Clinical Audit Processes & Structure in UHL

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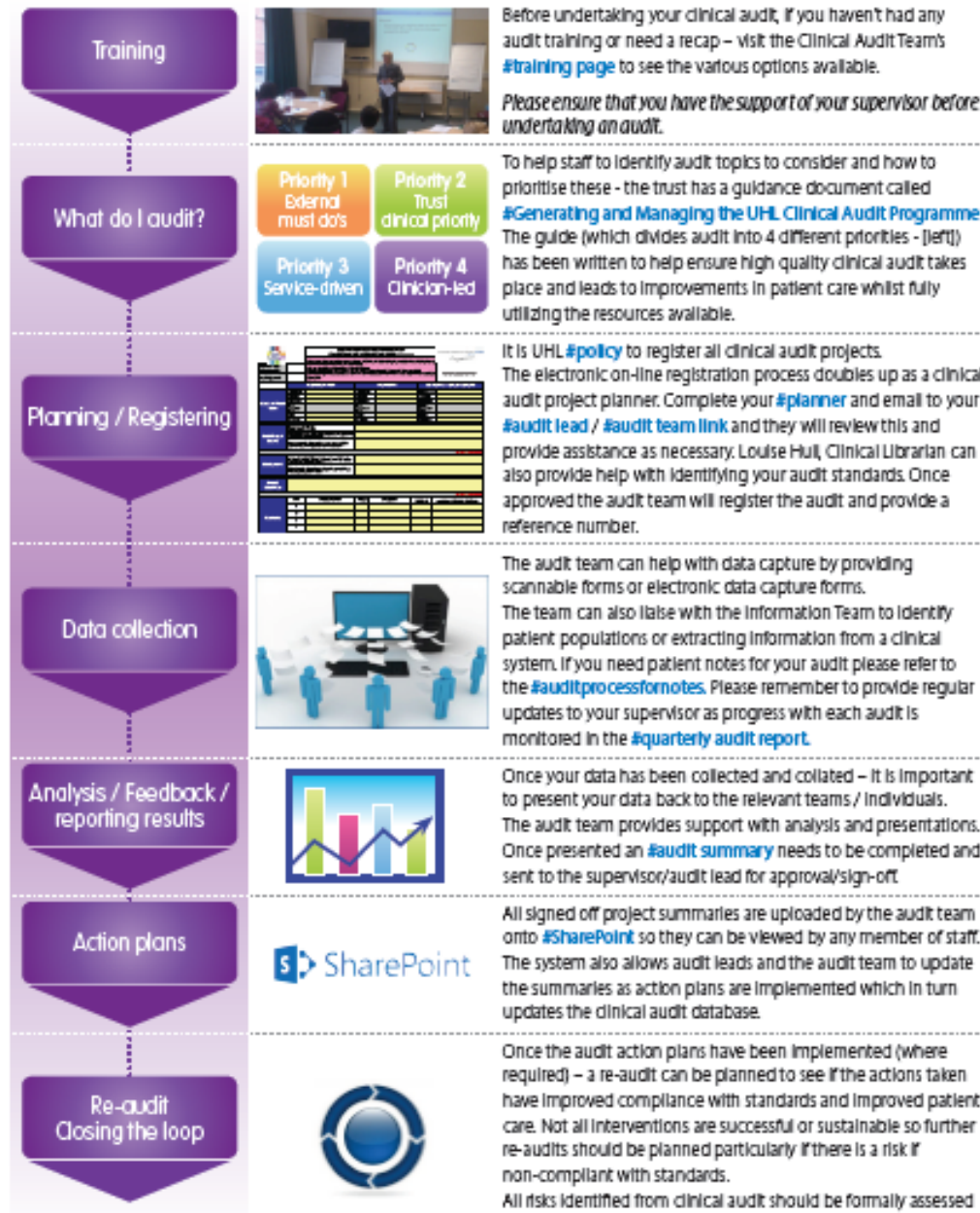
Clinical Audit Process:
The Basics: from start to improvement / assurance

If you are planning a clinical audit, service evaluation or another type of quality improvement project - the following flow chart summarises the UHL process and the support available:

Training

Before undertaking your clinical audit, if you haven't had any audit training or need a recap – visit the Clinical Audit Team's #training page to see the various options available.

Please ensure that you have the support of your supervisor before undertaking an audit.

What do I audit?

