**CLINICAL AUDIT POLICY**

<table>
<thead>
<tr>
<th>Document Reference No: 1708</th>
<th>Version No: 2.1</th>
<th>Status: Approved</th>
</tr>
</thead>
</table>

**Type:** Clinical policy

**Document applies to (staff group):** All staff employed by the Suffolk Community Healthcare Consortium

Where the procedural documents refer to Suffolk Community Healthcare (SCH) this is referring to those staff employed by the Suffolk Community Healthcare Consortium; a service delivered by West Suffolk NHS Foundation Trust (WSHFT) with The Ipswich Hospital NHS Trust (IHT) and Norfolk Community Healthcare and Care Trust (NCH&C)

October 2016: Consortium front sheet added, roles & responsibilities updated

<table>
<thead>
<tr>
<th>Date adopted/ ratified:</th>
<th>October 2014</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Review date:</th>
<th>October 2017</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Director:</th>
<th>Panice Clappell</th>
</tr>
</thead>
</table>
Clinical Audit Policy

Document Reference: SCH Serco CP 10  |  Version: 2.1  |  Status: Approved

Type: Clinical

Policy applies to: All areas across Suffolk Community Healthcare.

Policy applies to: All staff groups across Suffolk Community Healthcare

Required compliance: This policy must be complied with fully at all times by the appropriate staff. Where it is found that this policy cannot be complied with fully, this must be notified immediately to the owner through the waiver process

Policy Owner: Director of Nursing, Therapies and Governance
Policy Author: Clinical Effectiveness and Audit Officer
Other contact: Clinical Quality and Safety Assurance Group
Date this version adopted: October 2014
Reviewer: Clinical Effectiveness and Audit Officer
Last review date: September 2014
Next review date: October 2017
Location of electronic master: SCH S drive

AGREED DOCUMENT RATIFICATION / ADOPTION PATH:

Level 1:
Agreed by: Audit Champions Group
Date: 21/7/14

Level 2:
Agreed by: Clinical Policy & Guidelines Group
Date: 23/9/14

Level 3:
Agreed by: Clinical Quality & Safety Assurance Group
Date: 28/10/14
## Contents

1 National context  
2 Purpose of this policy  
3 Definitions  
4 Scope  
5 Duties and responsibilities  
6 Conduct of clinical audit  
7 Governance and ethics  
8 Training and development  
9 Monitoring  

Appendix 1: Clinical Audit Registration/ Application form  
Appendix 2: Example confidentiality agreement  
Appendix 3: Template Audit Action Plan
Clinical Audit Policy

STATEMENT OF OVERARCHING PRINCIPLES

All Policies and Guidelines of Suffolk Community Healthcare are formulated to comply with the overarching requirements of legislation, policies or other standards relating to equality and diversity.

1 National context

“The overall aim of clinical audit is to improve patient outcomes by improving professional practice and the general quality of services delivered. This is achieved through a continuous process where healthcare professionals review patient care against agreed standards and make changes, where necessary, to meet those standards. The audit is then repeated to see if the changes have been made and the quality of patient care improved” (Healthcare Commission, 2004).

http://www.healthcarecommission.org.uk/InformationForServiceProviders/NationalClinicalAudit/AboutClinicalAudit/

1.1 Statutory and mandatory requirements for clinical audit

a) A summary of the key statutory and mandatory requirements is available on the HQIP website http://www.hqip.org.uk/assets/Guidance/Statutory-and-mandatory-requirements-for-Clinical-Audit-07.12.2011.pdf and will be updated as necessary. 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.

b) The importance which the Department of Health and healthcare regulators attach to effective clinical audit is shown by the extent to which participation in national and local clinical audit is now a statutory and contractual requirement for healthcare providers.

