Clinical Audit Policy

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	June 2008	Clinical Specialist (Quality)
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1.0	08/09/2008	Approved by Integrated Governance Committee
2.0	August 2009	Minor adjustments made in response to NHSLA feedback
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7.1	December 2018	Reviewed to take into account recommendations from internal audit
8.0	April 2019	Approved by Management Assurance Group

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Equality Impact Assessment	Completed
Linked procedural documents	Use of Information Policy Patient Care Record Policy
Dissemination requirements	All managers and clinicians via bulletin and intranet
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

Contents

1.0 Introduction

Clinical audit is a crucial part of the Trust's strategy to improve health care to service users. The evaluation of clinical performance against standards or through comparative analysis, with the aim of informing the management of services, is an essential component of modern healthcare provision. It forms part of the Trust's clinical governance arrangements helping to ensure safe and effective clinical practices.

There is a continuous drive towards evidence based decision making and practice and a growing recognition amongst providers to provide the highest possible quality of care based on knowledge gained from rigorous and well conducted research. Clinical audit is a key mechanism in this process through monitoring compliance with standards, guidelines and patient outcomes.

It is intended that Clinical Audit will aid clinicians and managers to measure the extent to which day to day clinical practices meet agreed standards and to make improvements in performance if required, in order to improve patient outcomes and enhance their quality of life.

2.0 Purpose

This document sets out the key principles for conducting a clinical audit within the Trust. The Trust is committed to improving health care provision through improvement initiatives and will actively encourage all clinical staff and those in training to be involved in clinical audit.

This policy should be referred to when organising clinical audit activity and when organising systems of clinical practice. The policy sets out Trust's decisions on clinical audit and guides best practice. When involving patients directly, auditors should also refer to the Trust's policy on Obtaining Patient Feedback.

The Policy applies Trust wide, covering all services and departments including the auditing of patient records completed by organisations acting on behalf of EEAST, such as, Independent Ambulance Providers and Air Ambulance Charities.

This policy is intended to:

- Make a clear statement of the Trust's intentions to imbed clinical audit throughout all its clinical activities
- Set rules for those involved in clinical audit activity to manage activity in a consistent manner and in accordance with best practice where ever possible

2.1 Key Points of the Policy:

- Clinical audit will be an integral part of clinical service delivery and clinical governance
- An annual programme of clinical audit will be agreed and delivered, developed and monitored by the Clinical Quality & Safety Group
- Department / function heads are responsible for the delivery of audit and monitoring activity within their department / function
- The Clinical Audit Programme will be facilitated and monitored by the Trust's Clinical Audit Department
- All clinical audits should be registered with the Clinical Audit Department

3.0 Duties

The director accountable for clinical audit is the Director of Nursing and Clinical Quality, who is accountable for the monitoring of clinical standards, supported by the Medical Director who is accountable for setting the clinical standards.

3.1 The Trust's **Quality Governance Committee (QGC)** will:

- Receive the minutes from the CQSG.
- Report to the Trust Board on key audit outcomes and identified risk.
- Review the Clinical Audit Programme and Clinical Audit Policy.
- Final approval of Trust Policy lies with the Trust's Executive Group.

3.2 The Trust's **Clinical Quality & Safety Group (CQSG)** will:

- Review reports from the Clinical Development and Education (CDE) group.
- Monitor compliance against the Clinical Audit Programme.
- Make decisions on acceptable quality standards and on any action required.
- Agree the Trust's Clinical Audit Programme

3.3 The Trust's **Clinical Development and Education Group (CDE):**

- Will review results of clinical audit projects.
- Will report to CQSG on key results and risk for each project.
- Is responsible for maintaining an action log of all recommendations received through best practice guidance and clinical audit and patient survey results.
- Will provide a bi-monthly report on the progress of the action log to the CQSG so that they can monitor any barriers to completing the action on time and to monitor any resultant clinical risks. The report will also be placed on the agenda of the PSCSC to provide assurances to the Trust Board that the policy and systems are working effectively in managing the Clinical Audit programme.

  The Clinical Quality and Patient Safety Group (CQSG) has devolved responsibility to the CDE Group to provide assurance that all aspects of service provision which relate to and/or impact on the patient's experience are monitored, and measured to benchmark clinical practice so action can be taken as and when necessary to improve the standard of patient care and ultimately the patient's experience.

