentiality Agreements

Individuals engaged in clinical audit activities not directly employed by the Cumbria Partnership Foundation Trust, such as staff on honorary contracts, volunteers, service users and carers, will sign and abide with a confidentiality agreement.

The confidentiality agreement template is provided as Appendix 5.

4. TRAINING AND SUPPORT

Training raises the profile of clinical audit and builds up capacity and capability of all those involved in clinical audit, thus acting as a driver for quality improvement.

Specific aspects of clinical audit require specialist skills to ensure clinical audit is effective, e.g., skills for using the correct clinical audit methodology. This policy sets out how the Trust will ensure that all clinicians and other relevant staff and patients conducting and / or managing clinical audits are given appropriate time, knowledge and skills to facilitate the successful completion of the audit cycle.

4.1 Provision of Clinical Audit Training

Clinical audit training will be available to all staff.

Trust-wide, Care Group, Network and individual clinical audit training will be delivered by the Clinical Effectiveness and Audit Team.

Bespoke clinical audit training will be available upon request to groups and individuals, including to clinical and non-clinical staff and service users / carers participating in clinical audit activities.

Clinical audit training will be incorporated into the Junior Doctor Induction programme to meet their professional development requirements.

Clinical audit ‘bitesize’ e-learning training will be available via the clinical audit intranet site to support staff with specific elements of clinical audit: http://cptportal.cumbria.nhs.uk/SiteDirectory/ClinicalAudit/default.aspx

Further in-depth information on conducting a clinical audit in the Trust is available via the clinical audit SharePoint area.

Appropriate educational resources on clinical audit processes are available through the HQIP website: www.hqip.org.uk

4.2 Clinical Audit Training Contents

Clinical audit training will incorporate:

- Clinical audit definition;
- Purpose of clinical audit;
- Outline of clinical audit types;
- Clinical audit cycle explanation;
- Practical skills for carrying out steps in the audit cycle;
- Trust clinical audit structure;
- Clinical audit requirements and monitoring structure;
- Use of trust registration and reporting system;
- Clinical Audit contact details.

4.3 Employment and Development of Clinical Audit Staff

The Trust will employ a team of suitably skilled clinical audit staff to support its programme of clinical audit activity. The Trust will also ensure that clinical audit staff have are supported and have access to further relevant training in order to maintain and develop their knowledge and skills.

The Clinical Effectiveness and Audit Manager and Team participate in professional development activities, including those organised by the Healthcare Quality Improvement Partnership (HQIP), the Clinical Audit Support Centre (CASC) and national and regional Clinical Audit Networks (CANs).

5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
All elements of this policy	Trust-wide Clinical Audit Assurance Report	Clinical Effectiveness and Audit Manager	Quality and Safety Committee	Annual
Care Group Clinical Audit adherence to requirements	Care Group Clinical Audit Assurance Report	Care Group Clinical Audit Leads	Clinical Effectiveness and Audit Committee	Bi-Annual
Any elements of this policy	Minutes and Enclosures	Clinical Effectiveness and Audit Manager / Trust Clinical Audit Lead Clinician	Clinical Effectiveness and Audit Committee	Quarterly

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Any element of this policy thought to be of concern	Clinical Effectiveness and Audit Committee Outcome Report Paper	Clinical Effectiveness and Audit Manager / Trust Clinical Audit Lead Clinician	Trust-wide Clinical Governance Group	Quarterly
Clinical Audit Programme	Clinical Audit Project System is maintained and available to all Care Groups and Networks through Metrics and Dashboards	Clinical Effectiveness and Audit Team / Clinical Audit Leads	All Care Group and Networks	Live / Permanent

6. REFERENCES:

Burgess, Robin (2011). New Principles of Best Practice in Clinical Audit. Abingdon: Radcliffe Publishing Ltd.

HQIP (2015). Clinical audit: a guide for NHS boards and partners, London: Healthcare Quality Improvement Partnership

NICE (2002). Principles for Best Practice in Clinical Audit. Abingdon: Radcliffe Publishing Ltd.

7. ASSOCIATED DOCUMENTATION:

POL/002/007 - Information Governance Strategic Management Framework (May 17-May 19)
POL/IG/001 - Data Protection Act Policy - Joint (May 18-Apr 21)
POL/002/038 - Confidentiality Policy (Aug 17-Aug 19)
POL/002/008/017 - Corporate Records Management Procedure (May 15-May 18. Extended to 31/3/19)

8. DUTIES (ROLES & RESPONSIBILITIES):

8.1 Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

Clinical audit is a strategic priority for the Board of Directors as part of its clinical governance function. The Board of Directors obtains assurance, via Quality and Safety Committee (QSC). This assurance is drawn from assurance level granted for the annual Clinical Audit Programme, Trust Clinical Audit Assurance Reports and Clinical Effectiveness and Audit Committee (CEAC) Terms of Reference. Assurance can also be sought via the Audit and Risk Committee (ARC) route who may request elements of clinical audit to be outlined or explained on an ad hoc basis in relation to risk assurance. The Board of Directors also draws assurance via the Trust Quality Report (in the Annual Quality Account), which reflects national and local priorities, and summarises improvements in care and services as a result of clinical audit activity.

8.2 Executive Director Responsibilities:

The Quality and Nursing Director is responsible for being involved in the development and sign off of this policy, ensuring that it meets statutory legislation and guidance where appropriate. They ensure the policy is kept up to date by the relevant author and approved at the appropriate committee. The role of the Director of Quality and Nursing also includes providing senior clinical leadership including strategic direction and guidance on the priorities and content of the clinical audit programme.

The Medical Director is responsible for appointing an NCEPOD Ambassador and a Local Reporter for the Trust. Key information about National Clinical Enquires and Inquiries enters the Trust via the Medical Director, as well as via the appointed Ambassador and Local Reporter. The Medical Director is responsible for sharing information received, e.g., from NCEPOD to ensure it is acted upon. The Medical Director has responsibility for ensuring that clinical audit makes a difference to the quality of care.