c) The NHS standard contracts for acute hospital, mental health, community and ambulance services which came into effect in April 2011 cover agreements between commissioners and all providers delivering NHS funded services. The contract terms apply to new agreements from April 2011 for Independent Sector providers (Serco/SCH). Providers must participate in the National Clinical Audit Patients Outcome Programme audits which are relevant to the services they provide and must implement all relevant recommendations of any appropriate clinical audit.

d) In addition to this contractual requirement, the regulatory framework operated by the Care Quality Commission (CQC) requires registered healthcare providers to regularly assess and monitor the quality of the services provided. They must use the findings from clinical and other audits, including those undertaken at a national level, and national service reviews to ensure that action is taken to protect people who use services from risks associated with unsafe care, treatment and support. They must also ensure healthcare professionals are enabled to participate in clinical audit in order to satisfy the demands of the relevant professional bodies (for example, for revalidation),

e) Under the Health Act 2009, the organisation (SCH) is required to produce an annual Quality Account, which must include information on participation in national and local clinical audits, and the actions which have been taken as a consequence to improve the services we provide.
Good practice requires all scheme members to have ‘an approved documented process for making sure that all clinical audits are undertaken, completed and reported on in a systematic manner’. As a minimum, the approved documentation must include a description of:

- the duties
- how the organisation sets priorities for audit, including local and national requirements
- the requirement that audits are conducted in line with the approved process for audit
- how audit reports are shared
- the format for all audit reports, including methodology, conclusions, action plans, etc.
- how the organisation makes improvements
- how the organisation monitors action plans and carries out re-audits
- how the organisation monitors compliance with all of the above.

This policy is designed to fulfil these requirements, and all SCH staff are required to ensure that and clinical audits they undertake are conducted in line with this policy.

2 Purpose of this policy

2.1 Statement of purpose

The purpose of this policy is to set out a framework for the conduct of clinical audit within SCH. It provides standards and guidance for all staff participating in clinical audit activities. It includes SCH’s procedures and expectations:

- for registering and approving clinical audit project proposals;
- for developing and designing clinical audit projects;

and sets out the support that is available from the Clinical Audit Team. All clinical audit activity undertaken in SCH must comply with the requirements of this policy.

The purpose of this policy is to develop and sustain a culture of best practice in clinical audit within SCH. The policy clarifies the roles and responsibilities of all staff engaged in clinical audit activities.

This policy sets out the rationale for undertaking clinical audit and establishes the procedures to be followed.”

2.2 Improvement and assurance

SCH 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.

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

In addition, SCH 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 if and when appropriate.
- All clinical audit activity within SCH, 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). See Appendix 1 for Registration form and process.
• The annual programme of clinical audit activity meets the requirements of the Host Board Assurance Frameworks, and includes all of the clinical audits necessary to meet regulatory and commissioner requirements.

• Adequate records of the clinical audit annual programme, individual clinical 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.

3 Definitions

3.1 Locally accepted definition of clinical audit

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). See Figure 1 below.

**Figure 1**

3.2 Other definitions

Clinical audit provides a method for systematically reflecting on and reviewing practice.

4 Scope

4.1 The target audience

This policy applies to anyone engaged in the clinical audit process under the auspices of SCH. This includes:

• all staff, both clinical and non-clinical, including staff on short-term or honorary contracts
• students and trainees in any discipline
• patients, 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

• Multi-disciplinary and cross-organisational working is hallmarks of good clinical audit practice.
SCH 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 patient experience may be identified through shared clinical audit activity.

