



**Assurance on  
clinical audit:  
comparison of  
practice across  
trusts**

Understanding

Integrity

Trust

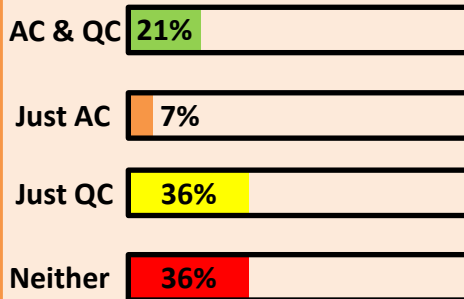
Respect

Value Added

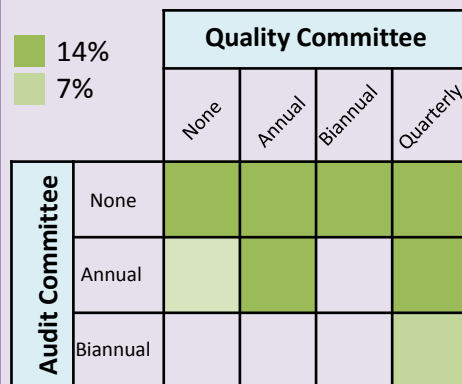
Professionalism

# How are trusts gaining assurance on clinical audit activity?

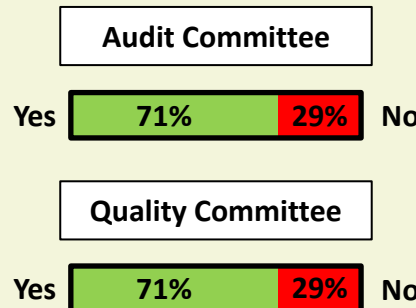
Is the clinical audit plan presented to Audit Committee and Quality Committee on an annual basis?



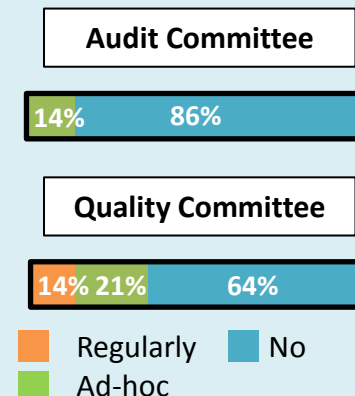
Are there in-year clinical audit updates to Audit Committee and Quality Committee?



Do Audit Committee and Quality Committee terms of reference mention clinical audit?



Do clinical audit representatives attend Audit Committee and Quality Committee?



## Methodology

The Francis Inquiry report highlighted the need for boards to review clinical audit processes and outcomes on a regular basis. This should include review of both the audit programme itself and the outcomes of individual projects (HQIP, 2020). Without appropriate oversight of the clinical audit programme, trusts may not be able to properly assure themselves that audit processes are in line with best practice standards and designed to drive continuous improvement. Clinical audit should be visible at the top level of an organisation to provide the momentum to turn findings into improved processes and better outcomes for patients.

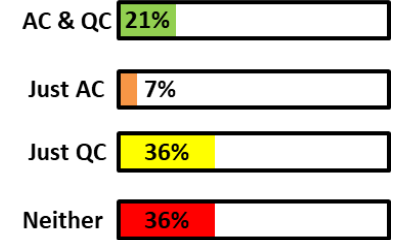
We have analysed how the board interacts with clinical audit across a number of trusts in South Yorkshire and the East Midlands. We found that responsibilities for clinical audit were delegated to audit and quality board subcommittees. Our work involved speaking to key officers, and reviewing board subcommittee terms of reference, minutes, and papers. This document sets out the most common governance arrangements in place and considers what good practice might look like.

Is the clinical audit plan presented to Audit Committee and Quality Committee on an annual basis?

Dedicated time should be set aside to review the clinical audit plan at the top level of the Trust (HQIP, 2020). This allows the Trust to assure itself that the plan aligns with clinical and organisational priorities, and meets statutory and mandatory requirements.

