

Clinical Audit Policy



DOCUMENT DETAILS

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Document History					
Date of Issue	Version No.	Next Review Date	Date Approved	Lead Responsible for Change	Nature of Change eg: new legislation
December 2005				Chris Swonnell	Clinical Audit guidance re-issued in the form of a 'strategy' for clinical audit *
November 2007	1.0 (draft)			Chris Swonnell	Fundamental re-write of document to update the previous 'strategy' and incorporate a number of specific policies developed around, e.g. governance of national clinical audits; student participation in clinical audit, etc.
December 2007	1.1	January 2010	December 2007	Chris Swonnell	Final amendments
August 2009	2.0 (draft)			Chris Swonnell	Fundamental re-write of document based on a) new Trust guidance on policy development and b) guidance issued by the Healthcare Quality Improvement Partnership* regarding the development of local clinical audit policies. Delayed sign-off of updated policy in light of

					impending release of NHSLA standard for clinical audit.
May 2010	2.1 (draft)		27 th May 2010	Chris Swonnell	Further amendments to draft 2.0, taking into account NHSLA requirements.
September 2010	2.2	Sept 2012		Chris Swonnell	Clarification of requirements in respect on national clinical audits.

* the Trust led the development of this national guidance on behalf of HQIP

Consultation: This document has been reviewed by the following individuals and groups

Members of Clinical Audit Committee / Divisional Clinical Audit Convenors
Members of Clinical Effectiveness Committee
Members of the Clinical Audit Team

Dissemination: This document will be disseminated to staff in the following ways:

Available to all staff via the Document Management Service
Available to all staff and the public via Clinical Audit pages on the Trust internet site

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1 INTRODUCTION

The expectation for healthcare professionals to participate in regular clinical audit was first established in the 1989 Government White Paper 'Working for Patients'. This has been reinforced and extended by a succession of key national publications, including:

- The New NHS – Modern Dependable (Department of Health, 1997)
- A First Class Service (Department of Health, 1998)
- Clinical Governance - Quality in the NHS (Department of Health, 1999)
- Learning from Bristol: the report of the public Inquiry into children's heart surgery at Bristol Royal Infirmary 1984-1995 [the 'Kennedy Report'] (Department of Health, 2002)
- Good Medical Practice (General Medical Council, 2001)
- Standards for Better Health (Department of Health, 2004)
- National Standards, Local Action
- Good Doctors Safer Patients (Department of Health, 2006)
- Trust Assurance & Safety (Department of Health, 2007)
- The NHS Next Stage Review final report - High Quality Care For All [the 'Darzi Report'] (Department of Health, 2008)

Participation in clinical audit is also an expectation contained within the Care Quality Commission's Registration Standards (introduced 1st April 2010).

As of April 2010, there are two national performance indicators relating to clinical audit:

- Participation in heart disease audits
- Engagement in clinical audits

The latter, introduced in 2008, requires the following from the Trust:

- participation in local and/or national audits of the treatment and outcomes for patients in each clinical Division covered by the trust, and evidence of sustained improvements resulting from clinical audit in each area
- a clinical audit policy
- a clinical audit strategy
- a clinical audit programme related to both local and national priorities with the overall main aim of improving patient outcomes
- suitable training, awareness or support programmes made available to all clinicians regarding the Trust's systems and arrangements for participating in clinical audit
- the appropriate provision of time, knowledge and skills to enable clinicians to participate in clinical audit and facilitate the successful completion of the audit cycle
- a formal review of the Trust's clinical audit programme undertaken to ensure that it meets the organisation's aims and objectives as part of the wider quality improvement agenda

- regular reports on the progress being made in implementing the outcomes of national clinical audits, with additional or re-audits resulting where necessary

2 PURPOSE & SCOPE

The purpose of this policy is to develop and sustain a culture of best practice in clinical audit. The policy applies to anyone engaged in the clinical audit process under the auspices of the Trust, e.g. students, volunteers and patients, as well as staff.

3 DEFINITION OF CLINICAL AUDIT

The Trust adheres to the definition of clinical audit set out in *Principles for Best Practice in Clinical Audit* (NICE^a/CHI^b, 2002):

“Clinical Audit is 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”

The Trust supports the view that Clinical Audit is fundamentally a quality improvement process, rather than data collection *per se* (although data analysis is an essential element of the clinical audit cycle). Clinical Audit also plays an important role in providing assurances about the quality of services. However the Trust is also clear that clinical audit is not an appropriate mechanism for investigating matters relating to the performance of individual healthcare professionals. Appendix B provides further information about activities which the Trust does not consider to be within the remit of clinical audit.

3.4 In the Autumn of 2007 the Trust agreed working definitions of Clinical Audit, Research, Service Evaluation and Service Improvement activity, making clear the differences between these disciplines. These definitions are reproduced at Appendix C. Clinical Audit staff may occasionally facilitate non clinical audit activity, if skills and workload allow, however the Clinical Audit Team’s priority must, by definition, be clinical audit.

^a (then) National Institute for Clinical Excellence

^b (then) Commission for Health Improvement

4 ROLES AND RESPONSIBILITIES

4.1 Key corporate roles

The table below sets out the key corporate leadership roles and responsibilities for clinical audit activity:

Role	Lead	Responsibilities
Overall Trust responsibility	Chief Executive	The Chief Executive is responsible for the Trust's statutory duty of quality and has overall responsibility for this policy
Executive leadership	Medical Director	The Medical Director is responsible for ensuring that the Trust makes adequate provision to support clinicians and managers in undertaking clinical audit.
Strategic leadership	Assistant Director for Audit & Assurance	The Assistant Director is responsible for leading the development of Trust Policy and Strategy in relation to the practice of clinical audit.
Operational leadership	Clinical Audit Manager	The Clinical Audit Manager is responsible for day-to-day operational matters in relation to delivery of the Clinical Audit Programme and line management of the Trust's team of Clinical Audit Facilitators.
Assurance leadership	Clinical Audit Committee	Terms of reference of the CAC are set out in Appendix G. The role of the Chair of CAC is described at Appendix H.
Assurance specifically in respect of audit of NICE guidance	Clinical Effectiveness Committee	The CEC is responsible for overseeing the implementation and monitoring of NICE guidance.

4.2 Responsibilities of Trust Services and Clinical Divisions

4.2.1 Trust Services and the Clinical Divisions are jointly responsible for delivering the Trust's clinical audit programme. These respective responsibilities are outlined in an agreement which was drawn up in 2005 and finalised in April 2006 as part of a restructuring of the clinical audit team and the creation of the Clinical Divisions themselves (see Appendix D).

4.2.2 Responsibility for ensuring that relevant and appropriate clinical audit activity is taking place within each Clinical Divisions rests ultimately with Heads of Division.

4.2.3 Each of the five Clinical Divisions is expected to agree its own clinical audit management/assurance structure to ensure coverage of all clinical specialties. Each Division will also have at least one nominated lead for clinical audit who sits on the

Trust Clinical Audit Committee (these leads are called “convenors”). The role of Clinical Audit Convenors is outlined at Appendix E.