Priority 1
External must do's

Priority 2
Trust clinical priority

Priority 3
Service-driven

Priority 4
Clinician-led

To help staff to identify audit topics to consider and how to prioritise these - the trust has a guidance document called #Generating and Managing the UHL Clinical Audit Programme The guide (which divides audit into 4 different priorities - [left]) has been written to help ensure high quality clinical audit takes place and leads to improvements in patient care whilst fully utilizing the resources available.

Planning / Registering

It is UHL #policy to register all clinical audit projects. The electronic on-line registration process doubles up as a clinical audit project planner. Complete your #planner and email to your #audit lead / #audit team link and they will review this and provide assistance as necessary. Louise Hull, Clinical Librarian can also provide help with identifying your audit standards. Once approved the audit team will register the audit and provide a reference number.

Data collection

The audit team can help with data capture by providing scannable forms or electronic data capture forms.

The team can also liaise with the Information Team to identify patient populations or extracting information from a clinical system. If you need patient notes for your audit please refer to the #auditprocessfornotes. Please remember to provide regular updates to your supervisor as progress with each audit is monitored in the #quarterly audit report.

Analysis / Feedback / reporting results

Once your data has been collected and collated – it is important to present your data back to the relevant teams / individuals. The audit team provides support with analysis and presentations. Once presented an #audit summary needs to be completed and sent to the supervisor/audit lead for approval/sign-off.

Action plans

SharePoint

All signed off project summaries are uploaded by the audit team onto #SharePoint so they can be viewed by any member of staff. The system also allows audit leads and the audit team to update the summaries as action plans are implemented which in turn updates the clinical audit database.

Re-audit Closing the loop

Once the audit action plans have been implemented (where required) – a re-audit can be planned to see if the actions taken have improved compliance with standards and improved patient care. Not all interventions are successful or sustainable so further re-audits should be planned particularly if there is a risk if non-compliant with standards.

All risks identified from clinical audit should be formally assessed

Mandatory audit

Priority 1 - External 'must do' audits

- Can result in penalties for the Trust for non-participation
  - (eg Commissioner-driven:- CQUINs, Quality Schedule)
- Included in Quality Account;
  - National Audits, CQC, NHSLA and other regulatory bodies

Priority 2 - Internal 'must do' audits

- Requests from Trust wide committees
- Audit following Clinical risk / Incidents / Complaints
- Organisational clinical priorities
- Patient and public involvement initiatives
- Quality Metrics / Releasing time to care

Audit topics chosen by us …

Discretionary audit

Priority 3- Divisional priorities

- Divisional priorities agreed by Quality Board / Management team
- Other national audit not part of the quality account
- Network audits
- Local risk / patient safety

Priority 4 – Clinical interest

- Projects not falling into the previously mentioned categories
- Often determined in year as and when issues arise to spark interest
- Valuable educational aids

CLINICAL AUDIT and QUALITY IMPROVEMENT
PROJECT PLANNER & REGISTRATION FORM (Oct 2013 version)

University Hospitals of Leicester NHS Trust

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Form designed by UHL Clinical Audit Team*

■ It is a mandatory requirement to register all Clinical Audit activity (by submission of this planner) as detailed in the UHL Clinical Audit Policy.
■ Please complete and submit as detailed below.
■ For questions with an asterisk * please choose from the pull-down pick lists provided.
■ For further guidance on how to answer each section, hover over the red triangles in the top right of the cells.

Office Use Only Registration No:

Date Registered:

	Project Supervisor:	Project Lead	Other person helping with project
Details of Project Team	**Name** (in full)	**Name** (in full)	**Name** (in full)
	Job Title	**Job Title**	**Job Title**
	Specialty*	**Specialty***	**Specialty***
	Clinical Management Group	*Clinical Management Group*	*Clinical Management Group*
	Email	**Email**	**Email**
	Tel/Bleep	**Tel/Bleep**	**Tel/Bleep**

Audit Project Details	**Project Title**	
	What other areas might this impact on? (eg another Specialty/CBU/Division/Trust)	
	Have you made these other areas aware of the project? Who have you discussed it with?	

Section Incomplete

| **Background** | What is prompting you to look at this topic and why do you think this is a priority area for action over other possible topics? | |
| | What benefits for patients do you hope to | |

Search for 'clinical audit planner' on INsite homepage

Why register your audit? (1)

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- It is UHL policy to register all clinical audits
- Registration helps the trust to monitor clinical audit activity - plan and manage the clinical audit programme and resources
- Provides an audit trail/evidence for audits for external requests – patients & media (FOI) / other organisations
- Provides the Trust with an official reporting mechanism for audit
- Aids project management – (to profile the workload of each area and of Clinical Audit Team staff and provide reports for meetings, etc.)
- To provide reports to the UHL Governance Committees (Clinical Audit Committee, Quality Assurance committee, Quality & Performance Management) Audit Leads, Division and CBU meetings and commissioners.