8.3 Audit and Risk Committee (ARC)

The ARC is responsible for maintaining oversight of the risk management process, and gaining assurance that these are being followed and remain robust and effective.

8.4 Quality and Safety Committee (QSC)

Part of the role of the QSC is to promote and seek assurance on safe and effective clinical governance in the Trust and to promote continuous improvement in patient safety, clinical effectiveness and patient experience, including the wellbeing and safety of Trust employees. The QSC receives Trust Clinical Audit Assurance Reports and the Clinical Audit Programme from CEAC written by the Clinical Effectiveness and Audit Manager and delivered by the Executive Director of Quality

and Nursing. Trust-wide assurance levels are provided by the QSC and reported to the Board based the assurance reports and programme.

8.5 Trust-wide Clinical Governance Group (TWCGG)

The purpose of the TWCGG is to act as a focus for constructive challenge and improvement on all issues relating to the quality of clinical care offered by the Trust. It is a working group focused on clinical care. It is not an assurance group (this role is reserved to the QSC). TWCGG promotes continuous improvement in patient safety, clinical effectiveness and patient experience, including the wellbeing and safety of Trust employees. It identifies risks and, as appropriate, escalates to the QSC in accordance with the agreed assurance and escalation procedure.

8.6 Medicines Management Committee (MMC)

The MMC is linked with CEAC and is responsible for all elements pertaining to medicines safety and effectiveness. The principal functions of the MMC include overseeing and coordinating the annual medicines audit plan, including any national clinical audits. The MMC also receives related Clinical Audit Reports as part of its stated inputs within its terms of reference.

8.7 Clinical Effectiveness and Audit Committee (CEAC)

The CEAC is a sub-committee of the QSC and is chaired by the Trust Clinical Audit and NICE Lead Clinician. Care Groups report into CEAC through six-monthly assurance reports and by the attendance of appointed Clinical Audit Leads. Communication is maintained with Care Group senior staff, including Associate Directors of Nursing (ADNs) and Associate Medical Directors (AMDs) through updates, agendas, minutes and ad hoc requests sent via a wider circulation list in addition to an attending members list.

The CEAC provides the QSC with assurance reports on clinical audit activity in the Trust, identifying examples of good practice, and highlighting areas of non-compliance and risk for remedial action.

The CEAC agrees the prioritised annual clinical audit programme in conjunction with the Clinical Effectiveness and Audit Manager and Team and the Clinicians undertaking the roles of Clinical Audit Leads.

8.8 Care Group and Network Governance Committees

Care Groups have determined how they will ensure that clinical audit is sufficiently supported through their individual clinical governance structures. Inevitably different approaches, but suitable approaches emerged involving specific supporting committees with varying levels of responsibility, including:

- Care Group Clinical Governance Groups
- Care Group Clinical Effectiveness and Audit Meetings
- Network Clinical Governance Groups

8.9 Care Group Clinical Governance Groups (CGCGGs)

CGCGGs are attended by senior Care Group staff and cover all aspects of clinical governance for their respective areas of care. Clinical audit features on the agenda and either an overview takes place each meeting or the meeting covers all areas for clinical audit at this central point for the Care Group. The Clinical Effectiveness and Audit Manager / Team attend as requested and in line with whether clinical audit is dealt with here or in a specific sub-group. The CGCCGs are responsible for ensuring a Clinical Audit Lead is appointed.

8.10 Care Group Clinical Effectiveness and Audit Meetings (CGCEACs)

These are a regular meeting specifically created to review NICE and clinical audit elements. They devolve responsibility from the Clinical Governance Group and are attended by Clinical Audit Leads, Quality and Safety Managers and a representative of CEAC. An update is provided at each meeting on clinical audit projects and actions. Ratification of projects may happen here, or the update covers which Networks have ratified completed clinical audits.

8.11 Network Clinical Governance Groups (NCGGs)

NCGGs happen in all Care Groups to cover Network or regional care and service delivery, reflecting the CGCGG responsibilities, but locally. Clinical audit features on the agendas in terms of monitoring progress of projects and actions and for some ratification. Clinical Effectiveness and Audit Team representation happens on a rolling basis.

The different elements to clinical audit provision listed above in 8.8 to 8.11 share common duties and responsibilities to ensure completion of the clinical audit process:

- Reviewing clinical audit activity utilising the Metrics monitoring tool or dashboards shared by a Clinical Effectiveness and Audit Facilitator;
- Ensuring the progression of clinical audit projects and resulting actions;
- Ratifying completed Clinical Audit Reports in line with the ratification guide;
- Reviewing completed Trust-wide Clinical Audit Reports;
- Reviewing lists and examples of clinical audit completed in other Care Groups/Networks as deemed appropriate;
- Ensuring that clinical audit projects are appropriate to meet the goals of the Trust and will benefit services and care provided;
- Reviewing and submitting bi-annual Care Group Clinical Audit Assurance Reports in conjunction with the Clinical Audit Lead.

8.12 Clinical Governance Manager's Responsibilities

The Clinical Governance Manager provides senior management support to the Clinical Effectiveness and Audit Manager within the context of the wider Quality, Safety and Safeguarding Team.

The Clinical Governance Manager also has responsibility for the operational and performance management aspects of clinical audit; and for ensuring that clinical audit is appropriately supported and sufficiently resourced.

8.13 Clinical Effectiveness and Audit Manager's Responsibilities:

The Clinical Effectiveness and Audit Manager is responsible for:

- Leading and managing the Clinical Effectiveness and Audit Team, processes and systems to support clinical audit Trust-wide;
- Overseeing and monitoring the Trust's clinical audit programme;
- Acting as the initial senior contact for clinical audit within the organisation, e.g., main point of contact for HQIP, national audits, and Local Reporter for NCEPOD;
- Compiling Trust-wide Clinical Audit Assurance Reports for QSC;
- Managing the quarterly CEAC meeting and associated documents;
- Writing and updating the Clinical Audit Policy, Clinical Audit Strategy and other supporting documents;
- Planning and delivering clinical audit training across the Trust.

