University Hospitals of Leicester NHS Trust

UHL Audit and Quality Improvement Programme (AQIP) Policy

(formerly known as Clinical Audit Policy)

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1 Introduction

This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy and Procedures for the Audit and Quality Improvement Programme (AQIP), formerly known as Clinical Audit programme). UHL is committed to delivering safe and effective patient care in all the clinical services it provides. The Trust sees this work programme as an essential part of its arrangements for monitoring and improving patient- centred services. The AQIP programme includes projects which use the following approaches or methodology:

- Clinical Audit
- Quality Assurance
- Care Quality Commission Activities
- Quality Improvement
- Benchmarking
- Service Improvement / evaluation
- Model for Improvement / 5C
- 8 Step Lean problem solving
- Lean 6Sigma / DMAIC
- PSIRF (SIEPS)

Note: There are separate processes established for cost improvement initiatives (CIP).

2 Policy Aims

2.1 This policy outlines the roles, responsibilities and arrangements for AQIP activities within the Trust. It provides standards and guidance for all staff participating in AQIP programme. It includes the Trust's procedures and expectations:

- For registering and approving AQIP project workbooks;
- For developing and designing AQIP projects.
- For reviewing and monitoring the impacts of the AQIP programme.
- Defines what type of projects should be prioritised and the appropriate resources.

2.2 All AQIP projects undertaken in the Trust must comply with the requirements of this policy.

2.3 This policy and related policy statements / procedure documents are underpinned by the UHL Quality Strategy (Link to be added once available).

3 Policy Scope

3.1 The target audience

This policy applies to anyone engaged in the AQIP process under the auspices of the Trust. This includes:

- All staff, both clinical and non-clinical, including staff on short-term or honorary contracts

- External auditors and regulators
- Students and trainees in any discipline
- Patients, carers, volunteers and members of the public.

3.2 This policy also applies when AQIP activity is undertaken jointly across organisational boundaries.

4 Definitions

Clinical Audit *is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards objective is to take action to bring practice in line with these standards to improve the quality of care and patient outcomes. (HQIP* 'New Principles for Best Practice in AQIP'*. Radcliffe Publishing, 2011).*

5 Roles and Responsibilities

5.1 The roles and responsibilities for all staff associated with the delivery of effective management and impact of AQIP are detailed below:

5.2 The **Chief Executive** is responsible for the statutory duty of quality and takes overall responsibility for this policy

5.3 The Board lead for AQIP is the **Medical Director.**

5.4 The responsibilities of the **Medical Director** in respect of AQIP are:

a. To ensure that the Trust AQIP rolling programme of work are allied to the Boards strategic interests and concerns.

b. To ensure that AQIP is used appropriately to support the Quality Strategy.

c. To ensure this policy is implemented across all clinical areas.

d. To ensure that any serious concerns regarding the Trust's policy and practice in AQIP, or regarding the results and outcomes of clinical audits, are brought to the attention of the Board.

e. To chair the Clinical Audit Committee (or a suitable deputy)

5.5 **The Clinical Audit Manager is** the operational lead for Clinical Audit and manages both the AQIP programme and Clinical Audit team.

5.6 **The Senior Quality Improvement Lead** is the operational lead for the Quality Improvement Team and manages the Improvement Collaborative programme and associated training.

5.7 **Head of Quality Assurance** is responsible for Patient Experience and CQC coordination.

5.8 **The Improvement Programme Lead** is responsible for daily operations of both the Clinical Audit team and the Quality Improvement Team together with maintaining the coordinated delivery of the AQIP Programme between the two teams.

5.9 **The AQIP Committee** is the committee tasked with overseeing the Trust's AQIP activities (link to Terms of reference). Any concerns raised by this committee are escalated to CMG Quality Boards, Deputy Medical Director and / or the Trust Leadership Team meeting (TLT). The AQIP Governance and Escalation structure for the Trust is detailed in appendix 2.

5.10 **Clinical Audit team** are responsible for providing expertise, training and support for clinical audit within the Trust. The team also has a responsibility with regards to ethical and information governance oversight of AQIP programme and will refer any concerns to the Research and Development Department or Head of Privacy accordingly.

5.11 **Quality Improvement Team** is responsible for providing improvement expertise, training, improvement culture development and providing improvement project lead support where appropriate.

5.12 **CMG Management Teams** are responsible for ensuring that service development and delivery is underpinned by AQIP and forms part of Continuing Professional Development / Service Reviews. All Clinical Directors must ensure that a senior clinician within each specialty is nominated as the **Speciality Lead** for AQIP and provide suitable time in their job plan to undertake the role.

