Policy: C28

Clinical audit – Making positive changes to practice

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<td>Trust Management Team</td>
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<td>17th October 2012</td>
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<tr>
<td>Title of Author:</td>
<td>Head of Clinical Effectiveness &amp; Audit</td>
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<td>Title of responsible Director</td>
<td>Medical Director</td>
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EIA / Sustainability

Implementation Plan

Monitoring Plan

Other Related Procedure or Documents:

EIA Form 21.06.12.doc

Implementation Plan 21.06.12.xls

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<tr>
<th>Equality &amp; Diversity Statement</th>
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<tr>
<td>The Trust strives to ensure its policies are accessible, appropriate and inclusive for all. Therefore all policies will be required to undergo an Equality Impact Assessment and will only be approved once this process has been completed.</td>
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<td>The Trust aims to ensure its policies consider and minimise the sustainable development impacts of its activities. All policies are therefore required to undergo a Sustainable Development Impact Assessment to ensure that the financial, environmental and social implications have been considered. Policies will only be approved once this process has been completed.</td>
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## C28 – Clinical Audit, Making positive changes to practice

### Version Control Sheet

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1. INTRODUCTION

1.1 Clinical Audit is viewed by the Trust as one of the key processes to review quality and effectiveness of clinical services. Clinical Audit provides the structure to review and monitor implementation of evidence based care and best practice.

1.2 The Trust is committed to delivering high quality clinical audit to support and monitor identified key clinical governance priorities, whilst at the same time encouraging and developing locally based audits to inform specific clinical issues.

1.3 In short, Clinical Audit:

- Is at the heart of everything we do
- Monitors the quality and effectiveness of our services
- Is a quality improvement process that seeks to improve care and outcomes through systematic review.

1.4 The purpose of this document is to set out the Trust’s approach to establishing clear structures for clinical audit and other quality initiatives and to ensure best practice is followed. In doing so ensuring connectivity with the organisation’s governance and assurance systems and it’s corporate objectives.

1.5 It is important that clinical audit is not seen as an isolated quality improvement activity but as one of a set of tools which teams and the organisation can use to improve the quality of care that is delivered to service users and their carers. It is also important to consider the links to the wider quality and governance frameworks that exist.

1.6 Clinical audit should contribute to the delivery of West London Mental Health NHS Trust's corporate objectives and its overall vision:

- clinical governance (the framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish)

- corporate assurance (including the Standards for Better Health/subsequent registration standards, and related indicators, e.g. Engagement in Clinical Audit)

- integrated governance (systems, processes and behaviours by which organisations lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations)

- quality (including quality accounts)

- patient engagement/involvement (i.e. how organisations respond to the ‘Duty to Involve’ set out in Section 242 of the NHS Act 2006).
• support for the implementation and evaluation of initiatives developed as part of the 'next generation care' approach to service improvement within the organisation.

1.7 For West London Mental Health NHS Trust as a provider organisation, clinical audit activity should reflect commissioners' requirements and aspirations, e.g.

• evidence for commissioning with regards to contractual requirements.

1.8 Other areas of consideration must include:

• information governance (to ensure that clinical audit practice meets the requirements of best practice)

• research and development (close working arrangements exist between the clinical audit and Research & Development department with open communication to clarify details over projects e.g. where doubt exists about whether a project is audit, research or service evaluation)

2. **SCOPE**

2.1 This policy applies to anyone engaged in clinical audit and quality initiatives within West London Mental Health NHS Trust, including service users/carers, staff, students and volunteers. It also applies to staff who wish to work for other organisations and wish to collect data for collaborative or network clinical audit projects.

2.2 The aim of this policy is to ensure that there is clarity over the use of clinical audit as a process to embed clinical quality at all levels within West London Mental Health NHS Trust over the next four years. It will deliver demonstrable improvements in patient care through the development and measurement of evidence-based practice.

2.3 The areas of clinical audit practice that West London Mental Health NHS Trust is committed to developing during 2010-2014 are:

• to provide a safe and effective service

• to deliver excellent personalised care, treatment and support.

• to become the provider of choice

• to build an engaged workforce which is focussed on recovery and the needs of service users and carers.

2.4 Priorities for clinical audit reflect the Trust’s clinical governance priorities as developed by the Trust’s Clinical Effectiveness & Compliance Committee. Close links are established between clinical audit, clinical effectiveness and research & development. Prioritisation takes into account the need to monitor and evaluate implementation of NICE guidance and National Service Frameworks.
3. DEFINITIONS

3.1 What is clinical audit?

"Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria/standards and the implementation of change".

_The National Institute for Clinical Excellence 2002._

3.1.1 Clinical audit is often shown as a ‘cycle’. This cycle can have many stages, and appear quite complex. A simplified version is shown here (Image 1) for information. Clinical Audit within the Trust is expected to follow this model. It is of particular importance to note the stage of ‘action planning and implementation of change’. This will become even more critical, as audits which lead to demonstrable improvements in the quality of care that we deliver will be key.

![Image 1](image1.png)

3.2 Research

3.2.1 Research is different from clinical audit; obtaining new knowledge and finding out what treatments are the most effective. Clinical audit is about quality and finding out if best practice is being adhered to. In short, research tells us what we should be doing whereas clinical audit tells us whether we are doing what we should be doing and how well we are doing it. The National Research Ethics Service makes a clear distinction between clinical audit and research and states that, unlike research, although there may be ethical issues present, clinical audit should not usually need approval from a research ethics committee. (See Table 1)

<table>
<thead>
<tr>
<th>Research</th>
<th>Clinical Audit</th>
<th>Service Evaluation</th>
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<td>The attempt to derive generalisable new knowledge, including studies that aim to generate hypotheses, as well as studies that aim to test them.</td>
<td>Designed and conducted to produce information to inform delivery of best care.</td>
<td>Designed and conducted solely to define or judge current care.</td>
</tr>
<tr>
<td>Addresses clearly defined questions, aims and objectives in a rigorous manner.</td>
<td>Measures against a standard.</td>
<td>Measures current service without reference to a standard or defined system or approach.</td>
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<tr>
<td>Usually involves collecting data that are additional to those for routine care, but may include data collected routinely. May involve treatments, samples or investigations additional to routine care.</td>
<td>Usually involves analysis of existing data, but may include administration of simple interview or questionnaire.</td>
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<td>May involve randomisation.</td>
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Table 1.

3.3 Healthcare Evaluation

3.3.1 There are various forms of healthcare evaluation, all of which can be used to inform where changes to practice are needed but these may not have explicit standards identified to measure against.

- Service evaluation is the process of reviewing the effectiveness of a new service, or aspect of that service through patient or staff satisfaction surveys, case tracking.

- Patient outcome or clinical performance indicators involves the collection of data in order to monitor indicators of patient outcomes or service delivery, which will give trends over time.

3.4 Quality Improvement

3.4.1 It is recognised that there are many worthwhile quality improvement projects being undertaken within the Trust which do not always meet the criteria for clinical audit i.e. baseline assessments, patient satisfaction questionnaires and surveys. The Trust supports these projects but requires that they are subject to the same level of quality that is assured as with clinical audit projects. All quality
improvement projects are therefore covered within this policy and should be registered in the same way as clinical audit.