4.2.4 The Trust will employ a team of staff to facilitate clinical audit, however healthcare professionals are expected to undertake data collection as part of the clinical audit cycle. In this sense, Clinical Audit Facilitators are not “Clinical Auditors”.

4.2.5 Clinical staff have a personal responsibility to participate in clinical audit and other quality improvement activities. As part of good practice, details about clinical audit participation should be included in staff appraisal processes.

4.2.6 The Trust expects healthcare professionals to adhere to the Trust’s Clinical Audit Code of Practice (see Appendix F).

5 COMMITMENT TO STAKEHOLDER ENGAGEMENT, COLLABORATION AND PARTNERSHIP

5.1 Involving patients and the public

5.1 Patients and carers may assess quality of care in different ways to healthcare professionals, each offering a unique perspective based on their personal experience.

5.2 The Trust is committed to the principle of involving patients/carers in the clinical audit process either indirectly through the use of patient surveys / questionnaires or directly through participation of identified individuals on project steering groups or patient forums.

5.3 By definition, if a patient survey is being undertaken for the purposes of clinical audit, this should in order to obtain information from service users which enables the Trust to determine whether defined clinical standards are being achieved. Other patient surveys, for example those which ask questions about patient satisfaction, will usually more appropriately be undertaken as Patient & Public Involvement activity.

5.4 All surveys involving patients of the University Hospitals Bristol NHS Foundation Trust, other than those undertaken for the purpose of formal research, must be reviewed by the Trust’s Questionnaire Interview & Survey Group (QIS) and may only be undertaken subject to receiving prior approval from the Group. A policy governing the work of the Group is available via the Trust’s Connect (intranet) site.

5.2 Multi-disciplinary and multi-professional audit, and partnership working with other organisations

The Trust encourages clinical audit undertaken jointly across clinical professions and organisational boundaries. Partnership working with other local and regional organisations will be encouraged where improvements to the patient journey may be identified through shared clinical audit activity.

5.3 Involving clinical managers

Managers are responsible for ensuring that service development and delivery is underpinned by clinical audit and forms part of Continuing Professional Development.

5.4 Involving Medical Students & F1/F2 doctors

As a Teaching Trust, the University Hospitals Bristol NHS Foundation Trust's policy is to actively encourage medical student involvement in its clinical audit programme. In particular, support will be extended wherever possible to Year 3 and Year 5 Medical Students who choose clinical audit for the Student Selected Component of their studies. The Trust's preferred approach is to assign Medical Students to identified projects in the agreed Trust clinical audit programme. Trust guidance on student involvement, which has been agreed with the University, is provided at Appendix I. A similar approach is taken to participation by trainee medical staff.

5.5 Working with commissioners

The Trust is committed to seeking the views of NHS Bristol and specialist commissioners in determining its annual clinical audit priorities. The Trust will report the results and outcomes of local clinical audit activity to NHS Bristol on a quarterly basis. The results and outcomes of audits of NICE Guidance specifically will be reported to NHS Bristol on the basis of terms agreed with the NICE Technology Appraisal Guidance review arm of the local NICE Commissioning College.

6 CHOOSING TOPICS AND PLANNING PROJECTS

6.1 Agreeing the Clinical Audit Annual Programme

6.1.1 Process

The Trust will agree an annual Clinical Audit Programme, focussing on 'must do' activity. The Trust will take a consultative approach to the development of the Programme. This consultation will seek input from:

- Clinical Audit Committee / Divisional Clinical Audit Convenors^c
- Clinical Effectiveness Committee
- Corporate and Divisional Patient Safety Leads / Clinical Risk Assurance Committee
- Commissioners

^c Divisions must have a consultation process in place so that all clinicians have the opportunity to contribute to the planning process

- Governance & Risk Management Committee (including Executive Directors) and Audit & Assurance Committee (Non-Executive Directors) to ensure any clinical audit requirements associated with organisational objectives are given due consideration)
- Foundation Trust Governors
- PALS/Complaints leads
- The public (via a notice placed on the Trust's web site)

The Clinical Audit Manager will formally write to all of the above during the final quarter of the preceding financial year, setting a date for comments and proposals to be received by.

The starting point of the Clinical Audit Programme will be to ensure that the Trust meets its obligations to meet the following Care Quality Commission requirements (also see Section 1):

- "Engagement in clinical audits" indicator
- "Participation in heart disease audits" indicator
- Registration Standards

6.1.2 National Audits

The Trust will seek to participate in any relevant national audits which form part of the Healthcare Quality Improvement Partnership's National Clinical Audit & Patient Outcome Programme (NCAPOP). The Trust will also seek to participate in other relevant national audits as resources permit. The Trust will provide an IT infrastructure to support mandatory data returns for national clinical audits. The Trust's arrangements for managing participation in national clinical audits is set out in more detail at Appendix J.

6.1.3 Local Audits

In addition to participation in national audits, the Trust will develop a Programme of activity which embraces:

- Clinical audits of NICE guidance (in its various forms)
- Clinical audits resulting from gap analyses following the publication of practice recommendations by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- Clinical audits of guidance issued by the National Patient Safety Agency
- Clinical audits which enable the Trust to demonstrate compliance with NHS Litigation Authority risk management standards

The Trusts Clinical Audit Strategy for 2010-12 further stipulates that the Trust will develop the following as appropriate:

- i. Clinical audits required to provide evidence in relation to CQUIN requirements agreed with commissioners
- ii. Clinical audits which provide evidence to support Divisional Quality dashboards and Trust Quality Accounts
- iii. Clinical audits of Medicines Management (NPSA Alerts)

- iv. Clinical audits which reflect topics highlighted by Trust Risk Registers
- v. Joint working with Internal Audit
- vi. Clinical audits of areas flagged as concerns by benchmarking data

The Trust is also committed to supporting, where possible, clinical audits of other topics of particular interest/concern to individual clinicians. These may include audits prompted by patient safety concerns and patient feedback.

In determining the choice of local projects, the Trust expects Clinical Divisions to take the following questions into account:

- o Does the proposed audit reflect Divisional priorities (as identified in business plans, etc)?
- o Can patients and other service users be involved in this project?
- o Will the audit be multi-professional and encourage multi-professional working?
- o Will the audit help to develop links with external partners?
- o Is the audit a re-audit, thereby enabling confirmation of improvements in practice?

6.1.4 Ratification

The draft Programme will be ratified by the Clinical Audit Committee.

6.1.5 Responding to emerging issues/guidance

The Clinical Audit Annual Programme is not intended to be restrictive. Significant national and local clinical guidance will be issued during the year. The Trust will need to create capacity to allow the Trust to respond to this guidance, and similarly to react to other quality and safety issues as they arise.