3.4 **Trust Leads, including clinical leads** will:

- Understand their responsibilities within the Clinical Audit Programme including undertaking audits of work they manage.
- Ensure that any actions assigned to themselves on 4Action are completed in line with the agreed deadlines and that relevant evidence is provided and uploaded to provide assurance of completion, providing exception reports where there is slippage or non-completion.
- Ensure allocated topics from the Trust's Clinical Audit programme are completed within deadlines
- Ensure that processes for auditing are documented
- Ensure that audits are carried out in a robust manner and of an appropriate quality
- Ensure that appropriate changes are made as a result of feedback from audits and monitoring.

3.5 **Operational Managers** will:

- Meet objectives in relation to monitoring and auditing.

- Encourage and support local and regional clinical audit.
- Disseminate and review clinical audit reports and figures.
- Ensure that action plans are implemented at service level.
- Support staff at a local level to participate in clinical audit.

3.6 The **Compliance and Standards Lead** will:

- Ensure that systems and processes are in place to facilitate the Clinical Audit programme.
- Ensure that the department meets its reporting requirements, both internally and to external organisations.

3.7 The **Clinical Audit Manager** will:

- Review the Trust's Clinical Audit Policy
- Oversee delivery of the Trust's Clinical Audit Programme including the submission of data in relation to national reporting requirements
- Ensure the integrity and quality of data used within all audits
- In collaboration with other mangers such as the Area Clinical Leads, ensure recommendations and associated actions are identified and logged on the Trust's Clinical Audit action tracker (4Action). Provide reports to the Compliance and Standards Lead and relevant committees/groups as defined above
- Ensure all related evidence is linked to the relevant Key Lines of Enquiry within HealthAssure and contribute to the quarterly status updates.

3.8 The **Clinical Audit Department** will:

- Design, facilitate and monitor the Trust's Clinical Audit Programme
- Provide expertise and support to staff and managers undertaking clinical audit projects
- Provide expertise and support to managers organising and monitoring local audit systems
- Create and provide audit templates and tools
- Collate audit results and manage a Trust-wide central Clinical Audit Register
- Monitor audits to provide quality control and ensure timely return of data to complete audits
- Undertake clinical audits

4.0 Definitions

4.1 *"Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change"* (NICE 2002).

4.2 *"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. By following the cycle, any clinician or team should be able to see where their practice can be improved against given benchmarks, to take action, and then to re-measure and make further improvements. Whether conducted by an individual on their own clinical work, for a whole clinical team or unit, or nationally by comparing providers in different organisations against each other, it is the same process. Its purpose is to drive up standards of quality and to achieve better outcomes."* (Burgess R. 2011)

4.3 More simply put, clinical audit is a systematic process, used to evaluate and improve the quality of patient care by comparing actual practice against agreed indicators of good practice and to take action to make improvements when compliance is not met.

4.4 The clinical audit programme will include audits as defined within the National Clinical Performance Indicators (NCPIs) and Ambulance Clinical Quality Indicators (ACQIs) as well as those identified through internal processes including but not restricted to concerns raised through incident reporting and patient feedback etc.

5.0 Development

5.1 Prioritisation of work

The Clinical Audit Programme will be prioritised as part of its annual design using the audit prioritisation tool (Appendix A).

5.2 Stakeholders

5.2.1 **Trust staff**: particularly clinicians and managers of clinical practice and clinical support systems will be involved in clinical audit and informed of results as part of the Trust's Clinical Audit programme.

5.2.2 **Patients**: will be informed when there is a specific need. Generally clinical audit reports will be available on request and be published on the Trust's intranet site EAST24. The Trust's Patient User Group will have access to reports and be kept aware of the Clinical Audit Programme.

5.2.3 **Other organisations**: will be involved and informed of results as felt appropriate by the appropriate department / function head.

5.3 Document development

The Clinical Audit Manager will be responsible for reviewing and appropriately updating the Clinical Audit Policy in line with Trust requirements.

6.0 Principles for Clinical Audit Activity

Clinical Audit is a key element of clinical governance and an essential element of the Trust's quality assurance systems, helping to ensure safe and effective patient care. It should be implemented in accordance with the following principles:

6.1 Principle 1: The Trust will be active in clinical audit throughout its clinical services and practices

Clinical audit activity will be encouraged and supported throughout the organisation by the Clinical Audit department who will organise and deliver Trust wide projects, where appropriate, to ensure compliance with both internal and external requirements.