5.13 Each CMG has its own structure for AQIP, including designated **Clinical Leads for AQIP**, and department audit meetings where registers of attendance are kept (see appendix 1 for link to list of audit leads and intranet page showing CMG AQIP structures)

5.14 **AQIP Leads** (Speciality) are responsible for the leadership of a Speciality AQIP programme and the development of AQIP within the Specialty. The responsibilities of the specialty Leads for AQIP are detailed in the job description (link).

5.15 **Supervisors** of each project are required to ensure:

- They are suitably conversant with the principles and practice of AQIP
- The project is planned and registered before starting data collection
- That all 'interested parties' have been consulted before the proposed project commences (data should not be gathered about clinicians' practice for AQIP purposes without their prior knowledge) that due consideration has been given to the involvement of patients
- That the proposed audit has clearly defined aims/objectives relating to achievable improvements in quality and uses (or sets) explicit standards of care.
- To ensure that no healthcare professional or patient can be identified directly or indirectly from a report without their explicit approval – all personal data collected should be pseudo-anonymised. If not a Data Protection Impact Assessment should be undertaken which is provided as part of the project planner.
- Present audit findings in appropriate meetings in their own speciality/CMG and beyond, according to the nature of the subject
- That the AQIP summary form is completed in a timely manner and set to AQIP speciality lead / Head of Service for sign-off
- That any external publication of audit results receives the prior approval

of the AQIP speciality lead / Head of Service.

5.16 **All staff** employed by the Trust has a responsibility for the quality of the service which they provide, and all clinically qualified staff are individually accountable for ensuring they audit their own practice in accordance with their professional codes of conduct and in line with the standards set out within this document.

6 Policy Statements

This policy is supported by the following statements found in the associated documents as detailed below, which must be used in conjunction with this policy:

6.1 Project Registration and approval

All AQIP projects must be planned and formally registered using the AQIP Project Workbook. (link)

The purpose of registration is:

- Provide a central database of projects across the Trust for governance purposes.
- To share learning and understanding of previous projects.
- To help ensure Trust resource is prioritized on projects aligned with Trust strategy.
- To help ensure good governance of the programme including IG.
- Provide evidence for Care Quality Commission and Freedom of Information requests

All projects **must** be registered before patient data is used in the project.

The core elements of the registration are highlighted in Appendix 5.

If no patient data is being used it is still advised to register in a timely manner for the reasons listed above.

The AQIP leads, CA team, QI team, head of privacy and project supervisors (where required) will be asked to approve the project plan before commencing. Further details of the process can be found in Appendix 4.

6.2 Project Prioritisation

AQIP projects are categorised according to the following criteria along with support options available:

Priority 1 External 'Mandatory'	Priority 2 Internal 'Mandatory'
Projects that may result in penalties for the trust for non-participation. • Projects that are part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), • Projects requested by Integrated Quality System/Board and our commissioners - CQUINs, Quality Schedule, High-Cost Therapies • External regulatory bodies (e.g. Care Quality Commission). • National Institute for Health and Care Excellence (NICE) Guidance - where no evidence of compliance or where previous audits have shown non-compliance	Priorities reflective of organisational objectives as outlined in UHL forward plan & strategy / business planning process • Requests from Trust wide committees • Trust wide / Clinical Management Groups / Clinical risk issues / Serious untoward or adverse incidents / Complaints • Organisational clinical priorities • Priorities identified via Patient and Public Involvement initiatives &/or Patient Experience feedback • Trust Strategic objectives
Priority 3 – Speciality/Service level	**Priority 4 Clinician initiated**
Each clinical speciality to identify projects that are priority pieces of work and important to them, but no penalties exist for non-participation. These may include: • National projects not part of NCAPOP, e.g. some Royal College initiated projects lie outside of NCAPOP • Network improvement programmes • Service specific risk / patient safety / experience issues • Projects against national guidance • Projects to monitor clinical outcomes	The priorities represent innovative ideas from clinicians and can provide valuable educational experience for junior staff. These audits may include: • Projects against UHL guidance • Service Evaluation • Local QI projects arising from ward/department meetings • Observational studies not deemed to be research / academic enquiry • Patient surveys not part of the UHL Patient Experience / National Surveys

Audit and Quality Improvement Project Prioritisation Logic

Priority	Description of Project Alignment	Project Support Available
1	External Mandatory	Central Clinical Audit and QI Team support available (where required / appropriate)
2	Internal Mandatory	
3	Speciality / Service Level	Local Speciality team support and / or local Clinical Audit Lead and / or QI Coach (where required / appropriate)
4	Clinician Initiated	

All Specialties are expected to prioritise compliance with Priority 1 and 2 projects before considering to resource others.

