

SBC Children, Families and Community Health Service

<h2>Clinical Audit Policy</h2>			
Statement of Intent	Swindon Borough Council (SBC) Children's Community Health Services are committed to using Clinical Audit to deliver health care that is evidence-based, offers the best possible quality of service and offers the best value for money.		
Document number	CS03	Issue number	2
Author	Principal Officer Health and Wellbeing (SBC)		
Owner	SBC Children, Families and Community Health Policy Officer		
Approved by	CSMT	Date approved	December 2016
Ratified by	CSMT	Date ratified	21/12/2016
Document validity	This document is due to expire on 31/03/2018 After this date the document will become invalid. All colleagues should ensure that they are consulting the currently valid version of the document which can be found on the SBC Policy platform.		
Applies to	SBC children's community health staff		
Care Quality Commission Essential Standards of Quality and Safety	<ul style="list-style-type: none"> • Regulation 23 (Outcome 14): Supporting workers • Regulation 10 (Outcome 16): Assessing and monitoring the quality of service provision 		
Equality & Diversity	SBC is committed to promoting equality in all its responsibilities – as a provider of services, as a partner in the local economy and as an employer. This policy will contribute to ensuring that all clients, potential clients and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.		

This document has been developed by Swindon Borough Council Children and Families Service and Audit support Team GWH under the Section 75 agreement.

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1. INTRODUCTION

The term SBC, when used within this document, refers to Swindon Borough Council Children's Community Health Services.

National context - key policy drivers

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.

The Care Quality Commission Guidance about compliance: Essential Standards of Quality and Safety (December 2009) refer to audit in Regulations 10 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 through Outcome 16: Assessing and monitoring the quality of service provision and Outcome 14: Supporting workers.

Clinical audit is also a powerful tool for demonstrating compliance with the other essential standards.

The NHS standards contract cover agreements between Clinical Commissioning Groups and all providers of NHS funded services including local authorities. The provisions relating to clinical audit state that Providers must participate in the National Clinical Audit & Patients Outcomes Programme (NCAPOP) audits which are relevant to the services they provide and that they must implement all relevant recommendations of any appropriate clinical audit.

Clinical audits must be reported in SBC's Quality Accounts and The National Health Service (Quality Accounts) Regulations 2010 Schedule, Section 2 specifies the content required in respect of these audits. The Quality Accounts Toolkit also provides an extensive section on the requirements around clinical audit.

Standard 5.1 of the NHSLA Risk Management Standards 2012-13 states that *“All organisations must have an approved documented process for making sure that all clinical audits are undertaken, completed and reported on in a systematic manner”* (p56).

Local organisational context

Clinical audit is one of the quality improvement tools that contribute to SBC's overall strategic objective of providing high quality care to all its service users. Developing, improving and sustaining cost-effective quality care is a key driver for the organisation and clinical audit has a pivotal role in supporting quality improvement and providing assurance that high standards of care are delivered.

2. PURPOSE

The purpose of this policy is to maintain and support a culture of best practice in the management and delivery of clinical audit within SBC. All clinical audit undertaken in the organisation must comply with the requirements of this policy.

SBC supports the view that whilst Clinical Audit is fundamentally a quality improvement process, it also plays an important role in providing assurances about the quality of services.

2. DEFINITIONS

"Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes." (HQIP „New Principles for Best Practice in Clinical Audit". Radcliffe Publishing, 2011)

3. PRINCIPLES

SBC considers that the prime responsibility for auditing clinical care lies with the practitioners who provide that care. SBC is committed to practitioners who carry out audit by providing advice and assistance from an appropriately trained and experienced person, and advice and training in clinical audit processes and practice. Appropriate advice and training will also be made available to non-clinical staff and service users who may be involved in clinical audit projects.

In addition, SBC is committed to ensuring that:

- It participates in all national clinical audits, national confidential enquiries and inquiries and service reviews which are relevant to the services which it provides
- All clinical audit activity within SBC, or conducted in partnership with external bodies, is registered and conforms to nationally agreed best practice standards (see „Criteria and Indicators for Best Practice in Clinical Audit", HQIP 2009)
- The annual programme of clinical audit activity meets the requirements of the Assurance Framework, and includes all of the clinical audits necessary to meet regulatory and commissioner requirements
- Adequate records of the clinical audit annual programme, individual audit projects and reviews of the results of national clinical audits, national confidential enquiries and inquiries and service reviews are maintained in order to demonstrate compliance with regulatory and other requirements.

4. SCOPE

4.1 The target audience

This policy applies to anyone engaged in the clinical audit process under the auspices of Swindon Borough Council Children's Community Health Services. This includes:

- All staff, both clinical and non-clinical, including staff on short-term or honorary contracts
- Students and trainees in any discipline
- Service users and parents and carers, volunteers and members of the public

This policy also applies when clinical audit is undertaken jointly across organisational boundaries.