4. **DUTIES**

4.1 **Chief Executive**

The Chief Executive is responsible for the statutory duty of quality and has overall responsibility for this policy.

4.2 **Accountable Director**

The Medical Director is the accountable director for this policy. As the accountable director, the medical director has trust-wide responsibility for the implementation and compliance with this policy.

4.3 **Quality Committee**

The Quality Committee is a Trust wide panel responsible for delivering performance indicators against the Trust Strategic goals and objectives, and ensuring all its relevant subcommittees are providing adequate appraisal and assurance regarding quality, risk or performance issues, in turn ensuring that the organisation is able to comply, and provide evidence of compliance, with Care Quality Commission Essential Standards of Quality & Safety. The Committee’s have responsibility for reviewing the integrated governance framework and evaluating its effectiveness and addressing any gaps. This multidisciplinary group is chaired by a non-executive director and attended by the medical director and the head of governance.

4.4 **Clinical Effectiveness & Compliance Committee**

The Clinical Effectiveness & Compliance Committee is responsible for delivering associated performance indicators identified against the strategic goals of the Trust ensuring all associated groups are providing adequate assurance regarding quality, risk or performance issues. The committee is chaired by the medical director and membership includes the executive directors and the head of governance.

4.5 **Clinical Audit Governance Group**

The Clinical Audit Governance Group is responsible for overseeing clinical audit throughout the Trust and ensuring that there is a coherent and standardised approach to clinical audit across the organisation. The group is responsible for the Trust’s clinical audit strategy and the development and implementation of a trust-wide clinical audit programme. It ensures that this programme is consistent with the Trust’s corporate objectives and serves to ensure the delivery of high quality and patient focussed clinical services. The group ensures that clinical audit underpins the continuous improvement of the quality of clinical services provided and that best practice is disseminated across the entire trust.

4.6 **Scoping Group**

The Scoping Group has the overall remit to outline and oversee the clinical effectiveness processes for new evidence-based guidance when received by the
Trust, assess the cost for each piece of guidance and agree on action required including audits required to assure compliance. The group is chaired by the clinical effectiveness lead and membership also includes Medical director, head of governance, clinical directors, head of clinical effectiveness and audit, lead clinicians.

4.7 Senior Managers

The Senior Managers are responsible for ensuring this policy is communicated to their teams/staff and service users/carers within their responsibility. They are responsible for ensuring this policy is implemented within their services and that staff attend relevant training and adhere to the policy detail.

4.8 Clinical Leads

The Heads of Service and Clinical Leads have responsibility for ensuring clinical audit priorities contained within the clinical audit forward plan are communicated, undertaken and change undertaken where required.

4.9 Clinical Audit Leads

The Clinical Audit Leads are responsible for ensuring the coordination of clinical audit activity within the Clinical Service Unit via their clinical audit group and communicating progress, recommendations and changes required as a consequence of clinical audit.

4.10 Clinical Effectiveness & Audit Team

The Clinical Effectiveness & Audit Team is a small, dynamic and enthusiastic resource to support clinical audit activity within the Trust. The team consists of:

- Three Clinical Effectiveness & Audit Coordinators Trust-wide
- The Head of Clinical Effectiveness & Audit Trust-wide.

The Clinical Effectiveness & Audit Team forms part of the Clinical Governance Team and is managed by the head of governance. The team provides:

- Subject to priorities identified by the Clinical Effectiveness & Compliance Group and Clinical Audit Governance Group, support to clinicians undertaking clinical audit
- Trust staff and service users with appropriate training and support to complete clinical audit
- Support to clinicians in developing project plans that ensure service improvements are built in at the planning stage and ensure good practice in undertaking clinical audit
- A database to identify, record and monitor clinical audit projects, and their positive changes to practice
- A resource to ensure dissemination and to develop cross fertilisation by linking audit activities between clinical improvement groups to the R&D Office.
4.11 All staff

It is the responsibility of all staff to ensure the care they provide is based on evidence and to the best possible standard.

4.12 Policy Author

Policy Author is responsible for the development or review of a policy as well as ensuring the implementation and monitoring is communicated effectively throughout the trust via clinical service units/Directorate leads and that monitoring arrangements are robust.

5. COMMITMENT TO STAKEHOLDER ENGAGEMENT, COLLABORATION AND PARTNERSHIP

5.1 Involving services users, carers and the public

5.1.1 The Trust promotes a commitment to involving service users, carers and the public in the clinical audit process either indirectly through the use of service user surveys or questionnaires or directly through participation in focus groups, identified individuals being members on working groups or committees or through service user or carer forums.

5.1.2 Service users and carers provide the Trust with a unique insight into the workings of the organisation and their involvement and experiences help us to design services appropriate to their needs.

5.2 Multidisciplinary clinical audit

5.2.1 Good clinical audit is based upon good multidisciplinary working and as such clinical audit should be undertaken across the clinical professions.

5.2.2 All clinical audit projects involving the use of medicines are referred to the chief pharmacist, therefore ensuring pharmacy is aware of these projects.

5.2.3 On occasions where a working group is identified to undertake a clinical project, the chair of the group will ensure full participation of those affected by the clinical audit and representation on the group.

5.3 Collaborative clinical audit

5.3.1 Collaboration with other agencies is encouraged and promoted within the Trust. Completing clinical audits with other local and regional organisations encourages improvements within the patient care pathway.

5.3.2 The Trust has produced guidelines for the undertaking of collaborative clinical audit and quality initiatives (See Appendix 2).

5.4 Involving clinical and non-clinical managers

5.4.1 It is particularly important to involve managers of the clinical service units to ensure their commitment to the clinical audit being undertaken. It is particularly important in such instances where the anticipated outcome of the audit may involve resource implications.
5.5 Involving Medical Students and Doctors in training

5.5.1 Medical staff are required to participate in clinical audit as part of their ongoing education and re-validation, to this end the Trust encourages and promotes their involvement by involving doctors in training in the clinical audits of NICE guidance. A programme of clinical audit is made available on the commencement of their placement and they are assigned a topic to undertake.

5.5.2 Prior to commencing a clinical audit the trainee is required to attend an introductory session on ‘How to conduct a clinical audit’ presented by the Clinical Effectiveness & Audit Team. This session will be replaced shortly with an online e-learning tutorial.

5.5.3 The educational supervisors are responsible for ensuring that all clinical audit projects undertaken are registered and approved prior to commencement.

5.5.4 Certification will only be provided for those clinical audit projects registered, approved and have a clinical audit report and action plan submitted to the clinical effectiveness & audit team. Within the Forensic services it is expected that the trainee will present their clinical audit project as part of the academic programme.

5.6 Working with commissioners

5.6.1 The Trust is committed to seeking the views of those commissioning our services in determining our clinical audit priorities. The Trust will report the outcomes of clinical audit activity on an annual basis.

5.6.2 The results of clinical audits undertaken specifically around NICE guidance will be reported on when requested by commissioners.