7 GOVERNANCE OF CLINICAL AUDIT

7.1 System for Registering and Approving Clinical Audits

7.1.1 All clinical audit project proposals must be formally registered with the Clinical Audit Team using the appropriate forms prior to the project commencing. The latest proposal form can be found on the Trust's web site at

<http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/doing-projects-at-ubht.html>

Proposal forms should be approved by the relevant Clinical Audit Convenor or specialty audit lead. This should happen before the project commences. Data from the proposal form is entered onto a central database for monitoring and reporting purposes (see 7.4.4).

Where patient surveys are to be used as part of a clinical audit, these surveys must also be approved by the Trust's Questionnaire Interview & Survey (QIS) Group. The latest proposal form can be found on the Trust's Connect (intranet) site and QIS Workspace.

7.2 The use of standards in clinical audit

7.2.1 By definition, clinical audit involves measuring clinical practice against predetermined standards of best practice. The Trust expects clinical standards to be presented in a format which conforms to *Principles for Best Practice in Clinical Audit (NICE, 2002)*, including measurable criteria, target percentage compliance. This is reflected in the structure of the Trust's clinical audit proposal form (see 7.1).

7.2.2 Wherever possible, clinical audit standards should be based on robust research evidence.

7.2.3 Process-based clinical audit project proposals which do not make reference to standards will not be registered as clinical audit.

7.3 Equality & Diversity

7.3.1 Clinical Audit Policy and Clinical Audit Strategy documents will be subject to an Equality Impact Assessment.

7.3.2 The Trust is committed to ensuring that the manner in which project patient samples are drawn up does not inadvertently discriminate against any groups based on their race, disability, gender, age, sexual orientation, religion and belief.

7.4 Information Governance: collection, storage and retention of data; confidentiality

7.4.1 All clinical audit activity must take account of the Data Protection Act (1998) and the Caldicott Principles (1997). This means, for example, that data should be:

- Adequate, relevant and not excessive
- Accurate
- Processed for limited purposes
- Held securely
- Not kept for longer than is necessary

7.4.2 The Department of Health publication *Records Management: NHS Code of Practice* (2006) requires "audit records" to be retained for a period of five years, although the document does not define the term "record" in this context. The Trust is currently committed to retaining clinical audit project reports indefinitely. Raw data should however be destroyed once a project has been completed, i.e. a report has

been presented and the project lead is content that there is no further purpose for holding the raw data.

7.4.3 The *NHS Confidentiality Code of Practice* (2003) states that “Patients must be made aware that the information they give may be recorded, may be shared in order to provide them with care, and may be used to support local clinical audit” (p21). The Trust currently makes provision for this in its patient leaflet entitled *What we do with your personal information* and therefore patient identifiable data may be collected for the purposes of clinical audit under the terms of Section 60 of the Health & Social Care Act 2001. This leaflet can be found at the following link:

<http://nww.avon.nhs.uk/dms/download.aspx?did=1655>

However the Trust’s policy is to anonymise clinical audit data unless there is a compelling reason not to do so.

7.4.4 The Trust will maintain a central database containing details of all registered clinical audit activity. These records will be used for internal monitoring and assurance purposes, e.g. quarterly and annual programme reports. Access to the database will normally be restricted to members of the Clinical Audit Team and Clinical Audit Committee.

7.4.5 Reports written at the end of clinical audit projects should also be anonymised, i.e. not mentioning the names of patients or clinicians (for example where the relative ‘performance’ of different clinicians might otherwise be revealed in a report – the purpose of clinical audit being quality assurance and improvement, not performance management).

7.4.6 Clinical audit practice must conform to the Trust’s policies regarding storage of data on removable devices, e.g. memory sticks.

7.4.7 There may be occasions when the Trust engages individuals in its clinical audit activities who are not directly employed by the Trust, e.g. staff with honorary contracts, volunteers, patients and the public. Individuals who work with the Trust in these capacities will be required to sign a confidentiality agreement.

7.5 Ethics and consent

By definition, clinical audit projects should not require formal approval from a Research Ethics Committee. However one of the principles underpinning clinical audit is that the process should do good and not do harm. Clinical audit must always be conducted within an ethical framework (see 7.3).

8 TRAINING AND DEVELOPMENT

8.1 Training raises the profile of clinical audit and builds capacity and capability of all staff involved in clinical audit, so acting a driver for quality improvement. The Trust’s Clinical

Audit Team is therefore committed to providing clinical audit training in formats which reflect clinicians' needs. This currently ranges from intensive one-day clinical audit courses to bespoke training for individual clinicians upon request.

8.2 The Trust is committed to employing a team of suitably skilled clinical audit staff to support its clinical audit activity. The Trust will also ensure that these staff have access to relevant training in order to maintain and develop their knowledge and skills. Provision for appropriate training will be made within the Trust's clinical audit budget.

9 REPORTING AND DISSEMINATION OF RESULTS

9.1 Reporting and presenting results

A formal project report should be produced for all registered clinical audit projects. The latest report template can be found on the Trust's web site at:

<http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/doing-projects-at-ubht.html>

This is the responsibility of the project lead. Clinical audit results should be presented at specialty audit meetings where the findings can be discussed, an action plan agreed where necessary.

9.2 Action plans

Where the results of a clinical audit indicate the need for improvement, a SMART action plan will be produced. This will state the agreed actions, the member/s of staff (NOT a committee / group / Division) responsible for delivering each action, and the target date for completion in each instance. The project lead is responsible for co-ordinating and overseeing the production of the action plan. If the project lead is of the view that an action plan is not required, this information is relayed to the clinical audit team, recorded on the clinical audit database, and open to scrutiny by Divisional and corporate committees (see 9.3). The possibility of re-audit should be considered as part of this process (see 9.4).

The implementation of action plans will be monitored by the Clinical Audit Team and reported to the Clinical Audit Committee via a standing quarterly report. Any outstanding actions identified (those that have passed the date of completion and have yet to be implemented) will be followed up with the project team.

9.3 Reporting outcomes and actions

Outcomes and Actions will be reported to the Trust's Executive Directors (via the Governance & Risk Management Committee) and to NHS Bristol commissioners on a quarterly basis using an agreed template. Reports are automatically generated from project information held on the Clinical Audit Management Database. The Clinical

Divisions should approve the release of this information to GRMC, either via their Governance/Assurance committees, or – as a minimum – through approval of the relevant Clinical Audit Convenor.

9.4 Standing reports to the Trust's Clinical Audit Committee

The Clinical Audit Committee will receive the following standing reports:

- Outcomes and Actions report from completed projects
- Outstanding actions from project summaries reviewed at the previous CAC meeting
- A progress report providing an overview of all currently registered local clinical audit activity. This report will be used to ensure that the clinical audit cycle is being completed within reasonable timescales (projects showing no apparent progress across four reporting periods are automatically followed up with the relevant Clinical Divisions)
- A report identifying all currently registered national clinical audit activity, including any known risks of non-compliance
- Data submission compliance reports from those national audits where data is submitted on an ongoing/continuous basis.