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

5 Duties and responsibilities

5.1 Roles and responsibilities

This section outlines the key staff and committees in the organisation that have a responsibility for clinical audit. All staff have a responsibility for ensuring that the principles outlined within this document are universally applied throughout SCH. Key organisational duties are identified as follows:

- The Consortium Chief Executives are responsible for the statutory duty of quality and takes overall responsibility for this policy.
- The Medical Director has Senior Leadership Team responsibility for all aspects of this policy, including ratification.
- The Director of Nursing, Therapies & Governance is responsible for the overseeing of the implementation of this policy.
- The Clinical Effectiveness Manager is responsible for the development of the policy, and the monitoring of its implementation within the SCH.
- Audit Champions are responsible for promoting and monitoring clinical audit activity within their area of responsibility, ensuring that evidence of changes in practice, where required, is available.
- Local Area Managers are responsible for ensuring that service development and delivery is underpinned by clinical audit which forms part of Continuing Professional Development.
- Professional staff are individually accountable for ensuring they audit their own practice as defined by their codes of conduct.
- Oversight of clinical audit sits within the SCH Clinical Governance structure
- The Clinical Audit Department will ensure a summary of clinical audit results, in an appropriate format and with recommendations for action, is distributed to all relevant stakeholders.
- Ensure a summary of any recommendations and action plans is shared with other interested parties.
- Ensure that clinical audit results having potential significance, due to the identification of a risk, are brought to the attention of the clinical governance committee, either by contacting the chair or professional secretary in the first instance. The clinical governance committee will assume responsibility for making sure any action needed is carried out, confirming at a senior level that the resource commitments, if any, can be met.
- Present clinical audit results at various forums as appropriate and as agreed, for example directorate clinical governance meetings.

6 Conduct of clinical audit

The organisation’s clinical audit programme will be developed, and the principles which will be followed in the conduct of clinical audits.
6.1 Agreeing an annual programme of activity

- Prior to the start of every financial year, SCH will agree an appropriate planned programme of clinical audit activity. This programme should meet SCH’s corporate requirements for assurance, but must be owned by clinical services.

- The annual plan will be circulated to service leads across SCH for planning and expected participation within that service.

- This to include national audits as required for CQUIN, CQC, and national clinical audit which SCH deem necessary to meet contractual obligations and national requirements.

6.2 Working with commissioners

SCH consult/work collaboratively with its local commissioners, e.g. in determining programmes of activity work streams where appropriate

6.3 Choosing and prioritising local clinical audit topics

- It is important for the organisation to maintain a strategic overview of how clinical audit time and resources are being used to deliver improvement and assurance according to the relative emphasis it chooses to place on these areas. Alongside mandatory activity, the organisation will determine how other project work is prioritised and this process is outlined in this policy.

- SCH is committed to supporting other locally determined clinical audit activity as a significant contributor to the continuous process of service improvement. It is acknowledged that individual clinicians may initiate a clinical audit project on the basis of personal interest, personal development or as part of an educational or training programme. It is important that any audits within SCH are registered with the organisation and reported through existing clinical governance structures to maximise organisational learning.

6.4 Systems for registering and approving audits

- SCH’s requirements for clinical audit projects are that they will be registered and approved prior to data collection commencing. A copy of any proposal forms is included in Appendix 1.

- For each clinical audit project that is undertaken, an audit proposal form must be completed by the project lead and approved by the Clinical Audit group.

- All clinical audit activity must be registered with the Clinical Audit team irrespective of the level of facilitation being requested of the service area.

6.5 Use of databases

- SCH maintains a central/corporate database with details of clinical audit activity. This can be found on the shared drive. (The annual audit schedule and individual audit projects.

- Data provided on registration will be used to compile a database of all clinical audit activity undertaken throughout SCH. This database will be updated regularly by the Clinical Audit Officer and will be used to report to the Audit Champions Group on the progress of the annual clinical audit programme. The format and content of the databases will be subject to review and approval by the group.