6. CHOOSING CLINICAL AUDIT TOPICS AND PROJECT PLANNING

6.1 Clinical audit annual programme

6.1.1 Prior to the start of every financial year the Trust will agree an annual clinical audit programme. This plan focuses on the ‘must do’ activity within the Trust, reflecting both national and local priorities. This programme should meet the Trust's corporate requirements for assurance, but must be owned by clinical services. 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.

6.1.2 The programme is prepared by the Head of Clinical Effectiveness & Audit in conjunction with the Clinical Effectiveness & Compliance Committee and the clinical leads/heads of clinical service units. Local clinical audit topics specific to the clinical service units will be identified during this period and added on to the forward plan.
6.1.3 Local clinical audit activity is supported by the Trust. It is acknowledged that individual clinicians may wish to undertake a piece of clinical audit specific to their area of interest but it is imperative that these are registered with the clinical effectiveness & audit team.

6.1.4 Appendix 3 provides details on how the clinical audit programme is created.

6.2 Participation in national clinical audits

6.2.1 The Trust currently participates in a number of national clinical audits including:

- The Prescribing Observatory in Mental Health – UK
- National Audit of Psychological Therapy for Anxiety and Depression
- Accreditation in Mental Health Services – Psychiatric Intensive Care Units/Older People
- National Audit Of Continence Care
- National Audit of Schizophrenia

6.2.2 The Trust will continue to seek to participate in any other relevant national audits as they arise.

7. GOVERNANCE OF CLINICAL AUDIT

7.1 Registration of clinical audit and quality initiative projects

7.1.1 All clinical audit or quality initiatives projects must be formally registered with the clinical effectiveness & audit team using the proposal form prior to the commencement of the project. The latest version of the proposal form can be found on the Trust’s website or appended to this policy (See Appendix 4).

7.1.2 Prior to submitting the proposal form for registration all projects should be approved and signed off by the clinical lead for local projects or medical director for national or trust wide priorities. Any proposal received which has not been approved will be returned.

7.1.3 The Trust recognises that clinical audit resources are finite, and as such will only support those projects that are expected to deliver improvement and assurance according to agreed Trust priorities.

7.1.4 Those projects where there are no standards and none can be agreed will be classified as a service evaluation project. These include service/practice developments or evaluations, activity analysis and benchmarking. These projects should be registered with and reported to the clinical effectiveness & audit team, but support will be limited.
7.2  Peer review

7.2.1 All clinical audits require approval by the Peer Review Panel or, for Trust-wide audits, the Clinical Audit Governance Group. The Trust’s support for all clinical audit projects is conditional on fulfilling the criteria set out within this policy. The Peer Review Panel has 5 working days to review each clinical audit proposal. The Clinical Audit Governance Group may take a little longer.

7.2.2 Once reviewed, the clinical effectiveness & audit team advise of the outcome. The proposal may be approved, or the reviewers may suggest some minor changes that are required before the audit can proceed. A small number of proposals are referred to the Research and Development department or are rejected. The decision will be explained. Data must not be collected until the proposal has been approved.

7.2.3 When feeding back from the Panel, the Clinical Effectiveness & Audit Team may also advise you on who should later receive a copy of the audit report.

7.14 A flowchart and a description of the process are provided at Appendix 1.

7.3  Legal, ethical and confidentiality issues

7.3.1 During clinical audit activity, attention should be paid to issues of confidentiality and security. The following protect the misuse of clinical and personal information.

7.3.2 Caldicott Principles

When accessing confidential information:

- Justify the purpose
- Only use patient identifiable information when absolutely necessary
- Use the minimum information required
- Access strictly on a need to know basis
- Everyone involved must understand their responsibilities
- Understand and comply with the law

Examples of justifiable purposes, as defined by Caldicott, in relation to audit are:

- Assuring and improving the quality of care and treatment;
- Risk Management;
- Monitoring and protecting public health.

In practice this means that the collection of service user names during a clinical audit is rarely justified or permitted. Furthermore, that service users or staff should not be taped (audio or video) for the purposes of audit.

7.3.3 Data Protection Act 1998

To comply with the Act you must ensure that all data is:

- Obtained and processed fairly and lawfully;
• Processed only for specific legal purposes;
• Adequate, relevant and not excessive for those purposes;
• Accurate and kept up to date;
• Kept safe from unauthorised access, accidental loss or destruction;
• Processed in accordance with the rights of Data Subjects;
• Not transferred outside the European Economic Area without due safeguards unless the Data Subject has given their consent.

Sensitive Personal Data: Sensitive information can only be processed if 1 or more of the specified conditions are satisfied; these include: 1) With explicit consent of the subject, 2) necessary for medical purposes and undertaken by a health care professional. Much of the data we hold on our patients comes within the definition of "sensitive". All documentation, forms and any other audit information must be kept in a secure place.

7.3.4 Information Governance

Information Governance is to do with the way we handle information about service users and employees. Information Governance currently encompasses the following initiatives or work areas:

• Data Protection Act 1998
• Freedom of Information Act 2000
• The Confidentiality Code of Practice
• Information Security Management – BS7799
• Records Management including HSC 1999/053 ‘For the Record’ superseded by Records Management Code of Practice 2006 (Amended Jan 2009)
• Information Quality Assurance – (Data Accreditation)
• Controls Assurance – IM&T and Records Management
• Caldicott Principles

Information Governance has four fundamental aims:

• To support high quality care by promoting the effective and appropriate use of information;
• To encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources;
• To develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards;
• To enable organisations to understand their own performance and manage improvement in a systematic and effective way.

7.3.5 Ethics and consent

Clinical audit projects do not require ethical approval but they must be conducted within an ethical framework to ensure no harm is caused to service users or staff.

The following four principles should be adhered to:

• There is a benefit to existing or future service users or others that outweighs potential burdens or risk
- Each service user's right to self-determination is respected
- Each service user’s privacy and confidentiality is preserved
- The activity is fairly distributed across service user groups

7.3.6 Equality and diversity

The process for determining choice of clinical audit projects, and the manner in which service user samples are drawn, must not discriminate against any group based on their race, disability, gender, sexual orientation, religion and beliefs.

7.4 Clinical audit database

7.4.1 The clinical effectiveness & audit team maintain a database detailing all clinical audit and quality initiative activity reported to them.

7.4.2 The database includes key information from the proposal form including:
  - The name and contact details of the project lead
  - The speciality, ward, department or area
  - Current status of the project
  - Planned completion date
  - And whether a report and actions have been received.

7.4.3 The database supports the monitoring of all clinical audit projects and is only accessed by the clinical effectiveness & audit team.

7.4.4 Data held within the database is used for annual reporting requirements to the Trust Board, therefore it is vital that all clinical audit activity is logged.

8. TRAINING AND DEVELOPMENT

8.1.1 Training in clinical audit is key. It raises the profile of clinical audit and provides clinicians with the tools to measure and improve quality of the care they provide.