All clinicians should be involved in clinical audit, auditing their own practice and that of their peers. This is a professional requirement for most clinicians and is important to ensure that audit activity leads to clinical improvements.

The Clinical Audit Department is responsible for the central audit function.

The Clinical Audit Programme

The Trust will operate an annual Clinical Audit Programme which will consist of relevant audit topics reviewing direct clinical care and those topics which are an essential support for safe and effective clinical care. Topics will include:

- All relevant national clinical audit topics
- All relevant topics required by the CQC to maintain registration
- NICE - All relevant clinical guidance and those defined within the Quality Standards
- Local topics derived from complaints, identified risk, new practices etc.

The Programme will be dynamic and may change during the year to reflect changes in audit requirements and resources available.

Clinical Audits undertaken by clinical students will not be included on the programme as topics may be chosen for convenience rather than need, samples may be very small and the quality of the work may not reflect a sufficiently accurate representation of actual practice. However a summary of results from student topics will be presented to the CDE Group so that wherever possible, lessons can be learnt and improvements in care made.

The Trust's Clinical Audit Department will work with the CDE and Learning groups to design the annual programme. Potential topics will be collected from external and internal sources including suggestions from Trust clinicians. Topics will be given priority in order to most effectively allocate resources using the scoring system as defined within the audit prioritisation tool (Appendix A).

The Trust's Clinical Audit Department will maintain the programme, monitoring for completion and escalating any slippage to the Compliance and Standards Lead. The Department will also facilitate effective completion of the programme by assisting other departments, managers and clinicians in the design and completion of projects, and by monitoring those responsible for audits listed on the programme to ensure that each audit has an appropriate written process which includes all relevant aspects including the standards to be used, and that the audit was carried out in accordance with the written process. Progress will be reported to the CDE Group.

Those undertaking clinical audit projects should inform the Clinical Audit Department if the project is not currently identified within the programme.

6.2 Principle 2: Activity will be conducted in a safe manner ensuring legal and ethical standards are applied

The associated risk with the clinical audit process is the potential improper use or security of patient information. This risk is considered to be low, however the implementation of existing regulation and guidance will control this risk further.

There are situations where consent cannot be obtained for the use or disclosure of patient identifiable information, yet the public good of this use outweighs issues of privacy. The Health and Social Care Act 2012 currently provides an interim power to ensure that patient identifiable information, needed to support a range of important work such as clinical audit, record validation and research, can be used without the consent of patients. NHS Confidentiality: Code of Practice (2003)[6]

Patient information is generally held under legal and ethical obligations of confidentiality. Information provided in confidence should not be used or disclosed in a form that might identify a patient without his or her consent. There are a number of important exceptions to this rule but it applies in most circumstances.

The duty of confidentiality arises out of the common law of confidentiality, professional obligations, and also staff employment contracts (including those for contractors). Breach of confidence, inappropriate use of health records or abuse of computer systems may lead to disciplinary measures, bring into question professional registration and possibly result in legal proceedings. Trust staff should ensure that they are aware of the requirements and standards of behaviour that apply.

Ensuring confidentiality

The legislation for the protection of personal information is contained in the current data protection legislation and the Health and Social Care Act 2012. The Department of Health has incorporated this legislation into guidance in the NHS Confidentiality: Code of Practice, which has been endorsed by the British Medical Association, the General Medical Council (GMC) and the Office of the Information Commissioner.

The NHS Confidentiality Code of Practice is a guide to required practice for those who work within or under contract to NHS organisations concerning confidentiality and patients' consent to use their health records. It is a key component of information governance arrangements for the NHS.

As most clinical audit activity requires the review of Personally Identifiable (PI) data (often by reviewing the Patient Care Record (PCR), the NHS Confidentiality: Code of Practice 2003 must be abided by and audit data collection should be made anonymous whenever possible.
The collection of non-anonymous data must be approved by the Trust's Caldicott Guardian or an appropriate senior manager acting on their behalf prior to data collection commencing.
Trust clinicians have limited access to Patient Care Records (PCRs), however if increased access is required, they should contact the Clinical Audit department in the first instance.