6.6 The use of standards (or criteria) in clinical audit

- By definition, clinical audit involves measuring clinical practice against predetermined standards of best practice. This policy makes clear the organisation’s expectations in respect of the use of standards in clinical audit and how those standards should be presented. For example, the organization takes the view that project proposals which do not involve standards will not be registered as clinical audit. Publications such as ‘New Principles for Best Practice in Clinical Audit’ (see: [http://www.radcliffe-oxford.com/books/bookdetail.aspx?ISBN=9781846192210](http://www.radcliffe-oxford.com/books/bookdetail.aspx?ISBN=9781846192210))
The organisation will ensure that the standards that are audited are appropriate and give useful and effective results. SCH will ensure that each policy, procedure, guideline, protocol or any other auditable document will be interrogated thoroughly so that the standards or criteria contained within it are used to determine the audit questions set. This should ensure that all clinical audits undertaken actually test the correct standards or criteria and thus give meaningful results. This is essential if audits are to be used to provide evidence of compliance with NHSLA and national standards.

6.7 Reporting

The results of clinical audit will be reported to the Integrated Audit Group, QPSAG and the organisation’s management and governance leads, as well as to relevant clinicians. Every completed clinical audit will have a report with a summary and a list of recommendations accompanied by an Action Plan using the SCH standardised template for reporting (See Appendix 3).

6.8 Dissemination

- Summary reports, together with recommendations, should be communicated to all relevant areas of the organisation and SCH committees. A successful audit in one area may be transferable to other parts of the organisation.
- The Integrated Audit Group will review all summary reports on completion of the project.
- Once a round of data collection has been completed and the data has been analysed and report signed off, the results should be presented at clinical audit group meetings where the findings should be discussed, action plans agreed and a commitment to re-audit made in a designated time.

6.9 Action plans for improvement

- The main purpose of clinical audit is to deliver improvements in clinical practice. Where the initial results of a clinical audit indicate sub-optimal/ non-compliant practice, an action plan must be developed and implemented. A systematic approach to the development and implementation of clinical audit action plans is therefore required. A standard action plan format is to be used throughout the organisation (Appendix 3). Additional advice on the development and use of action plans can be found in ‘New Principles of Best Practice in Clinical Audit’ (HQIP 2011)
- Action plans should be specific, measurable and achievable/realistic. They must have clear implementation timescales with identified leads for each action. Action plans should also have been approved by the relevant Team Leader and or Local Area Manager
- Not all clinical audits will require an action plan e.g. where an audit shows that standards are being met or guidance followed. For such audits there should be an explicit statement saying ‘no further action required’ in the audit summary report and a reason given for no re-audit.
- A central database is maintained and updated regarding all action plans produced and progress made using the RAG (Red for overdue actions, Amber for action plan currently being implemented and Green All actions completed). This will be made available on the SCH intranet.
- The lead named on the action plan will be contacted if/when the action is overdue for progress and the expected date of completed. Progress of this database will be reported to the senior management for action if appropriate (see Escalation Process below).

6.10 Re-audit

Re-audit is an important stage in the audit cycle. It determines whether agreed actions have been implemented according to the action plan. Re-audit will be required for any audit which falls below
65% for each audit. If audit is monthly, it is recommended that within each team the same team which was audited the previous month should be audited again until improvement has been made.

6.11 Clinical audit annual report

- SCH produces a quarterly report which is approved by the Quality and Patient Safety Assurance Group (QPSAG) group and ratified by the Integrated Audit Group.
- This is approved and produced by the Provider Management Group with the assistance of Clinical Governance audit team

7 Governance and ethics

7.1 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 a good practice framework and a statement to this effect could be included in the policy.

The good practice framework should consider the following principles:

- There is a benefit to existing or future patients or others that outweighs potential burdens or risks.
- Each patient’s right to self-determination is respected.
- Each patient’s privacy and confidentiality are preserved.
- The activity is fairly distributed across patient groups.

The policy identifies individuals and committees within the organisation who have responsibility for ethical oversight of the clinical audit programme. This ethical oversight will include:

- Ensuring that the clinical audit programme is managed efficiently to make best use of resources, and performance management issues associated with poor audit design, poor execution or failure to deliver improvements in patient care are addressed.
- Ensuring that any ethical concerns which arise during the design and planning of individual clinical audits are addressed.
- Ensuring that any instances of serious shortcomings in patient care which come to light through clinical audit are communicated with the clinical director of the service involved at the earliest opportunity, and that appropriate steps are taken to address them.
- Ensuring that risk management issues identified through clinical audit results are addressed in clinical audit action plans, and that those plans are implemented effectively.

