**Quality Improvement and Clinical Audit Policy**

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| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| v1.2 | 30/03/2022 | Sultan Mohamed | Munira Mohamed | Policy updated (Practice Index) |
| v1.3 | 12/12/2023 | Sultan Mohamed | Munira Mohamed |  |
| v1.4 | 02/04/2025 | Sultan Mohamed | Munira Mohamed | Document replaces Clinical Audit Policy |
|  | March 2026 |  |  | Next review |
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**Table of contents**

[1 Introduction 2](#_Toc166078672)

[1.1 Policy statement 2](#_Toc166078673)

[1.2 Status 2](#_Toc166078674)

[2 Clinical audit 2](#_Toc166078675)

[2.1 Overview 2](#_Toc166078676)

[2.2 Stages of clinical audit 3](#_Toc166078677)

[2.3 Ethics 3](#_Toc166078678)

[2.4 Results 3](#_Toc166078679)

[2.5 Examples of topics for audit 4](#_Toc166078680)

[3 Quality improvement and research 4](#_Toc166078681)

[3.1 Quality improvement 4](#_Toc166078682)

[3.2 Quality Outcomes Framework 5](#_Toc166078683)

[3.3 Quality improvement research 5](#_Toc166078684)

[4 Clinical governance 5](#_Toc166078685)

[4.1 Overview 5](#_Toc166078686)

[Annex A – Audits: further explained 6](#_Toc166078687)

[Annex B – Audit template 9](#_Toc166078688)

# Introduction

## Policy statement

In order for Sheerwater Health Centre to meet the requirements of the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17](http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance#guidance), there must be effective governance, assurance and auditing processes in place that are aimed at improving the quality of service provided.

The purpose of this policy is to provide staff with information regarding the requirement and process of audit and quality improvement activity (QIA). Clinical audit and other types of QIA are means of providing assurance regarding the clinical effectiveness of the services provided by this organisation.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# Clinical audit

## Overview

Clinical audit is a key element of good governance. The [National Institute of Clinical Excellence](https://www.nice.org.uk/media/default/About/what-we-do/Into-practice/principles-for-best-practice-in-clinical-audit.pdf) (NICE) defines clinical audit as a quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and the implementation of change.

As explained in [CQC GP Mythbuster 4: Quality improvement activity](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-4-quality-improvement-activity), clinical audit is a type of QIA; it is a continuous cycle that is continuously measured with improvements made after each cycle. During an assessment, the CQC will want to see evidence that QIA is being undertaken.

The following resources can be used to support the audit process at this organisation:

* [RCGP Quick guide: Clinical audit](https://gmpcb.org.uk/general-practice/gp-excellence/resources/rcgp-quick-guide-clinical-audit/#:~:text=Clinical%20audit%20is%20a%20way,a%20re%2Daudit%20is%20conducted.)
* [Healthcare Quality Improvement Partnership – Clinical audit](https://www.good-governance.org.uk/wp-content/uploads/2017/04/clinical-audit-a-simple-guide-for-nhs-boards-and-partners.pdf)
* [NICE Principles for Best Practice in Clinical Audit](https://www.nice.org.uk/media/default/About/what-we-do/Into-practice/principles-for-best-practice-in-clinical-audit.pdf)

Further information including the audit cycle, what can instigate an audit and the audit cycle explained can be found at [Annex A](#_Annex_A_–).

## Stages of clinical audit

This organisation follows the Healthcare Quality Improvement Partnership (HQIP) four stages of clinical audit:

Further detail regarding the audit process can be found at [Annex A](#_Annex_A_–) and an audit template is available at [Annex B](#_Annex_B_–_1).

## Ethics

Clinical audits must be conducted in an ethical manner ensuring that patient confidentiality is always maintained in line with the [Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/1998/29/contents) and the Caldicott principles as outlined in the **Caldicott and Confidentiality Policy**.

Throughout the audit process, patient data should be anonymised and, where applicable, allocated unique identifiers.

## Results

Once an audit is complete, the results are discussed during various meetings thereby ensuring that all staff are aware of ongoing audits as well as having the opportunity to discuss the findings of audits and how the changes will be implemented across the organisation.

## Examples of topics for audit

The following are examples of subjects for audit which may be considered by this organisation:

* Appointment and/or telephone access
* Complaints
* Confidentiality
* Consent
* DNA analysis
* Health and safety
* Human resources management
* Infection prevention and control
* Patient satisfaction and feedback
* Referrals
* Prescribing and medicines management
* Safeguarding
* Smartcard

Note, this list is not exhaustive.

# Quality improvement and research

## Quality improvement

[CQC GP Mythbuster 4: Quality improvement activity](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-4-quality-improvement-activity) explains that, while clinical audit is a quality improvement process that seeks to improve patient care and outcomes, there are other types of quality improvement activities, including but not limited to:

* Review of outcomes data
* Small scale data searches
* Information collection and analysis (Search and Do activities)
* Plan/do/study/act (PDSA) cycles
* Significant event analysis (SEA)
* Large scale national audit
* Reflective case reviews
* Reflection on formal patient and colleague feedback survey results

At this organisation, all staff are expected to participate in QIA and audit.

