



# HQIP

Healthcare Quality  
Improvement Partnership

# Guidance on Completion of Annual Clinical Audit Report Template for Providers

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*Clinical audit tool to promote quality for better health services*



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## Introduction

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The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Our purpose is to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales.

Clinical audit may be defined as “a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.”<sup>1</sup>

In order to facilitate this, HQIP have funded the development of a number of clinical audit support tools to help local teams deliver local clinical audit activity. They are intended to be used as reference material or toolkits to help with the clinical audit process.

This document should be read in conjunction with the following:

- the separate glossary provided
- other relevant tools produced as part of this collection by HQIP.

## Purpose of annual clinical audit report template

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This document aims to give users some guidance on how to use the template annual clinical audit report. The report template consists of a contents page, ‘at a glance’ section headings and a template for reporting on clinical audit and effectiveness projects. These headings will be discussed in turn to give users an understanding of what to include. Whilst we have endeavoured to put together a template which is transferable across different NHS settings, there will be some sections which users may choose to omit from their report if they do not feel they are relevant to their particular organisation.

It should be noted that unless the report is to be written by a single author, there will need to be someone to coordinate responses and edit as necessary in order to produce the final report.

## Guidance on headings included in the annual report template

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### Introduction/background

This section should include information pertaining to your clinical effectiveness/audit department such as the number of staff, backgrounds and experience of employees. It is an opportunity to highlight the achievements of the department during the year and is usually written by the head of department. An example has been included in the template for this section.

## Overview/summary of audit activity

This section contains a broad overview of clinical audit strategy developments in the past year.

Further explanation on the way in which strategic objectives have been achieved can be provided here.

Finally a general summary of audit/service evaluation project statistics (e.g. number of projects registered, number completed etc) for the trust as a whole can be included. This gives the opportunity for comparison with previous years or with other trusts.

## 'At a glance' section headings

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The idea of this section is to give a concise report of activity/issues arising during the year (suggested maximum length 250 words). This gives the reader a reasonable summary without being too detailed and time-consuming to read. The suggested headings are detailed below:

### Clinical Audit/Effectiveness Committee

This section provides the opportunity for Trusts to outline the mechanisms for reporting and monitoring of clinical audit/effectiveness/governance activity. It can include a summary of the terms of reference (i.e. the purpose of the Committee, who the Committee report to, members, and Committee responsibilities).

### Annual Health Check

Below is an example of the type of information to include.

*There are a number of ways that provider organisations are monitored to ensure that they are providing the optimum in patient care. The Healthcare Commission introduced the Standards for Better Health (SfBH) in 2004, and the new regulator CQC will be utilising and building on these standards. The standards fulfil the statutory duty to provide an annual rating of the performance of all English NHS organisations. The organisations are measured on important issues to patients and the public. These are safety, clinical quality and patient experience. Each year a performance rating is published in two parts. The first score is for quality of services – an assessment of compliance with standards set by the DH and assessment based on indicators. Compliance with standards means that the trust has laid sound foundations for good service delivery and provides broad-based assurance of performance. Indicator-based assessments are more focused on outcomes in key national priority levels where improvement can be measured over time. The second score is related to the use of resources. Each of these measures is awarded a score of weak, fair, good or excellent.*

## **National Institute for Health and Clinical Excellence (NICE)**

It may be beneficial to include information on any NICE conferences that have taken place during the year, together with developments nationally and the effects on the NICE process. As well as the national picture, this section can include general reference to NICE in your local setting including steps taken to implement and monitor NICE guidance. This information will be included in more detail as part of the clinical audit programme at the end of the report.

## **National audit**

Similarly to the NICE section above, this can include the type of audits on the National Clinical Audit and Patient Outcomes Programme (NCAPOP), for example National Service Frameworks (NSFs) and all National Confidential Enquiries (NCE) audits, and a summary of national changes to clinical audit. It may be useful to summarise the purpose of participating in national audit within this section. Participation in national audit in your local setting can then be considered. Again this would be included within the clinical audit programme at the end of the report.

## **Education and training**

The content of this section will vary depending on the type of organisation and the size of the clinical audit / clinical governance department.

Can include:

- summary of types of training and their purpose
- who is the target audience (staff groups and patients/users)
- feedback from training sessions and attendance at those sessions
- if there have been any developments in education and training that year (e.g. new training courses and course materials developed, delivering workshops at national conferences etc).

## **Public involvement**

This section can include local initiatives to involve patients in clinical audit at each of the five stages of the *Principles for Best Practice in Clinical Audit*.<sup>1</sup> It can also detail any projects either initiated by or involving patients and service users, for example results of national and local patient surveys.

## **Recommendations/goals for coming year**

Under this heading trusts can give information on key objectives for the next year and clinical audit strategy and development plans. It is also an opportunity to reflect on the past year and make recommendations. Finally the planned programme for next year and department priorities can be outlined.

