



Family Nursing & Home Care

Standard Operating Procedures

The Audit Process

July 2021

Document Profile

Type	Standard Operating Procedures
Title	Standard Operating Procedures - The Audit Process
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Category	Organisational
Version	1
Approval Route	Organisational Governance Approval Group
Approved by	Organisational Governance Approval Group
Date approved	7 July 2021
Review date	3 years
Document Status	This is a controlled document. Whilst it may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, it should not be saved onto local or network drives but should always be accessed from the intranet.

Version Control / Changes Made

Date	Version	Summary of changes made

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Introduction

Audit enables Family Nursing & Home Care to determine if practice is in line with agreed standards. It provides a mechanism for celebrating good practice and for identifying areas where further development is required. Audit is viewed as a cycle (see The Audit Cycle below) with re-audit taking place following the implementation of change.

It is the expectation of the organisation that staff will engage with the audit process and use it to enable the improvement of practice. An annual audit plan will be maintained by the organisation and progress with it monitored.

These standard operating procedures are for staff taking part in the audit of practice. Financial auditing is not within the scope of this document.

A summary of the Audit Process is available as a flowchart in Appendix 1

The Audit Cycle



SOP 1 Audit Planning

Purpose

The undertaking of audits supports the quality assurance agenda, enabling improvements to be made and good practice to be celebrated. However, there is a significant amount of work required in conducting audits and ensuring that the audit cycle is completed. Therefore, it is important that consideration is given to this stage of the audit process to ensure that best use is made of resources.

Scope

This SOP details the action required when planning to undertake an audit.

Core Requirements

Identify an Audit Lead/s

Clearly define why the audit is required and consider the resources required to conduct it including the time required.

Discuss plans for the audit with the Clinical Effectiveness Facilitator

Clinical Effectiveness Facilitator will update the annual audit plan and ensure the latest version is available on central Filing

Develop/agree the audit questions (if a pre-prepared audit is not available) or adapt a pre-existing audit tool for local requirements – support with this is available from the Clinical Effectiveness Facilitator.

Ask the Data Analyst to develop an audit template on the Assure Audit module.

Consideration needs to be given to staff training/instruction in the collection of data for the audit. A 'How to guide...' (Appendix 2) is available for completing procedural audits on Assure. This guide is available on Central Filing (central filing/audit & surveys).

SOP 2 Undertaking the Audit – Data Collection

Purpose

The collection of data is central to undertaking an audit. Staff should be encouraged to take part in collecting the relevant data. This fosters involvement and serves as a good learning opportunity.

Scope

The collection of data for undertaking an audit

Core Requirements

The Audit Lead will communicate with relevant individuals e.g. Team Leaders, the plans for undertaking audits.

Where requested by the Audit Lead, line managers must identify sufficient auditors to enable any audit to be completed within the designated timeframe.

Any staff identified to collect data for the audit should receive relevant training/instruction in how to undertake this requirement.

To aid the robustness of the data collection process, where relevant, patient records can be selected for the audit by the Data Analyst and the EMIS numbers given to the relevant teams at agreed times.

Where staff involved in the audit are unclear about the process, advice should be sought from the identified Audit Lead or the Clinical Effectiveness Facilitator.

It is the responsibility of the auditor/s to organise in advance access to any records/information required for the audit.

Where a patient record has been used as a source of data for the audit, an entry should be made in the record to reflect that they have been used for that particular audit.

Auditors may feedback preliminary findings to their teams. This might include areas where good practice is identified and areas where remedial action is likely to be required. It may be helpful to keep a 'comments sheet' for feedback during the data collection process. N.B. findings may include issues that are not part of the actual audit itself.

Following the data collection process, audit tools not completed on Assure and any other relevant documentation should be given/sent to the agreed person (usually the Audit Lead).

Audit Leads are responsible for monitoring/managing the completion of their respective audits. Where the data collection is being undertaken by others, it is the responsibility of the Team Leaders/Line Managers to ensure that the data collection process is completed within the timeframe requested by the Audit Lead.

SOP 3 Writing the Audit Report

Purpose

Following completion of the data collection process, an Audit Report is required to present and analyse the findings. This will also provide a clear account of why the audit was required/purpose, the standards audited and how the audit was undertaken.

Scope

To provide a standardised account of the audit and a record of the findings which can be used as a benchmark for future audits.

Core Requirements

The Audit Lead is responsible for ensuring that an audit report is completed. This may undertaken by themselves or delegated to someone else. The Clinical Effectiveness Facilitator and the Data Analyst will provide guidance and support.

For audits undertaken using the Assure Audit Module, request the required data (results) from the Data Analyst.

An audit report template (Appendix 3) is available on central filing (central filing/audit & surveys).

Once finalised, disseminate the audit report to relevant staff.

Send a copy of the Audit report to the Clinical Effectiveness Facilitator who will include the findings/report on the quarterly report for the Director of Governance, Regulation and Care.

The audit report will be made available at the Quality Assurance, Governance and Performance Board meeting and to the Main Committee and Governance Sub-Committee.

SOP 4 Action Planning

Purpose

Audits will highlight learning requirements as well as areas of good practice. Action to address this learning needs to be documented, as either a stand-alone action plan or part of an existing plan used by teams/services.

Scope

Developing and monitoring action plans to address learning from audits.

Core Requirements

Team Leaders or other identified individuals should record the actions required to address the learning identified by an audit – this may be in the form of a stand-alone action plan or form part of an existing action plan for the team/service.

All relevant staff should be aware of the action/s required so they can implement relevant changes to their practice.