8.1.2 Developing and sustaining clinical audit activity within the Trust requires that the shared values and beliefs of the organisation support the idea of quality improvement, that training, advice and support is provided to clinicians undertaking audit and that we have a structure that coordinates and monitors quality improvement quickly and effectively. This includes:

- Local training for clinicians and service users at the interface
- Formal training available within the Learning & Development Centres
- Development of an e-learning package which will enable clinicians to undertake the training and be provided with a certificate of completion
• Leaflets, information and resources available on the clinical effectiveness & audit web page on the Trust intranet

8.1.3 Clinical Audit provides an opportunity for clinicians to assess established practices and develop new ways of working. The Trust ensures that all clinical audits undertaken complete the full audit cycle and re-audits are undertaken following implementation of action plans. The Trust has developed mechanisms to facilitate wider dissemination of clinical audit findings to promote sharing of best practice and service improvements. The Trust structures for clinical audit ensure:

- Effective and timely communication of clinical audit activity and outcomes.

And include:

- The establishment of a Clinical Effectiveness and Audit intranet site, which has facilitated Trust wide dissemination.
- The production of the Audit Cycle Newsletter which provides updates on clinical audit and clinical effectiveness activity.
- Clinical Service Unit Clinical Audit Workshops and academic programmes.

The above facilitate dissemination of recommendations and ensure areas of good practice are identified and celebrated.

9. PROCESS FOR MAKING AND SUSTAINING IMPROVEMENTS

9.1 Reporting – local clinical audit

9.1.1 A clinical audit reporting template is available on the Trust intranet (See Appendix 4). Completed reports including an action plan should be copied to the clinical effectiveness & audit team as these will be used for Trust reporting purposes.

9.1.2 A copy of the report and action plan should also be presented to the clinical service units clinical audit group to ensure ownership and dissemination of the audit results and any actions required to improve care locally.

9.1.3 The clinical service unit clinical director is responsible for monitoring progress towards the action plan and re-audit.

9.1.4 It is expected that this information will be required for annual reporting requirements to the clinical effectiveness & compliance committee.

9.2 Reporting – Trust wide clinical audit

9.2.1 A number of the priority clinical audits undertaken within the Trust are coordinated, supported and frequently reported on by the clinical effectiveness & audit team. Examples of these clinical audits include:

- Prescribing Observatory in Mental Health (POMH) Topics
- NICE guidance
• Safeguarding children

9.2.2 The Trust participates in a number of clinical audits facilitated by the Royal College of Psychiatrists or the Royal College of Physicians. Both are responsible for conducting the analysis and producing a report which is forwarded to the Trust upon completion. These reports are received by the chief executive and the head of clinical effectiveness & audit and received by the clinical standards sub committee and disseminated to the clinicians who participated in the audit within the clinical service units. The clinical service unit is responsible for developing an action plan and reporting progress to the clinical standards sub committee.

9.2.3 All clinical audit reports should be received by the local clinical service units clinical audit group to acknowledge receipt and support initiate actions required to implement changes to practice where required.

10. MONITORING EFFECTIVENESS

10.1 Monitoring effectiveness of clinical audit activity

10.1.1 The clinical effectiveness & audit coordinators are responsible for maintaining and updating the clinical audit database, overseen by the head of clinical effectiveness & audit.

10.1.2 This process is monitored via clinical effectiveness & audit team meetings once a month.

10.1.3 Where action plans are not being implemented or where there are resource or governance issues identified these will be escalated by the head of clinical effectiveness & audit to the head of governance.

10.1.4 On a bi-monthly basis the head of clinical effectiveness & audit will report progress on clinical audits and action plans to the clinical audit governance group. Issues will be discussed and actions forwarded to the clinical services units.

10.1.5 A report detailing clinical audit activity will be produced annually.

11.0 MONITORING THE EFFECTIVENESS OF THIS POLICY

11.1 This policy will be reviewed every two years unless there are changes to legislation or national guidance within that period. In this case the policy will be reviewed earlier.
12. REFERENCES (EXTERNAL DOCUMENTS)

This policy should be read in conjunction with the following:


13. SUPPORTING DOCUMENTS (TRUST DOCUMENTS)


14. GLOSSARY OF TERMS / ACRONYMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>R&amp;D</td>
<td>Research &amp; Development</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
</tr>
<tr>
<td>POMH-UK</td>
<td>Prescribing Observatory in Mental Health in the United Kingdom</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>CSU</td>
<td>Clinical Service Unit</td>
</tr>
</tbody>
</table>
15. APPENDICES.

Appendix 1  10 Steps to Clinical Audit

Appendix 2  Form to show agreement to adhere to the Trust process for Collaborative Quality Initiatives and Clinical Audit

Appendix 3  Process for setting priorities for the trust’s clinical audit programme

Appendix 4  Proposal Form Clinical Audit & Quality Initiatives

Appendix 5  Clinical Audit Report Template

Appendix 6  Process for sharing good practice and implementing change following clinical audit
Appendix 1

10 STEPS TO CLINICAL AUDIT

1. PLAN
   Agree audit topic & identify standard(s).

2. PREPARE
   Establish audit project lead
   Check your audit isn’t already being done

3. Begin the audit process
   Ask for audit proposal form or get one from the Exchange. Complete the proposal. Identify a sponsor - usually your clinical lead. Get them to sign your proposal

4. Seek APPROVAL
   Forward your proposal form to the Clinical Effectiveness & Audit Team. Include your audit tool and audit schedule.

5. Peer Review
   The Clinical Effectiveness & Audit Team forward your audit proposal for peer review.

6. Start your audit
   Pilot first!
   Review following pilot.
   Commence your audit and monitor its progress.

7. REPORT
   Write a report of your audit.

8. Dissemination
   Share your report with your colleagues, your Clinical Audit Group and the Clinical Audit Team and others. Share your findings in other ways too.

9. Clinical Audit Team Assistance
   Trust wide audit priorities will be provided with assistance.
   Local audits will be supported through training, advice and access to resources and materials.
   Timescales for audits to be completed within 6 months

10. Lesson Learned
    Reflect on the process.
    Ask: What have the benefits been?
    Were there any problems?
    Is there anything that needs further work?
    Plan & make changes
    Agree an action/implementation plan. Identify positive changes to practice. Review progress. Plan re-audit
The process – 10 steps to clinical audit

1. Agree your clinical audit topic
   - Once you have an idea ask these questions:
     - Is the topic important, for example high cost, high volume, or a risk to staff or users?
     - Are standards or good evidence available, for example national guidelines?
     - Is the topic related to national policy initiatives?
     - Is the topic feasible to audit?
     - Can the topic realistically lead to improved care?

2. Prepare
   - Check the audit you have chosen has not been already been identified as a Trust wide project or as a local audit elsewhere by contacting the Clinical Effectiveness & Audit Team and/or checking the summary database on the Exchange.
   - Establish a project lead
   - Project lead to obtain an audit proposal form and guidance notes from the n drive and seek support from the audit team if required
   - Review existing literature e.g. Local/national standards, guidelines etc
   - Decide how you will involve service users/stakeholders
   - Network with others: speak to colleagues and seek advice from others
   - Team/individual: decide how you would change what you do into what you want to do
   - Consider what information you will need and how this will be collected. Is this achievable? You may need to contact the Information Department
   - How will issues of Confidentiality, Caldicott, Data Protection and data storage be addressed?

