**Best Practice in Clinical Audit**

**CHECKLIST 2 - Managing the Clinical Audit Programme**

The following checklist has been designed to allow clinical audit managers to assess their practice in managing the clinical audit programme against the criteria set out in HQIP’s ‘Best Practice in Clinical Audit’ guide. Other checklists are available to allow NHS Trust Boards and senior management in healthcare organisations to assess their practice and for clinical audit leads, clinicians and others to assess clinical audit projects.

Each checklist sets out a series of questions which should be answered, with space for documenting both evidence to support answers, and actions required to improve practice. Headings and numbering reflect those within the ‘Best Practice in Clinical Audit’ guide.

**Prerequisites to maximise the impact of clinical audit**

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|  | **Clinical audit best practice criteria** | **Questions to be answered** | **Answers and supporting evidence** | **Actions required to improve practice** |
| 1 | Clinical audit is a quality improvement activity and therefore it functions best as part of a planned programme of quality improvement, or a continuous improvement strategy, that has been approved by the Board and senior management of the organisation. | Does the organisation have a planned programme of quality improvement and/or a clinical audit programme in place?Has the planned programme of quality improvement and/or clinical audit programme been approved by the Board and/or senior management of the organisation? |  |  |
| 3 | An effective clinical audit programme will cover the requirements and needs of a number of stakeholders including the Board, clinicians, service users and commissioning bodies. The programme should be developed in accordance with clear policy and agreed following consultation with clinicians, managers, and patient representatives. The programme should be closely monitored and progress reported regularly at Board and service delivery level. An annual report, linked where appropriate to the Trust quality account, should be presented to both the board and/or relevant clinical/divisional/directorate committee meetings and patient groups for scrutiny before publication. | Does the clinical audit programme cover the requirements and needs of the following groups?* The Board
* QI/QA teams
* Clinicians
* Service users
* Commissioning bodies
* Other key stakeholders.

Has the programme been developed in accordance with clear policy and agreed following consultation with the following groups? * Clinicians
* Managers
* Patient representatives
* QI/QA team leads/directors.

Are arrangements in place for the programme to be closely monitored?Is progress reported regularly at Board and service delivery level?Has an annual report, linked where appropriate to the Trust quality account, been presented to both the Board and patient groups for scrutiny before publication? |  |  |
| 4 | Service user and public involvement in clinical audit should be embedded in the organisation’s public engagement strategy. The clinical audit programme should include patient-focused projects, and the roles played by service users and lay representatives should be acknowledged in clinical audit reporting at all levels. | Is service user and public involvement in clinical audit embedded in the organisation’s public engagement strategy?Does the clinical audit programme include patient-focused projects?Are the roles played by service users and lay representatives acknowledged in clinical audit reporting at all levels? |  |  |
| 5 | In deciding which clinical audits should be undertaken, the following factors should be considered:* Clinical priorities, including clinical risks, adverse incidents, near-misses, and patient safety
* Organisational priorities, including service redesign and development
* Patient and service user priorities
* Commissioner priorities and specifications, including Commissioning for Quality and Innovation frameworks (CQUINs), Best Practice Tariffs (BPTs), National policies such as the NHS Long Term Plan, and NHS Standard Contract requirements
* Outputs from the National Clinical Audit and Patient Outcomes Programme (NCAPOP), and other national clinical audits
* Professional revalidation, appraisal, and training needs.
 | Are the following factors considered in deciding which clinical audits should be undertaken?• Clinical priorities, including clinical risks, adverse incidents, near-misses, and patient safety• Organisational priorities, including service redesign and development• Patient and service user priorities• Commissioner priorities and specifications, including Commissioning for Quality and Innovation frameworks (CQUINs), Best Practice Tariffs (BPTs), National policies such as the NHS Long Term Plan, and NHS Standard Contract requirements• The outputs from the National Clinical Audit and Patient Outcomes Programme (NCAPOP), and other national clinical audits• Professional revalidation, appraisal, and training needs. |  |  |
| 6 | Clinical audit is only one of a range of quality improvement methodologies and should not be used if another is more appropriate. | Are quality improvement activities reviewed to ensure that the most appropriate methodology is being used? |  |  |
| 7 | Organisations must have governance arrangements in place to ensure that clinical audits are planned, prioritised, undertaken and reported in a way that maximises the benefit of the audit to the organisation. The findings from clinical audits may be used as part of the Board Assurance Framework, but full assurance can only be obtained if the quality improvement aims of the project have been achieved. Governance plans should include arrangements for participation in local and regional cross-organisational audits. | Are governance arrangements in place to ensure that clinical audits are planned, prioritised, undertaken and reported in a way that maximises the benefit of the audit to the organisation?Are the findings from clinical audits used appropriately as part of the Board Assurance Framework?Do governance plans include arrangements for participation in local and regional cross-organisational audits? |  |  |
| 8 | Policies and procedures must be in place to ensure that clinical audits (and all other quality improvement activities) are undertaken in a way that complies fully with current information governance legislation and guidance, and in consultation with local information governance leads and Caldicott Guardians.  | Are policies and procedures in place to ensure that clinical audits (and all other quality improvement activities) are undertaken in a way that complies fully with current information governance legislation and guidance?Are local information governance leads and Caldicott Guardians consulted when necessary? |  |  |
| 9 | All staff within an organisation should be made aware of, and comply with, the governance arrangements in place, including local policy and protocols on proposing, registering, undertaking and reporting on clinical audits. | Are all staff within the organisation aware of the governance arrangements in place, including local policy and protocols on proposing, registering, undertaking and reporting on clinical audits?Do all staff within the organisation comply with the governance arrangements in place, including local policy and protocols on proposing, registering, undertaking and reporting on clinical audits? |  |  |
| 10 | The organisation must enable the conduct of good quality clinical audit by providing appropriate resources to support the process. This includes dedicated time for audit and an appropriate level of funding.Organisations should have in place:* A senior clinician able to lead on clinical audit across the whole organisation
* Clinical leads for quality improvement at service delivery level in all specialties
* Clinical audit practitioners who can manage the audit programme and support the process
* A programme for supporting doctors in training to ensure that the clinical audit and quality improvement activities they undertake as part of their training deliver benefits to the organisation.
 | Does the organisation have a nominated senior clinician able to lead on clinical audit across the whole organisation?Does the organisation have clinical leads for quality improvement in place at service delivery level in all specialties?Does the organisation have clinical audit practitioners in place who can manage the audit programme and support the process?Does the organisation have a programme in place for supporting doctors in training to ensure that the clinical audit and quality improvement activities they undertake as part of their training deliver benefits to the organisation? |  |  |
| 11 | The organisation should seek to improve the knowledge and skills of all staff in quality improvement. Training in clinical audit should be available for all staff and where appropriate for lay representatives. All staff should be encouraged to participate in clinical and other networks that provide knowledge sharing and opportunities for staff development. | Is training in clinical audit available for all staff and where appropriate for lay representatives?Are all staff encouraged to participate in clinical and other networks that provide knowledge sharing and opportunities for staff development? |  |  |