8.14 Clinical Effectiveness and Audit Facilitators

Clinical Effectiveness and Audit Facilitators work closely with Care Groups / Networks to support their annual programme sections of clinical audits. A key function of this role includes the review of complex data analysis and interpretation of information to support clinicians in undertaking improvement actions following the completion of clinical audits. They provide advice, support and training to clinicians within the Care Groups in relation to areas such as the appropriate tools and techniques for clinical audit activity.

Clinical Effectiveness and Audit Facilitators also use the agreed systems and documentation to obtain and record approval of proposed projects, monitor the progress of all clinical audit projects taking place throughout the Trust and ensure that they are conducted in line with the clinical audit process documented in this policy.

8.15 Trust Clinical Audit and NICE Lead Clinician

The Trust Clinical Audit and NICE Lead Clinician, will ensure peer review of Clinical Audit across Care Groups and Networks. This is accomplished through regular liaison and communication with the Clinical Effectiveness and Audit Manager.

The Trust Clinical Audit Lead is also responsible for:

- Chairing CEAC

- Liaising with the Clinical Effectiveness and Audit Manager regularly to discuss Trust-wide projects, issues and progress.
- Reviewing and allocating assurance levels to Care Group Clinical Audit Assurance Reports
- Promoting the use of clinical audit in the organisation as a means of improving quality
- Remaining up to date with clinical audit practices and developments through national bodies and guidance

8.16 Care Group Associate Medical Directors (AMDs) and Associate Directors of Nursing (ADNs)

Care Group AMDs and ADNs are responsible for ensuring that clinical audit is represented and embedded within their Care Groups effectively and that Care Group / Network Clinical Audit Leads are appointed to support clinical audit.

Care Group AMDs and ADNs are also responsible for their section of the Trust Clinical Audit Programme in terms of the clinical audit process completing the entire cycle.

Care Group AMDs and ADNs ensure that a Project Lead has been identified for each of the audits in their section of the prioritised annual programme before the commencement of the year.

Care Group AMDs and ADNs will ensure that all stages of clinical audit have been completed at least once in their Care Group / Network every year, in line with the 'Principles of Best Practice in Clinical Audit' (NICE, 2002). The stages are:

- preparing for clinical audit;
- (ii) selecting criteria;
- (iii) measuring performance;
- (iv) making improvements;
- (v) sustaining improvements (to include re-audit).

8.17 Care Group Clinical Audit Leads

Each Care Group determines its own clinical governance structures and Clinical Audit Lead appointments to ensure clinical audit takes place effectively and in line with the policy and processes. All Care Groups must have an appointed Care Group Clinical Audit Lead with responsibility for the following:

- Acting as the first point of contact for clinical audit for the Care Group;
- Being responsible for their Care Group's section of the Clinical Audit Programme, including registration and progression of all projects and actions;
- Determining relevancy of national clinical audits in collaboration with the Clinical Effectiveness and Audit Manager, Network Clinical Audit Leads and Clinical Directors

- Ensuring a mix of priority and standard clinical audits feature in their area of the Clinical Audit Programme;
- Approving or declining Clinical Audit Proposals in line with their section of the Clinical Audit Programme;
- Appointing clinicians to lead on specific clinical audit projects;
- Writing, providing and presenting the bi-annual Care Group Clinical Audit Assurance Report to CEAC;
- Attending the Care Group committee responsible for clinical audit and ensuring that process is followed;
- Attending the CEAC meetings;
- Supporting Network Clinical Audit Leads where applicable;
- Supporting clinicians undertaking clinical audit in their area;
- Remaining up to date with clinical audit practices and developments through national bodies and guidance.

8.18 Network Clinical Audit Leads

Some Care Groups, in addition to an overall Clinical Audit Lead, have also appointed Network Clinical Audit Leads. The responsibilities of Network Clinical Audit Leads are the same as Care Group Clinical Audit Leads, but for their specific Network, but without CEAC attendance.

8.19 Project Leads

A Project Lead is the person responsible for carrying out a clinical audit. The Project Lead will ensure that their clinical audit project is carried out collaboratively and systematically and in accordance with this policy. It is the responsibility of the Project Lead to ensure that the clinical audit project is registered and successfully completes, resulting in demonstrable changes in practice where change is necessary, and including completion of the Project Report Form on CAPS2.

In line with this policy, the Project Lead will provide the Clinical Effectiveness and Audit Team with the required information about their project on the approved documentation and in line with their project schedule, and regular updates on the progress of their project when requested. This includes additional reports, presentation slides and the data and tools used to undertake the clinical audit.

8.20 Clinical Directors

Responsible for supporting Care Group actions and assisting Care Group and Network Clinical Audit Leads in determining the relevancy of national clinical audits and identification of priority projects for their areas.

8.21 NCEPOD Ambassador

The Trust is required to have an NCEPOD Ambassador in place, namely a senior clinician in a position to influence the uptake of relevant NCEPOD projects and the appointment of appropriate leads. For CPFT this is the Medical Director. The main function of the NCEPOD Ambassador is to maximise participation rates for the Trust and enhance the implementation of lessons contained within the published national reports.

The NCEPOD Ambassador will:

- Appoint Project Leads for specific NCEPOD enquiries and inquiries as they occur;
- Notify colleagues of forthcoming studies and encourage implementation;
- Exhort colleagues to complete and submit questionnaires;
- Advocate resources for copying of health records;
- Organise presentations of the results of reports in the organisation either directly or via a participating clinician;
- Encourage juniors to use the toolkits and self-assessments available via the NCEPOD website to replicate in-house studies;
- Suggest ways to improve implementation;
- Attend dedicated NCEPOD training days to enhance understanding of studies applicable to the organisation;
- Provide NCEPOD with their contact details;
- Remain informed of up and coming studies via the NCEPOD Newsletter, distributed quarterly.

8.22 NCEPOD Local Reporter

The Clinical Effectiveness and Audit Manager acts as the NCEPOD Local Reporter. The role of the Local Reporter will be to act as a link between the non-clinical staff at NCEPOD and the Cumbria Partnership Foundation Trust. The two main areas of involvement are compiling and sending datasets that are requested by NCEPOD, and identifying suitable sample cases for specific studies. Some studies will also require assistance in questionnaire distribution. The NCEPOD Local Reporter will provide NCEPOD with their contact details and remain informed of up and coming studies via the NCEPOD Newsletter, distributed quarterly.

