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| **DOCUMENT TITLE:** | **Audit Protocol** |
| **CATEGORY:** | Governance and Quality |
| **LAST REVISED:** | October 2021 |
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| **DUE FOR REVISION:** | October 2023 |
| **OWNED BY:** | Head of Governance and Quality |
| **RELATED DOCUMENTS:** | Clinical Governance Framework |

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| **OUR PRINCIPLES:** | With passion and excellence, Delphi makes adifference to people’s lives by providing innovative and specialist addiction services that lead the way from dependence to freedom. |
| **OUR VALUES:** | We all commit to and care about: going one step further with our clients; our wellbeing as individuals and as teams; and improving and strengthening ourselves and our organisation. |



Introduction

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| Audit | Audit is a process to monitor and improve client care and outcomes. It involves evaluation against explicit criteria and aims to determine whether guidelines are being followed and standards met, and whether best practice is being applied. It is distinct from research, which is conducted with the aim of generating new knowledge that determines what best practice is.Delphi Medical is committed to developing and implementing an annual programme of clinical audit as part of the process through which it will discharge its duty to ensure quality of service and continuous improvements.Clinical audit helps to develop and sustain a culture of practice in improving the quality of care that Delphi Medical can offer to all service users and their families and to facilitate the achievement of excellence and reduce errors and risk in all Delphi Medical projects through* Assessing practice across Delphi Medical services
* Identifying areas of good practice
* Identifying areas which require support
* Implementing the necessary change for service delivery improvement.
* Raising awareness and involvement of staff.
* Informing training and development programmes for all

staff groups. |
| Policy Statement | Delphi Medical is committed to the principle of continuous improvement |

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|  | and to the purpose of achieving high standards by improving client care and outcomes through targeted programs of clinical audit. |

Principles

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| Principles of Audit Management | * The SLT (Senior Leadership Team) agrees annually, a timetable of audits across the Delphi services.
* The SLT will then allocate a series of Audits with agreed dates to specific members of staff to be carried out within agreed time frames.
* Staff are expected to respond to any pre audit checklist requests and confirm a date for the audit within reason of the date offered by the Head of Integrated Services.
* The Head of Governance and Quality will provide the relevant audit checklists of what is required for the audit and what will need to be seen and have access too.
* If appropriate, the Service Manager is responsible for arranging an itinerary for the day so any auditors can ensure they have spoken to the relevant personnel.
* Once an external audit has taken place the completed exception plan must be created by the Services Manager to include recommendations and actions required.
* Recommendations from the audit will be emailed to the relevant service teams for implementation.
* The exception report from an audit is to be written and presented to the SLT.
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| Principles of External Service Audits | The findings of audits are to be discussed at relevant team meetings and Delphi Medical’s managers accountable for implementingrecommendations that arise from this process. |
| Principles of Audit Management | All Delphi Medical services must engage in annual audits.Once the audits have been undertaken the completed report must be provided to the Head of Governance and QualityThe Head of Governance and Quality will provide a summary report to the SLT. |

Responsibilities

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| Head of Delphi | Overall responsibility for Audit lies with the Head of Delphi |
| Head of Governance and Quality | The Head of Governance and Quality is responsible for:* Overseeing compliance with national clinical audits and ensuring that this obligation is reflected in each contract Performance Development Plans
* Agreement on local audit topics
* Ensuring that recommendation and action plans resulting from clinical audits are fully implemented in their projects
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| Staff | Staff are responsible for:* Submission of data for organisational audits
* Agreement on local audits
* Carrying out local audits
* Developing action plans from audit findings and carry out actions
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|  | * Submission of data, reports and action plans to Delphi Medical’s Business Manager.
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| Senior Leadership Team (SLT) | The SLT is responsible for monitoring audits through reviewing all audits and monitoring that recommendations from audits are actioned in a timely manner.The role of the SLT in relation to audit is to:* Oversee the development of audit throughout Delphi Medical
* Co-ordinate audit activities between projects.
* Advocate and advise on allocation of resources for audits.
* Provide advice on audit priorities within Delphi Medical.
* Organise and facilitate training on general and specific aspects of clinical audit.
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Process

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| 8 Stages of the Audit Cycle | Delphi Medical staff must familiarise themselves with the 8 stages of the audit cycle and are responsible for accessing the relevant training. Like any other quality initiative service user views should be considered where appropriate at every stage of the process. These could be obtained from suggestion boxes, complaintsreceived, the national service user’s forum,commissioners and staff suggestions.**8 Stage process to audits – each stage should have service user input whenever appropriate.** |



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| Stage 1 - Selection of Topic | The criteria for topic selection will be agreed by the relevant parties at each level but topics may include issues raised from the following:* Complaints
* Risk management
* Significant incidents
* Guidance/policy
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| Stage 2 - Identify or Set Standards | The team, either local or national, will identify which standards and guidelines exist for the selected topic, should these not be available, have to be developed following:* Evidence and research
* Policy
* Benchmarks
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| Stage 3 - Preparing for Audits | A proposal will be issued to the SMT for approval, who will assess the quality of the proposal and activity. The SLT will give guidance on the proposed audit and on the methodology. |
| Stage 4 - Review Services Against Standards/Policies | Data should be collected, validated, and recorded on the monitoring form. The data is analysed and reports prepared. Reports should conform to the set format and not be lengthy documents. Exception reporting is preferred detailing very good areas and areas needing work.The reports must contain recommendation for making improvements although sometimes the audit may not be able to recommend specific changes but may recommend further investigations. The report should also contain an evaluation of the audit process. |
| Stage 5 - Identify the Gaps | The gaps identified describe the differences between the current practices and that |

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|  | described by guidelines and standards. It is only after that there is a clear problem statement that improvements can be initiated. |
| Stage 6 - Develop Improvement Action Plans | Making improvements is the key stage of effective audit and underwrites the purpose of audit. The Senior Leadership Team will implement changes. Some of these changes will be specific to services. In some cases, training issues may emerge from the findings and improvements effected through training. |
| Stage 7 - Implementation of Improvement Action Plans | Action plans for improvement must be documented and set time frames for achievements. |
| Stage 8 – Reauditing/Reviewing | The suitability of the audit checklists should be reviewed. Re-audits and reviews are required to measure the effectiveness of any changes in practice against the standards being audited.Re-audits will take place within a designated time after the original audit. |
| **Evaluation** |

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| Evaluation | External reviews of the audits may be conducted and will be determined by the SLT. |
| Governance Timetable |  |