## **Links with clinical governance**

Many trusts do not have a separate clinical audit and clinical governance department and corresponding annual report. This section provides the opportunity to explain how the two areas are linked within your trust and can include the following:

- processes for quality improvement (e.g. service review)
- processes to support effective audit
- NHSLA requirements (e.g. infection control)
- NPSA requirements (e.g. controlled drugs compliance)
- research and development
- practice development.

## **Links with other organisations**

As patient care usually involves more than one NHS organisation, clinical audit at the interface (e.g. between primary and secondary care trusts) is increasing. A distinguishing feature of interface audit is that there is active involvement from both sides of the interface. A summary of interface audits and audits of patient care pathways can be included in this section.

## **Additional sections relevant to local organisation**

The above headings are intended to be generic and applicable to acute, primary care, mental health and ambulance trusts. In addition to these it is likely that particular sectors will need to provide information on other topics within their annual report. For this reason we have included a page within the template for any additional headings to go in at the author's discretion.

For example, PCTs may have headings for independent contractors and PCT provider Services. Acute trusts may have a heading for work associated with the Dr Foster Real Time Monitoring System.

## Appendices

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### Directorate/division/sector summaries

This section can include:

- name of directorate/division/sector
- summary of activity such as tables of summary statistics.

For example:

Number of projects registered (current year)	
Number of audit projects	
Number of service evaluation projects	
Number of audit and service evaluation projects	
Number current	
Number complete	
Number re-audits	

For each directorate/division/sector the above table can be supplemented with an example of a project that has led to improvement in practice. This could be clinical audit, practice development or service evaluation and could be a topic of local importance, rather than a trust priority. Inviting audit leads from different sectors to contribute to this section is a way of ensuring each area is represented and encourages participation of clinicians. It is also another way of highlighting to patients the work being done to improve practice in each area.

### Template for reporting of clinical audit projects

Some trust clinical audit departments choose to report on every audit project undertaken that year within their annual report, which can result in a very lengthy document. Within this template we have taken the approach that audit and service evaluation projects which make up the trust clinical audit programme are reported on in more detail, as these are the ones of most interest to trust boards and commissioners. This will include commissioned and trust priority audits.

Within the directorate/division/sector summaries there is an opportunity to highlight particular examples of good practice and summarise audit activity, without detailing every project. This should lead to a more user-friendly document that will remain of interest to patients and service users.

### Key audit summaries

To include brief 1–2 page summaries for key audits that have been completed this year, including re-audits. Depending on the type of NHS Trust, the reports may consist of commissioned audits, external “must be done” audits and trust priorities.

## Dissemination of annual report

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Finally consideration should be given to the dissemination of the annual report. Your trust clinical audit policy may give information regarding how the annual report will be approved and publicised.

An example of some routes of dissemination could be:

### Internally

- Trust board (directly or via appropriate committees)
- Interested staff such as general managers/clinical directors/audit leads
- Available to all trust staff via trust intranet site.

### Externally

- Interested patient groups (e.g. patient governors)
- Trust internet site.

The content and format of the information contained needs to be appropriate to the audience. It should also be noted that the report is designed to be made available to patients and the public and trusts should consider the best way of disseminating their report to target these groups.

## Reference

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1. National Institute for Clinical Excellence. *Principles for Best Practice in Clinical Audit*. Abingdon: Radcliffe Medical Press; 2002, p. 1.

## Acknowledgements

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The clinical audit annual reports of the following organisations were reviewed as part of the development of this product. These documents were available in the public domain via the internet:

- Basildon and Thurrock University Hospitals
- Bassetlaw PCT
- Burton Hospitals NHS Trust
- Dartford and Gravesham NHS Trust
- Dudley PCT
- East Kent Clinical Audit Service
- East Riding of Yorkshire PCT
- East Yorkshire PCT and Yorkshire Wolds and Coast PCT
- Gloucestershire Primary and Community Care Audit Group

- Harrow PCT
- Kent and Medway NHS and Social Care Partnership Trust
- National Blood Service
- Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust
- Papworth Hospital NHS Foundation Trust
- Peterborough PCT
- Richmond and Twickenham PCT
- Royal Liverpool Children's NHS Trust, Alder Hey
- Royal National Hospital for Rheumatic Diseases NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- Salisbury NHS Foundation Trust
- Sandwell PCT
- Sheffield Teaching Hospitals NHS Foundation Trust
- Southampton University Hospitals NHS Trust
- St Helens and Knowsley Teaching Hospitals University Clinical Education Centre
- The Cardiothoracic Centre Liverpool NHS Trust
- University Hospital of South Manchester
- University Hospitals Bristol NHS Foundation Trust
- Wandsworth PCT Clinical Effectiveness Group
- West London Mental Health NHS Trust
- Wiltshire PCT
- Yorkshire Ambulance Service NHS Trust