8.23 Quality and Safety Leads / Managers / Team Leaders

In line with the 'Principles of Best Practice in Clinical Audit' (NICE, 2002), Quality and Safety Leads, Managers and Team Leaders will ensure that their staff are provided with:

- The opportunity to gain the relevant skills and knowledge for clinical audit;
- Access to relevant facilities for managing and conducting clinical audits;
- Protected or allocated time to manage and conduct clinical audit.

Quality and Safety Leads, Managers and Team Leaders who identify areas of concern, e.g., arising out of adverse events, patient safety incidents, complaints,

which may indicate a requirement for a review of quality, such as a clinical audit, will communicate their concerns to their Network and / or Care Group Committee, to ensure their concerns are taken into account.

8.24 Service User and Carer (SUAC) Representatives

SUAC Representatives are responsible for attending the CEAC meetings and representing the views and concerns of service users and carers in the catchment area of the organisation.

8.25 All Staff Responsibilities:

All individuals involved in clinical audit in the Trust will adhere to this policy, and also to other relevant Trust policies, e.g., on confidentiality, data protection and medical records, while carrying out clinical audit activities. Individuals who are involved in clinical audit should refer to the section above on Project Leads.

8.26 Approving Committee Responsibilities:

The Chair of the approving committee will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy.

9. ABBREVIATIONS / DEFINITION OF TERMS USED

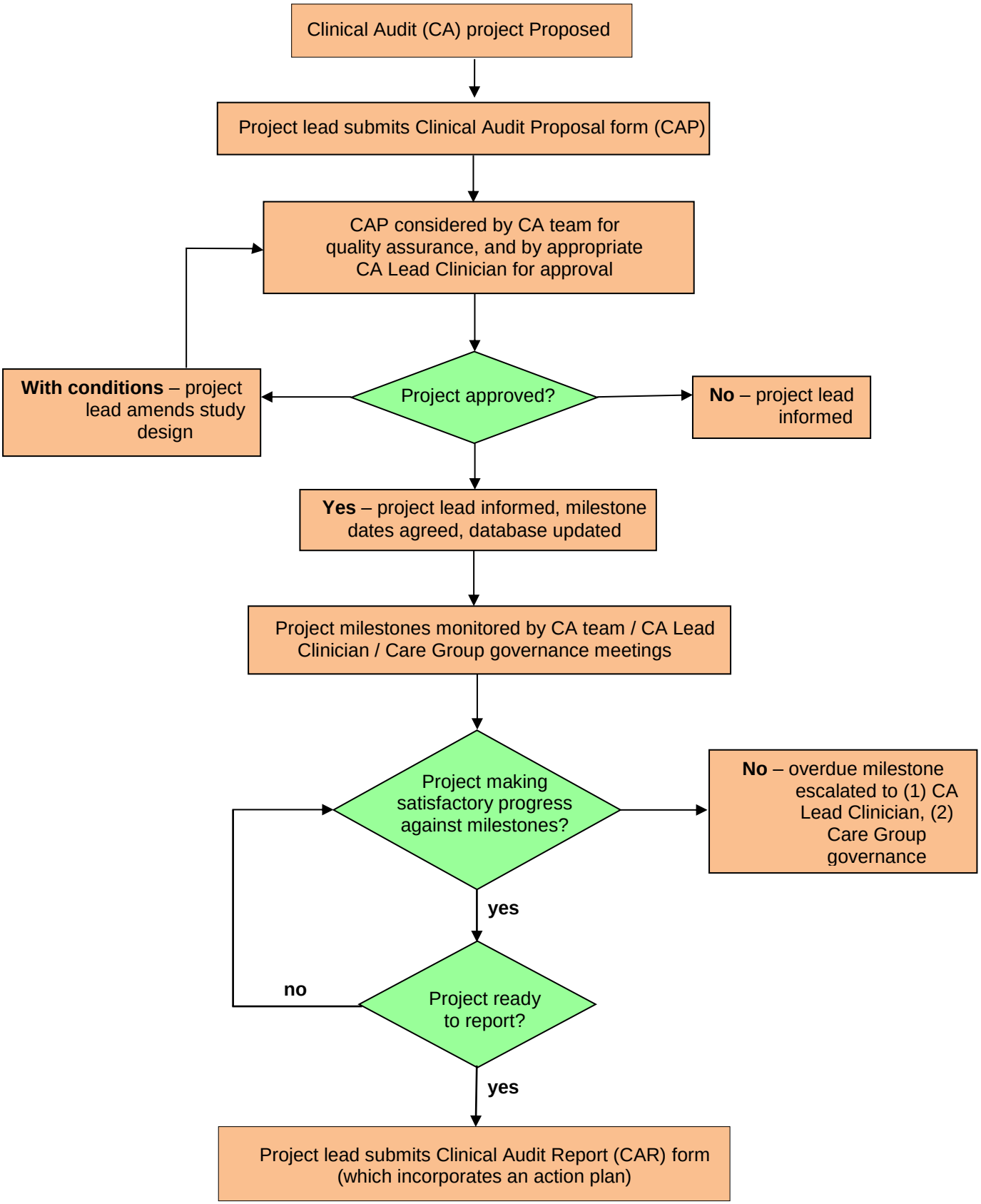
ABBREVIATION	DEFINITION
ARC	Audit and Risk Committee
CAN	Clinical Audit Network
CAPS2	Clinical Audit Project System - the Trust in-house database containing all clinical audit information for registered projects. It can be accessed by Trust staff via SharePoint and used to register, update or search for projects. Link: https://systems.cumbria.nhs.uk/ClinicalAudit/Default.aspx?ID=e5743e88-9c5c-476a-9d6c-c70f9feb69b9
CASC	Clinical Audit Support Centre - The main aim of the centre is to provide bespoke support and training to healthcare professionals across a range of quality improvement fields. Link: http://www.clinicalauditsupport.com/
CEAC	Clinical Effectiveness and Audit Committee
HQIP	Healthcare Quality Improvement Partnership - led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. HQIP aims to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve our healthcare services. HQIP is an independent organisation, which works in partnership with patients and healthcare professionals to influence and improve healthcare