6.3 AQIP Project oversight

The AQIP programme progress and status will be reviewed at set intervals to identify any projects which are not progressing to schedule.
Each AQIP Project supervisor should review their projects and update the status via the AQIP app where appropriate (link)
The CA team will programme the AQIP system to automatically prompt for updates in line with the project plan.
It is the responsibility of the CMGs *(via Speciality AQIP Leads)* to regularly review actions/interventions and keep the AQIP Project workbooks up to date to ensure any non-compliance is risk assessed where required and identified changes are incorporated into relevant business plans as appropriate.

6.4 Patient Involvement

The Trust promotes a commitment to the principle of involving patients/carers in the process of healthcare improvement, either indirectly through the use of patient surveys/questionnaires or directly through participation of identified individuals on project steering groups or patient forums where appropriate.

6.5 System involvement

The Trust encourages AQIP projects to engage across the wider System and across professions where appropriate to achieve improvement healthcare outcomes.

6.6 Risk Management

If a AQIP identifies a risk to either the patient, staff or Trust the lead CMG / Specialty of the Project must carry out a risk assessment using the UHL general risk assessment form and take action accordingly. See appendix 3.

6.7 Patient data (GDPR)

All staff must ensure projects are undertaken in-line with the trusts information governance policies and procedures in liaison with the Privacy Team if necessary.
Please also refer to the “Do I need a DPIA” section with the AQIP Project Workbook.

7 AQIP Resourcing, Education and Training Requirements

7.1 AQIP Lead resourcing

It is the responsibility of each CMG to ensure that the agreed time for AQIP Lead and project members to conduct AQIP related activities is part of job plans/descriptions where relevant.

7.2 Provision of AQIP training

The Trust will make available suitable training, awareness or support programmes to all staff regarding the Trust's systems and arrangements for participating in AQIP and improvement. Details of some of the training provided

can be accessed via HELM, from the AQIP Team, Quality Improvement team (QI training: https://uhlhelm.com/course-catalogue/10723/

7.3 Employment and development of AQIP staff

The Trust will support the Improvement Programme Lead in ensuring there are sufficient suitably skilled AQIP staff to support the Trust's programme of AQIP activity. The Trust will ensure that the AQIP team and AQIP leads have access to further relevant training in order to maintain and develop their knowledge and skills.

8 Process for Monitoring Compliance

8.1 The audit criteria for this policy and the process to be used for monitoring compliance are given in the table below:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
The progress of the organisation's AQIP programmes and its outcomes is reviewed and reported	Improvement Programme lead Clinical Audit Manager Senior Quality Improvement Lead	The Trust holds a AQIP database which is managed by the Clinical Audit and QI Team and provide live status reports on Qlik.	Continous	Live reports open to all staff on Qlik AQIP Dashboard | App overview - Qlik Sense (qlikcloud.com) Quarterly reports to AQIP Leads, AQIP Committee CMG Quality Boards, and Trust Leadership Team and externally by our Commissioners (see appendix 2).	Project Supervisors AQIP Leads. CMG quality boards	Shared via project reports, showcase events and Insite.
The effectiveness of delivering the AQIP programme and the outcomes are reported in the UHL Quality Account also reported in the UHL AQIP annual report.	Improvement Programme lead Clinical Audit Manager Senior Quality Improvement Lead	Report run from AQIP Database	Annually & Qtrly	Annual reports to AQIP Leads, AQIP Committee, CMG Quality Boards and Patient Safety Committee and externally by our Commissioners (see appendix 2). Annual report to the Audit Committee	CMG Management teams Audit Supervisors AQIP Leads,	Shared via project reports, showcase events and Insite
Project outcomes and successes	Improvement Programme Lead	The Trust will provide a forum where Assurance and Improvement projects are shared and winners selected to provide recognition to teams and encourage others	Monthly and Yearly	Monthly AQIP showcase events Yearly AQIP Awards event	Improvement Programme lead Clinical Audit Manager Senior Quality Improvement Lead Deputy Medical Director	Shared via project reports, showcase events and Insite

9 Equality Impact Assessment

9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. The AQIP programme will actively monitor, where relevant, any variation in care across the 9 protected characteristics.

