

## CLINICAL AUDIT & EFFECTIVENESS STRATEGY: 2017- 20

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The Trust is committed to a duty of candour by ensuring that all interactions with patients, relatives, carers, the general public, commissioners, governors, staff and regulators are honest, open, transparent and appropriate and conducted in a timely manner. These interactions be they verbal, written or electronic will be conducted in line with the NPSA, 'Being Open' alert, (NPSA/2009/PSA003 available at [www.nrls.npsa.nhs.uk/beingopen](http://www.nrls.npsa.nhs.uk/beingopen) and other relevant regulatory standards and prevailing legislation and NHS constitution)

It is essential in communications with patients that when mistakes are made and/or patients have a poor experience that this is explained in a plain language manner making a clear apology for any harm or distress caused.

The Trust will monitor compliance with the principles of both the duty of candour and being open NPSA alert through analysis of claims, complaints and serious untoward incidents recorded within the Ulysses Risk Management System.

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## 1 Executive Summary

Liverpool Women's Foundation Trust is committed to delivering effective clinical audit in all the clinical services it provides. The Trust sees clinical audit as a cornerstone of its arrangements for developing and maintaining high quality patient-centred services.

When carried out in accordance with best practice standards, clinical audit:

- Provides assurance of compliance with clinical standards;
- Identifies and minimises risk, waste and inefficiencies;
- Improves the quality of care and patient outcomes.

The Trust is committed to ensuring that clinical audit delivers these benefits, and has adopted a policy on the governance and practice of clinical audit which applies to all staff.

## 2 Organisational Fit

- i. It is extremely important that clinical audit aligns closely with the Trust's aims, objectives and values. This strategy commits to having close alignment between clinical audit and the wider quality and governance frameworks.
- ii. All areas of the Trust have a prioritised programme of clinical audit projects in place. Where appropriate audits are cross-directorate and involve staff from a variety of disciplines. This ensures the outputs can best focus improvement efforts and provide evidence of standards of practice and quality improvement.
- iii. Effectiveness Senate and Governance and Clinical Assurance Committee have oversight of the clinical audit function, ensuring corporate assurance is maintained and that quality and patient engagement are at the heart of audit within the Trust.
- iv. Clinical Audit programmes are prioritised to ensure audit topics are closely aligned with other key streams of governance and quality activity. This includes evidence-based practice, revalidation, risk management, patient safety, complaints and other forms of patient feedback. There are mechanisms in place for instigating clinical audit as a result of adverse events, complaints and claims while the results from audit projects also inform the management of risk within the Trust.
- v. All clinical audits are required to meet the expected information governance standards. Close liaison with the Information Governance department is maintained.
- vi. Recommendations made and guidance issued by national bodies such as NICE, the National Patient Safety Agency, the Clinical Outcomes Review Programme and national clinical audits are included in the Trust clinical audit programme. In addition, a range of the Trust's staff participate in the development of these at a national and regional level.

- vii. There are effective channels of communication with staff involved in research and development. Mutual support is in place to provide staff with guidance where doubt exists about whether a project is audit, research or service evaluation.
- viii. A robust clinical audit programme actively supports the Trust's assurance processes and enables us to demonstrate compliance with wider regulatory, accreditation and validation requirements.

### 3 Strategy Scope

- i. This strategy provides guidance for all staff as to the direction of the Trust's clinical audit programme and related activities. The strategy will develop clinical audit within and across the entirety of the Trust to ensure that:
  - The strategic direction of clinical audit within the Trust is robust, effective and supports achievement of its key aims and objectives.
  - All clinical services have a programme of clinical audit projects in place that is prioritised. The outputs from these are used to focus improvement efforts, provide evidence of standards of practice and improve quality.
  - The outcomes of audits are disseminated to enhance organisational learning and to improve the Trust's management of risk.
  - Staff from a range of professions develop their knowledge and skills in unison. Cross-directorate and multi-disciplinary audits are encouraged to ensure the widest possible range of learning.
  - The Chief Executive is ultimately accountable for the delivery of safe, effective and efficient services across the Trust. The Medical Director/Associate Medical Director are responsible to the Chief Executive for Clinical Audit within the Trust. They will also liaise with other Executives to ensure that non-medical staff groups are involved in Clinical Audit as part of wider quality improvement and professional development activities. They will also ensure that, when undertaking annual appraisal of any doctor or an assessment of evidence for revalidation etc., assessment of participation in Clinical Audit and reflection on the findings of the audit and associated actions/improvement form part of that process. This is in support of a wider network of clinical leads who act as focal points for audit and effectiveness within and across clinical services and professional groups.

### 4 Definitions

- i. Clinical audit provides assurance on standards of clinical care and stimulates improvement activities. At its heart, clinical audit "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 improvements in healthcare delivery” (Ref ii). Areas for audits may be selected according to national programmes, Trust wide priorities and local clinical priorities.

- ii. Clinical audit is an on-going process that follows a set series of activities. Figure1 (below) shows the stages in the clinical audit process.
- iii. The Trust supports the view that whilst Clinical Audit is fundamentally a process that supports and stimulates quality improvement, it also plays an important role in providing assurances about the quality of services. As such, ensuring that audits are undertaken to the highest possible standards is of the utmost importance.