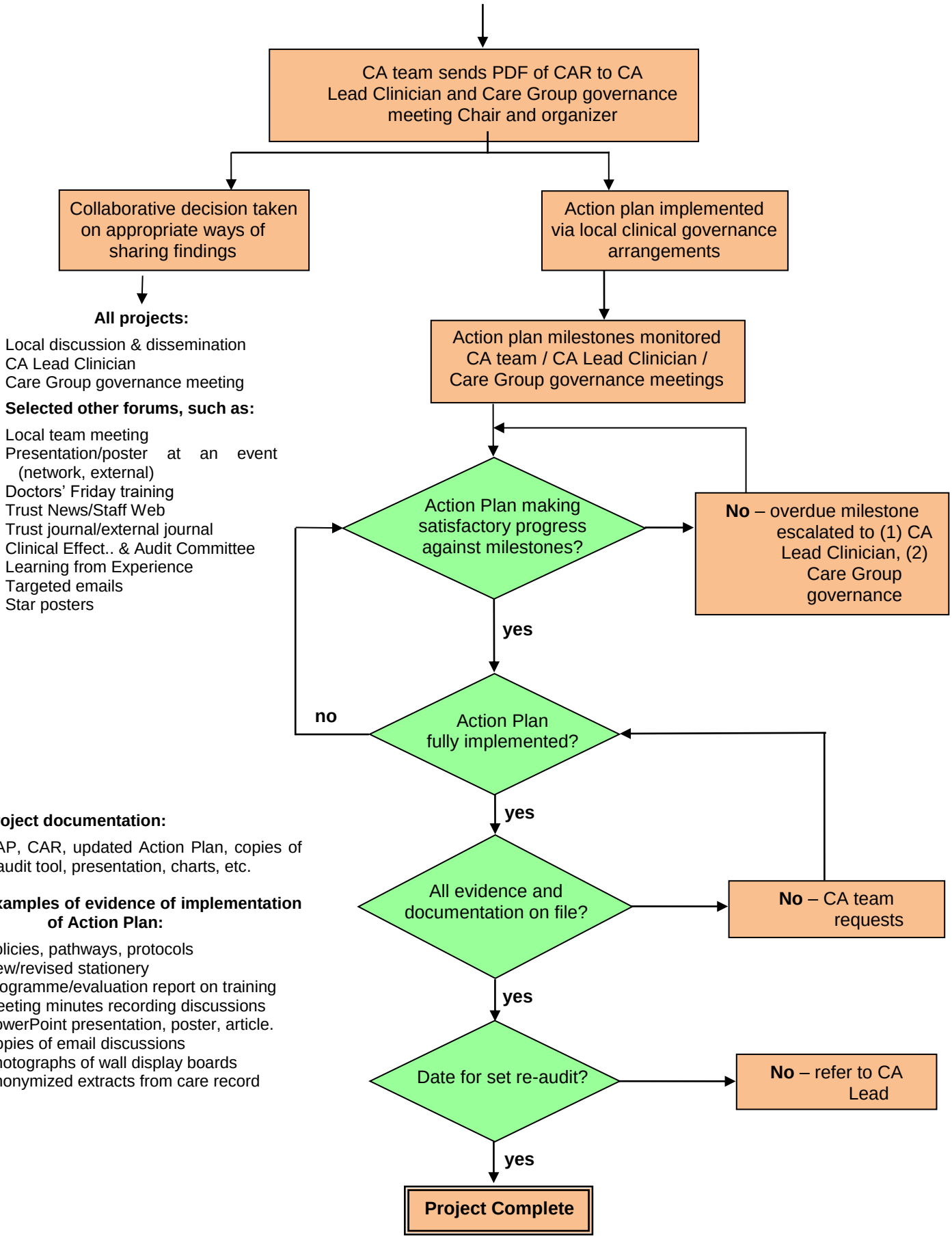
	practice at all levels. HQIP are committed to being open and accountable, and to listen, learn and respond swiftly and appropriately as part of our ongoing cycle of improvement. Link: http://www.hqip.org.uk
NCEPOD	National Confidential Enquiry into Patient Outcome and Death - an element of national clinical audit and its projects feature on the national annual programme. NCEPOD's purpose is to assist in maintaining and improving standards of care for adults and children for the benefit of the public by reviewing the management of patients, by undertaking confidential surveys and research, by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities. Link: http://www.ncepod.org.uk/
NCISH	National Confidential Inquiry into Suicide and Homicide - is a type of national clinical audit published on the national annual programme. NCISH produces a wide-range of national reports, projects and papers – providing health professionals, policymakers, and service managers with the evidence and practical suggestions they need to effectively implement change. Link: http://www.bbmh.manchester.ac.uk/cmhr/research/centreforsuicideprevention/nci
NICE	National Institute for Health and Care Excellence - an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. Link: www.nice.org.uk.
QSC	Quality and Safety Committee

TERM USED	**DEFINITION**
Dashboards	A live electronic monitoring view of information used by committees, leads and managers
Metrics	Metrics is the Trust clinical audit monitoring tool. This is a live document which draws data from the Clinical Audit Project System (CAPS2) and presents the information in a simple and filterable format. This allows review by the Clinical Effectiveness and Audit Manager, Clinical Effectiveness and Audit Facilitators, Clinical Audit Leads and any member of the Trust. http://cptportal.cumbria.nhs.uk/SiteDirectory/ClinicalAudit/Clinical%20Audit%20Documents/Monitoring.aspx?PageView=Shared
Local Clinical Audit	A local clinical audit is a quality improvement cycle set and undertaken within the Trust.
National Clinical Audit	A national clinical audit is a nationally designed audit for Trusts to undertake.