9.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 Supporting References, Evidence Base and Related Policies

10.1 Healthcare Quality Improvement Partnership [HQIP] - "Template for AQIP Policy" The Clinical Audit Handbook: Improving the Quality of Health Care, Clare Morrel & Gill Harvey, Bailliere Tindall/Royal College of Nursing National Institute for Health and Clinical Excellence. Principles for Best Practice in Clinical Audit. Abingdon: Radcliffe Medical Press; 2002, p. 1.

11 Process for Version Control, Document Archiving and Review

This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

12 Glossary

HQIP – Healthcare Quality Improvement Partnership AQIPC -

AQIP Committee

AQIP – Quality Assurance and Improvement

CA – Clinical Audit

QI – Quality Improvement

5C – Template for capturing an improvement project

CMG – Clinical Management Group

TLT – Trust Leadership Team meeting

Appendix 1 Related documents with links

AQIP Planner (link)

AQIP Summary form template (link) CMG

Audit - Processes & flowcharts (link)

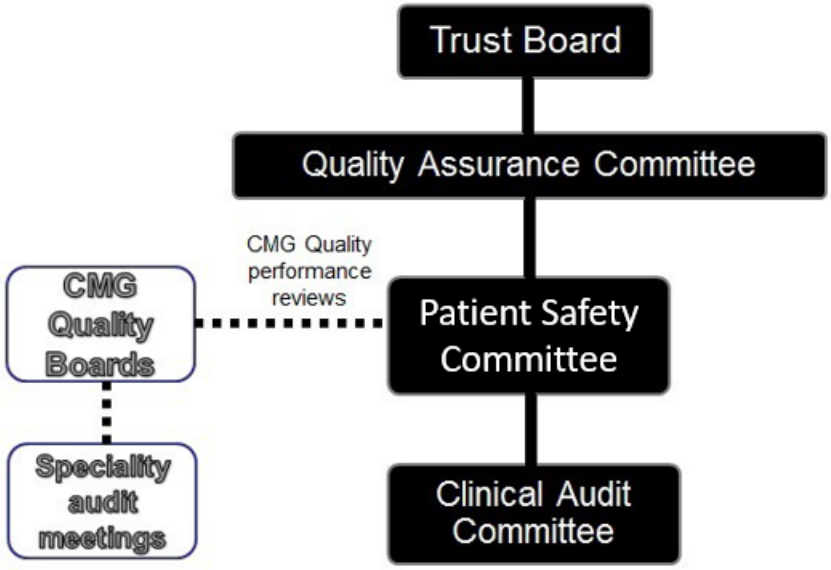
Process for Generating and Managing the UHL AQIP Programme (link) AQIP intranet site (link)