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- Help to collate and monitor the implementation of agreed audit action plans to ensure the audit loop is closed (resulting in improving patient care)

- RAG rate and risk assess progress with audit programme, meeting mandated deadlines, monitoring areas of risk, action plan development / sign-off, etc

- For ease and consistency in approach to provide clinician-specific evidence for revalidation/appraisal

- Archive facility / searching for previous audits undertaken and ensure work is not duplicated or undertaken and not used / reported on.

- To be included in the UHL Clinical Audit Annual report

- Automatically included in the UHL Annual Clinical Audit Competition

Clinical Audit Summary Form

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PLEASE DELETE THE PROMPTS IN BLUE ITALICS AS YOU COMPLETE EACH SECTION

Project Title: *Please make sure the title is clear and reflects the topic covered*

Audit No:
This will be added by Audit team if you haven't already registered

Lead Clinical Management Group (CMG) / Speciality:-

CMG Clinical Director / Audit Lead:-
This information can be found on the UHL Clinical Audit website

Project Supervisor & Job Title:-

Name + Job Title(s) of clinician(s) undertaking project:-

Supported by Clinical Audit Team? Yes / No	**Lead:-**	**Project Start Date:-**	**Project End Date:-**

Reason for Project:
Include background info as to why the audit was done (look at the planner/registration form if already registered)

Priority Rating *(Clinical audit Team will complete this section):*
Priority 1 External Must do / Priority 2 Internal Must Do / Priority 3 Divisional Priority / Priority 4 All Other Audits

Project Aims & Objectives
*A statement of what the professional team **intends to achieve** by carrying out the clinical audit.*
e.g. To determine compliance with UHL guideline / National Standards and improve patient care

Project Methodology

- *Was data collection retrospective (using data already documented) or prospective (collected as you went along)*
- *State clearly which data sources you have used to identify the appropriate population for the project (ie Trust systems such as ICE, ORMIS, HISS, Patient centre, dept databases, etc)*
- *What was the total population for the project (ie how many patients were included)*
- *What was the time frame used for the population*
- *How was the sample size (if used) calculated and selected (ie random, consecutive selection, etc?)*
- *Are any limitations of the audit stated?*
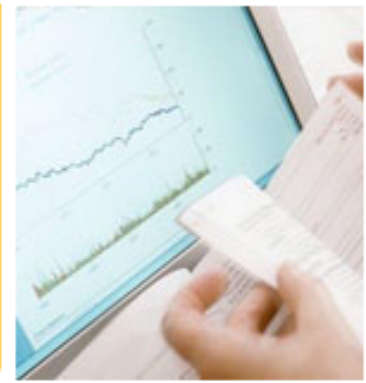- *Were patients involved at any stage in this audit?*

Main Results (compared to specific standards)

	Audit standard *(state exceptions to standard if necessary for clarity)*	Source of guidance/standard	Target % / Expected Range	Result (%)	Total audited	Previous audit result (%)
1	*Please enter a specific, measurable*	*DH / NICE / UHL*	*??%*	*X %*	*n*	*Y%*

Clinical Audit

The UHL Clinical Audit Team assists and monitors audit activity within UHL

The new revised UHL Clinical Audit Policy is now available.

This policy provides guiding principles for ensuring that clinical audit and other forms of healthcare evaluation (outside the research arena) follow best practice and have the greatest benefit for patient care.

The policy also provides a framework for overseeing clinical audit activity in the Trust, whether supported by the Clinical Audit Standards and Effectiveness (CASE) Team or not. This framework includes the UHL Clinical Audit Programme which aims to balance the audit requirements for individual clinicians with those of the Trust as a whole.

The Timeline for the UHL Process for Generating and Managing the UHL Clinical Audit Programme 2010/11 is now available, this will inform directorates on how to develop their audit programmes for the forthcoming financial year in accordance with agreed Trust timescales.

To register clinical audit please complete the NEW UHL Audit Planner OR If you have completed an audit that isn't registered, please complete the NEW UHL Audit Summary form and return to the appropriate CASE Facilitator. (For further details see the CASE Team section of this site)

You can also use the UHL Clinical Audit Presentation Template to form the basis of your audit presentation.