TERM USED	DEFINITION
	National clinical audits that feature in the annual HQIP list of national audits are mandatory for trusts to participate in if they provide the care and services being audited and can provide the information being requested. Other national audits are open for participation, but not mandatory.
Priority Clinical Audit	A priority clinical audit is a project identified as being of more importance than a standard project. Priority clinical audits include Care Group/Network priority projects, Trust-wide projects, urgent projects to respond to important issues and national mandatory projects. Priority clinical audit projects contribute towards the Clinical Audit Programme that is submitted to the Quality and Safety Committee (QSC), and which forms part of the overall assurance programme for clinical audit.
Quality Report	A public document to demonstrate the Trust's continuing commitment to quality for patient care and services provided. It includes details on specific national clinical audits undertaken as well as further information on Trust projects, including improvements achieved.
Ratification	The sign off of completed clinical audit reports by appropriate level committee.
Standard Clinical Audit	A standard clinical audit is a Trust project undertaken and led by clinician(s). These are typically localised within a Care Group or Network. Generally the only input from Clinical Effectiveness and Audit Facilitators is in an advisory capacity.

APPENDIX 1 – CLINICAL AUDIT FLOWCHART




CA team sends PDF of CAR to CA Lead Clinician and Care Group governance meeting Chair and organizer
Collaborative decision taken on appropriate ways of sharing findings
Action plan implemented via local clinical governance arrangements
All projects:
Local discussion & dissemination
CA Lead Clinician
Care Group governance meeting
Selected other forums, such as:
Local team meeting
Presentation/poster at an event (network, external)
Doctors' Friday training
Trust News/Staff Web
Trust journal/external journal
Clinical Effect.. & Audit Committee
Learning from Experience
Targeted emails
Star posters
Action plan milestones monitored CA team / CA Lead Clinician / Care Group governance meetings
Action Plan making satisfactory progress against milestones?
No – overdue milestone escalated to (1) CA Lead Clinician, (2) Care Group governance
yes
no
Action Plan fully implemented?
yes
Project documentation:
CAP, CAR, updated Action Plan, copies of audit tool, presentation, charts, etc.
Examples of evidence of implementation of Action Plan:
Policies, pathways, protocols
New/revised stationery
Programme/evaluation report on training
Meeting minutes recording discussions
PowerPoint presentation, poster, article.
Copies of email discussions
Photographs of wall display boards
Anonymized extracts from care record
All evidence and documentation on file?
No – CA team requests
yes
Date for set re-audit?
No – refer to CA Lead
yes
Project Complete

APPENDIX 2 – CLINICAL AUDIT PROPOSAL FORM:

Project Tracking Code:

A1: Audit Title
A2: Name:
A3: Phone:
A4: Email:
A5: Professional Title:
A6: Base Location:
A7: Line Manager:

B: Audit Determined By
CQC compliance - specify relevant outcome numbers
NICE guidance
NSF
Other national guidance
NHSLA compliance
Trust Policy
Known area of risk, or risk identified in Risk Register
Local service/practice development
Commissioning service priority
Other, please specify:

C: Type of Project
New standards - based audit
Re-Audit
Satisfaction survey
Service evaluation
Research Project
Baseline audit
Other Specify:

D: Audit Milestone Dates
1: Audit Start Date
2: Design and testing of audit tool completed
3: Data collection completed
4: Data analysis completed
5: Proposed date for Audit Report Form to be sent to Clinical Audit
6: Action plan to be developed by
7: Approximate date for re-audit

E: Main Locality/Service Responsible for the Audit
Children and Families - All (A0)
Children and Families - CAMHS (A1)
Children and Families - Specialist (A2)
Children and Families - Strengthening Families (A3)
Children and Families - 0-5 Public health and Imms (A4)
Community Health Services - All (B0)

Community Health Services - Community Nursing (B1)
Community Health Services - AHPs (B2)
Community Health Services - Community Hospitals (B3)
Community Health Services - PCAS, Minor Injuries & Doctors (B4)
Specify: Mental Health Services - All (C0)
Mental Health Services - Memory & Later Life Services (C1)
Mental Health Services - First Step (C2)
Mental Health Services - Acute & Urgent Care (C3)
Mental Health Services - Community (CMHART) (C4)
Specialist Services - All (D0)
Specialist Services - Diabetes (D1)
Specialist Services - Neurology (D2)
Specialist Services - Learning Disabilities (D3)
Specialist Services - Sexual Health (D4)
Specialist Services - Dental (D5)
Specialist Services - Physical Health Psychology (D6)
Specialist Services - Special Palliative Care (D7)
Specialist Services - Acquired Brain Injury (D8)
Specialist Services - Autism (D9)
Specialist Services - HMP Haverigg (D10)
Corporate Services - Trustwide Projects (E0)
Corporate Services - Infection Prevention and Control (E1)
Corporate Services - Safeguarding (E2)
Corporate Services - Medicines Management (E3)
Corporate Services - Learning Lessons (E4)
Corporate Services - Medical Devices (E5)
Corporate Services – Resuscitation (E6)
Corporate Services - PMVA TECIT (E7)

F: Other Localities/Services to be involved in the audit
Children and Families - All (A0)
Children and Families - CAMHS (A1)
Children and Families - Specialist (A2)
Children and Families - Strengthening Families (A3)
Children and Families - 0-5 Public health and Imms (A4)
Community Health Services - All (B0)
Community Health Services - Community Nursing (B1)
Community Health Services - AHPs (B2)
Community Health Services - Community Hospitals (B3)
Community Health Services - PCAS, Minor Injuries & Doctors (B4)
Specify: Mental Health Services - All (C0)
Mental Health Services - Memory & Later Life Services (C1)
Mental Health Services - First Step (C2)
Mental Health Services - Acute & Urgent Care (C3)
Mental Health Services - Community (CMHART) (C4)
Specialist Services - All (D0)
Specialist Services - Diabetes (D1)
Specialist Services - Neurology (D2)
Specialist Services - Learning Disabilities (D3)