3. Begin the clinical audit process
   - Audit lead will need to complete proposal form
   - Your project requires a sponsor, who must sign your proposal form:
     - if your audit is going to be completed within one service delivery unit, your sponsor must be your Clinical Lead
     - if your audit is going to be completed across more than one service delivery unit then your sponsor must be all relevant Clinical Leads
     - if your audit is going to be completed across the Trust, then the chair of the Trust’s Clinical Effectiveness & Compliance Committee or the Chair of the relevant Working Group (e.g. Drugs & Therapeutics Committee, Psychological Therapies Working Group, Safe Guarding Children, etc) should sponsor it.
   - Complete your audit schedule
   - Develop your audit tool

4. Submit your proposal and materials for approval
5. **Start your audit**
   - PILOT FIRST!
   - Review your method and materials following your pilot
   - Commence your audit and monitor its progress

6. **Write your report**
   Write your audit report, executive summary and implementation plan.
   Keep your analysis simple.
   It is the responsibility of the project sponsor to monitor the progress of your project;
   Remember to also keep the clinical audit team informed of progress. Seek assistance if required.

7. **Dissemination**
   Forward report to project sponsor.
   The project lead must provide a copy of the report to the clinical audit team to register completion of the project, including identified areas for changes in practice and plans to re-audit.
   Project lead to send copy to clinical service unit clinical audit group.
   Project lead ensures that the audit findings are widely distributed to staff and service users within their relevant areas, via guidelines, reports, posters, presentations etc.

8. **Plan and make changes to practice**
   You now need to:
   Agree an action/implementation plan, identifying timescales and review;
   Identify and implement positive changes to practice;
   Provide this information to the Clinical Effectiveness & Audit Team.
   Monitor progress - make a date in your diary to contact those concerned to make sure changes have been implemented.
   Consider re-audit where necessary.

9. **Lessons learned**
   It is important that you consider the less measurable parts of your audit. Reflect on the process and identify the lessons learned. Consider:
   - What have been the benefits of your involvement in this piece of audit?
   - What problems, if any, were encountered and how were they resolved?
   - What would you do differently next time?
   - Is there anything which needs further work?
   - Were the results worth the cost of the project?
Has the hard work and effort of the audit group been appreciated by the wider organisation?

10. **Re-audit**
Repeat the process to check your progress.
How often you will need to re-audit and review clinical audit projects is a local decision.
Re-audit needs to become part of routine practice.
It is usual to re-audit every 6, 12 or 18 months.
Standards need to be regularly reviewed to keep up to date with the evidence. If standards are taken from national guidelines, which are usually updated every two years, they should be reviewed accordingly. Systematic reviews of research are also regularly updated and again standards should be reviewed to reflect any new information.

The Trust’s **Clinical Effectiveness & Audit Team** are always available to provide support, through every step of the process:
- Support will be given in the first instance to the agreed Trust priority audits
- Local audits will be supported through advice and training
- Additional support may be possible.
Appendix 2

Form to show agreement to adhere to the Trust process for

COLLABORATIVE QUALITY INITIATIVES & CLINICAL AUDIT

<table>
<thead>
<tr>
<th>Scope of Guidelines</th>
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<tbody>
<tr>
<td>These guidelines are applicable where a Trust team or member of staff is seeking to collaborate with an external organisation.</td>
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</tbody>
</table>

The Head of Clinical Effectiveness & Audit should be contacted when an external organisation wishes to collaborate with the Trust or access Trust information but does not have any existing audit partners within the Trust. These guidelines are not sufficient on their own in this instance.

1. Where collaborative initiatives are to be undertaken in partnership with one or a number of organisations, the West London Mental Health NHS Trust will ensure best practice is maintained throughout.

2. These guidelines should be read in conjunction with the Trust Clinical Effectiveness Strategy, Clinical Audit Strategy and Code of Conduct for Clinical Audit.

3. This document aims to provide a practical guide to the structures and processes necessary to conduct collaborative initiatives successfully across organisational boundaries.

4. All requests for collaborative projects require completion of the Trust’s clinical audit proposal form (see Appendix 1).
   a. No collaborative project will commence until peer review and approval has been gained from the Trust’s Clinical Audit Governance Group or Medical Director.
   b. Part of the peer review process will include forwarding the proposal form to the Information Governance Manager to ensure confidentiality, data storage and ethical safeguards are met. The form will then require the signature of the Medical Director on behalf of the Clinical Audit Governance Group.
   c. The Head of Clinical Effectiveness & Audit is responsible for co-ordinating activity with the identified lead of the project and other organisations as identified.

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1 For the purpose of these guidelines organisations include Trusts, PCTs, and Joint Agencies.

d. A project steering group will be established as applicable to ensure links, oversee audit activities and ensure feedback. Leads will be identified to represent each of the organisations collaborating in the specified project.

e. The Head of Clinical Effectiveness & Audit will act as the lead for the Trust and ensure the involvement and communication within the Trust.

f. A project plan and audit schedule will be agreed and feedback on progress will be given to the Clinical Audit Governance Group.

g. Findings of the audit and a detailed implementation plan will be provided to the Clinical Audit Governance Group.

h. Date of re-audit will be identified on the Trust’s Clinical Effectiveness Forward Plan.

5. Each participating organisation has a responsibility to ensure that the criteria above are met and are requested to sign to agree to these terms.

Name:……………………………………………………………. Date:…………
Post:…………………………………………………………………………
Organisation:…………………………………………………………

Name:……………………………………………………………. Date:…………
Post:…………………………………………………………………………
Organisation:…………………………………………………………
Appendix 3

Process for setting priorities for the trust’s clinical audit programme

Clinical audit forward plan to be populated with external “must do” clinical audits, including incomplete priority clinical audits from previous year

Discuss with the clinical effectiveness & compliance committee and agree and add Trust “must do” clinical audits these include national and trust priorities

Discuss clinical audit programme with clinical leads and heads of the clinical services units

Agree with clinical services units one or two priority audits alongside trust “must do” clinical audits.

Head of clinical effectiveness & audit approves clinical audit annual programme via clinical audit governance group and disseminates to clinical services units clinical leads for information.

Clinical audit annual programme advertised on the Exchange and forwarded to trust service users forums for information

All clinical services units monitor and sign off all local clinician interest clinical audit projects via their local clinical audit group

Clinical effectiveness & audit team enter all agreed clinical services units clinical audit details onto the trust’s clinical audit database

Clinical services units responsible for monitoring and providing updates on clinical audit activity taking place via the clinical audit governance group
PROPOSAL FORM

CLINICAL AUDIT & QUALITY INITIATIVES

Your proposal will be reviewed by the Peer Review Panel to ensure that it is legitimate, feasible and will inform practice. Please complete all sections fully; expanding the sections and attaching related documents. The guidance notes may help you. Your proposal must be approved before you proceed.