More Information:

On INsite
- Online Clinical Audit Training
- UHL Clinical Audit and Healthcare Evaluation Policy
- UHL Audit Planner

On the WWWeb
- CASE Team Audit Presentation Template
- UHL Process for Generating and Managing the UHL Clinical Audit Programme - Timeline

UHL is not responsible for content on other/external websites

INsite *Clinical*

Clinical information and resources from across the Trust

Search: [_____] GO »

- △ INsite homepage
- △ Clinical
- △ Clinical Audit & Effectiveness
- △ Clinical Audit
- ▶ Clinical Audit within your area

Clinical Audit within your area

The Clinical Audit team keep a database of all audit activity across the Trust including completed, ongoing and to start audits. The database contains nearly 4000 audits!

More Information:

On INsite

On the WWWeb
No links available.

UHL is not responsible for content on other/external websites

Clinical Audit Dashboard

Clinical Audit Dashboard Q3 2013-14

Current ongoing, to start and recently completed audits in your Clinical Management Group

Cancer, Haematology, Urology, Gastroenterology and General Surgery (CHUGS)

Clinical Supporting and Imaging (CSI)

Corporate

Emergency and Specialist Medicine

Intensive Care, Theatres, Anaesthesia, Pain and Sleep (ITAPS)

Musculoskeletal and Specialist Surgery

Renal, Respiratory and Cardiac (RRC)

Women's and Children's

UHL Clinical Audit competition

Clinical Audit Team

UHL Clinical Audit Dashboard

UHL Clinical Audit Dashboard - Quarter 4 2013-14: by CMG & speciality
As per UHL clinical audit database / SharePoint on 4th April 2014

Key
- *[1] active audits = currently ongoing, to start or completed since 1st April 2013
- *[2] as per UHL clinical audit quarterly RAG review guidance
- Areas of best practice (8 pts/% above UHL)
- Potential area of concern
- Within normal / expected range
- RAG only applied for those areas with >5 audits applicable to the indicator