9.5 Re-audit

Re-audit is important to confirm the implementation and impact of agreed actions. The Trust's current target is for approximately 20-25% of clinical audit activity to be re-audit.

9.6 Clinical Audit Annual Report

The Trust will produce a Clinical Audit Annual Report to a format determined by the Clinical Audit Committee to reflect changing reporting needs. Production of the report will be co-ordinated by the Clinical Audit Manager. The report will be approved by the Clinical Audit Committee and received by the Trust Board.

9.7 Publishing clinical audit results

Some academic journals will consider publishing clinical audit reports. The purpose of publishing clinical audit reports will usually be to demonstrate how the process of clinical audit has led to improved practice and how others might learn from this. The submission of a clinical audit report to a journal must be approved by the Divisional Clinical Audit Convenor (or by the Chair of Clinical Audit Committee for trust-wide audits). Articles should be submitted under the name of the University Hospitals Bristol NHS Foundation Trust, rather than individual hospitals.

10 MONITORING EFFECTIVENESS

The effectiveness of this policy will be monitored as follows:

What will be monitored?	How?	When?	By whom?
Provision of staff training	Feedback forms	Whenever training takes places	Clinical Audit Manager
	Summary of training activity and feedback	Clinical Audit Annual Report	Clinical Audit Manager / Clinical Audit Committee
Information Governance good practice	Adherence to good practice will be monitored at Divisional level as part of project planning and review.	Whenever projects are undertaken	Clinical Audit Convenors & Facilitators
System for determining content of Clinical Audit Programme	Monitored by Clinical Audit Committee as part of the process of signing off the Programme	Annual	Clinical Audit Committee
Stakeholder involvement in clinical audit activity	Interface and PPI indicators monitored via quarterly dashboard	Quarterly	Clinical Audit Committee
Registration of clinical audit proposals prior to project commencing	Monitored via quarterly dashboard.	Quarterly	Clinical Audit Committee
Projects with report	Monitored via quarterly dashboard.	Quarterly	Clinical Audit Committee
Re-audit rate	Monitored via quarterly dashboard.	Quarterly	Clinical Audit Committee
Multi-disciplinary participation in clinical audit	Monitored via quarterly dashboard.	Quarterly	Clinical Audit Committee
Participation in national audits	Monitored via quarterly standing report.	Quarterly	Clinical Audit Committee
Progress of local clinical audits	Monitored via quarterly standing	Quarterly	Clinical Audit Committee

	report.		
Implementation of action plans	Monitored via quarterly standing report.	Quarterly	Clinical Audit Committee
Results of NICE audits	Reported to Clinical Effectiveness Committee and PCT on quarterly basis	Quarterly	Clinical Effectiveness Committee / NICE Commissioning College
Outcomes and actions of all recorded clinical audit activity	Monitored via quarterly standing report.	Quarterly	Divisions / Clinical Audit Committee / Governance & Risk Management Committee

EQUALITY IMPACT ASSESSMENT SCREENING FORM			
Title: Equality Impact Assessment for Clinical Audit Policy			
Author: Chris Swonnell, Assistant Director for Audit & Assurance		Division: Trust Services	Date: 26th August 2009 (updated 14 th May 2010)
Document Class: Policy	Document Status:	Issue Date:	Review Date:
What are the aims of the document? The aim of this policy is to develop and sustain a culture of best practice in clinical audit.			
What are the objectives of the document? The objective of the policy is to outline roles and responsibilities in relation to clinical audit activity, including the Trust's procedures and expectations for registering and approving clinical audit project proposals.			

How will the effectiveness of the document be monitored?

See section 10 of the policy

Who is the target audience of the document (which staff groups)?

See section 2 of the policy

Which stakeholders have been consulted with and how?

See preface information to policy

Who is it likely to impact on?

√	Staff	√ ⁴	Patients		Visitors		Carers		Other (please specify):
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⁴ The policy guidance is directed primarily at Trust staff, however a high quality clinical audit programme will result in direct benefits for patient care

	Yes or No	Give reasons for decision	What evidence was examined?
Does the policy or proposed change affect one group more or less favourably than another on the basis of:			
Race	No		
Ethnic Origin (including gypsies and travellers)	No		
Nationality	No		
Gender (including transgender)	No		
Culture	No		
Religion or belief	No		
Sexual Orientation (including lesbian, gay, bisexual and transgender)	No		
Age	No		
Disability (including learning disability, physical, sensory impairment and mental health)	No		
Socially excluded groups (e.g. offenders, travellers)	No		
Human Rights	No		

Are there opportunities for promoting equality and/or better community relations? YES/NO	
If YES, please describe: No	
Please state links with other relevant policies, strategies, functions or services: - Quality Strategy - NICE policy - Clinical Effectiveness function - Patient and Public Involvement function	
Action Required: None	
Action Lead:	To be delivered by when:
Progress to date:	
Next steps:	
How will the impact on the service/policy/function be monitored and evaluated?	
Person completing the assignment:	Date: Review Date:

APPENDIX B Other associated activities which are not clinical audit

Counting numbers of operations, etc

The collection of data which is not related to clinical standards (criteria) is not considered to be clinical audit. Whilst data collection with the explicit purpose of setting standards of best practice may sometimes be considered to be a legitimate audit activity (called 'pre-audit'), it is important that the audit cycle is observed and that standards are established as a result of the project.

Investigations

Similarly, clinical audit staff are sometimes asked to "find out more about what's happening here". Whether or not these kinds of request constitute clinical audit is also dictated by the presence or absence of clinical standards.

Morbidity & Mortality Review

Although early NHS definitions of Clinical Audit mention peer review, this is notably absent from more recent NHS-approved literature. M&M review is an essential part of Good Governance and issues raised may potentially feed into the Clinical Audit programme. However M&M review is not itself clinical audit, and clinical audit staff are not responsible for organising the M&M process.

Routine Monitoring of Clinical Outcomes

The identification and measurement of clinical outcomes may form a significant part of a clinical audit project, however routine ongoing monitoring of outcome data for purposes including performance monitoring should not be considered to be Clinical Audit *unless* this is explicitly linked to the change process (implicitly this means that process measures must also be monitored, as this is how practice – and outcomes – will be improved).

APPENDIX C
Definitions of Clinical Audit, Research and Service Evaluation activity

Date: November 2007

The following operational definitions Research, Clinical Audit, Service Evaluation and Service Improvement activity have been agreed between the Trust's Clinical Governance Manager⁵, Research & Development Manager and Head of Innovation.