**Figure 1: Clinical Audit Process**



## 5 Strategic Aims

- i. The aim of this strategy is to use clinical audit as a process to continue to embed clinical quality at all levels in the Trust over the next three years, creating a culture that is committed to learning and continuous organisational development.

- ii. The aim of this strategy is to deliver demonstrable improvements in patient care through the development and measurement of evidence-based practice.

## 6 Objectives

- i. The strategic direction of clinical audit within the Trust is robust, effective and supports achievement of its key aims and objectives.
- ii. All clinical services have a programme of clinical audit projects in place that is prioritised.
- iii. The outcomes of audits are disseminated to enhance organisational learning and to improve the Trust's management of risk.
- iv. Cross-directorate and multi-disciplinary audits are encouraged to ensure the widest possible range of learning.
- v. There is a lead clinician responsible for clinical audit in the Trust, supported by a wider network of clinical leads.
- vi. There are systems in place for instigating clinical audit as a direct result of adverse clinical events, complaints, case reviews, critical incidents and breaches in patient safety.
- vii. Continuous audits are utilised where appropriate to ensure key, prioritised work streams within the Trust are monitored, evaluated and reported on.
- viii. Audits are automated where appropriate to provide a more streamlined way of data collection, providing more support to auditors from the Clinical Audit department without the need for more resource.
- ix. Robust clinical audit actively supports our assurance processes and enables us to demonstrate compliance with wider regulatory, accreditation and validation requirements.

## 7 Operational Action Plan

Objective	Action Required	Person Responsible for Action	Anticipated Completion Date	Potential Barriers	Change Status
The strategic direction of clinical audit within the Trust is robust, effective and supports achievement of its key aims and objectives.	Clinical Audit Strategy to be aligned with Trust aims and approved by relevant Committees	Head of Audit, Effectiveness and Experience	December 2017	Changes to Trust Aims, Non-implementation of Clinical Audit Strategy	
All clinical services have a programme of clinical audit projects in place that is prioritised.	Clinical Audit Forward Plan to be prioritised and involve all services	Head of Audit, Effectiveness and Experience	April 2018	Annual review required	
The outcomes of audits are disseminated to enhance organisational learning and to improve the Trust's management of risk.	Details of the outcomes of audits and the lessons learnt are to be presented to relevant Committees and published on the Trust Intranet site	Head of Audit, Effectiveness and Experience	December 2017	Annual review required, Maintenance of Intranet Site	
	Action Plans for audits are to include details of dissemination where appropriate	Head of Audit, Effectiveness and Experience	April 2018	None Identified	
Cross-directorate and multi-disciplinary audits are encouraged to ensure the widest possible range of learning.	Clinical Audit Forward Plan to include evidence of cross directorate and multi-disciplinary audits	Head of Audit, Effectiveness and Experience	April 2018	Annual review required, Intricacies of co-operation between services	
	Clinical Audit dashboard to clearly show all instances where an audit is considered cross-directorate	Head of Audit, Effectiveness and Experience	January 2018	None Identified	

There is a lead clinician responsible for clinical audit in the Trust, supported by a wider network of clinical leads.	The Medical Director/Associate Medical Director will have clear responsibilities.	Head of Audit, Effectiveness and Experience	November 2017	Changes to personnel, Lack of departmental support for clinical leads	
There are systems in place for instigating clinical audit as a direct result of adverse clinical events, complaints, case reviews, critical incidents and breaches in patient safety.	Review of processes within Governance to ensure Trust structure for escalation purposes is the desired model	Head of Audit, Effectiveness and Experience	April 2018	Difficulties of implementing organisational change	
	Clinical Audit policy to contain clear guidance as to the correct system for instigating audit in these circumstances	Head of Audit, Effectiveness and Experience	November 2017	None Identified	
Continuous audits are utilised where appropriate to ensure key, prioritised work streams within the Trust are monitored, evaluated and reported on	Continuous audits to be identified annually as part of the Trust's clinical audit Forward Plan	Head of Audit, Effectiveness and Experience	April 2018	Clear direction needed to ensure all are identified	
	Continuous audits to be clearly indicated on the clinical audit dashboard	Head of Audit, Effectiveness and Experience	January 2018	None Identified	
	Continuous audits to report annually to reflect their importance and re-registered every 3 years	Head of Audit, Effectiveness and Experience	April 2018	Facilitators & Leads must ensure progress, registration and reports	
Audits are automated where appropriate to provide a more streamlined way of data collection, providing more support to auditors from the Clinical Audit department without the need for more resource.	Additional use to be made of the automated elements of the clinical audit Intranet site	Head of Audit, Effectiveness and Experience	April 2018	Access to Intranet Designer, IM&T decisions re: future of Intranet	
Robust clinical audit actively supports our assurance processes and enables us to demonstrate compliance with	All external guidance to be implemented within the Trust and a log maintained reflecting compliance levels	Head of Audit, Effectiveness and Experience	December 2017	None Identified	



wider regulatory, accreditation and validation requirements.	Details of clinical audit work to be included within revalidation packs for consultants	Head of Audit, Effectiveness and Experience	April 2018	Accurate identification of supervisors and all auditors to maintain confidence of consultants involved in the process	
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## 8 References

- i. HQIP, Clinical Audit: A Guide for Boards, 2010
- ii. NICE, Principles of Best Practice in Clinical Audit, 2010
- iii. HQIP, A Template for Clinical Audit Strategy; 2012