The Quality and Patient Safety Assurance Group is responsible for the ethical oversight of clinical audit across the organisation and any person who has concerns regarding the ethics of clinical audit should refer them to the QPSAG.

7.2 Equality and diversity

- SCH aims to ensure that its healthcare and facilities are not discriminatory and, wherever possible, attend to the physical, psychological, spiritual, and social and communication needs of any patient or visitor showing no discrimination on the grounds of ethnic origin or nationality, disability, gender, gender reassignment, marital status, age, sexual orientation, race, trade union activity or political or religious beliefs.
- The process for determining choice of clinical audit projects, and the manner in which project patient samples are drawn up, should not inadvertently discriminate against any groups in society
based on their race, disability, gender, age, sexual orientation, religion and belief. Any person who has concerns regarding the ethics of clinical audit activity within the Organisation (SCH) should refer them in the first instance to the Clinical Audit Committee, who may require equality impact assessments to be undertaken and / or equality data to be collected as part of clinical audits in order to determine whether any particular groups of patients are experiencing variations in practice.

7.3 Information governance: collection, storage and retention of data and confidentiality

All clinical audits must adhere to NHS Information Governance policies and standards. Audits should pay special attention to 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.

Clinical audit activity also conforms to the requirements of the NHS Confidentiality Code of Practice (2003) which 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” (page 21). If patients have been so informed, Section 60 of the Health and Social Care Act 2001 makes provision for the collection of patient identifiable data for the purposes of clinical audit.

However, best practice would always direct an organisation to anonymise clinical audit data unless there was a compelling reason not to do so.

7.4 Confidentiality agreements

There may be occasions when this organisation engages individuals in its clinical audit activities who are not directly employed by SCH, e.g. staff who are on honorary contracts, volunteers, indeed patients and the public. It is important that they understand the “rules” which apply to the practice of clinical audit, so training is an important consideration. It is also recommended that individuals in this situation sign a confidentiality agreement, an example of which is provided at Appendix 2.

8 Training and development

8.1 Overall organisational approach

Specific aspects of clinical audit require specialist skills to enable successful clinical audit, for example using the correct clinical audit methodology. This policy sets out how SCH will ensure that all clinicians and other relevant staff and patients conducting and/or managing clinical audits are given appropriate time, knowledge and skills to facilitate the successful completion of the audit cycle.

Improvements in clinical audit education and training are key to the delivery of this policy in order to promote clinical audit activities that are led by healthcare professionals.

Training raises the profile of clinical audit and builds up capacity and capability of all those involved in clinical audit, thus acting as a driver for quality improvement.

8.2 Provision of clinical audit training (Staff within SCH, this includes agency/seconded)

This will be carried as appropriate and when requested. This could be 1-1 training, workshops ad hoc.

Training will be provided as and when required and deemed necessary.
• SCH will make available suitable training, awareness or support programmes to all clinicians regarding the SCH’s systems and arrangements for participating in clinical audit.
• SCH will provide sufficient and appropriate resources to support and deliver a strong programme of clinical audit for local, regional and national activities
• Bespoke training will be given to groups and individuals on request.

8.3 Employment and development of clinical audit staff
SCH employs a team of suitably skilled clinical audit staff to support its programme of clinical audit activity. SCH will also ensure that staff have access to further relevant training in order to maintain and develop their knowledge and skills.

“Clinical audit staff will be expected to participate in professional training and development activities e.g. those organised by HQIP and other organisations which provide approved audit training.

