



Public Health  
England

# Audits – Why bother?!

Caroline Lester  
Senior Health Protection Nurse  
PHE Health Protection Team



# Contents

- Why do clinical audit?
- What is clinical audit?
- Types of clinical audit
- What to do with the audit?











# Why do Clinical Audit?

- Clinical audit is a proven method of quality improvement. It gives staff a systematic way of looking at their practice and making improvements.
- Clinical audit:
  - Identifies and promotes good practice
  - Leads to improvements in patient care
  - Provides information about the effectiveness of a service
  - Highlights problems and helps with solutions
  - Improves team working and communication



- To inform managers
- To maintain standards
- To identify/highlight problems
- To support change
- An audit programme ensures that policies have been developed and implemented appropriately
- A method to monitor the risks of infection to determine whether further steps are needed to reduce or control infection





- The person in charge is responsible and accountable for:
- Delivering a safe and clean care environment
  - Cleanliness is maintained
  - May have to produce evidence of the above on demand





# What is Clinical Audit? Some ideas...

- Clinical audit is about *quality* and finding out if *best practice* is being carried out to the *specified standard*.
  - What should we be doing?
  - Are we doing it?
  - How can we improve?
- A methodical examination or review of a condition or situation

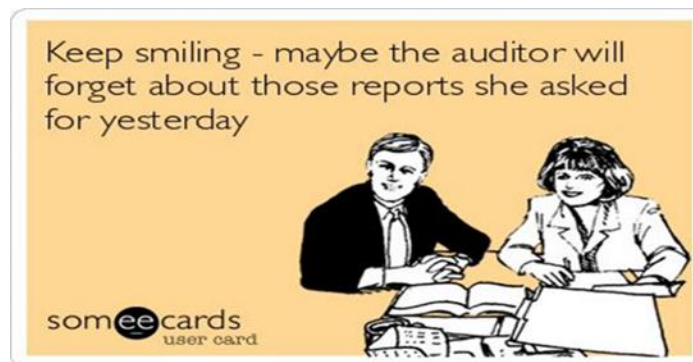
*If you cannot measure it, you cannot improve it: Lord Kelvin (1824 - 1907).*



*Clinical audit is a way to find out if care is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements (NHS England)*



The Care Quality Commission (CQC) recognises clinical audit as a professionally led exercise, which is an essential component in clinical governance and the delivery of high quality clinical care





- Every clinical audit:
  - looks at your own practice;
  - follows a systematic process;
  - has standards you can measure your practice against;
  - involves everyone in the team.



## How do we do it?

- Observation
- Documentation - audit tools
- Knowing what's wrong
- Knowing what's right
- Knowing the standards





# How often should we audit?

- As often as needed to maintain the level of standards required
- Document within schedules and policies the standards required so everyone knows





# Types of audit

- National clinical audits or Quality Assurance Tools i.e. Infection prevention society, NPSA or GP audit tools
- Or, local audits in establishments e.g. your own internal audits
- Private company



# What can you audit?

- Environment
- Any policy – is it being adhered too?
- Hand hygiene
- PPE
- Catheter care





# Advantages of audit

- Changes bad/poor practice
- Highlights good practice
- Maintains standards
- Provides evidence for CQC
- Can be completed adhoc or routinely
- Highlights accountability