Individuals and those supervising individuals should ensure that where ever possible no PI data is collected, recorded or copied. Where the collection of PI data has been approved individuals and supervisors should ensure that all patient identifiable data collected is kept confidential and is only used for purposes which directly contribute to the improvement of patient care.

The handling, moving and storage of patient's identifiable data must be carried out in accordance with all appropriate NHS regulations and Trust policies.

Retention of data

Clinical audit data and results will be retained for a period of at least five years and in accordance with the Records Management: Code of Practice 2006 (DH 2009). After five years data should be deleted however a copy of final reports should remain available.

Ethical considerations

Clinical audit generally has received expert ethical consideration and is deemed as an ethical practice. It is normally only when the patient or their personal identifiable details are directly

involved that further consideration is required. For further guidance regarding ethical consideration, the Trust's Research Manager should be contacted.

6.3 Principle 3: Activity will be carried out in a competent manner

Clinical audit should be undertaken in line with good practice following a systematic approach using the NHS clinical audit cycle (Appendix 2). It is recognised that clinical audit results will not often be 100% accurate but should always be relevant and valid.

Care should be taken to ensure that research is not carried in the name of clinical audit. Research sets out to discover new practice asking what we should do, while clinical audit checks practice against best practice discovered by research. Staff undertaking clinical audit projects should be guided on the difference between the two subjects. The Trust's Research Policy should be referred to for research matters.

All clinicians should be familiar with audit methodology and should receive training in clinical audit or should be supervised by a trained person. All Clinical Audit Department staff will be appropriately trained.

Line managers should ensure that audit activity is carried out to an appropriate level of competence, this can be done using a variety of methods: review of audit proposal / involvement in audit design, supervision, data quality checks, appraisal of completed work etc.

The Clinical Audit Manager will be aware of all registered projects and will review designs and completed projects, feeding back to auditors, to help ensure that appropriate standards are maintained.

Audit design and completion

Audit methodology will include details of the standards of care used to compare compliance which will be set as the Clinical Audit Indicators.

All projects should be written up using Microsoft Word. The standard clinical audit report format (Appendix C) should normally be used. Audit methodology should be clearly recorded to enable the project to be replicated with the same results. All audit reports should state a conclusion. Action plans may be included or documented separately.

Where possible and pertinent, analysis should include patient age, gender and ethnicity; religion, sexual orientation and disability should be considered and analysed when data is available but is often not possible. Analysis should aim to discover the cause of any non-compliance to standards in order to focus any action required.

Support will be available from the Clinical Audit Department who will:

- Advise on all aspects of completing an audit project and the clinical audit cycle
- Provide practical and advisory support to staff carrying out audit projects
- Provide training to staff in carrying out a clinical audit
- Advise on the dissemination of clinical audit results
- Advise on the implementation, action planning and change process

Projects should be registered centrally with the Clinical Audit Department.

6.4 Principle 4: Information will be gained in manner that ensures no disruption to patients or service delivery

Most clinical audit data collection will be made by using archived records which would not be used by clinicians in reviewing patient care and so would not interfere with patient care. When data is to be collected directly from a patient or in the presence of a patient the project should receive approval from the Clinical Audit Manager prior to the project commencing. Such data collection must not interfere with patient care and should ensure to maintain the dignity of the patient.

Audits work would not normally be carried out whilst on operational response duty but when necessary, the activity must not interfere with operational response or availability. Where this cannot be guaranteed, approval should be gained from an appropriate operational manager prior to commencement of the activity.

6.5 Principle 5: Results will be reported and fed back

The Trust's Clinical Audit Register and results/reports will be made available to Trust staff via the Trust intranet.

While patients will not usually be directly involved in the gathering of audit information, where they have specifically requested it or have been identified in specific audits then feedback of audits should be provided directly to named patients whenever possible.

Full audit reports will be published internally with access for all staff, however they will not normally be published externally. Clinical audit reports can be obtained through the Freedom of Information procedure and if such a request is received a further and more detailed explanation of results etc. can be offered. Specifically approved clinical performance measure results such as AQIs will be made available to the public through its external website.

Completed reports will be shared with other NHS bodies when relevant.