UHL Quality Strategy - link

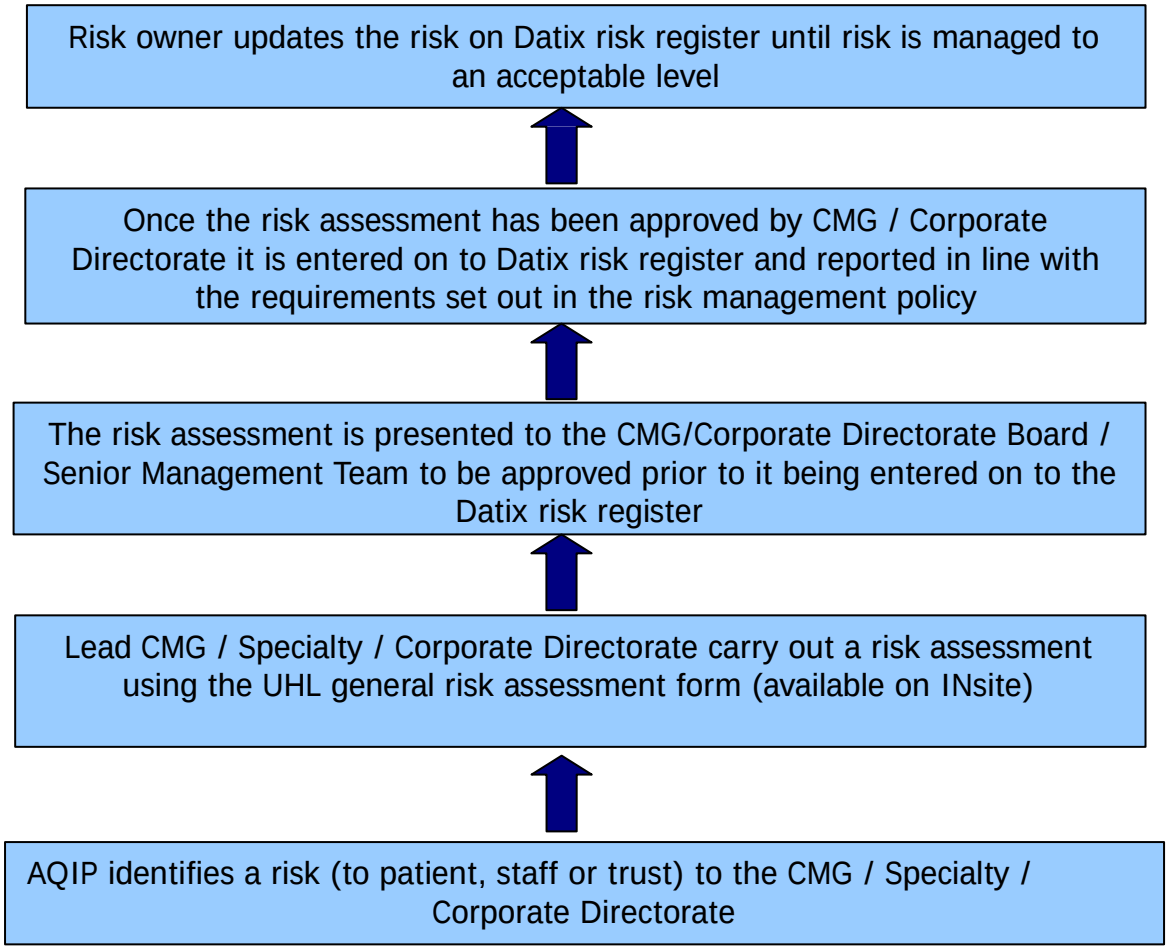
Speciality AQIP Leads Job description (link)

AQIP Committee Terms of reference (link)