Service/Audit Lead to monitor the progress of team/service action plans.

SOP 5 Completing the Audit Cycle

Purpose

To demonstrate if the changes implemented following an audit have been successful (improvement made), a re-audit of practice should be undertaken.

Scope

Re-audit of practice

Core Requirements

The Audit Lead, in collaboration with relevant others where necessary, should decide if re-audit of practice is required and how soon this should be done.

Communicate the need to re-audit to the Clinical Effectiveness Facilitator who will add this requirement to the annual audit plan.

SOP 6 Reporting of Audits

Purpose

Audit enables the organisation to understand if practice is in line with agreed standards. Oversight of the audit cycle will provide assurance that the outcomes of audit are being used to good effect.

Scope

This SOP includes reporting lines from team/service level to Committee level.

Core Requirements

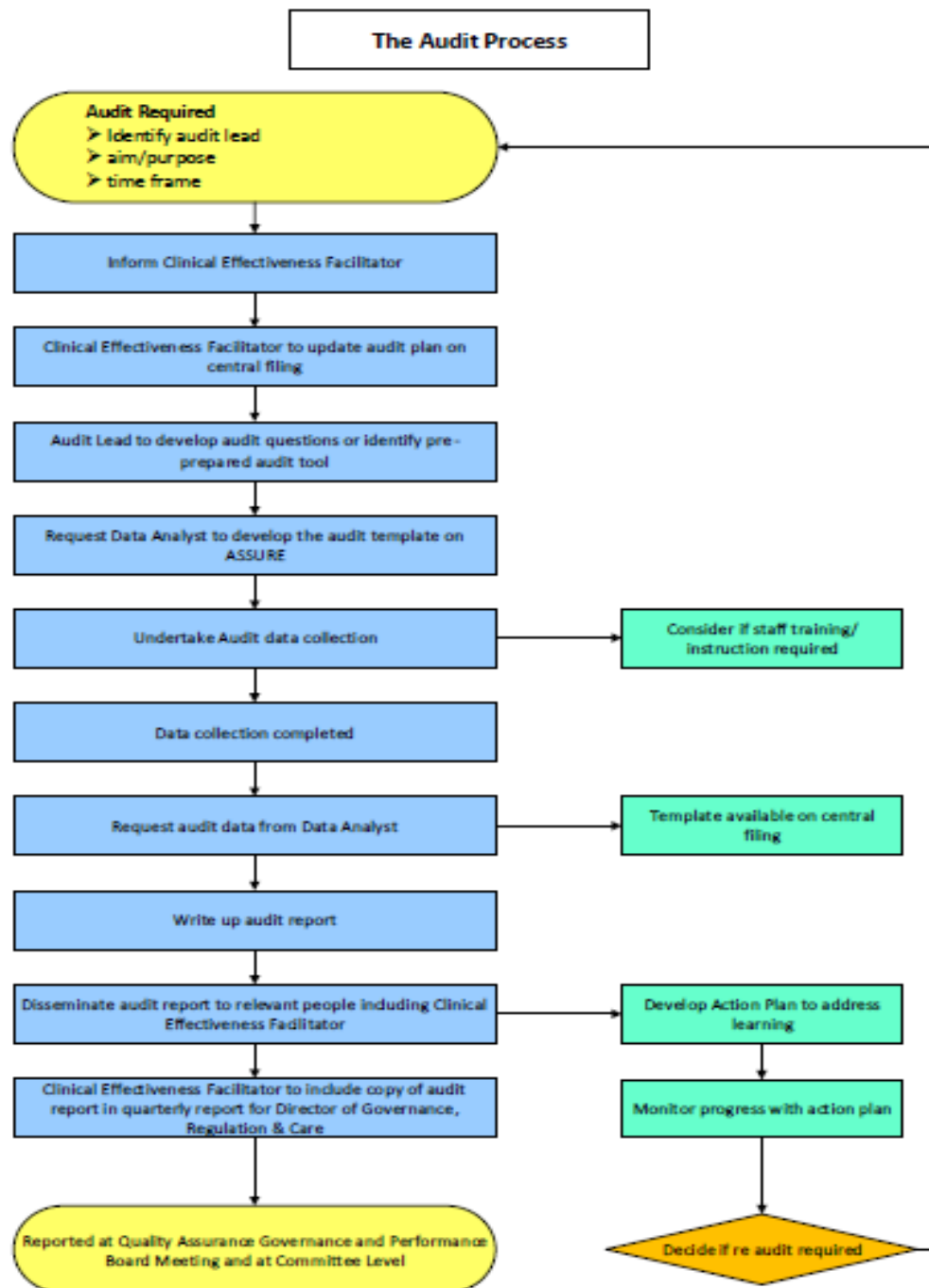
Audit outcomes should be shared with those whose practice has been audited and any other relevant staff e.g. Senior Managers

All completed audit reports to be sent to the Clinical Effectiveness Facilitator.

The Clinical Effectiveness Facilitator will report quarterly to the Director of Governance, Regulation and Care. This will include progress with the Annual Audit Programme and any audit reports received that quarter.

The Director of Governance, Regulation and Care will include audit information in the Overview Report presented at the Quality Assurance Governance and Performance meetings. It will also be included in the quarterly Governance Sub-Committee Report and the report presented to the Committee.

Appendix 1 - Flow Chart for the Audit Process



Appendix 2 – ‘How to Guide – completing procedural audits on Assure’



How to guide -
completing Procedure

Appendix 3 – Audit Report Template



Audit Report
Template.docx