9 Monitoring
9.1 Monitoring the effectiveness of clinical audit activity
A report on clinical audit activity will be produced by the Clinical Audit Department on a quarterly basis and submitted to the QPSAG. The committee will monitor clinical audit activity ensuring that:

• The planned SCH Clinical Audit Programme is produced on a yearly basis and key priorities identified

• Audits are completed within the agreed timescales as identified on the SCH clinical audit programme. Audits not progressing according to the agreed timescales will be flagged up on report with evidence of actions to get the audit back on track;

• The findings of audits are fed back to clinical staff via the responsible group/committee or specialty audit meeting, ensuring that lessons learnt are disseminated and incorporated into clinical practice;

• Any actions agreed from audits in order to improve practice are implemented following discussion at Audit Group
APPENDIX 1: Clinical Audit Registration/ Application form

All audits to be registered. The audit team will generally ensure that the National Audits, those for the quality contracts and NICE audits are registered on SCH behalf. If carrying out a service specific audit, this form should be filled in; if there is a series of audits then please contact the audit team who will assist with registration to minimise repetition and work load.

The registration form is designed to assure quality whilst being easy to complete, please attach the audit tool if available.

### Office Use Only:

<table>
<thead>
<tr>
<th>Registration Number Allocated</th>
<th>No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received in Office</td>
<td>/201</td>
</tr>
<tr>
<td>Date of Next Audit Champions Group Meeting:</td>
<td>/201</td>
</tr>
<tr>
<td>Approved</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Date decision sent to Project Audit Lead</td>
<td>/201</td>
</tr>
<tr>
<td>Audit Schedule</td>
<td>/201</td>
</tr>
<tr>
<td>Start Date:</td>
<td>/201</td>
</tr>
<tr>
<td>Audit Completed:</td>
<td>/201</td>
</tr>
<tr>
<td>Action Plan Schedule/anticipated completion date:</td>
<td>/201</td>
</tr>
<tr>
<td>Report Completed and Uploaded in SCH Intranet:</td>
<td>/201</td>
</tr>
</tbody>
</table>

### Audit Title

………………………………………………………………………………………………………………………………….............................................

### Proposed by (Audit Lead)

……………………………………………………………………………………………………………………………………………..

### List other team members involved in audit:

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

### Team/Service:

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

Approved by Lead Clinician: (ie Appropriate Team Lead/LAM Senior Manager as appropriate)

(CAPS……………………………………………………………………………………………………..................................................................

Anticipated start day of audit: ..../......./201......
<table>
<thead>
<tr>
<th>Description of Audit including standards:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong> - (i.e. Reason for carrying out audit - To evaluate performance of service etc): (Use another sheet and attach if more space required)</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td><strong>Objective</strong> - (i.e. To improve practice and patient safety. Benchmark for re-audit, etc): (Use another sheet and attach if more space required)</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td><strong>Objective</strong> - (i.e. To improve practice and patient safety. Benchmark for re-audit, etc)</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td><strong>Standards</strong> - (i.e. from SCH policies, NICE guidelines, HQIP, National bodies etc): (Use another sheet and attach if more space required)</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
<tr>
<td>........................................................................................................................................................................</td>
</tr>
</tbody>
</table>
Sample for audit (Target group - Also include any special interest group or exclusions):

Method of data collection: (How data will be collected (ie audit tool, by who etc)
(Use another sheet and attach if more space required):

Timeline:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Data Collection</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report</th>
<th>Action Plan with expected time limit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Final Report Anticipated Publication Date/Sign off:
APPENDIX 2: Example confidentiality agreement

This declaration must be signed by any person who is not employed by the [name of organisation], or deemed an honorary employee through association with the appropriate department of the [academic body], who will be reviewing patient-related information for the purposes of clinical audit.

Declaration

I hereby declare that I fully understand that all patient-related information to which I have access, whether held on computer or in written form or given to me verbally, is confidential and I undertake never to divulge information to anyone without the authority of a senior member of administrative staff. I understand that this includes the divulging of information to the police.