<table>
<thead>
<tr>
<th>1. Title of Project</th>
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<tr>
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<table>
<thead>
<tr>
<th>2. Project Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Job Title:</td>
</tr>
<tr>
<td>Service:</td>
</tr>
<tr>
<td>Contact details:</td>
</tr>
<tr>
<td>Telephone:</td>
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<tr>
<td>Mobile:</td>
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<tr>
<td>Email:</td>
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<table>
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<tr>
<th>Where you will be undertaking this project? Please indicate</th>
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<tbody>
<tr>
<td>High Secure CSU</td>
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<tr>
<td>Local CSU: H&amp;F/Hounslow/Ealing</td>
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<tr>
<td>Trust-wide</td>
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<table>
<thead>
<tr>
<th>3. Summary of Project: A couple of sentences outlining your proposed project</th>
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</tbody>
</table>
4. **What type of study are you planning?** Please delete if not applicable.

<table>
<thead>
<tr>
<th>Audit of Clinical Practice</th>
<th>Evaluation of Clinical Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback from Service Users, Carers &amp;/or Staff</td>
<td>Review of Service Management</td>
</tr>
</tbody>
</table>

5. **What are the project aims and objectives?**

6. **Service User Involvement**

<table>
<thead>
<tr>
<th>a. Will service users be actively involved in this audit? Please circle</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>b. If no, please explain why not:</td>
<td></td>
<td></td>
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<tr>
<td>c. If yes, who will the service users be?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. How will they be identified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. Do you think that Ethics approval will be required? Please circle</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

7. **How was the project identified?**

8. **Was this audit identified as part of a serious untoward incident/clinical risk?** Yes | No

| a. Please provide reference number/identifier: |     |

9. **Which standard(s) are you going to measure your practice against?**

10. **Methodology: how are you going to do your project?** e.g. collect, store and analyse your data
11. How are you going to protect confidentiality while you collect, analyse and report your data?

12. Project Schedule: when do you anticipate completing these key stages?

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<tbody>
<tr>
<td>a</td>
<td>Data collection</td>
</tr>
<tr>
<td>b</td>
<td>Data analysis</td>
</tr>
<tr>
<td>c</td>
<td>Report completed &amp; disseminated</td>
</tr>
<tr>
<td>d</td>
<td>Recommendations agreed</td>
</tr>
<tr>
<td>e</td>
<td>Implementation plan agreed</td>
</tr>
<tr>
<td>f</td>
<td>Start of repeat</td>
</tr>
</tbody>
</table>

Any comments on the timescales:

13. How will the project lead to positive changes in practice? Who will act on the recommendations and how are they involved in your project?

14. Please list the clinical areas you are planning to include e.g. services, community centres, wards.

15. Are you planning to collaborate with other organisations or publish this externally? If so, please detail.
On completion, please forward your proposal to the relevant chair of the clinical audit group or clinical audit lead for your Clinical Service Unit. If your audit includes other areas within the trust please ensure they also receive a copy, and agree to participation.

Once the chairs/clinical audit leads have signed the form or emailed their approval, please ask your Clinical Director or the Medical Director, depending on the scope of your audit, to sign your proposal below. In doing so, you are asking them:

- To sponsor and agree that your project is practical and relevant
- To review your findings, ensure that good practice is shared and weak practice is addressed and improvements monitored.

Signature: 

__________________________

Name: Date:

Clinical Director / Medical Director 

Signature: 

__________________________

Name: Date:

Chair of Clinical Audit Group/Clinical Audit Lead 

Signature: 

__________________________

NEXT: E-mail your proposal and materials to the Clinical Effectiveness & Audit Team at ClinicalAuditHelpdesk@wlmht.nhs.uk and also post/fax your signed copy to:

Magnolia Way, Trust Headquarters or Blackwater Centre, Broadmoor Hospital

Fax: 020 8354 8798 Fax: 01344 754877

*Once you have completed your audit please ensure you feedback into your CSU clinical Audit Group*

GUIDANCE NOTES

TO ACCOMPANY PROPOSAL FORM
The proposal form is designed to help you plan your project and share this plan with others. Your proposal will be reviewed by the Peer Review Panel to ensure that it is legitimate and feasible. So please complete all sections fully; expanding the sections and attaching related documents. Your proposal must be approved by your clinical director or clinical directors (if across more than one CSU) or the Medical Director if across, outside the Trust or collaborative. Your proposal form also needs to be signed by the chair of your clinical audit group/s or clinical audit lead if across more than one CSU. Your proposal must also be approved by the Peer Review Panel before you collect or collate data. The Clinical Effectiveness & Audit Team will arrange this for you.

<table>
<thead>
<tr>
<th>PROPOSAL QUESTION</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 TITLE OF PROJECT</td>
<td>Keep this short and simple e.g. &quot;The completion of CPA documentation on Ward X, May – July 2010&quot;</td>
</tr>
<tr>
<td>2 Project Lead</td>
<td>We need this section for reference – so that we and others can contact you.</td>
</tr>
<tr>
<td>3 Summary of Project</td>
<td>Briefly explain what you are hoping to do as an introduction to the more detail explanation that follows. For example “A retrospective audit of case notes to look at completion of CPA paperwork on Ward X between May and July 2005. 20 sets of notes will be reviewed and data collected on a specifically-designed data collection sheet (attached)”.</td>
</tr>
<tr>
<td>4 What type of study are you planning?</td>
<td>Different studies have different characteristics. Please indicate what type of study you feel it is so that we can judge your study accordingly.</td>
</tr>
<tr>
<td>5 What are the project aims and objectives?</td>
<td>The aim of all studies should be to improve care. Clinical audit aims to improve care by greater adherence to evidence-based guidance and standards. List your specific aims here (what you hope to do) and how you hope to achieve your aims (your objectives). Three objectives are often enough. E.g. “Aim: To improve the completion rates of the paper documentation of CPA. Objectives: To identify the current rates of completion of the different types of documentation; agree an action plan to improve completion rates; and develop a way of auditing completion rates of CPA documentation on a monthly basis.”</td>
</tr>
<tr>
<td>6 Service User Involvement</td>
<td>Consider whether Service Users could participate in your audit. Service Users could generate useful ideas. They may be able to help you to develop your materials or assist with data collection. It is often positive to discuss the findings of your study at a Community Meeting. If you are going to involve Service Users, explain how you are going to approach them and how they are going to be involved. Sometimes it will not be feasible or desirable to include Service Users e.g. in an audit of notes. You should explain the reason(s) for not involving Service Users in this section too.</td>
</tr>
<tr>
<td>7 How was the project</td>
<td>Explain your reason(s) for planning the study. Has there been an incident or complaint? Is it an area of likely good practice that you’d...</td>
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<tr>
<td>PROPOSAL QUESTION</td>
<td>Notes</td>
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<td>------------------------------------------------</td>
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<tr>
<td>identified?</td>
<td>like to share? Perhaps new guidance has been published or it is an area of differing practice. Successful projects tend to be recognised by the whole team as relevant and important.</td>
</tr>
<tr>
<td>8 Has this audit been identified as part of a</td>
<td>It is important that we ensure actions arising from serious incidents/clinical risk issues are further investigated. Clinical audit is a means of doing this effectively and providing a way of monitoring progress and improvement. By Providing the reference number/identifier this will enable the trust to track and evidence follow up work undertaken.</td>
</tr>
<tr>
<td>serious untoward incident/clinical risk issue?</td>
<td></td>
</tr>
<tr>
<td>9 Which standard(s) or relevant evidence base</td>
<td>You must complete this if you are planning an audit. It can be relevant for other studies too. Please list the standard(s) here, e.g. “Section X from WLMHTs CPA Policy (2004)”. Put enough detail so that anyone else can go directly to the specific standard(s) that you are comparing your practice against. Do not just list the general policy as most contain many standards and it won’t be clear which one you are referring to. If there are no relevant existing standards then agree your own and specify them here. If your study is a “pre-audit”, in which you plan to gather information to base standards on, explain so here and note the evidence that you are building your work upon.</td>
</tr>
<tr>
<td>you going to measure your practice against?</td>
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</tr>
<tr>
<td>10 Methodology: how are you going to do your</td>
<td>Use this section to describe how you are going to get your information.</td>
</tr>
<tr>
<td>project?</td>
<td>Are you going to look back at existing information (retrospective study) or start to gather information from now on (prospective study)?</td>
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<td></td>
<td>Describe what you are going to look at: what your sample is going to be. Decide how many cases you going to look at – all of them? Half? A particular number? How are you going to choose them? e.g. “A random selection of 10 current inpatient files, selecting every other Service User’s file in alphabetical order by surname.”</td>
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<td></td>
<td>You should attach your data collection sheet (your “tool” or questionnaire) to your proposal so that we can see exactly what you are looking to collect. Also explain how you are going to store and then analyse your data, e.g. are you going to use a computer?</td>
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<td></td>
<td>Lastly, note how you are going to pilot your study. You should test your method on a small number of cases so that you can resolve any problems before gathering the full set data.</td>
</tr>
<tr>
<td>11 Confidentiality: how are you going to protect</td>
<td>Explain how you are going to collect, store and analyse information without using Service Users’ names or any other identifiable information. Also explain how you are going to protect the anonymity of staff if applicable. Explain how you are going to ensure that paper or computerised information is kept safely and securely.</td>
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<tr>
<td>confidentiality while you collect, analyse and</td>
<td></td>
</tr>
<tr>
<td>report your data?</td>
<td></td>
</tr>
<tr>
<td>12 Project Schedule: when do you anticipate</td>
<td>These are your estimated timescales. You may find it useful to draw up a more detailed schedule to help you keep track of all the smaller tasks - you can attach this too. The Peer Review Panel will advise you if they feel your schedule is unrealistic. Most studies need to be</td>
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<tr>
<td>completing these key audit stages?</td>
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### PROPOSAL QUESTION

