



Clinical Audit Policy

Inmind Reference:	CLN16
Category:	Clinical Policy
Version Number:	V3.0
Reviewed on:	January 2019
Next review date:	January 2021
Lead Officer:	Director of Nursing
Equality Impact Assessment completed:	Yes

Applicable Legislation/Regulations:
Health & Social Care Act Regulation 17 – Good Governance
Codes of Practice:
Purpose:

Version Control Table		
Date Ratified	Version Number	Status
September 2016	V2.1	Closed
January 2019	V3.0	Live

Date	Key Revision
January 2019	Ratified & transferred onto new policy template

Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).

Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

1.0 Rationale

- 1.1 A Clinical Audit Programme is set each year, commencing April – March the following year. It will ensure that all actions taken and implemented to address areas of CQC compliance and will provide the hospital with a clear and accountable structure of audit and will inform part of an on-going quality improvement programme.
- 1.2 This policy should be referred to in context of CLN50, Quality Governance Policy.
- 1.3 Clinical audit is undertaken at each Service, as part of the quality governance structure as outlined in the Quality Governance structure, to monitor:
 - The quality of service delivery
 - Multi-professionals working in the mental health care team.
 - Multi-professionals' contributions to health records
 - Compliance with regulated activity

- 1.4 The purpose of the Clinical Audit Programme is to ensure that each hospital and service has a robust structure in place for clinical auditing. The programme will ensure on-going compliance with CQC outcomes and adherence to corporate and local policies.

2.0 Process

- 2.1 The Clinical Standards Audit programme is carried out monthly by, led by a designated member of the senior management team, reporting through the Quality Governance arrangements as set out in the Quality Governance policy CLN50.
- 2.2 All findings and/or recommendations are documented and the Registered Manager, through the Quality Governance arrangements ensures that discrepancies are addressed and considers any recommendations consistent with professional good practice. Trends and patterns are analysed.
- 2.3 Each hospital and service have a developed Quality Governance structure which is reviewed annually.
- 2.4 Within the Quality Governance structure document, an audit timetable is set, (appendix 1), which is managed and monitored through the Quality Governance agenda structure
- 2.5 The Care Plan and care planning is audited to ensure:
- The care plans are of good quality in terms of information and accuracy.
 - Treatment goals are monitored, reviewed and attained.
 - Engagement of patients is evident through collaboration.
 - That CPA reviews occur, involving family members and commissioners where relevant.
- 2.6 The views of service users and their careers are sought at least annually as an indicator of the quality of the service offered and their experiences of service delivery. This is usually managed and monitored through the Patient Involvement and Experience sub-group of each service Quality Governance arrangements. Results and recommendations are documented, and the Registered Manager will address any issues highlighted in line with good practice through action planning and quality improvement. The results are shared with service users, families, commissioners and regulators.

Appendix 1



Audit Schedule
2019-2020.xlsx