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

SBC encourages clinical audit undertaken jointly across professions and across organisational boundaries. Partnership working with other local and regional organisations will be encouraged where improvements to the service user's journey may be identified through shared clinical and social care audit activity.

SBC also supports collaboration on multi- professional clinical audits of interest to other parts of the local health economy, both within and outside of the NHS e.g. primary/secondary care, local authorities, independent health and social care providers etc.

4.3 Involving service users

SBC promotes a commitment to the principle of involving children, young people, parents and carers in the clinical audit process either indirectly through the use of surveys/questionnaires or directly through participation of identified individuals on project steering groups or user forums.

5. RESPONSIBILITIES

5.1 The Head of Service for Children, Families and Community Health is responsible for the statutory duty of quality and takes overall responsibility for this policy.

5.2 The Principal Officer Health and Wellbeing leads for Clinical audit. Their responsibilities in respect of clinical audit are:

- To ensure that SBC's clinical audit strategy and annual programme of work are allied to SBC's strategic interests and concerns
- To ensure that audit is used appropriately to support the assurance Framework
- To ensure this policy is implemented across all clinical areas

- To ensure that any serious concerns regarding SBC's policy and practice in clinical audit, or regarding the results and outcomes of clinical audits, are brought to the attention of the Head of Children, Families and Community Health Service.

5.3 The Professional Leads/Registered Manager are the lead people for clinical audit activity within their particular practitioner groups. Their responsibilities are:

- To ensure that relevant and appropriate clinical audit activity is taking place
- To ensure that the annual clinical audit work programme for their areas meets the requirements of the organisation and national bodies and that standards are being met. The quarterly CQC leads meeting and the CSMT will sign off the audit work programme for the year on behalf of SBC.
- To ensure that clinical audit contributes to service development and delivery and forms part of Continuing Professional Development.

5.4 The Principal Officer for Health and Well-Being leads in SBC Children, Families and Community Health on Clinical Audit: Their responsibilities are to:

- Produce and oversee the clinical audit strategy
- Produce and maintain an annual clinical audit work programme
- Ensure that SBC participates in relevant national audits, confidential enquiries, and reviews as required
- Produce regular reports on the clinical audit activity within SBC
- Access expert advice to individuals and teams undertaking audits within SBC from initial design to publication, as required
- Link with other Business Support services including risk; complaints; performance; quality; etc. to ensure that the clinical audit programme addresses the risk base
- Ensure that the clinical audit programme dovetails with integrated care pathways and current partnerships where relevant
- Arrange for delivery of training, workshops and other events for staff on how to deliver effective clinical audit, as required.

5.5 It is the responsibility of all healthcare staff to engage with the audit and improvement process. This may take the form of contributing data to on-going audits or initiating and carrying out audit and improvement projects.

Healthcare staff have a personal responsibility to participate in clinical audit and other quality improvement activities, particularly in light of its increasing relevance to professional revalidation and registration. As part of good practice, details about clinical audit participation should be included in staff appraisal and supervision processes.

5.6 Patients/clients/service users/carers may assess quality of care in different ways to healthcare practitioners, each offering a unique perspective based on personal experience.

SBC is committed to the principle of involving service users and carers in the clinical audit process either indirectly through the use of such as surveys/questionnaires or directly through participation in the audit process. Whenever possible, service users and carers should be involved in the selection of an audit topic, audit design and feeding back the

results in order to ensure that it addresses an aspect of care that is relevant to them; for example following up a complaint.

If a service user or carer survey is being undertaken for the purposes of clinical audit, the information obtained should enable SBC to determine whether defined clinical standards are being achieved. Other service users and carer surveys which ask questions about satisfaction with services are more appropriately undertaken as service user involvement activity.

5.7 Clinical audit projects do not normally require 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. Hence, it should always be conducted within an ethical framework.

6. RATIFICATION

The Senior Management Team of SBC Children, Families and Community Health are responsible for assuring Commissioners and the Director of Children Services about the quality of the audit programme within the service. Guidance for providers is at: *Clinical audit: A simple guide for NHS boards* (2009) and is available at <http://hqip.org.uk/assets/Guidance/HQIP-Clinical-Audit-Simple-Guide-online1.pdf>.

7. TRAINING

Training will be provided by local external providers. This will be requested from the Principal Officer Health and Wellbeing or the Professional Leads/Registered Managers.

8. MONITORING FRAMEWORK

The Principal Officer for Health and Well-being will incorporate all audit reports within the thematic performance and quality reports prepared by each manager and professional lead for the quarterly Quality and Performance Boards. These reports will summarise progress with SBC's annual clinical audit programme.

9. ASSOCIATED DOCUMENTS

- Clinical audit registration form
- Clinical audit report template