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<tr>
<td><strong>13</strong> How will the project lead to positive changes in practice?</td>
<td>Projects that are supported by a team, including senior staff, are more likely to lead to positive changes in practice. You should seek to look at practice that you have the capacity to improve. Outline here how the recommendations and action plan arising from your study will be implemented. You do not need to guess what the changes may be, but you need to show that you know who will help you to address any issues. Proposals that do not explain how they could lead to change will not be approved by the Peer Review Panel.</td>
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<tbody>
<tr>
<td><strong>14</strong> Please list the Clinical Areas you are planning to include</td>
<td>Please list these clearly as the Peer Review Panel members who review your proposal may not be familiar with the arrangement of your service(s).</td>
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<tbody>
<tr>
<td><strong>15</strong> Are you planning to collaborate with other organisations or publish this externally?</td>
<td>Clinical audit, evaluations and management reviews approved through this process must be local in nature, so the results will not be generalisable. However, some find value in doing their project with other organisations. The Trust has guidance about sharing audit information with others so that confidentiality is securely protected. Please see our “Collaborative Guidelines” on the Exchange. Or you may feel that your method is applicable to others outside the Trust and so you may wish to publish your study. Most journals require Ethics approval, even if it is not research. Trust guidance is available on the Exchange. In the meantime, please discuss with your Clinical Director who will then need to seek approval from the Medical Director. Please indicate here if you are hoping to work with other organisations or publish your study so that we can help you to ensure that everything is in place from the start.</td>
</tr>
</tbody>
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The Clinical Audit & Quality Initiatives Database

A database is kept which records details of all studies undertaken throughout the Trust. Your study will be added to this database. Please ensure that you notify the Clinical Effectiveness & Audit Team at every stage of your project. We use this information to keep the Trust informed of the work being undertaken and to help others planning a similar study.

**Thinking ahead** - once you have completed your data collection and analysis, you will need to:

- **Write your Report**

A template is available from the Clinical Effectiveness & Audit Team. Once your report has been agreed you should e-mail a copy to the Clinical Effectiveness & Audit Team who will place it on the Trust’s intranet.

- **Act: Implement your recommendations**

You will need to plan the implementation of your recommendations so that everyone is clear about what needs to be done, when and by whom. Keep a record of your progress.

- **Feed Back your Findings**

You will need to consider how to inform staff and service users about the changes that have been made as a result of your study. This not only encourages others to review their service but also helps everyone
to understand how to make positive changes within any service. The Trust asks that you write a short paragraph on the success of the implementation plan and the changes made to practice and forward it to the Clinical Effectiveness & Audit Team who can use it to share good practice with others.

-Repeating your study

You should intend to repeat key parts of your study to measure changes in practice and capture new strengths and weaknesses.

Please contact us if you need any help:

<table>
<thead>
<tr>
<th><strong>Head of Clinical Effectiveness &amp; Audit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarina Martin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Clinical Effectiveness &amp; Audit Coordinators</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sara Kerry</td>
</tr>
<tr>
<td>Aparna Linton</td>
</tr>
<tr>
<td>Clare Harris</td>
</tr>
</tbody>
</table>

Email: [ClinicalAuditHelpdesk@wlmht.nhs.uk](mailto:ClinicalAuditHelpdesk@wlmht.nhs.uk)

Fax: 020 8354 8798

Magnolia Way, Trust Headquarters or Blackwater Centre, Broadmoor Hospital

Fax: 01344 754877
CLINICAL AUDIT REPORT

[Audit Title]

[Date]
[Author Name, Job Title]
[Location/Service]
[Clinical Services Unit/Trust-wide]
INTRODUCTION

People involved with the audit

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Department</th>
<th>Division</th>
</tr>
</thead>
</table>

STANDARDS

OBJECTIVES

METHODOLOGY

Summary

Data collection

Data analysis

Conclusions and Recommendations [ie how were these developed?]

FINDINGS

Results

Discussion

Methodological issues
CONCLUSION

RECOMMENDATIONS

For action

For further or future audit

For research

ACTION PLAN

This audit report will be disseminated to the following people for an action plan, similar to that attached as Appendix B, to be developed:

Dissemination list for audit report

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Department</th>
<th>Division</th>
</tr>
</thead>
</table>

REFERENCES

Appendix A          Audit Tool
# Appendix B  Post-Audit IMPLEMENTATION PLAN

To be completed upon receipt of an audit report and at least every 6 months thereafter until all action has been taken.

