



# Leaflet 11

## Improvements Through Change and Re-Audit

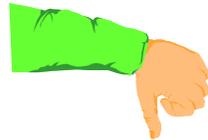
### Positive



- Opportunity
- Challenge
- Excitement
- New knowledge
- New skills
- Learning experience

### Negative

- Threat
- Fear / anxiety
- Distrust
- Resistance
- Conflict
- Questioning competence



### Re-audit

The final stage in the clinical audit cycle involves deciding when and how to re-audit.



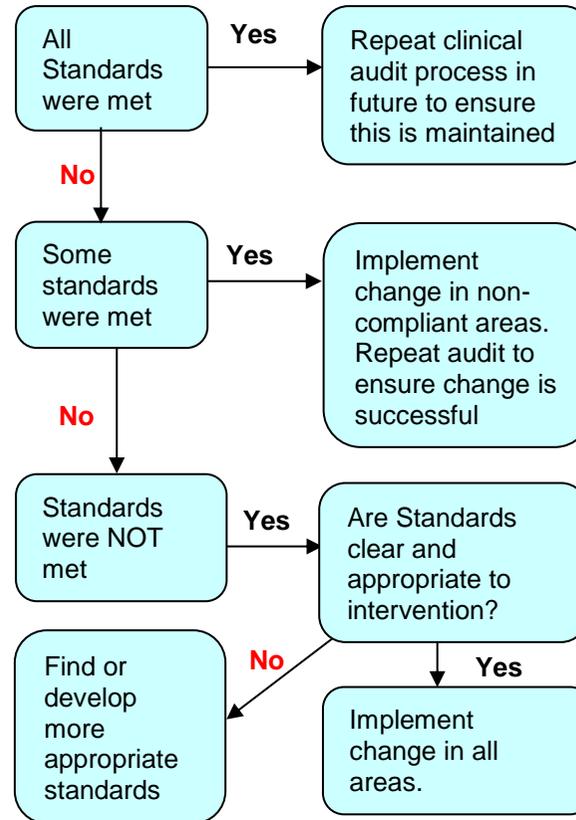
**Remember - do not proceed with a re-audit if an action plan is not completed**

It is important to repeat the audit cycle for a second time, as part of a wider process. How else will you demonstrate changes have achieved the desired improvements or, where changes were not required, standards continue to be met.

### How to re-audit

This involves repeating each stage of the clinical audit cycle. Certain stages will not necessarily require any further work (*for example a literature search*), if the first audit was conducted thoroughly and the re-audit is performed shortly after. You may decide that it would be more appropriate to conduct more specialised re-audits as a result of the first audit, rather than attempting to re-audit the whole topic area at one time. The way in which you decide to approach the re-audit will depend on the findings

of your first audit. This is shown in the following diagram:



Adapted from the Royal College of Psychiatrists (1998) FOCUS on clinical audit in child and adolescent mental health services p27.

Further information about clinical audit is available from SharePoint on the clinical audit pages: <https://nhsbloodandtransplant.sharepoint.com/sites/Clinical/SitePages/Clinical%20Audit.aspx> where full details of all completed clinical audit reports can be found (accessed 1<sup>st</sup> June 2020). All leaflets in this series (INF450-INF460) are available via the controlled document library on NHSBT Intranet (Link)

Leaflet developed from an original idea by UBHT NHS Trust Clinical Audit Department.

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## Implementing Change

Managing change is not an easy task. It is the most challenging part of the clinical audit process. Remember that clinical audit is a quality *improvement* tool and therefore implementing change is the next stage after agreeing the recommendations and actions to rectify any issues.

Without actions to improve, your clinical audit will have no tangible outcome – unless, of course, your results demonstrate that your standards are being met; then changes in practice may not be required.

This leaflet will consider what is involved in making changes and offer some suggestions on implementing those changes.

### Strategy for successful change

There are several stages in the development of a strategy for change. These include:

#### Establishing effective leadership

Leaders can influence a team to achieve the recommended changes.

#### Create an environment for change

Change is more likely to be successful if conducted in a non-critical supportive environment. To achieve this, it must be recognised that staff already provide quality care and the audit will help them to improve further.

#### Identify immediate / underlying cause or problem

This could be a range of different problems such as training needs, resources, service organisation, etc.

## Develop an action plan

The action plan will help you identify the best course of action, time frames and responsibilities.

### Ensure adequate resources



There needs to be sufficient resources to implement your audit recommendations.

### Anticipate consequences

Any change in health care may have consequences beyond those that were originally intended.

### Useful Analysis Tools

There are a number of useful tools available to help you anticipate different reactions and counter potential resistance. Two of the most popular ones are given below.

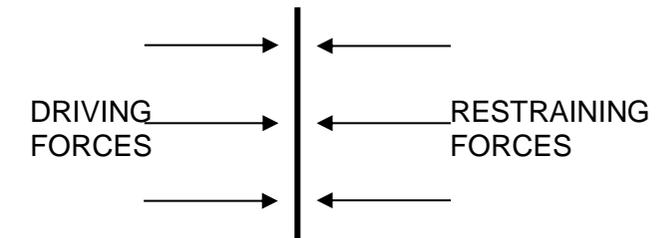
### TROPICS

This is a good way to get a feel for the nature of a particular change and plan the best strategy.

<b>Time scales</b>	<b>short / long term?</b>
<b>Resources</b>	<b>what will be needed?</b>
<b>Objectives</b>	<b>are these quantifiable?</b>
<b>Perceptions</b>	<b>are perceptions similar?</b>
<b>Interest</b>	<b>who has interest in changes?</b>
<b>Control</b>	<b>who holds the power?</b>
<b>Source</b>	<b>drivers for proposal</b>

## Force Field Analysis

This is a way of visually mapping out the forces that are likely to help or hinder you.



Driving and restraining forces might include:

- Past experiences of similar situations
- Supportive management
- Perceptions of current situation
- Fears of increased workload
- Pressure to change from patients
- National policy requirements

### Overcoming barriers to change

One of the best ways to overcome barriers to change is to ensure that anyone who can influence change (see leaflet 2 “The Difference between Clinical Audit and Research” INF451) is involved at the start of the audit.

**Be aware that change may be perceived positively or negatively.**