Specialist Services - Sexual Health (D4)
Specialist Services - Dental (D5)
Specialist Services - Physical Health Psychology (D6)
Specialist Services - Special Palliative Care (D7)
Specialist Services - Acquired Brain Injury (D8)
Specialist Services - Autism (D9)
Specialist Services - HMP Haverigg (D10)
Corporate Services - Trustwide Projects (E0)
Corporate Services - Infection Prevention and Control (E1)
Corporate Services - Safeguarding (E2)
Corporate Services - Medicines Management (E3)
Corporate Services - Learning Lessons (E4)
Corporate Services - Medical Devices (E5)
Corporate Services – Resuscitation (E6)
Corporate Services - PMVA TECIT (E7)

G: Services/Professional Groups Being Audited
Trustwide audit
Children's nurses
School nurses
Health visitors
District nursing
Child and Adolescent Mental Health Services
Learning disabilities
Adult mental health
Dentistry
Podiatry
Community hospitals
Physiotherapy Occupational therapy
Psychotherapy
Psychology
Sexual health
S & LT
Clinical staff
Patient care
Commissioned service
Other Specify:
Medication/Prescribing
First Step
Phase Improvement Programme
Diabetic Services

H: Categories of Care to be included
All
Community
Inpatient
Residential
Day Hospital
Day Services

Other: please specify

I: Service User/Carer Involvement
J: Involvement of Other Trusts/Organizations
K: Background - Rationale for Project
L: Aim of the Audit
M: Audit Objectives
N: Clinical Audit Criteria
O: Exceptions

P: Audit Methodology
P1: Data collection tool: Paper / Questionnaire / Electronic / Other
P2: Retrospective data collection / Prospective data collection
P3: Expected sample Size
P4:Explain how you will carry out the audit

Q: Have the Necessary Resources Been Identified to Carry out this Audit?
Staff Time
Facilities
Equipment
Materials
The support of your Team

R: Guidance Requested from Clinical Audit Team
No guidance/support needed
Project design - defining data collection method, time period etc
Design and testing of audit form, questionnaire or other tool(s)
Developing a database or spreadsheet for the data
How to input the audit data
Analysing data and interpreting findings
Preparing PowerPoint presentations
Writing Reports
Other Specify:

S: Evaluation:

T: Statement of Agreement - by completing this form online you are agreeing that you have read the guidance document that accompanies this form and agree to comply with the best practice and audit governance requirements detailed in that document.

U: Clinical Audit Team Approval

V: Local/Trustwide Clinical Audit Lead Clinical Approval

Thank you for completing this Clinical Audit Proposal. If you would like advice about an audit project please contact: Clinical.Audit@cumbria.nhs.uk

APPENDIX 3 – CLINICAL AUDIT REPORT FORM:

Project Tracking Code:

A1: Audit Title
A2: Name:
A3: Phone:
A4: Email:
A5: Professional Title:
A6: Base Location:
A7: Line Manager:

B: Methodology

C: Summary of Findings

D: Recommendations/Actions

E: Audit Milestone Dates Completed
1: Audit Start Date
2: Design and testing of audit tool completed
3: Data collection completed
4: Data analysis completed
5: Proposed date for Audit Report Form to be sent to Clinical Audit
6: Action plan to be developed by
7: Approximate date for re-audit
8: If no re-audit required please state why below:

F: Sharing of Findings
1: Report will be, or has been, distributed to:
2: Presentation/ discussion of findings:
Presentation date(s):
Publication date:
3: Publication of findings:
4: Other sharing of findings, please specify:

APPENDIX 4 – CLINICAL AUDIT RATIFICATION GUIDE:

Ratification Guide for Clinical Audit Reports

Cumbria Partnership Foundation Trust

Robert Donlevy – Clinical Effectiveness and Audit Manager

July 2018

Scope

This guide is intended to support Cumbria Partnership Foundation Trust Care Group and Network committees to ratify clinical audit reports once completed.

Definition

Ratification has several definitions attributable to a clinical governance process:

- To approve and give formal sanction to; confirm
- making something valid by formally ratifying or confirming it; "the ratification of the treaty"; "confirmation of the appointment"
- An act of confirming officially

Outline

Ratification is an important element of any clinical governance approach.

Ratification is required at the point after a clinical audit report has been completed and is the means by which a Network, Care Group or other appropriate committee can review, alter and / or agree and officially sign off a final version of the report in hand, including the proposed actions contained.

Without having a ratification stage as part of a clinical governance process there is potentially a lack of control as clinical audit reports contain actions to address any issues identified. These actions need to be agreed as correct, realistic and achievable. Without ratification in place there is the potential to start following an inappropriate path, which itself could be the view, or even an agenda, of just an individual or team.

Appropriate Committees to Ratify

As part of the initial assurance process following the Trust restructure in 2014/15 the newly formed Care Groups were asked to outline their structures to support clinical audit to the Clinical Effectiveness and Audit Committee (CEAC). Having the appropriate Care Group structures in place remains an element of the Care Group assurance to the CEAC process.

As the structures of each Care Group are unique and self-determined, it also falls to Care Groups to decide which committee / committees will ratify, but essentially ratification needs the right people around the table. Options include:

- The Care Group Clinical Governance Group to keep a senior central level of authority
- The Individual Network Clinical Governance Groups to ensure that the most relevant clinicians and staff are present at the care specific level
- At a Care Group meeting specifically set up to cover Clinical Effectiveness and Clinical Audit ensuring appropriate authority and expertise while keeping the Care Group / Network committees mainly free of these necessary, but time consuming requirements
- Or via other meeting approaches as yet to be determined

Occasionally there will be Trust-wide clinical audit reports to review which encompass more than that of an individual Care Group. These reports may need to be ratified at the Trust-wide Clinical Governance Group or at a separate appropriate senior committee. An example of this could be a Trust-wide clinical audit encompassing multiple Care Groups.

Ratification Process

Whichever committee has the responsibility to ratify an individual completed clinical audit report the process remains essentially the same, as does ensuring those with the right seniority and knowledge are present to take the decision.