	Research	Clinical Audit	Service Evaluation	Service Improvement
Definition	<p>Aims to derive new knowledge which is potentially generalisable or transferable.</p> <p>Asks the question – “what is best practice?”</p>	<p>Aims to improve the quality of local patient care and clinical outcomes through peer-led review of practice against evidence-based standards and the implementation of change where subsequently indicated.</p> <p>Asks the questions – “are we following best practice?” and “what is happening to patients as a result?”</p>	<p>Aims to judge a service’s effectiveness or efficiency through systematic assessment of its aims, objectives, activities, outputs, outcomes and costs.</p> <p>In different contexts, may also be referred to as “activity analysis”, “benchmarking”, “organisational audit”, “non-clinical audit”, etc.</p> <p>Asks questions like – “has this service been a success?”</p> <p>May also be used to compare the effectiveness or efficiency of a new practice/service (where supported by evidence) with an existing one - however this would be for the purposes of local comparison, i.e. not with a view to derive generalisable or transferable results (which would be research).</p> <p>Whilst benchmarking may be used to compare services, the evaluation will not involve measurement against agreed standards (which would be clinical audit)</p>	<p>Aims to improve patient care through continuous improvement of clinical outcomes and patient experience through group-led activity which focuses explicitly on quality and safety as routes to improving services, whilst also delivering essential productivity and efficiency gains.</p> <p>In different contexts may also be referred to as “service development”.</p> <p>Asks questions like – “how can we make this service safer, more efficient, better for patients?”</p>

⁵ Now Assistant Director for Audit & Assurance

	Research	Clinical Audit	Service Evaluation	Service Improvement
Initiated by	Usually initiated by researchers.	Initiated by national bodies (e.g. Healthcare Commission, Royal Colleges, NICE, etc), commissioners (PCTs) or service providers (including local healthcare staff and managers)	Usually initiated by service managers/leads.	Initiated in numerous ways: <ul style="list-style-type: none"> • as a corporate priority to support the delivery of the Trust's objectives • as part of a national initiative (e.g. DH, NHS Institute for Innovation & Improvement) • by individuals and/or teams in a department or speciality area • by service managers and/or clinical lead
Methodology & Design	Addresses clearly defined questions / hypotheses using systematic and rigorous processes. Designed so that it can be replicated and so that its results can be generalised to other similar groups.	Addresses clearly defined audit questions using robust methodology – usually asking whether a specific clinical standard has been met. Results are specific and local to a particular team or service although the audit tool may be used by more than one team/service	Addresses specific questions about the service concerned. Results are specific and local to a particular team or service although the evaluation tool may be used by more than one team/service.	The approach includes: <ul style="list-style-type: none"> • Awareness and engagement of individuals/teams so that there is agreement that improvement is necessary/possible • Analysis of the current process/pathway highlighting areas that cause unnecessary waits and delays for patients and are wasteful of staff time • Understanding the bottlenecks, existing demand on the process and current capacity to deliver, as well as the variation that exists within the process • Designing the desired future process/pathway and agreeing the steps needed • Developing a project implementation plan that gets us to the future state • Ensuring the changes are sustained and that there is continuous improvement.

	Research	Clinical Audit	Service Evaluation	Service Improvement
Coverage	Research projects may be service-specific, trust-wide, regional or national.	Clinical audit projects may be service-specific, trust-wide, regional or national.	Service Evaluation projects may be service-specific, or trust or community-wide.	Service improvement projects can be patient pathway specific, service/specialty specific, trust-wide, health and social care economy wide, regional or national
New treatments	May involve a completely new treatment or practice	Will <u>never</u> involve a completely new treatment or practice.	Will <u>never</u> involve a completely new treatment practice (but see Definition box above).	Will <u>never</u> involve a completely new treatment or practice.
Controls & Placebos	May involve use of control groups or placebo treatment for purposes of comparison	Will <u>never</u> involve use of control groups or placebo treatment	Will <u>never</u> involve use of control groups or placebo treatment	Will <u>never</u> involve use of control groups or placebo treatments
Patient involvement and Randomisation	<p>May involve allocating service users randomly to different treatment groups.</p> <p>Patients should be involved in the design, implementation and analysis of the work.</p>	<p>May involve input from patients at a number of levels, e.g.</p> <ul style="list-style-type: none"> Patients may be asked to participate in surveys which help to determine whether standards have been met Patients may be involved in the design of individual audit projects or indeed whole programmes of activity (e.g. as members of steering groups) <p><u>Never</u> involves allocating patients randomly to different treatment groups.</p>	<p>May involve input from patients at a number of levels, e.g.</p> <ul style="list-style-type: none"> Patients may be asked to participate in surveys which help to determine the effectiveness or efficiency of a service Patients may be involved in the design of individual projects or indeed whole programmes of improvement activity (e.g. as members of steering groups) <p><u>Never</u> involves allocating service users randomly to different treatment groups.</p>	<p>May involve input from patients at a number of levels:</p> <ul style="list-style-type: none"> Patients may be asked to participate in surveys which help to determine the effectiveness or efficiency of a service Systematic use of tools such as discovery interviews, patient diaries etc. and on-going feedback mechanism through patient involvement in redesign and service user groups Patients may be involved in the design of individual projects to ensure the needs of different groups are met (equality and diversity issues). <p><u>Never</u> involves allocating service users randomly to different treatment groups.</p>

	Research	Clinical Audit	Service Evaluation	Service Improvement
Governance arrangements	<p>Must comply with Research Governance.</p> <p>Must be registered with the Research and Development Department.</p>	<p>Must be registered with Clinical Audit Team (and therefore implicitly have been approved by the relevant Clinical Audit Convenor). Use of patient survey methodologies as part of clinical audits is also subject to approval by the Trust's Questionnaire Interview & Survey Group (QIS).</p>	<p>UBHT does not have a department of Service Evaluation; nor does it have known expertise in this field (September 2007).</p> <p>If Service Evaluation activity is undertaken via the Clinical Audit Team or the Research & Development Department, it will be subject to the scrutiny and advice of those teams, <u>however it should be noted that neither team currently has expertise in the field of Service Evaluation.</u></p> <p>A proposal has been agreed to create a 'projects' database which will attempt to capture non-clinical audit and non-research activity in one place. This should enable Divisions to monitor project activity via their local governance arrangements, and for the Trust to capture additional evidence in support of compliance with Core Healthcare Standard C5d.</p> <p>Use of patient survey methodologies as part of service evaluations is also subject to approval by the Trust's Questionnaire Interview & Survey Group (QIS).</p>	<p>Delivery of the improvement programme is overseen by the Innovation Board and objectives relating to improving performance are monitored at the Trust Operational Group.</p> <p>Use of patient survey methodologies as part of service improvement activity is also subject to approval by the Trust's Questionnaire Interview & Survey Group (QIS).</p>
Ethical Approval required?	Research ethics committee (REC) approval required	Should be scrutinised for ethical implications but REC approval not needed	Should be scrutinised for ethical implications but REC approval not needed	Should be scrutinised for ethical implications but REC approval not needed