Additional guidance on quality improvement is provided by the [RCGP](https://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement) and [The Health Foundation](https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf).

## Quality Outcomes Framework

The Quality and Outcomes Framework (QOF) rewards practices in England for the provision of quality care while also identifying areas for improvement. The responsibility for each element of QOF is shared across the clinical team and will be regularly reviewed by both leads and management.

## Quality improvement research

This organisation will use the Clinical Practice Research Datalink ([CPRD](https://cprd.com/)) to support its QIA. In addition, GPs at this organisation may also use the RCGP’s [Clinical Innovation and Research Centre](https://www.rcgp.org.uk/clinical-and-research) (CIRC) to support QIA initiatives.

Data relating to quality improvement research can be used as evidence for appraisals, revalidation and to support QOF.

# Clinical governance

## Overview

Clinical governance and quality improvement are intrinsically linked, as clinical governance is a process for which this organisation is accountable for continuously improving service delivery and standards of care.

For further detailed information, see the organisation’s **Governance Handbook** and respective supporting policies contained within.

# Annex A – Audits: further explained

**What can instigate an audit?**

When managing any clinical governance process, clinical audit would generally be a consideration and an audit may be generated because of any of the following:

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| --- | --- |
| **Clinical governance process** | **Reasons to audit** |
| Complaint | Why did it go wrong, or why was it perceived to have gone wrong?  Has this happened before, or what are the risks of this reoccurring?  Is there is a training need and how can this be achieved?  Raise a significant event to outline all the required actions and outcomes |
| Compliment | What went well and how can we continue to provide this perceived exemplary service?  Is there is a training need and how can this be achieved?  Raise a significant event to outline all the required actions and outcomes |
| Significant event | This could be either a positive or negative event, capture what was best practice, or what do not go so well  Is there is a training need and how can this be achieved?  Does this need to be risk assessed?  Has this happened before, or could this reoccur? |
| Managing risks | Identify a risk and how this can be mitigated as low as reasonably practicable  What is the potential for this to be problematic or become an issue? |
| Managing issues | An issue has occurred, how do we resolve the problem? |
| Training | Is there a requirement to undertake additional training? |
| Meeting | Following any of the above, this needs to be discussed and minuted  Consider all the above and undertake an audit |

**The audit cycle**

Below is the process of the audit cycle in diagrammatic form:

**The audit cycle explained**

The diagram below shows how the need to audit can be identified:

# Annex B – Audit template

|  |  |
| --- | --- |
| Audit title | (Short title) |
| Audit lead | (Details of person responsible for completing the audit) |
| Audit sponsor | (Details of person responsible for supervising the audit) |
| Start date |  |
| Completion date |  |

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| --- |
| Rationale for audit: |
| **Explain the need for the audit and the associated benefits, e.g.:**  *To monitor the effectiveness of the new patient registration process, to determine the percentage of patients offered a new patient health check within a one-month period of registration*  *To enable the organisation to develop change initiatives to enhance the registration process and improve patient care* |

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| Audit standards: |
| **Explain the measurable standards used for this audit, e.g.:**  *All newly registered patients are offered a new patient health check; 100% of patients are offered a new patient health check appointment within one month of registering at the organisation*  *Add any exclusion criteria in this section too* |

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| Audit methodology: |
| **Explain how the audit was carried out e.g.:**  *A retrospective review of patient registrations within the past 12 months was undertaken, using searches on the clinical system. Or:*  *A prospective review of new patient registrations was undertaken over a two-month period, with data reviewed and collated on a weekly basis.* |

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| Audit findings: |
| **Detail the results of the audit**  *This section can include graphs/charts/illustrations to support findings. Findings can be detailed as a percentage e.g.:*  *84% of newly registered patients were offered a new patient health check appointment within a month of registration.*  *10% of newly registered patients were offered a new patient health check appointment within a month of registration but were unable to attend and arranged an alternative appointment.*  *6% of newly registered patients declined the offer of a new patient health check (reasons may be given in appropriate).* |

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| Audit recommendations: |
| **Detail the recommendations based on the findings of the audit**  *To determine the reasons for declining, it is suggested a questionnaire be sent to those patients who declined, questions to be agreed by the partners/management team.*  *To review the appointment schedule to identify areas for change to increase new patient health check availability. Additionally, review staffing to check demand versus capacity in this specific area.* |

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| Action plan to support recommendations: |
| **Add details of actions required to support recommendations**  *Operations Manager to develop a questionnaire and share with partners/managers (add target date)  Audit team to review appointment schedule and develop a proposed improved schedule if appropriate (add target date)*  ***Date for re-audit:*** *Repeat audit in three months (add specific dates).* |