I also understand that the names, addresses and details of patients contained in any documents or indexes are confidential and must not be accessed or divulged for personal interest or gain, or any other purpose other than healthcare business.

By signing this form I accept that I have been informed that under the provisions of the Data Protection Act 1998, unauthorised disclosure of data may result in personal prosecution.

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project title:</td>
</tr>
<tr>
<td>Post:</td>
</tr>
<tr>
<td>Email address:</td>
</tr>
<tr>
<td>Mobile/telephone no:</td>
</tr>
<tr>
<td>Signature and date:</td>
</tr>
<tr>
<td>Witnessed by and date:</td>
</tr>
</tbody>
</table>
### APPENDIX 3: Template Audit Action Plan

#### ACTION PLAN

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Specific action required</th>
<th>Person/s Responsible</th>
<th>Target Date</th>
<th>Completion Date</th>
<th>Completion printed/signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signatures on agreement with the above:

Project lead .............................................. Clinical Team Leader /Clinical Audit Lead ..........................................................

Copy sent to Audit Officer date ..............................................
**Title of Policy/Guideline:** Clinical Audit Policy

**Description:** The policy is intended to minimise risk and maximise good practice in the development and ratification of policies and guidelines within SCH. The aim is to promote consistency and equity in the process throughout SCH and provide relevant guidance to all staff on the process.

**Part 1: Assessment of Impact**

**a) How will the policy meet the needs of different communities and groups?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>It is not considered that the age will have any impact on the application of this policy.</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>This organisation is aware of different religions and belief systems but this policy is considered to apply equally to all groups</td>
</tr>
<tr>
<td>Disability</td>
<td>It is anticipated that this policy will impact on all patients in equal measure</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>It is considered that this policy should apply equally to all patients whatever their sexual orientation</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>This organisation is aware of different practices and different ethnic groups but this policy is considered to meet the needs all such groups</td>
</tr>
<tr>
<td>Socio-economic disadvantage</td>
<td>This policy should not impact to cause any socio-economic disadvantage</td>
</tr>
<tr>
<td>Gender (including transgender)</td>
<td>This policy is gender neutral and will meet the needs of all such groups.</td>
</tr>
<tr>
<td>People living in rural areas</td>
<td>This policy should be applied equally regardless of place of residence and should not impact on people living in rural areas</td>
</tr>
</tbody>
</table>

**Other:** This organisation recognises that some members of society generally have difficulty accessing health services such as people who are homeless, prisoners or street workers. However, this policy relates to the procedure for the conduct of clinical audit within SCH and will therefore be applied equally.

**b) Positive Impact: Reducing Inequalities: How is the Policy likely to have a significant positive impact on equality by reducing inequalities that already exist? Explain how it will meet our duty to:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote equal opportunities</td>
<td>This policy will ensure that all staff are equally aware of the correct method of enabling service users in all groups to gain access to their health records.</td>
</tr>
<tr>
<td>Promote good community relations</td>
<td>As with other policies and guidelines within the organisation, this one aims to ensure that SCH provides quality services to the community of Suffolk ensuring that the whole community has access to a safe healthcare environment. Fostering good relations with partner organisations will be enhance by the application of this policy.</td>
</tr>
<tr>
<td>Get rid of discrimination</td>
<td>If staff are working within this policy and within professional guidelines this should avoid discrimination at any level.</td>
</tr>
<tr>
<td>Promote positive attitudes towards, encourage participation in and enable more favourable treatment of, disabled people</td>
<td>This policy applies to all patients equally irrespective of any disability and staff will make all reasonable adjustments to accommodate any disability.</td>
</tr>
</tbody>
</table>
• Get rid of harassment: There are policies in place which prevent harassment both within the organisation and between the staff and patients (e.g. Whistle Blowing Policy, Disciplinary Policy, Adverse Incidents, Code of Conduct, Confidentiality Code of Practice

• Promote and protect human rights: SCH recognises that some individuals are by definition vulnerable and this policy is designed to ensure their human rights are not affected in any way

c) Negative Impact – Potential Discrimination: Could the Policy have a significant impact on equality in relation to each of the following groups or characteristics?

