Guidance for Completion of Audit Application

All Audit applications MUST be discussed with your Directorate Lead and Clinical Audit/Governance Department to ensure that recommendations arising from the audit are taken forward.

RQIA audit staff will be available to discuss your application and can be contacted by telephone (028) 95361959 or by email at audit@rqia.org.uk. Please note that any support given by the RQIA audit team in the application process does not infer that an audit will be successful.

Audit proposals should meet the following criteria
- An identified priority e.g. Serious Adverse Incidents (SAI), NI HSC priorities or specified by Department of Health (DoH)/Chief Medical Officer (CMO),
- Evidence based standards underpinning the audit must be identified e.g. NICE, Royal colleges, Key Performance Indicators (KPI), Service frameworks
- Have a multi-skilled audit team
- Demonstrate evidence of an appropriate support network e.g. buy-in from Trust Executive Management Team (EMT) and/or relevant professional forums.
- If your proposal is a regional audit, **all** Trusts must be represented on the audit team and the associated advisory/steering group.

Please note:
- Only relevant information should be collected in relation to your audit proposal
- Audit teams/groups should be mindful of the Data Protection Act and HSC Trust protocols when assessing, recording and storing patient information https://www.gov.uk/data-protection/the-data-protection-act. Please read advice on the cover page of the application form and link with Clinical Audit/Governance Department within your Trust/Organisation as appropriate.

Note 1 - Title
A short name for the audit that can easily fit onto reports, presentations, etc, e.g., 'Re-Audit of Leg Ulcer Management'.

Note 2a – Audit Project Team
Your Audit Team must include:
- Representatives of all staff groups who deliver the aspect of care being audited
- If undertaking regional audit, representatives must be sought from **all** Trusts/Organisation

Note 2b - Advisory/Steering Team
If this is a regional audit representation should be sought from all Trusts/Organisation. Please provide their role(s) within the project, e.g. advisory, development of action plan, dissemination and implementation of finding/recommendations.

Note 3 - Rationale

Please describe the current situation and include responses to the following questions:
- What is prompting you to look at this topic? e.g. SAI, NI HSC priority
- Why do you think this is a priority area for action?
- What benefits will be brought by successfully completing this audit?

Note 4a Aim

The aim is a broad statement or question describing your overall goal, e.g.: 'to improve management of cellulitis' or 'are we meeting the standards for diabetes?' Your aim should then be broken down into a series of smaller steps or objectives.

Note 4b Objectives

These should not include specific details of what you intend to measure in your audit (this is addressed by your standards). These should use language such as 'to determine,' 'to ascertain,' 'to assess the .... against the guidelines,' etc.

Note 4c Outcome

How might the audit:
- bring about improvement in clinical/social care outcomes
- link to safety, effectiveness, and patient client focus

Note 4d - What work have you undertaken to identify links with any existing policy/ guidance on this topic?

Provide evidence of Frameworks/policies e.g. Systems, Not Structures: Changing Health and Social Care (the Bengoa Report) 2016, Health and Wellbeing 2026 Delivering Together (Minister O'Neill Report 2016) Quality 2020 strategy, Service frameworks, etc. (This is not a definitive list).

Note 4e - How has this informed your application?

Describe the impact of how strategies/frameworks impacted/informed your application.

Note 4f - Contribution of proposed audit to Quality Improvement

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*'.[1]

Note 5 - Standards

Standards include (this is not a definitive list):

NICE	Key performance indicators KPI's
SIGN	Best practice
Royal Colleges	Expert opinion
GAIN/RQIA	Consensus

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[1] Burgess R (ed). NEW Principles for Best Practice in Clinical Audit. Abingdon: Radcliffe Publishing Ltd, 2011

Rarely you may find no standards are available or set for your given area. In this case consensus standards/best practice can be used if there is agreement by the Audit Team (evidence of consensus is required)

Note 6 – Methodology
Take time to consider:
- Does the audit team have the skills to complete the audit?
- Who will collect, input and analyse data?
- Will data collection be electronically and/or paper format?
- Do you have a requirement for statistical expertise/input?