Lead Area / Clinical Management Group / Speciality	Summary score Q4	Quarter change in summary score	No of Active Audits 2013-*1	No. of audits registered Q4	No. of completed audits Q4	1. To start / work up %	2. Data collection %	3. Analysis / Presentation / Action inning %	4. Completed %	No. of Green audits	No. of Amber audits	No. of Red audits	% Green (Running to schedule)	Quarter change in indicator score	No of completed audits since 1st April 2011	% with signed off summary	% Actions implemented deadlines	Quarter change in indicator score
UHL - Grand Total	83.1	⬆ 5.9	1077	157	150	10%	27%	23%	41%	493	135	12	77% ⬆	3%	1168	94%	89% ⬆	9%
Cancer, Haematology, Urology, Gastroenterology and General Surgery	75.1	⬆ 9.7	132	15	11	5%	30%	25%	40%	47	30	2	59% ⬆	11%	134	89%	91% ⬆	8%
Cancer	61.7	⬇ -20.1	10	1	2	0%	10%	20%	70%	1	2	0	33% ⬇	-67%	24	79%	90% ⬆	26%
Clinical Haematology	88.4	⇨ 0.6	26	2	4	0%	12%	12%	77%	5	0	1	83% ⬇	-4%	40	93%	94% ⬆	6%
Gastroenterology/GI Medicine	83.2	⬆ 17.4	22	3	1	0%	27%	23%	50%	9	1	1	82% ⬆	40%	18	89%	85% ⬇	-5%
General/GI Surgery	67.3	⬆ 12.5	52	6	1	8%	44%	31%	17%	19	24	0	44% ⬆	14%	34	85%	90% ⬆	12%
Palliative Care	100.0	⇨ 0.0	8	2	1	0%	25%	38%	38%	5	0	0	100% ⇨	0%	7	100%	100% ⇨	0%
Urology	70.8	⬆ 11.1	10	1	0	10%	40%	40%	10%	6	3	0	67% ⬆	22%	9	100%	75% ⇨	0%
Cardiac, Renal and Respiratory	84.2	⇨ -0.4	104	11	8	13%	28%	31%	29%	55	13	6	74% ⬇	-5%	107	88%	94% ⬆	4%
Allergy	NA		1	0	0	0%	0%	0%	100%	0	0	0	NA		1	100%	NA	
Cardiac Surgery - Adult	94.4	⇨ 1.6	12	1	2	8%	25%	42%	25%	8	1	0	89% ⬆	3%	7	86%	100% ⇨	0%
Cardiology	72.3	⬇ -15.2	41	3	0	10%	29%	44%	17%	20	8	6	59% ⬇	-16%	27	74%	86% ⬇	-14%
Hypertensive services	NA		1	1	0	0%	100%	0%	0%	1	0	0	100%		0	NA	NA	
Nephrology	100.0	⬆ 25.0	10	2	1	10%	10%	20%	60%	4	0	0	100% ⬆	40%	33	97%	100% ⬆	10%
Respiratory	88.2	⬆ 7.6	29	3	4	21%	24%	17%	38%	16	2	0	89% ⬆	9%	28	86%	88% ⬆	6%
Thoracic Surgery	80.0	⬇ -20.0	6	0	0	0%	67%	17%	17%	3	2	0	60% ⬇	-40%	6	100%	100% ⇨	0%
Transplant	100.0	⇨ 0.0	3	1	0	33%	33%	33%	0%	3	0	0	100% ⇨	0%	4	100%	100% ⇨	0%
Clinical Supporting and Imaging	83.4	⬆ 12.1	138	10	16	8%	30%	15%	47%	55	18	0	75% ⬆	16%	167	99%	91% ⬆	9%
Blood Transfusion	87.5	⬆ 27.2	16	0	1	13%	50%	13%	25%	9	3	0	75% ⬆	21%	6	83%	100% ⬆	33%
Chemical Pathology	NA		4	0	0	0%	25%	0%	75%	1	0	0	100%		3	100%	NA	
Clinical Microbiology	83.3	⬆ 8.9	7	0	1	0%	43%	0%	57%	2	1	0	67% ⬆	7%	14	100%	100% ⬆	11%
Cytogenetics	NA		2	0	0	0%	50%	0%	50%	1	0	0	100% ⇨	0%	6	100%	100% ⇨	0%
Histopathology	100.0	⇨ 0.0	17	1	1	0%	41%	0%	59%	7	0	0	100% ⇨	0%	15	100%	100% ⇨	0%
Imaging	86.6	⬆ 9.1	30	5	0	17%	30%	30%	23%	18	5	0	78% ⬆	18%	28	100%	95% ⇨	0%
Immunology	58.3	⬇ -4.2	2	0	0	0%	100%	0%	0%	1	1	0	50% ⇨	0%	4	100%	67% ⬇	-8%
Medical Physics	100.0	⇨ 0.0	5	1	0	0%	60%	0%	40%	3	0	0	100% ⇨	0%	5	100%	100% ⇨	0%
Nutrition & Dietetics	93.3	⬆ 9.0	14	0	0	0%	7%	14%	79%	3	0	0	100% ⇨	0%	17	100%	87% ⬆	18%

- Part of UHL Corporate Team

- Managed by Carl Walker

- Small team (7.4 WTE) working across all 3 sites

- Team members affiliated to each speciality

1/4ly report dissemination

- Clinical Audit Committee & Audit Leads
- CMG Quality & Safety Boards
- Exec Quality Board – chaired by CEO
- Quality Assurance Committee (sub committee of Trust Board)
- Commissioners
- Intranet for all staff to access

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- Audit planning/methodology
- Identifying standards
- Data collection tool design
- Analysis
- Help with presentation and advice on implementing changes
- Information on previous audits
- Certificates for CVs/portfolios

Do you need help or support with finding literature or standards to support your audit?

The Clinical Librarian Service can help.
Please contact Louise Hull x2309 or
louise.hull@uhl-tr.nhs.uk

Register it. Talk to the Audit Team and the relevant Audit Lead to get ideas, help plan the audit, check it is not duplication etc.

If you are calling it clinical audit then make sure it is an actual audit – it must have (SMART) standards and not be research

Keep it small scale and focused. Audit standards related to the overall aim of the project. Don't be over ambitious and try to audit entire guidelines that have hundreds of standards in them.

Involve the right people at the start. Multidisciplinary audit, involve those with power / influence at the beginning as they might be needed to help implement changes.

Implement actions that are actually going to be effective at improving patient care. Too many actions are pointless and at best only achieve very short term effects. Think about changing processes and structure. Do not rely on people *remembering to do the right thing*.

Re-audit. Amazing how many people never complete the audit loop. Re-audit using the same methodology so a fair comparison is possible. More than one re-audit is needed to get evidence that you have improved things through your interventions as opposed to it being a fluke.

Tim Lessells, Clinical Audit Facilitator
linked to ESM and RRCV CMGs

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