<table>
<thead>
<tr>
<th>Group</th>
<th>Potential Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Age will not have a negative impact on this policy</td>
</tr>
<tr>
<td>Disability</td>
<td>This policy can be adhered to regardless of any disability</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>It is not considered that ethnicity will have a negative impact on this policy.</td>
</tr>
<tr>
<td>Gender (including transgender)</td>
<td>This policy will be applied equally regardless of gender.</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>Staff are expected to be aware of the possibility of differing views held by religious groups but this should not impact on the application of the policy.</td>
</tr>
<tr>
<td>Socio-economic groups</td>
<td>It is not anticipated that this will have a negative impact.</td>
</tr>
<tr>
<td>People living in rural areas</td>
<td>It is not anticipated that this will have a negative impact.</td>
</tr>
<tr>
<td>Other: This organisation recognises that some members of society generally have difficulty accessing health services such as people who are homeless, prisoners or street workers. However, this policy relates to the procedure for the conduct of clinical audit and will therefore be applied equally and as such, is not expected to have any negative impact.</td>
<td></td>
</tr>
</tbody>
</table>

Part 2: Evidence

What is the evidence for your answers above?

<table>
<thead>
<tr>
<th>Group</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>It is the intention and aim of this policy that, in consultation with statutory and non-statutory bodies, reflects current best practice and fulfils current statutory obligations under law.</td>
</tr>
<tr>
<td>Disability</td>
<td>It is the intention and aim of this policy that it will reflect best evidence based practice and not discriminate based on a physical or mental disability.</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>It is the intention and aim of this policy that it shall be applied equally according to best practice and legal obligations and not discriminate unfairly based on ethnicity.</td>
</tr>
<tr>
<td>Gender (including transgender)</td>
<td>It is the intention and aim of this policy that it shall be applied equally according to best practice and not discriminate unfairly based on gender.</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>It is the intention and aim of this policy that it shall be applied equally according to best practice and not discriminate unfairly based on religion or belief.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>It is the intention and aim of this policy that it shall be applied equally according to best practice and not discriminate unfairly based on sexual orientation.</td>
</tr>
<tr>
<td>Socio-economic groups</td>
<td>It is the intention and aim of this policy that it shall be applied equally according to best practice and not discriminate unfairly based on socio-economic status.</td>
</tr>
<tr>
<td>People living in rural areas</td>
<td>It is the intention and aim of this policy that it shall be applied equally according to best practice and not discriminate unfairly based on ethnicity.</td>
</tr>
</tbody>
</table>

Other: This organisation recognises that some members of society generally have difficulty accessing health services such as people who are homeless, prisoners or street workers. However, this policy relates to the procedure for the conduct of clinical audit within SCH and as such will be applied equally and reviewed regularly to ensure it adheres to current best evidence based practice.
Part 3: Conclusion

**B – A negative impact is unlikely.** The guideline has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.

Part 4: Next Steps

**Action Plan:** To review the operation of the guideline as per SCH protocol to ensure there are no changes in its impact.

Part 5: For the Record

<table>
<thead>
<tr>
<th>Name and Title of people who carried out the EIA:</th>
<th>Name of Director who signed EIA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Miller</td>
<td>Pamela Chappell</td>
</tr>
<tr>
<td>Date EIA completed: 13/08/14</td>
<td>Signature of Director:</td>
</tr>
<tr>
<td></td>
<td>Pamela Chappell</td>
</tr>
<tr>
<td>Date EIA signed: 28/10/14</td>
<td></td>
</tr>
</tbody>
</table>