	Research	Clinical Audit	Service Evaluation	Service Improvement
End product	Generates evidence to refute, support or develop a hypothesis. May lead to development of new services or new practices.	Generates evidence to demonstrate level of compliance with agreed standards. This may lead to changes in practice.	Generates evidence of effectiveness of a service which may lead to service redesign and reconfiguration.	<ul style="list-style-type: none"> Generates evidence of improvements by comparing new service performance against the baseline position at the start of the project. Generates ideas for continuous improvement Demonstrates skills transfer, in terms of individuals and teams understanding and applying the methodology
One-off or ongoing?	Will often be a one-off study.	May be one-off, however approximately 25% of Trust audit activity involves re-audit (seeking to confirm improvements in practice). Some audits are ongoing	Usually a one-off study, but may be repeated to compare changes over time	On-going. The approach promotes sustaining the improvements made and identifying new opportunities for improvement to develop a culture of continuous improvement

APPENDIX D

Clinical Audit Agreement between Division of Trust Services and the Clinical Divisions

Date: June 2005

The Clinical Audit Central Office will:

- Be responsible for line management of the Trust's team of clinical audit staff (with the exception of staff noted above), including management of absence and leave
- Be responsible for annual appraisal for clinical audit staff (with the exception of staff noted above), and ensure that relevant Divisional leads are consulted/involved as appropriate
- Manage pay and non-pay budgets for clinical audit
- Be responsible for leading the recruitment process of all clinical audit posts
- Be responsible for providing funding (within constraints of available budget) for appropriate and relevant training and CPD opportunities for all members of the clinical audit team
- Be responsible for providing clinical audit staff with new computer hardware (including printers) as and when this is required
- Be responsible for funding appropriate server space to ensure the safe back-up of clinical audit data
- Monitor the Trust-wide progress of clinical audit, assuring the Board that arrangements comply with national requirements including relevant sections of the Healthcare Standards

Divisions will:

- Provide suitable office space for clinical audit staff, and consult with and seek agreement from the Clinical Audit Central Office if any changes to the location of clinical audit staff are proposed
- Provide audit staff with stationary and other day-to-day office supplies (e.g. printer cartridges), to cover photocopying costs and other similar expenses - non-pay clinical audit budgets have been left in Divisions in order to support this
- Ensure that clinical audit staff are integrated into Divisional assurance / governance arrangements and have clear reporting and supportive links with Divisional and specialty management as appropriate
- Provide suitable forums for the presentation of clinical audit projects / results
- Identify Clinical Audit Convenors who will work alongside Clinical Audit Facilitators to 'drive' local audit programmes and represent Divisions at Trust Clinical Audit Committee
- Take responsibility for local clinical audit programmes, identifying robust annual forward programmes of audit activity, reporting on progress as required and ensuring that action plans resulting from audits are implemented.
- Ensure that the Clinical Audit Central Office is consulted as part of annual appraisal for those staff whose line management is remaining in Divisions, and consult the Central Office about future line management arrangements should these staff at any time vacate their posts

APPENDIX E Role of Divisional Clinical Audit Convenors

Date: Written March 2001; Last updated May 2010

This is a generic outline of the role of Clinical Audit Convenor. Individual roles may differ in their detail and additional duties and responsibilities may be included by agreement.

1. Summary of Role

The Clinical Audit Convenor is responsible for the leadership of a Speciality/Division annual clinical audit programme and the development of clinical audit within the Specialty/Division.

2. Appointment

The Clinical Audit Convenor must be a healthcare professional with sufficient seniority and credibility in clinical audit activities to command the respect and confidence of staff within their Specialty/Division. The general expectation is that a Convenor serves in this role for three years, however this arrangement is flexible.

3. Accountability

Accountable to the Head of Division

4. Working Relationships

The Clinical Audit Convenor will work closely with clinicians, managers and clinical audit staff within their Specialty, Division and where appropriate, across Divisions.

5. Main Responsibilities

5.1 To encourage a culture of openness and participation in clinical audit across all health professions

5.2 To attend Trust Clinical Audit Committee in order to:

- i. Represent their Specialty/Division
- ii. Enable the CAC to discharge its corporate assurance function. For example, by critically evaluating proposals and reports presented to the Committee
- iii. Share experiences, problems and lessons learned
- iv. Actively contribute to discussions about future directions and developments in clinical audit

5.3 To liaise with other audit convenors within the Trust, particularly those within the postholder's own Division

5.4 To ensure that clinical audit is represented in Divisional governance/assurance arrangements

5.5 To provide guidance and support to Clinical Audit Facilitators and liaise regularly with them in order to:

- i. Establish and maintain a structure for clinical audit within the Speciality/Division (this may include an audit committee/steering group and should include appropriate forums whereby the results of audit projects can be presented to a Speciality/Divisional audience)
- ii. To identify an appropriate annual clinical audit programme within their Specialty/Division
- iii. Ensure collection of information to facilitate the production of appropriate reports to the Clinical Audit Central Office and Clinical Audit Committee (i.e. enabling CAC to assure the Trust Board about clinical audit activity within the Speciality/Division)
- iv. To promote patient involvement in clinical audit wherever appropriate

(Original job description written by the Director of Human Resources in March 2001)

APPENDIX F Clinical Audit Code of Practice

Date: Last updated May 2010

Respective expectations of clinical audit staff and healthcare professionals when conducting a clinical audit project

1. Clinical Audit Facilitators will:

- Assist clinical staff with the completion of audit paperwork
- Register the project on the trust clinical audit database
- Reach agreement with the speciality audit convenor and the audit project lead as to the level of support that the facilitator will provide to the project – the decision will take account of Divisional and Trust priorities
- This advice and support may include the following:
 - Appropriate methodology for the proposed project
 - Literature searching and developing measurable clinical standards
 - Design of audit tools
 - Choosing sample size
 - Organising availability of clinical case-notes
 - Extraction of data from hospital information systems (where available)
 - Data analysis and reporting
 - Producing presentation materials
- Participate in and help organise meetings within the Division to allow presentation of audit proposals and results

2. Project leads⁶ are expected to:

- Ensure they are suitably conversant with the principles and practice of clinical audit
- Register the audit
- Ensure that all 'interested parties' have been consulted before the proposed project commences (data should not be gathered about clinicians' practice for clinical audit purposes without their prior knowledge)
- Ensure that due consideration has been given to the involvement of patients
- Ensure that a prior commitment is obtained from senior clinicians and management (as appropriate) that due consideration will be given to the implementation of any changes in practice indicated by the results of the audit
- Ensure that the proposed audit has clearly defined aims/objectives relating to achievable improvements in quality, and uses (or sets) explicit standards of care.
- Actively engage in all aspects of the audit cycle – including data collection – as appropriate
- Be sensitive to the possible consequences of any audit findings

⁶ The 'lead' being the clinician or manager responsible for the day-to-day management of the project

- Ensure that no healthcare professional or patient can be identified directly or indirectly from a report without their explicit approval
- Present audit findings in appropriate meetings in their own speciality/division and beyond, according to the nature of the subject
- Ensure that the summary and action plan documentation is completed (this enables the Clinical Audit Committee to provide necessary assurances to Trust Board about clinical audit activity)
- Ensure that an audit report is produced at the end of the project (completion of summary and action plan documentation may suffice – see audit facilitator for advice on this)
- Ensure that any external publication of audit results receives the prior approval of the speciality/division audit convenor and ethics committee approval where required
- In cases where the lead clinician leaves the Trust before the project is completed, to arrange for another clinician to take over, and to agree this with the speciality/division audit convenor