Each clinical audit conducted in or by the Trust must be registered using the Trust Clinical Audit Proposal System (CAPS2) on the clinical audit SharePoint site. This ensures a central overview of all clinical audit projects, as well as ensuring each clinical audit has a Trust electronic clinical audit report page, and it is this that needs to be completed fully before going to a committee for ratification. It is the Trust electronic report which captures the findings, actions and sharing elements to improve quality as a result of the work.

The electronic audit report can be used in conjunction with a more detailed Word report, which is able to include graphs, charts and tables.

In the case of National Clinical Audits the electronic Trust report needs to be completed stating and considered along with the national and / or Trust specific reports available.

Some Care Groups have requested that the clinician/s who undertook the clinical audit present the report in order to ensure that questions / concerns can be answered there and then. This can be simply talking through the paper or using slides specifically for this.

The ratifying committee needs to review the electronic report and any additional documentation available and consider the following key questions:

- Are all elements of the electronic report complete?
- Is the methodology section clear and explains how the audit was undertaken?
- Does the summary of findings section outline positive and negative findings in a clear manner?
- Do you agree with the summary of findings?
- If there are identified issues are there actions in place?
- Is each action SMART, with a specified person listed (not group or title) and a deadline?
- Do you agree that the actions will address the identified issues in the summary of findings?
- If there is a clinical variation that indicates there is a risk to patient safety, steps must be taken to minimise this risk.
- The ratifying committee should consider if clinical variations should be escalated where a risk may be wider than their ratifying remit:
    - to Care Group level if being ratified at Network level
    - to the Trust-wide Clinical Governance Committee (TWCGG) if being ratified at Care Group level
- Is a re-audit required? (Typically a re-audit is required if there are issues identified)
- If a re-audit is not required is the reason why stated?
- Is the sharing of findings section completed and sufficient / suitable?

If the committee are satisfied with these elements then the clinical audit report can be ratified.

Ratification Evidence

The ratifying committee also needs to record the discussion and decision in a way which provides the Clinical Effectiveness and Audit Team with clear evidence of not just ratification taking place and the outcome, but also clearly recording the clinical audit code and title. This is because there can be hundreds of clinical audit projects in any year (based on recent experience) across the Trust.

As with any committee the minutes needs to reflect this.

The Clinical Effectiveness and Audit Manager has provided the following table to Care Groups as approved through CEAC:

Clinical Audit Report Ratification Table	
Clinical Audit Code	
Clinical Audit Title	
General Discussion Points	
If this is a re-audit? If so, does the report show sufficient improvement to end the cycle or is a further re-audit cycle required?	
Ratification Decision	Ratified or Ratified pending minor alteration outlined above or Not ratified and to return at the next available meeting pending alterations outline above

It is recommended that this table is used when recording ratification discussion and decision.

The minutes with the ratification discussion and decision then need to be submitted to the Clinical Effectiveness and Audit Team via clinical.audit@cumbria.nhs.uk so this aspect of the process can be saved and the monitoring systems updated to sign off the ratification action itself. This then ensures that we can demonstrate the full clinical audit process has been completed when external bodies enquire, as well as providing assurance information for the Trust to the Quality and Safeguarding Committee (QSC), plus ensuring we are in line with national clinical audit guidance and requirements.

APPENDIX 5 – CONFIDENTIALITY AGREEMENT TEMPLATE:

This declaration must be signed by any person who is not employed by the Cumbria Partnership Foundation Trust, who will be reviewing patient-related information for the purposes of clinical audit.

This form must then be sent to the Clinical Audit Department to save on in the specific project file.

Declaration

I hereby declare that I fully understand that all patient-related information to which I have access, whether held on computer or in written form or given to me verbally, is confidential and I undertake never to divulge information to anyone without the authority of a senior member of administrative staff. I understand that this includes the divulging of information to the police.

I also understand that the names, addresses and details of patients contained in any documents or indexes are confidential and must not be accessed or divulged for personal interest or gain, or any other purpose other than healthcare business.

By signing this form I accept that I have been informed that under the provisions of the Data Protection Act 1998, unauthorised disclosure of data may result in personal prosecution.

Name:
Project Code:
Project title:
Post:
Department:
Organisation:
Email address:
Mobile / telephone no:
Signature and date:
Witnessed by and date:

DOCUMENT CONTROL

Equality Impact Assessment Date	
Sub-Committee & Approval Date	

History of previous published versions of this document:

Version	Ratified Date	Review Date	Date Published	Disposal Date
1.1	20/04/16	30/06/18	22/04/16	Pending

Statement of changes made from version

Version	Date	Section & Description
1.1	27/07/18	A general re-ordering of the entire previous policy to fit the profile of the new policy template
1.1	30/07/18	3 – added a paragraph to outline the importance of the process being followed.
1.1	30/07/18	3.3 - Participation in National Clinical Audit – amended to reflect the 'aim' to participate in all applicable projects as there is a clause in the HQIP guidance, now reflected, that it isn't always possible or appropriate to.
1.1	30/07/18	3.3.3 - Alterations to NCEPOD Ambassador which is not the Trust Clinical Audit Lead Clinician, but the Medical Director now
1.1	30/07/18	3.4.2 - Expanded the Clinical Audit Lead Approval section for registered projects
1.1	30/07/18	5 - Previous monitoring just stated "Adherence to standards in appendices / audit of records / annual / Care Groups'. This has now been replaced with more appropriate monitoring approach.
1.1	27/07/18	8.3 – altering the Risk Committee to the Audit and Risk Committee
1.1	27/07/18	8.16 – altering Care Group Triumvirates to Care Group AMDs and ADNs
1.1	27/07/18	8.23 – adding Quality and Safety Leads to the Managers and Team Leaders Responsibilities section
1.1	30/07/18	Appendix - Removal of CEAC ToR as not required.
1.1	30/07/18	Appendix 4 – updated with the new Clinical Audit Ratification Guide approved by CEAC July 11th

List of Stakeholders who have reviewed the document

Name	Job Title	Date
All Clinical Audit Leads	By email	01/08/18
All CEAC membership	By email	01/08/18
All AMDs and ADNs	By email	01/08/18
Policy Steering Group		02/08/18