Family Nursing
& Home Care

Standard Operating Procedures

Audit Process

November 2024

Document Profile

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Version Control

| Date	Version	Summary of changes made
July 2021	1	New Standard Operating Procedures
November 2024	2	General updating including: SOP transferred to new template, role title changes made, new links to documents added where appropriate Introduction – seven pillars of clinical governance added SOP 2 – it is no longer necessary to record the patient records that they have been used for audit purposes SOP 3 - removed the sharing of audit reports with the Main Committee and Governance Sub-Committee

		Appendix 2 removed – link via Teams included in SOP 1

Contents

Introduction

Audit forms one of seven pillars of Clinical Governance which is an overarching framework that covers activities that help sustain and improve high standards of patient care. It enables Family Nursing & Home Care to determine if practice is in line with agreed standards and provides a mechanism for celebrating good practice and for identifying areas where further development is required.
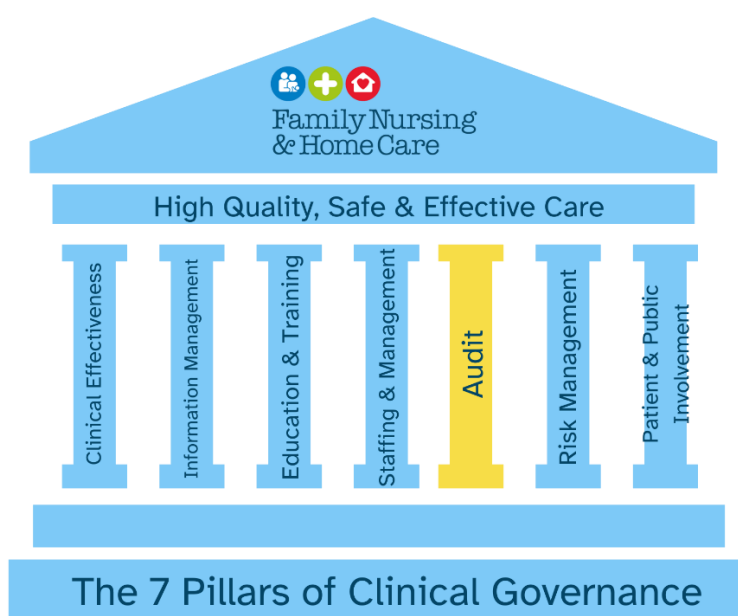
Audit is viewed as a cycle (see diagram below) with re-audit taking place following the implementation of change.

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

The Audit Cycle

1. Identify the issues

2. Obtain or define standards

3. Collect data

4. Compare performance with standards

5. Implement change

6. Re-audit

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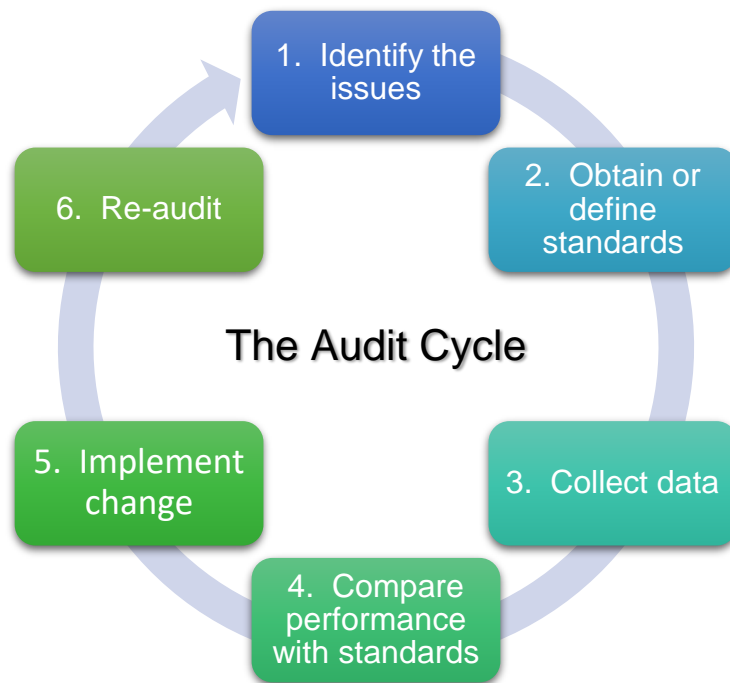
SOP 1 Audit Planning

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/Procedure

Identify an Audit Lead/s

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

Ensure that other key stakeholders (for example, department leads, supervisors or team members) are informed and involved in the audit planning to promote collaboration and transparency.