Note 7a - Proforma/Data Collection Tool
If a draft copy of the proforma/data collection tool should be attached with your application, however initially this will be a working draft to illustrate what information the audit team wishes to collect.

Note 7b - Data Collectors
If a regional audit RQIA require at least one data collector from each HSC Trust/Organisation.

Note 8 - Project Plan/Gannt Chart
An audit plan/Gannt chart will define the tasks that require action throughout your audit, set within a sequence of stages and timeframe (no more than 12 months), and will assign roles. A template is attached to the application form (Appendix 1) for you to complete.

Note 9 – **Personal and Public Involvement (PPI)**
Service User input is encouraged where applicable and funding can be factored into you application to cover appropriate travel expenses for patients/carers who are involved in audits.
http://www.publichealth.hscni.net/sites/default/files/PPI_leaflet.pdf

It is preferable that Service User and carer representative(s) should be invited to be part of the Advisory Group and/or Audit Team.

Note 10 - Finance
RQIA do not fund salaries or items such as laptops, software, recording machines, office furniture, stationery or University overheads. Payments funded include:

Expenditure Category	£	Justification
Data Collector Training		Travel costs as per Trust Policy
Note Retrieval	3.00 per case note	Agreement taken by RQIA Audit Team in conjunction with Clinical Audit Managers Forum
Data Collection	15.00 per hour	Based on Band 4/5
Data Input	10.00 per hour	Based on Band 3 HCO with typing skills
Data Cleansing	15.00 per hour	Based on Band 4/5 - to a maximum of 20 hours
Data Analysis	20.00 per hour	Based on Band 6 - to a maximum of 50 hours
Report Writing & Amendments	20.00 per hour	Based on Band 6 with band 7 for internal/local quality assurance - to a maximum of 120 hours
External Reviewer	20.00 per hour	Based on Band 7 - to a maximum of 25 hours

Travel & Subsistence		As per Trust /Organisational Policy
Personal & Public Involvement (PPI)		Travel costs as per Project Host Trust/ Policy or RQIA Policy
Statistician		To be discussed and agreed with RQIA

Note 11 - Monitoring

On a monthly basis you will be required to provide an update:
- Evidence of how the project is progressing
- Update on timescales

On a quarterly basis you will be required to provide an update on:
- Evidence of how the audit is progressing
- Update on timescales
- Information on how you have apportioned costs for this quarter
- Information on mileage (number of miles x mileage rate) and the purpose of those journeys
- A comprehensive breakdown of all costs, for example: (see Note 10)
  - ➢ hours worked x per hourly rate
  - ➢ number of charts collected x cost per chart

Contact information for Health and Social Care Trust Audit Departments

Health & Social Care Trust	Address	
Belfast Health & Social Care Trust	Quality Improvement and Patient Safety 6th Floor McKinney House Musgrave Park Hospital BELFAST, BT9 7JB **Telephone: (028) 9504 7033 or (028) 9504 8469**	
Northern Health & Social Care Trust	Governance Department Antrim Hospital Bush House, Bush Road, ANTRIM, BT41 2QB **Telephone: (028) 9442 4676 or (028) 9442 4667**	
Southern Health & Social Care Trust	Clinical Audit Department Beechfield House Craigavon Area Hospital 68 Lurgan Road, Portadown BT63 5QQ **Telephone (028) 3861 2266** **(028) 3756 0109**	
Western Health & Social Care Trust	Professional Audit Department CEC Building, Altnagelvin Hospital LONDONDERRY, BT47 6SB **(028) 7134 5171** **Ext: 213079**	Professional Audit Department South West Acute Hospital 124 Irvinestown Road ENNISKILLEN, BT74 6DN **(028) 66382000** **Ext: 252704 or 252705**
South Eastern Health & Social Care Trust	Safe & Effective Care Department Office 6, Quality Improvement and Innovation Centre, Ulster Hospital Dundonald, BELFAST, BT16 1RH **Telephone: (028) 9048 4511 Ext 89710 or 89666**	

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