3. All staff actively engaged in the clinical audit process will:

- Take care not to discriminate against any ethnic group, religion, sex or other social/economic group when identifying an audit population/sample
- Not knowingly engage or collude in selective methods designed to produce misleading findings
- Seek to prevent distortion or suppression of audit findings, and will not condone falsification or distortion of audit data
- Adhere to Caldicott principles and the requirements of the Data Protection Act

APPENDIX G Clinical Audit Committee Terms of Reference

Last reviewed and updated by Clinical Audit Committee: May 2010

1. Purpose and responsibilities

1.1 To receive assurances, on behalf of the Trust Board, that clinical audit activity is meeting various requirements set out by the Care Quality Commission and the Healthcare Improvement Partnership, including:

- Participation in heart disease audits
- Engagement in clinical audits
- Registration Standards requirements
- HQIP Board guidance

1.2 To work in conjunction with the Clinical Audit Central Office to:

- guide the development of Trust strategy relating to clinical audit and advise Divisions accordingly
- ensure appropriate distribution of clinical audit resources to Divisions
- ensure that clinical audit staff have access to relevant and appropriate education and training
- support clinical audit convenors and facilitators in their respective roles
- agree an Annual Clinical Audit Programme
- ensure that there are effective processes and systems in place to enable healthcare professionals to participate in clinical audit
- ensure that Clinical Specialties are participating in regular clinical audit
- ensure that clinical audit is leading to measurable benefits for staff and patients

1.3 To monitor progress of:

- the Annual Clinical Audit Programme
- all national audit activity
- all local audit activity
- implementation of the Clinical Audit Strategy

1.4 To report as required to:

- Governance and Risk Management Committee, via a quarterly assurance report
- Trust Board, via the Clinical Audit Annual Report

2. Membership of the Committee

Membership will be as follows:

- Chair of Clinical Audit
- Assistant Director for Audit & Assurance
- Clinical Audit Manager
- Clinical Audit Convenors
- Representative of the Medical Director's Team
- Clinical Effectiveness Co-ordinator

3. Frequency of Meetings

The Committee will meet five times a year, consisting of four quarterly meetings, plus an additional meeting to receive and approve the Clinical Audit Annual Report.

4. Quoracy

Chair of the Clinical Audit Committee/Assistant Director for Audit & Assurance
Minimum of five Clinical Audit Convenors

APPENDIX H
Role of Chair of Clinical Audit Committee

Last updated: May 2010

Key working relationships: Clinical Audit Committee
Divisional/Specialty CA Convenors
Assistant Director for Audit & Assurance
Clinical Audit Manager
Medical Director
Chair of Clinical Effectiveness Committee

Expected length of tenure: 3 years

Key responsibilities:

- To work closely with the Assistant Director for Audit & Assurance and the Clinical Audit Manager to develop the Clinical Audit Committee's annual workplan
- To meet with the Assistant Director for Audit & Assurance and the Clinical Audit Manager to agree agendas for CAC meetings
- To Chair meetings of the Trust's Clinical Audit Committee (currently five meetings per year)
- To fulfil the role of Clinical Audit Convenor for trust-wide projects
- To identify Clinical Audit Convenors who will lead on specific issues on behalf of the CAC, e.g. IM&T liaison; development of patient involvement.
- To work collaboratively with the Chair of the Clinical Effectiveness Committee, particular in respect of the audit of NICE guidance, and the development of systems for clinical outcomes monitoring
- To attend the annual Clinical Audit Team away day
- To Chair the Annual Clinical Audit Oscars event

APPENDIX I Statement on Medical Student involvement

Date: Last updated May 2010

The University Hospitals Bristol welcomes the involvement of medical students in its clinical audit programme. In order to maximise the benefit to students and to the Trust, the following guidance is provided.

The underpinning principle of medical student participation in clinical audit at UHBristol is that students should seek involvement in appropriate projects *which are already being planned* as part of Divisional clinical audit programmes. All clinical audits should be undertaken with a view to benefiting the organisation and improving patient care – audits with student involvement are no exception, i.e. these audits must do more than simply meet an academic requirement on the part of the individuals concerned. If a student comes up with their own idea for a project which meets these criteria, we will do our best to accommodate this request – however we would anticipate such audits being the exception, rather than the rule. Whilst the ideal is for students to participate in projects from beginning to end, it is possible that they may get involved in projects which have already begun, or which will not complete by the end of their involvement: they will still be able to produce a report based on their involvement and the knowledge they have acquired, *even if this is not the actual project report that will be required by the Trust* at the end of the project.

Clinical Audit Facilitators will:

- give students an overview of the clinical audit process
- assist with topic selection
- discuss the audit project and the relevant scope for involvement
- introduce the student to the Personal Supervisor
- act as a link/liaison person throughout the project

Please note:

- although clinical audit facilitators are able to offer general advice about identifying a Personal Supervisor for an audit project, it is not their function to arrange links between students and specific consultants
- similarly, whilst clinical audit staff will make every effort to meet students' requests, we cannot guarantee a project being available to meet their timescales – and hence the importance of an early discussion about potential projects

Students must:

- Contact a Clinical Audit Facilitator as soon as relevant dates are known
- where there is preference for a specific specialty, contact the relevant audit facilitator (list attached)

- arrange an appointment with the Clinical Audit Facilitator in order to meet and discuss needs and timescales
- adhere to arranged appointments with both the facilitator and the project Supervisor (senior clinical involved in the project) if different from the project lead.
- agree role in the project with the Personal Supervisor
- turn up for work strictly as agreed with Project Supervisor/Project Lead
- sign a confidentiality form before accessing patient information
- time and interest permitting, the student may remain in contact with the project until its conclusion

Important note: a student's **Personal Supervisor** may very possibly be a different person to the **Project Lead**: the Supervisor may not be personally connected with the audit project that the student participates in.

APPENDIX J Arrangements for managing national clinical audit

Date: Written April 2006; Last updated September 2010

1. Definition

For the purposes of this document, the term “National Clinical Audit” refers to those projects listed by the National Clinical Audit Advisory Group as required content for the annual Quality Account. This encompasses audits commissioned as part of the Clinical Audit & Patient Outcomes Programme (currently run by the Healthcare Quality Improvement Partnership), other audits led by the Royal Colleges, plus additional clinical audits commissioned by other key national bodies such as the Department of Health.

It has long been recognised that projects which carry the formal tag of “national clinical audit” do not necessarily conform to generally held expectations of clinical audit: in particular there has been a tendency for national audits to involve large-scale data collection with no logical end-point or apparent link to a quality improvement cycle. As such, national clinical audits will not necessarily be operationally managed through the Trust’s Clinical Audit Office. At the same time, it is recognised that the Board requires assurances in respect of the Trust’s participation in national clinical audits, regardless of where these are managed, or by whom, or whether or not they conform to certain definitions.