Discuss plans for the audit with the Head of Quality and Safety

The Head of Quality and Safety will update the annual audit plan and ensure the latest version is available in the FNHC Team/General channel files/Audit & Surveys

Develop/agree the audit questions (if a pre-prepared audit tool is not available) or adapt a pre-existing audit tool for local requirements – support with this is available from the Head of Quality and Safety.

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…' is available for completing procedural audits on Assure. This guide can be found in Teams - FNHC Team/General channel files/Audit & Surveys

Timeline for completion – Ensure that specific deadlines or milestones are set for key stages of the audit, such as audit preparation, data collection, and reporting, to keep the process on track.

Identify potential risks in the audit process (for example, lack of staff availability, data collection issues) and include strategies to mitigate these risks in the planning phase.

Ensure all audit-related documents (for example, audit plan, questions, templates) are stored in an organised manner, maintained, and updated as necessary for future reference.

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/Procedure

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 Head of Quality and Safety.

A 'How to guide…' is available for completing procedural audits on Assure. This guide can be found in Teams - FNHC Team/General channel files/Audit & Surveys

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

Ensure the data collection process stays on track by setting clear deadlines for each phase and communicate these timelines to all involved. Team Leaders and Line Managers are responsible for ensuring data collection is completed within the timeframe requested by the Audit Lead.

Identify and address any potential risks to completing the data collection on time (for example, staff unavailability, difficulty accessing records). Ensure contingency plans are in place to mitigate these risks.

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/Procedure

The Audit Lead is responsible for ensuring that an audit report is completed. This may be undertaken by themselves or delegated to someone else. The Head of Quality and Safety 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 is available in FNHC Team/General channel files/Audit & Surveys – this template should be used to provide a standardised format for reporting the findings of the audit.

Once finalised, disseminate the audit report to relevant staff.

Share a copy of the Audit report with the Head of Quality and Safety.

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/Procedure

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/Procedure

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 Head of Quality and Safety 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/Procedure

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

Share all completed audit reports with the Head of Quality and Safety.

The Head of Quality and Safety will include the findings in their quarterly report for the Director of Governance and Care. Onward reporting of audit findings to the Governance Sub Committee and Main Committee will subsequently be undertaken by the Director of Governance and Care.

Appendices

Appendix 1 – Flow Chart for the Audit Process

```
                    ┌─────────────────────────────────┐
                    │   Need for Audit Identified:     │
                    │       Identify Audit Lead        │
                    │ Consider aim and purpose of audit│
                    │       Determine time frame       │
                    └─────────────────────────────────┘
                                   │
                                   ▼
                    ┌─────────────────────────────────┐
                    │  Inform Head of Quality and Safety│◄─────────┐
                    └─────────────────────────────────┘           │
                                   │                               │
                                   ▼                               │
                    ┌─────────────────────────────────┐           │
                    │  Head of Quality and Safety to   │           │
                    │  update the Audit Plan document  │           │
                    │  on Teams - FNHC/general channel │           │
                    │       files/audit and surveys    │           │
                    └─────────────────────────────────┘           │
                                   │                               │
                                   ▼                               │
┌──────────────────────┐  ┌─────────────────────────────────┐     │
│ Help with questions  │◄─│  Audit Lead to develop audit     │     │
│ available from the   │  │  questions or identify a         │  ┌──────────┐
│ Head of Quality and  │  │  pre-prepared audit tool         │  │ If re-audit│
│ Safety               │  └─────────────────────────────────┘  │ is required│
└──────────────────────┘                 │                     └──────────┘
                                   ▼
                    ┌─────────────────────────────────┐
                    │  Request the Data Analyst to     │
                    │  develop the audit template on   │
                    │            Assure                │
                    └─────────────────────────────────┘
                                   │
                                   ▼
┌──────────────────────┐  ┌─────────────────────────────────┐
│ Consider if staff    │◄─│   Undertake audit data collection │
│ training/instruction │  └─────────────────────────────────┘
│ is required          │                 │
└──────────────────────┘                 ▼
                    ┌─────────────────────────────────┐
                    │    Data collection completed     │
                    └─────────────────────────────────┘
                                   │
                                   ▼
                    ┌─────────────────────────────────┐
                    │ Request audit data from the      │
                    │         Data Analyst             │
                    └─────────────────────────────────┘
                                   │
                                   ▼
┌──────────────────────┐  ┌─────────────────────────────────┐
│ Template available   │◄─│       Write up Audit Report      │
│ on Teams - FNHC/     │  └─────────────────────────────────┘
│ General channel      │                 │
│ files/audit & surveys│                 ▼
└──────────────────────┘
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Disseminate audit report to relevant people including the Head of Quality and Safety → Develop action plan to address findings → Monitor progress with the action plan

Head of Quality and Safety to include the findings in their quarterly report for the Director of Governance and Care

Director of Governance and Care includes audit findings in relevant reports for Committee level reporting