**The clinical audit plan should be approved at board subcommittee level. The Audit Committee Handbook suggests that audit committees should be confident that the programme is at an appropriate level and reflects the organisation’s strategic objectives (HFMA, 2018).**

We found that 64% of the trusts in our sample presented their clinical audit plans to at least one board subcommittee, with 21% of trusts choosing to submit plans to both audit and quality committees.



Are there in-year clinical audit updates to Audit Committee and Quality Committee?

An effective clinical audit programme is closely monitored and has progress reported regularly at board level. An annual report should be presented to the board (HQIP, 2020). **Updates on the progress of the clinical audit programmes should be delivered to board subcommittees. The Audit Committee Handbook sets out that these should include the outcomes of at least some clinical audit work (HFMA, 2018).**

We found that only 43% of trusts reported in-year clinical audit updates to audit committee. However, 79% of trusts submitted updates to quality committee in-year. For 14% of trusts, no in-year updates were given at all.

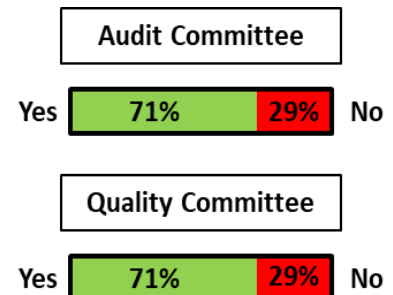
The results of clinical audit should be regularly reported for assurance on clinical controls. It is good practice for quality committee to receive a regular report summarising the results of clinical audits for their assessment of performance, risks and controls. Audit committee should receive assurance that quality committee are using these results to make an impact.

Do Audit Committee and Quality Committee terms of reference mention clinical audit?

The Good Governance Handbook identifies that clarity of purpose is a key factor in any system of good governance (HQIP, 2015).

**We would expect to see any responsibilities delegated to a committee in relation to clinical audit formally documented in the terms of reference.**

We found that 71% of audit committees and 71% of quality committees referred to clinical audit in their terms of reference. References ranged from a general statement about clinical audit (“members .. will wish to satisfy themselves on the assurance that can be gained from the clinical audit function”) to a list of specific responsibilities (“To approve the Clinical Audit Programme ensuring that it is consistent with the needs of the trust”).

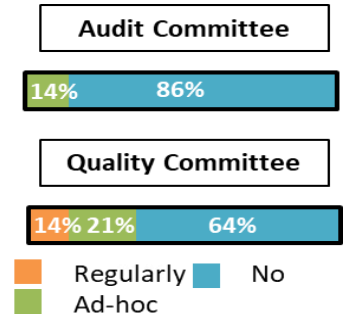


**Do clinical audit representatives attend Audit Committee and Quality Committee?**

The lack of board engagement with clinical audit is noted as a particular challenge in maintaining an effective clinical audit strategy (HQIP, 2020). Inviting members of the clinical audit function to attend subcommittee meetings could help to increase the visibility of clinical audit and give insight into matters from the perspective of clinical audit, which could increase board engagement.

**Board subcommittees should consider whether inviting clinical audit representatives to attend relevant meetings could help them gain the assurance they need from the clinical audit programme.**

We found that representatives of clinical audit did not routinely attend committee meetings in the majority of trusts. For 86% of audit committees and 64% of quality committees, there was no provision for representatives to attend. Where representatives did attend, this was mostly on an ad-hoc basis.



**Other mechanisms to provide assurance on clinical audit**

As part of our review we saw trusts using other mechanisms to provide assurance on clinical audit. These included:

- **Clinical effectiveness reviews** – conducting independent or self-assessment effectiveness reviews on clinical audit to assess how well the programme was functioning. These were reported at subcommittee level.
- **Internal audit reviews** – clinical audit areas may be subject to internal audit review, as part of the risk-based plan.
- **Specialist clinical audit NEDs** - a non-executive director is assigned as clinical audit lead to raise the profile of clinical audit at board level.
- **Cross-committee reports** – each committee is required to produce a report or log of its activity which is sent to other subcommittees to keep them informed. This is useful to avoid duplication of work in relation to clinical audit.
- **Clinical audit deep-dives** – clinical audit is looked at in detail, ideally alongside regular updates.



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