Non-anonymous data must not be disclosed without express consent from the patient and the Trust's Caldicott Guardian.

6.6 Principle 6: Results will be used to improve service delivery and improve patient care

The aim of projects should be to improve patient care or service delivery by ensuring clinical standards are improved and/or maintained.

Whenever results are unsatisfactory or below the required standard, an action plan for improvement will be documented uploaded to HealthAssure, this should be monitored for completion by the CQSG.

Completed projects will be reviewed by the Trust's CDE Group and summarised for the CQSG.

Local operational management are responsible for reviewing completed clinical audit and clinical performance results and reports as soon as they are made available, implementing any agreed action and considering further local action aimed at improving the quality of service.

The Clinical Audit Manager and clinical leads will ensure that appropriate actions arising from recommendations are contained within the Trust's action tracker (4Action). Compliance with the

completion of actions will be monitored at CQSG and any areas of slippage or non-completion will be highlighted within an exception report.

Concerns arising from audit activity, of the practice of an individual clinician or treatment of an individual patient, should be reported to the relevant operational manager.

6.7 National and external audits

The Trust will participate in national NHS clinical audit activity where ever appropriate and subject to the supply and availability of resources.

The Trust will maintain membership of the National Ambulance Services Clinical Quality Group (NASCQG), which is used to share best practice and benchmarking, as well as the development of monitoring clinical standards.

7.0 Equality Impact Assessment

An Equality Impact Assessment has been completed which demonstrated that there are no negative impacts.

8.0 Monitoring Compliance of the Policy

Compliance to this policy will be monitored in a number of ways:

- By day to day management activity
- By the use of the Trust's clinical audit system, monitored by the Clinical Audit Manager.
- By informal and formal internal auditing carried out by the Clinical Audit Department.
- By formal auditing by appointed external auditors, on a time scale agreed by the Trust's Audit Committee.

Informal checking of compliance to the policy and to the quality of work should take place continually by managers and staff.
Formal auditing will take place by the Clinical Audit Department:
The Clinical Audit Manager will check a number of centrally controlled projects to ensure compliance against this Policy and that each of the projects listed on the Trust's Clinical Audit Programme has a written process, that the process is relevant, that standards used are relevant and that the project has been completed.

Issues arising would normally be dealt with by the Clinical Audit Manager or Compliance and Standards Lead, however significant issues which cannot be resolved will be escalated to the Head of Clinical Quality

Monitoring table

What	How	Frequency	By Whom	Evidence
a.Duties	1. Review of group terms and conditions 2. Line management	3 years Annual	Group chairman Line manager	Minutes of group EDAR's completed
b. Process for setting priorities for a clinical audit programme including	1. Review by CQSG	Annual	Group meeting and Chairman	Minutes of group

participation in local and national clinical audit				
c. Process for ensuring that audit tools reflect the standards set out in the organisations approved documents	1. Review of project methodology. 2. Review of available clinical audit templates	1.Spot checks throughout each year 2. Annually	1. Clinical Audit Manager	1.Annual Clinical Audit Report
d.Process for disseminating audit results / reports	1. Review of Trust intranet site against reports seen by CDE Group	Spot checks throughout year	Clinical Audit Manager	Annual Clinical Audit Report
e. Format for all audit reports	1. Review of reports by Clinical Audit Manager	Spot checks throughout year	Clinical Audit Manager	Annual Clinical Audit Report
f. Process for making improvements	Review by CDE Group	Annually	Chairman of CDE group	Minutes of group
g. Process for monitoring action plans and carrying out re-audits	Review by CDE Group	Annually	Chairman of CDE group	Minutes of group

9.0 Abbreviations & References

9.1 Abbreviations

CAD	Clinical Audit Department
CQC	Care Quality Commission
CDE	Clinical Development and Education Group
CQSG	Clinical Quality & Safety Group
CMO	Chief Medical Officer
DoCC	Directors of Clinical Care Group
EEAST	East of England Ambulance Service NHS Trust
GMC	General Medical Council
NACAG	National Ambulance Clinical Audit Group
NHS	National Health Service
NICE	National Institute of Clinical Excellence
PI	Patient Identifiable
PIAG	Patient Information Advisory Group

9.1 References

Burgess R. (2011) *New Principles of Best Practice in Clinical Audit*, Radcliffe Publications Ltd, Oxon