<table>
<thead>
<tr>
<th>Audit:</th>
<th>Plan copied to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team/Service:</td>
<td>-Clinical Effectiveness &amp; Compliance Committee</td>
</tr>
<tr>
<td></td>
<td>-Clinical Services Unit Clinical Governance</td>
</tr>
<tr>
<td></td>
<td>Group/Clinical Effectiveness &amp; Audit Group</td>
</tr>
<tr>
<td></td>
<td>-Clinical Audit Lead (Clinical Services Unit)</td>
</tr>
<tr>
<td></td>
<td>-Clinical Effectiveness &amp; Audit Team - for information</td>
</tr>
<tr>
<td></td>
<td>-Other: Please state:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Services Unit:</th>
<th>Plan signed off by:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area identified for action</th>
<th>Changes to be implemented</th>
<th>By Whom</th>
<th>By When</th>
<th>Review date</th>
<th>Current Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify all areas within the audit report that require action</td>
<td>Describe the necessary changes to be made to practice</td>
<td>Person responsible for making the changes</td>
<td>When this will be completed</td>
<td>Date when you will review progress.</td>
<td>Describe what has been achieved. Add new actions in rows below as required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area identified for action</th>
<th>Changes to be implemented</th>
<th>By Whom</th>
<th>By When</th>
<th>Review date</th>
<th>Current Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Continue to add rows as required
Appendix 6

Process for sharing good practice and implementing change following clinical audit

EXAMPLE Following receipt of a Trust-wide clinical audit report

- **Clinical Effectiveness & Compliance Committee**
  - Received for information and expert comment
  - Monitor progress of clinical service units implementation plans, action requests where required and forward to clinical service unit clinical governance group for further action

- **Clinical Audit Governance Group**
  - Audit report distributed by the CEA Team
  - Implementation plans recorded in Annual Report

- **Clinical Service Unit Clinical Governance Groups**
  - Local CIG’s inform of findings and seek views from service users
  - Local CIG’s raise an implementation plan and forward to their directorate CIG
  - Monitor progress of implementation plans and forward a clinical service unit plan to the Clinical Effectiveness & Compliance Committee

- **Working Groups**
  - e.g. Physical Healthcare Group, Psychological Therapies Group, Clinical Effectiveness Working Groups, Service User & Carer Experience Sub-group etc

- **Local Clinical Improvement Groups**
  - Denotes main route for distribution of clinical audit report
  - Denotes main route for formulation of implementation plans

- **Clinical Effectiveness & Audit Team**
  - Implementation plans recorded in Annual Report

- **Service Users Groups/Forums/Community Meetings**
  - Denotes secondary route for formulation of implementation plans
  - Denotes secondary route for distribution of clinical audit report
## APPENDIX 7

### MONITORING

**POLICY / PROCEDURE: C28 Clinical Audit - Making Positive Changes to Practice**

**MONITORING TEMPLATE**

<table>
<thead>
<tr>
<th>Minimum Requirement to be Monitored</th>
<th>Where described in policy</th>
<th>WHO (which staff / team / dept)</th>
<th>HOW MONITORED (Audit / process / report / scorecard) - list details</th>
<th>HOW MANY RECORDS (No of records / % records)</th>
<th>FREQUENCY (monthly / quarterly / annual)</th>
<th>REVIEW GROUP (which meeting / committee)</th>
<th>OUTCOME OF REVIEW / ACTION TAKEN (Action plan / escalate to higher meeting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1a) Duties</td>
<td>Section 4</td>
<td>Clinical Effectiveness &amp; Audit Team</td>
<td>Clinical Audit Database</td>
<td>Monthly</td>
<td>Team Meetings</td>
<td>Head of Clinical Effectiveness &amp; Audit</td>
<td>Clinical Audit Governance Group</td>
</tr>
<tr>
<td>2.1b) How the organisation sets priorities for audit, including local and national requirements</td>
<td>Section 6 Appendix 3</td>
<td>Head of Clinical Effectiveness &amp; Audit</td>
<td>Clinical Audit Database</td>
<td>Monthly</td>
<td>Management Supervision</td>
<td>Head of Governance</td>
<td>Clinical Effectiveness &amp; Compliance Group</td>
</tr>
<tr>
<td>2.1c) Requirements that audits are conducted in line with the approved process for audit</td>
<td>Section 7 Appendix 1 Appendix 4</td>
<td>Head of Clinical Effectiveness &amp; Audit</td>
<td>Peer review process</td>
<td>All</td>
<td>Upon receipt of an audit proposal</td>
<td>Clinical Audit Governance Group</td>
<td>Clinical Effectiveness &amp; Compliance Group</td>
</tr>
</tbody>
</table>

Policy C28 First date of issue: 6th December 2010 This is current version C28/02 October 12
<table>
<thead>
<tr>
<th>2.1d) How audit reports are shared</th>
<th>Section 9</th>
<th>Clinical Audit Governance Group</th>
<th>Reports</th>
<th>All</th>
<th>Upon conclusion of a piece of audit</th>
<th>Clinical Audit Governance Group</th>
<th>Clinical Effectiveness &amp; Compliance Group</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Section 5</td>
<td>Appendix 2</td>
<td>Reports</td>
<td>All</td>
<td>Upon conclusion of a piece of audit</td>
<td>Local Governance Groups</td>
<td>Clinical Audit Governance Group</td>
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<tr>
<td></td>
<td>Appendix 6</td>
<td></td>
<td>Clinical Leads</td>
<td>Reports</td>
<td>All</td>
<td>Upon conclusion of a piece of audit</td>
<td>Local Governance Groups</td>
</tr>
<tr>
<td>2.1e) Format for audit reports, including methodology, conclusion, action plans, etc</td>
<td>Section 9</td>
<td>Clinical Effectiveness &amp; Audit Team</td>
<td>Section 5 Appendix 6</td>
<td>Reports</td>
<td>All</td>
<td>Upon receipt of an audit proposal</td>
<td>Clinical Audit Governance Group</td>
</tr>
<tr>
<td>2.1f) How the organisation makes improvements</td>
<td>Section 9 Appendix 5 from Appendix B</td>
<td>Clinical Leads</td>
<td>Reports/Action Plans</td>
<td>All</td>
<td>Upon conclusion of a piece of audit</td>
<td>Local Governance Groups</td>
<td>Clinical Audit Governance Group</td>
</tr>
<tr>
<td>2.1g) How the organisation monitors action plans and carried out re-audits</td>
<td>Section 10</td>
<td>Head of Clinical Effectiveness &amp; Audit</td>
<td>Reports</td>
<td>All</td>
<td>6 monthly/annually</td>
<td>Clinical Audit Governance Group</td>
<td>Clinical Effectiveness &amp; Compliance Group</td>
</tr>
<tr>
<td>2.1h) How the organisation monitors compliance with all of the above</td>
<td>Section 10 Appendix 7</td>
<td>Medical Director/Director of Nursing and Patient Experience</td>
<td>Reports</td>
<td>All</td>
<td>6 monthly/annually</td>
<td>Clinical Effectiveness &amp; Compliance Group</td>
<td>Quality Committee</td>
</tr>
</tbody>
</table>