**Stage 1: Preparation and planning**

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|  | **Clinical audit best practice criteria** | **Questions to be answered** | **Answers and supporting evidence** | **Actions required to improve practice** |
| 1 | Every quality improvement project should be reviewed to ensure that the topic is amenable to improvement, and to determine the quality improvement method most likely to deliver improvement. Clinical audit should only be undertaken if it is the most suitable methodology. | Is every quality improvement project reviewed:* To ensure that the topic is amenable to improvement?
* To determine the quality improvement method most likely to deliver improvement?

Is clinical audit only undertaken if it is the most suitable methodology? |  |  |
| 2 | Every clinical audit should have a clearly-stated quality improvement aim and clearly-stated objectives. | Does every clinical audit on the programme have a clearly-stated quality improvement aim and clearly-stated objectives? |  |  |
| 4 | Every clinical audit should be carried out under the leadership of a named clinician. If the named lead is a junior doctor working on rotation, a more senior clinician should oversee the project to ensure that it is completed, and that the quality improvement aims are met. | Has a named clinician been identified to lead every clinical audit on the programme? If the named lead is a junior doctor working on rotation, has a more senior clinician been nominated to oversee the project and ensure that it is completed, and that the quality improvement aims are met? |  |  |
| 5 | All clinical audits should be carried out in compliance with local governance arrangements, including local policy and protocols on proposing, registering, undertaking and reporting on clinical audits. | Are all clinical audits on the programme carried out in compliance with local governance arrangements, including local policy and protocols on proposing, registering, undertaking and reporting on clinical audits? |  |  |

**Stage 4: Sustaining improvement**

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|  | **Clinical audit best practice criteria** | **Questions to be answered** | **Answers and supporting evidence** | **Actions required to improve practice** |
| 1 | The audit cycle is not complete until evidence has been obtained to demonstrate that implementation of the action plan has resulted in an improvement in the quality of services.  | Has evidence been obtained to demonstrate that implementation of the action plans for all completed clinical audits on the programme has resulted in an improvement in the quality of services? |  |  |
| 2 | In order to ensure that the improvement is sustained, the stakeholder group should determine whether the audit needs to be repeated, and if so, when. They should also determine whether refinements are required to the audit protocol and data collection tool for greater focus on shortfalls identified. Alternative approaches to ensuring that quality of service is maintained, such as some form of ongoing monitoring, should also be considered. | For all completed clinical audits on the programme, has the stakeholder group determined:* Whether the audit needs to be repeated, and if so, when?
* Whether refinements are required to the audit protocol and data collection tool for greater focus on shortfalls identified?

Have alternative approaches to ensuring that quality of service is maintained, such as some form of ongoing monitoring, been considered?Have these conclusions been incorporated into forward programme planning? |  |  |
| 3 | The results of the audit, including the outcome of the implementation of the action plan, should be documented and shared with key stakeholders and the rest of the organisation. The results and outcomes should also be shared with service users and with the public. | For all completed clinical audits on the programme, have the results of the audits, including the outcome of the implementation of the action plan, been documented and shared:* With key stakeholders?
* With the rest of the organisation?
* With service users and with the public?
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| 4 | Where possible, share the learning from the audit project with colleagues, both within the organisation (at board and clinical/ divisional/ directorate committee meetings), and across partner organisations, including commissioners, clinical networks, and other professional groups. Learning points could include:* Audit methodology
* How change was implemented
* Impact on patient care / clinical outcomes
* Impact on service efficiency
* Challenges and how they were overcome.
 | For all completed clinical audits on the programme, has learning from the audit project been shared with colleagues, both within the organisation and across partner organisations, including commissioners, clinical networks, and other professional groups? |  |  |