2. Accountability framework

2.1 Medical Director

The Medical Director is the Executive Director responsible for the Trust’s clinical audit arrangements.

2.2 Medical Director Team

A representative of the Medical Director Team will be a member of the Trust’s Clinical Audit Committee and will provide the main link between the Committee and the Medical Director. The Medical Director Team is responsible for raising any concerns relating to participation in national clinical audits, including data completion issues, with the Medical Director and agreeing any action which may be required.

2.3 Assistant Director for Audit & Assurance

The Trust’s Assistant Director for Audit & Assurance is responsible for overall management of the Trust’s Clinical Audit function and as such is responsible for ensuring that an appropriate accountability framework is in place and that this is being followed.

2.4 Clinical Audit Manager

The Clinical Audit Manager acts on behalf of the Assistant Director for Audit & Assurance and is responsible for the following:

1. Advising the Assistant Director for Audit & Assurance about any changes or developments relating to clinical audit requirements within national performance indicators.
2. Liaising with relevant clinical leads to complete an outline proforma whenever a new national audit is launched – this will include a recommendation regarding the potential for Trust participation, for discussion at Clinical Audit Committee
3. Obtaining/receiving and acting upon notification about changes to existing national audits.
4. Where the need for additional resources is required to enable participation in a national audit, a report outlining the risks of non-participation and the views of clinical staff as to the Trust's involvement will be produced. This report will be discussed with the Medical Director Team and a decision regarding the Trust's participation agreed.
5. Liaising with identified local leads and Clinical Audit Facilitators on a regular basis in order to maintain an up-to-date record of progress of national audits.
6. Producing a register/report of national audit activity, monitoring the Trust's participation in national clinical audits on a quarterly basis. This report will include details of data submission compliance for those audits where data is being provided on a continuous basis.
7. Seeking a summary of audit results and actions from the relevant clinical lead upon publication of any national audit.

2.5 Clinical Audit Committee

The Clinical Audit Committee will receive:

- brief outline reports whenever new national audits are launched
- an updated register/report of national audit activity on a quarterly basis, including data submission compliance reports where appropriate
- summary and action reports from Divisions upon publication of national audit project results.

A summary of national audit activity will be presented to the Governance & Risk Management Committee via the regular quarterly reporting mechanism.

2.6 Clinical Audit Convenors

Clinical Audit Convenors have a corporate responsibility – as members of CAC – for reviewing and challenging the content of any reports received by CAC. As individual Convenors, they also have a responsibility to be aware of the progress of any national clinical audits within their own clinical Specialty/Division, and where appropriate, to use their influence to ensure the smooth running of these projects. Convenors should also ensure that Divisional Governance/Assurance Groups are informed of any problems associated with participation in national clinical audits.

2.7 Clinical Audit Facilitators

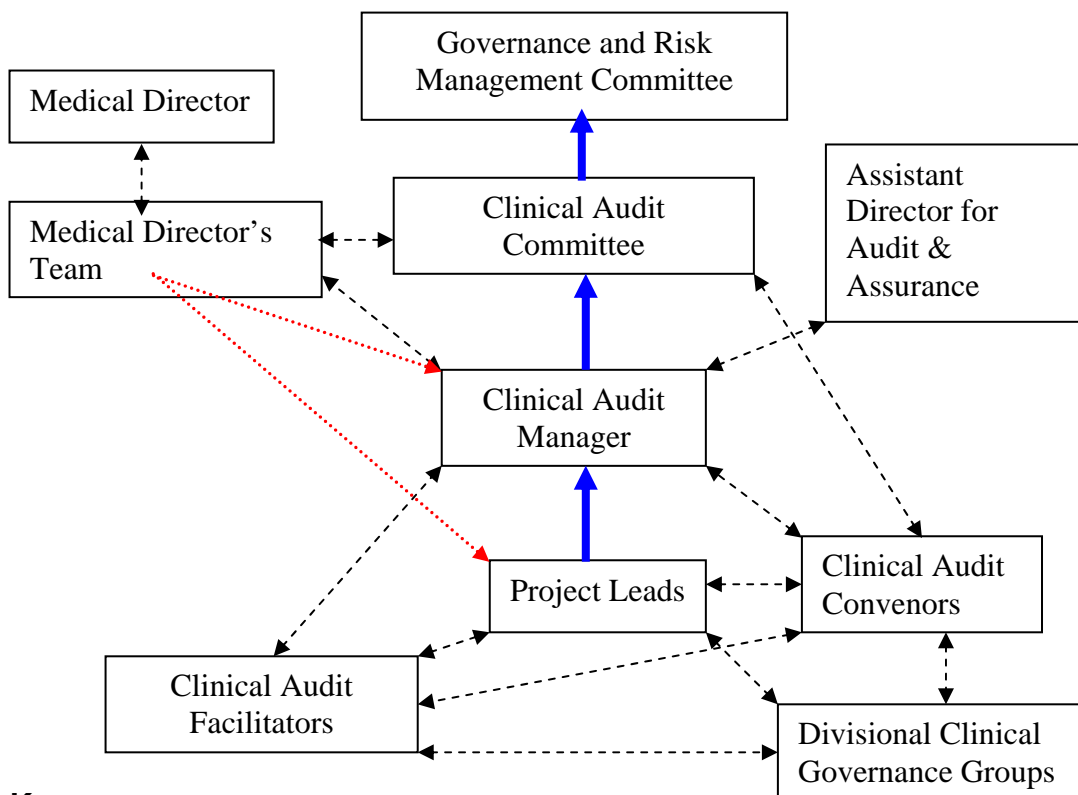
Clinical Audit Facilitators are responsible for updating the progress of all clinical audits registered on the Trust's Clinical Audit Management Database.

2.8 Divisional responsibilities for national clinical audit projects

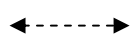
Divisions will be responsible for identifying local clinical and managerial leads for national clinical audit projects (as defined within paragraph 1 above). Where continuous data submission takes place as part of an audit project, a data manager/

individual responsible for this process will also be identified. The clinical lead will be responsible for providing the Clinical Audit Manager with regular progress reports, including data submission compliance where appropriate (through the named individual responsible for data submission) and providing a summary of results and actions taken upon publication of relevant national audit projects.

2.9 Reporting / Escalation flowchart for national clinical audits



Key



Discussion / information flows about status and progress of projects



Formal reporting



Intervention on behalf of Medical Director, if deemed necessary

3. Matters requiring immediate escalation

Any concerns relating to national audits which form a part of the Care Quality Commission's 'Participation in Heart Disease Audits' national indicator must be conveyed **immediately** to the Clinical Audit Manager. The Clinical Audit Manager is responsible for briefing the Assistant Director for Audit and Assurance and the Medical Director Team, in order to achieve resolution, given the critical nature of achieving full compliance.