Department of Health (2006) *Good Doctors Safer Patients: Proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients*, Department of Health Publications, London

National Institute of Clinical Excellence (2002) *Principles of Best Practice in Clinical Audit*, Radcliffe Medical Press, Oxon

Department of Health (2003) *NHS Confidentiality: Code of Practice 2003*, Department of Health Publications, London

Department of Health (2006) Records Management: Code of Practice 2006 (updated 2009), department of Health Publications, London

Appendices

A Audit Programme Prioritisation Tool
B Clinical Audit Cycle
C Clinical Audit Report Format
D Equality Analysis

Appendix A: Audit Programme Prioritisation Tool

The audit programme prioritisation tool has been developed using the prioritisation criteria set out below. It will ensure that audit topics will be prioritised in order of importance to EEAST. Once each audit topic has been scored, the audits will be ranked in terms of priority and these will form the work programme for the coming year.

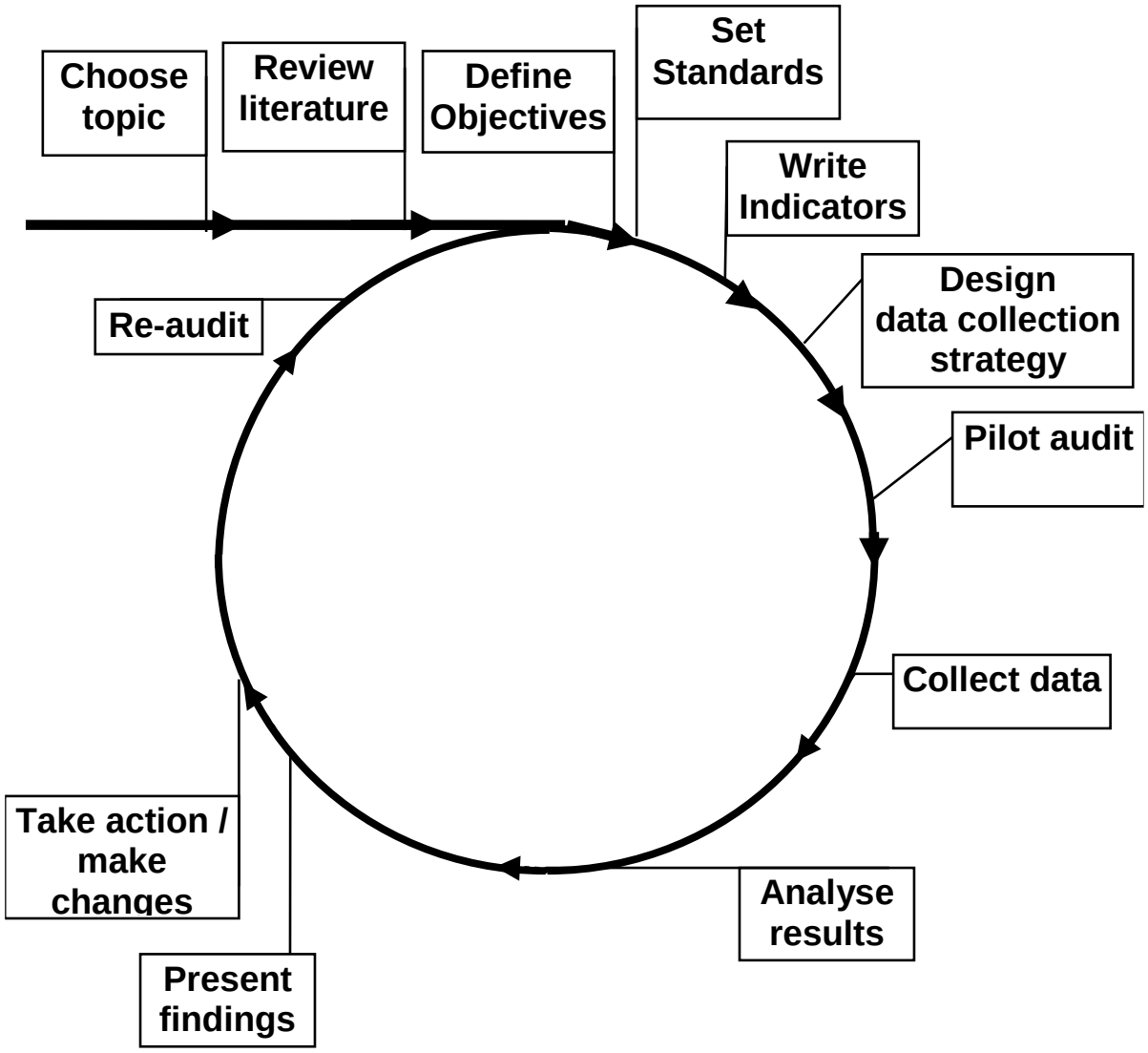
Score each audit project against each criteria by the amount indicated – Score 0 if the criterion is not applicable.