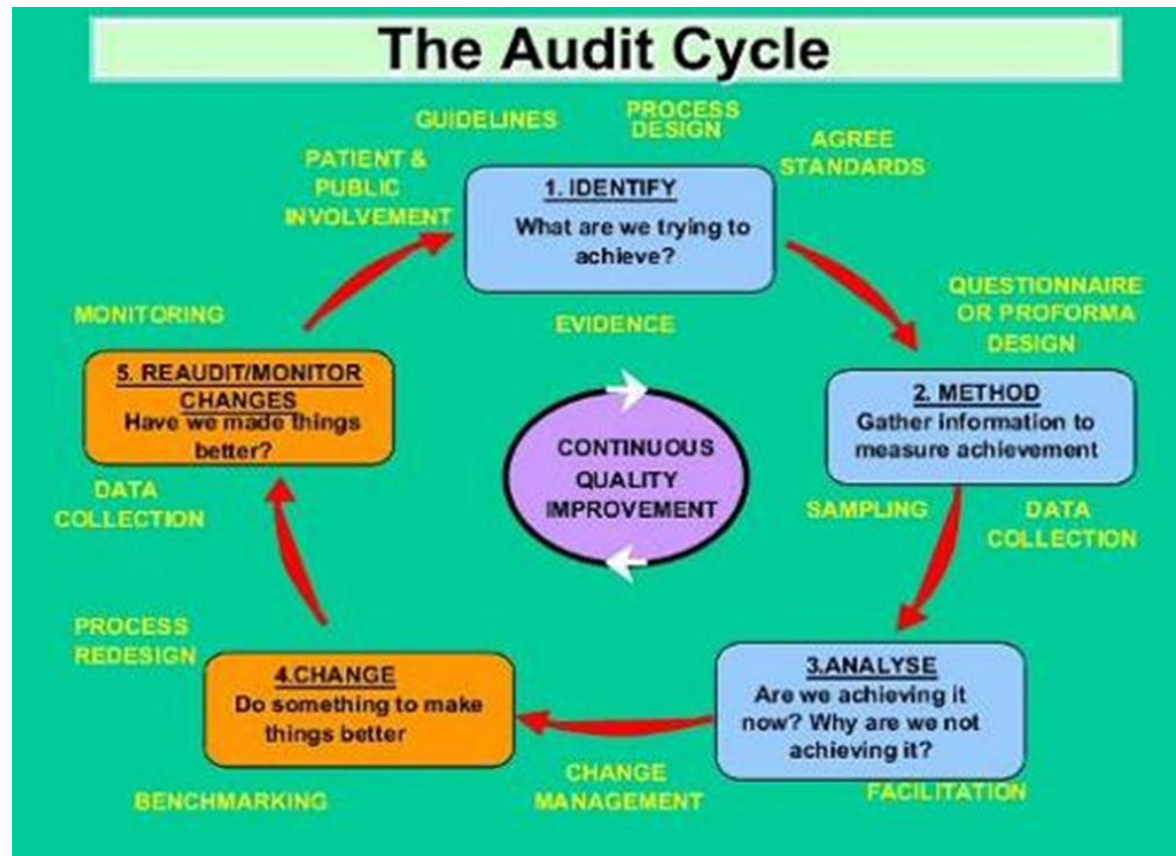


# Disadvantages of audit

- Time consuming
- Brings about change – staff don't like change
- Affects staff relationships
- Financial implications



# The audit cycle





# Analysis and Making Changes

- If the audit says you're meeting the standards, BRILLIANT – tell the world!
- If you haven't met some standards think about possible solutions:
  - Which will lead to change
  - Which are feasible and acceptable to staff and patients





# Action Plan

- Make an action plan with recommendations, actions, responsibilities and timescale for implementation. Identify who will review how the action plan is going





# Sample Action Plan

Problem	Recommendations	Who	When
No bleach/chlorine available	Purchase and store correctly	Person responsible for ordering	As soon as possible





# Completing the cycle: Re-audit

- You need to re-audit to check the changes have made the difference you expected
- Don't re-audit until you have made the changes
- The re-audit should follow the same design as the original audit
- You only need to re-audit standards where changes have been made (unless the changes may have affected other standards)
- If the re-audit shows you meet the standard, **you've succeeded...until next time (monthly, 6 monthly, annually)!**





## National specifications for cleanliness: care homes

- The **Cleaning Audit Score Sheet** Workbook has been designed along with the National Cleaning Standards document, to facilitate the process of recording and calculating the scores achieved for a functional area.

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=75240>





ROOMNAME	1. Weighing scales, manual handling equipment	2. Medical equipment e.g. blood pressure monitor ECG	3. Medical gas equipment	4. Consultation room/treatment room/cannulation couch	5. Dressings/minor operations trolley	6. Switches, sockets and data points	7. Walls	8. Ceiling	9. All doors including handles	10. All internal glazing, including partitions and mirrors	11. All external glazing	12. Radiators	13. Ventilation grilles - extractor and inlets	14. Floor - hard	15. Floor - soft	16. Electrical items including computer equipment and waiting room televisions/radio. Telephones.	17. Cleaning equipment	18. Low surfaces	19. High surfaces	20. Chairs	21. Tables/desks	22. Hand wash containers/hand rub dispensers	23. Waste receptacles	24. Curtains and blinds	25. Toys	26. Dishwashers	27. Fridges and freezers	28. Hot water boilers	29. Kitchen cupboards	30. Microwaves	31. Toilets	32. Sinks	33. Baby changing areas	Actual Score	Percentage Attained
Room 1	0	1	1	1	1	0	0	1	0	0	1	1	0	0	1	1	1	1	1	0	1	1	0	1	0	1	1	1	1	1	1	0	22	67%	
Room 2	1	0	1	1	1	0	1	0	0	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	0	1	0	1	1	1	0	24	73%
Room 3	1	1	1	0	1	1	0	0	1	0	0	0	1	0	0	0	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	21	64%
Room 4	1	0	1	1	1	1	0	0	0	0	0	1	1	0	0	1	1	1	1	0	1	1	0	1	1	1	1	0	1	1	1	1	0	20	61%
Room 5	1	0	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	0	27	82%
Room 6	1	1	1	0	1	1	0	0	1	0	0	1	0	1	0	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	23	70%
Room 7	1	1	1	0	1	1	1	1	1	0	0	1	1	0	0	1	1	0	1	1	1	1	0	1	1	0	0	0	1	1	1	1	0	21	64%
Room 8	1	1	1	0	1	1	0	0	1	0	0	0	1	0	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	23	70%
Room 9	1	0	1	1	1	1	0	1	0	1	0	1	1	0	0	0	1	1	0	1	0	1	1	0	1	0	0	1	0	1	1	1	0	19	58%
Room 10	1	0	1	1	1	1	1	0	0	0	0	1	1	0	0	1	1	1	1	0	1	1	0	1	0	1	1	0	1	1	1	1	0	21	64%
Achievable Score	10	10	10	10	10	10	10	10	10	10	10	10	10	0	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	##	
Total Score	9	5	10	6	10	10	3	4	6	1	2	8	9	2	0	8	10	6	9	10	3	10	9	4	10	2	8	8	7	9			0	##	

Percentage Score Achieved			
Crew	81.3	Domestic	75.0
Estates	55.0		

Functional Area Overall Percentage Score
66.0



- Fairly easy to master once set up.
- Will provide legible audits with outcomes and over time will show any continued short falls in cleaning in a clear way.
- Visual
- Depends on the computer skills, network/computer availability and time allowed.



## In summary...

- Good reasons to audit, positive outcomes
- Evidence for change
- Backed up by research
- Encourages best practice
- Highlights good practice gives staff positive as well as negative feedback
- Because it's a requirement
- Can be expensive
- Can save money



**"We're going to parachute in and do a surprise audit,  
but I want to keep the whole thing low key."**