Appendix 2 AQIP Governance & Escalation Framework



Appendix 3
UHL AQIP Risk Assessment Process



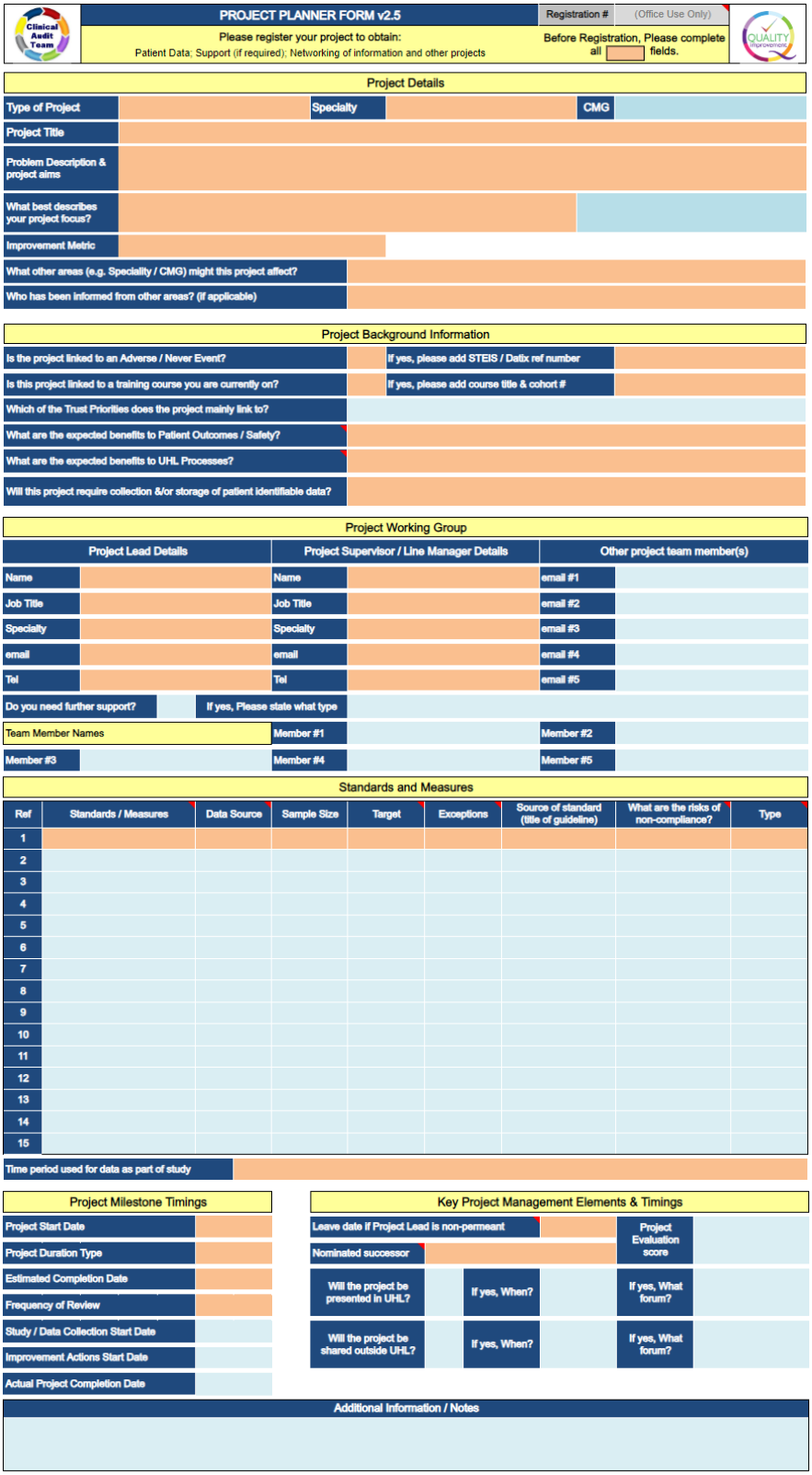
Appendix 4

Each Project plan should first be reviewed by the AQIP Programme Speciality Leads before approving/registering to ensure wherever possible that the audit:

- is of clinical value and aims to improve patient care by assessing the background given for why the audit is required.
- is aligned to priority 1 or 2 objectives unless these standards unless these are already being achieved. Refer to CMG priorities list (link)
- assigned priority is correctly categorised.
- is planned appropriately including proposed methodology
- has clear SMART standards,
- has an appropriate supervisor
- is not a duplication of another audit already taking place by checking the AQIP Share-point.
- links to any previous audits undertaken that are registered on the audit database ensuring actions agreed previously have been implemented before this audit takes place.
- can be delivered within the service's current resources alongside the other audit priorities that are planned / ongoing within that area
- has the correct governance structure in place (involving the right staff / information governance and ethical issues).

Appendix 5

Prior to first registering an Audit or Improvement project, it is important to provide sufficient basic information about the project to it can be appropriately categorised within the governance system.
This initial information is identified in the orange highlighted sections on the Project Planner contained within the Project Planner Workbook file:



PROJECT PLANNER FORM v2.5

Registration # (Office Use Only)

Please register your project to obtain:
Patient Data; Support (if required); Networking of information and other projects

Before Registration, Please complete all fields.

Project Details

Type of Project		Specialty		CMG	
Project Title					
Problem Description & project aims					
What best describes your project focus?					
Improvement Metric					
What other areas (e.g. Speciality / CMG) might this project affect?					
Who has been informed from other areas? (if applicable)					

Project Background Information

Is the project linked to an Adverse / Never Event?		If yes, please add STEIS / Datix ref number	
Is this project linked to a training course you are currently on?		If yes, please add course title & cohort #	
Which of the Trust Priorities does the project mainly link to?			
What are the expected benefits to Patient Outcomes / Safety?			
What are the expected benefits to UHL Processes?			
Will this project require collection &/or storage of patient identifiable data?			

Project Working Group

Project Lead Details		Project Supervisor / Line Manager Details		Other project team member(s)	
Name		Name		email #1	
Job Title		Job Title		email #2	
Specialty		Specialty		email #3	
email		email		email #4	
Tel		Tel		email #5	
Do you need further support?		If yes, Please state what type			
Team Member Names		Member #1		Member #2	
Member #3		Member #4		Member #5	

Standards and Measures

Ref	Standards / Measures	Data Source	Sample Size	Target	Exceptions	Source of standard (title of guideline)	What are the risks of non-compliance?	Type
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Time period used for data as part of study

Project Milestone Timings

Project Start Date	
Project Duration Type	
Estimated Completion Date	
Frequency of Review	
Study / Data Collection Start Date	
Improvement Actions Start Date	
Actual Project Completion Date	

Key Project Management Elements & Timings

Leave date if Project Lead is non-permeant				Project Evaluation score	
Nominated successor					
Will the project be presented in UHL?		If yes, When?		If yes, What forum?	
Will the project be shared outside UHL?		If yes, When?		If yes, What forum?	

Additional Information / Notes