Scoring Template		
Criteria	**Definition of Criteria**	**Scoring**
Clinical Risk	Risk assessment against EEAST Risk Matrix divided by 2.5 to give a score out of 10	Risk Assessment Score _____ **/ 10**
National / regulatory audit	Is this a national /regulatory requirement	_____**X5**
Quality issue	Is there evidence of a serious quality problem eg complaints, clinician concern, untoward critical incidents and complication rates?	_____ **x 5**
NICE guidance	Does the topic relate to a recently introduced treatment (Technological or Interventional) guideline?	_____ **x 2**

NICE Quality Standard	Is the topic related to a NICE Quality Standard?	_____ **x 2**
Patient led	Has the audit been prompted by a patient / carer?	_____ **x 2**
Staff led	Has the audit been prompted by a member of staff?	_____ **x 1**
Collaborative audit	Is this a collaborative audit?	_____ **x 1**
Volume	Is this an audit of high volume?	_____ **x 1**
Re-audit	Is this a re-audit?	_____ **x 1**
	TOTAL =	**/30**

Appendix B: Clinical Audit Cycle

The Audit Cycle



Appendix C: Clinical Audit Report Format

Reports should be created electronically using Microsoft Word software to enable easy storage and sharing of information.

Title page
To include the Trust name, project title which should include the audit topic, name of author, period of data collection and month of publication.

Executive Summary
A precise of the report containing paragraphs of introduction, methodology, results and conclusion.

Contents
Listing the following pages and headings

Introduction
To include the rationale for the project

Methodology
To include the clinical audit indicators, the sample and selection criteria, process method and outcome of any pilot of the methodology

Results
Clear outcome of measuring the clinical audit indicators

Analysis
Detailed review of the results with other information to particularly determine root cause of any unsatisfactory compliance

Conclusion
Outcome of project

Acknowledgements & Glossary
List of acknowledgements. Glossary if required

References
List all references made using Harvard style

Appendix
Supporting information as required

Action Plan / Recommendations
If results are not sufficiently compliant an action plan to develop improvements should be written up and presented as a separate document

Appendix D: Equality Impact Assessment Summary

Equality Analysis
What is the aim of the policy/procedure/practice/event? This document sets out the key principles for conducting clinical audit within the Trust
Who does the policy/procedure/practice/event impact on? *No evidence to suggest that there is any potential differential impact for any of the protected characteristics.* Race ☐ Religion/belief ☐ Marriage/Civil Partnership ☐ Gender ☐ Disability ☐ Sexual orientation ☐ Age ☐ Gender re-assignment ☐ Pregnancy/maternity ☐
Who is responsible for monitoring the policy/procedure/practice/event? Clinical Audit Manager
What information is currently available on the impact of this policy/procedure/practice/event? *No evidence to suggest that there is any potential differential impact for any of the protected characteristics.*
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples: *No evidence to suggest that there is any potential differential impact for any of the protected characteristics.* Race ☐ Religion/belief ☐ Marriage/Civil Partnership ☐ Gender ☐ Disability ☐ Sexual orientation ☐ Age ☐ Gender re-assignment ☐ Pregnancy/maternity ☐
Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? *No evidence to suggest that there is any potential differential impact for any of the protected characteristics.* Race ☐ Religion/belief ☐ Marriage/Civil Partnership ☐ Gender ☐ Disability ☐ Sexual orientation ☐ Age ☐ Gender re-assignment ☐ Pregnancy/maternity ☐
Action Plan/Plans - SMART *NOT APPLICABLE*

Evaluation Monitoring Plan/how will this be monitored?
NOT APPLICABLE