South Central Ambulance Service NHS
NHS Foundation Trust

SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

CLINICAL SERVICES POLICY & PROCEDURE (CSPP No.20)

CLINICAL AUDIT POLICY & PROCEDURE

September 2016

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Author: Dave Sherwood Assistant Director of Patient Care	**Consultation & Approval:** Staff Consultation Process: (21 days) ends: Clinical Review Group: 20th November 2014 Quality and Safety Committee: Board Ratification: N/A
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SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

CLINCAL AUDIT POLICY AND PROCEDURE

1. Introduction

1.1 Clinical Audit has been approved and implemented by the Trust Board who recognise and accept the need for a Clinical Audit policy as part of its Clinical Governance.

1.2 The Trust Board have the ultimate responsibility to take all measures within their power to ensure the Clinical Audit policy is implemented throughout the Organisation and provide a supportive organisational culture for clinical audit. This responsibility will be delegated to the Medical Director.

1.3 Clinical audit also includes clinical performance indicators and clinical benchmarking audits to drive clinical improvement against evidenced based care.

2. Policy Statement

2.1 The Trust Board of South Central Ambulance Service NHS Foundation Trust recognise and accept its responsibilities to systematically analyse the care and treatment provided to patients by the Organisation, through the use of Clinical Audit and to heighten awareness amongst staff throughout the Trust of the importance of Clinical Audit in this respect.

3. Scope of the Policy

3.1 Clinical Audit can be defined as:

"the systematic critical analysis of the quality of clinical care, including the procedures used for diagnosis, treatment and care, the associated use of resources and resulting outcome, and quality of life for the patient."

3.2 This policy covers Clinical Audit, Clinical Performance Indicators and Clinical Benchmarking but does not include research which is covered in the Trust Research Strategy document.

4. Duties

4.1 Medical Director

The Medical Director has Board level responsibility for clinical audit within South Central Ambulance Service NHS Foundation Trust. The Medical Director is a member of the Clinical Review Group with responsibility for clinical audit.

4.2 Assistant Director of Patient Care

The Assistant Director of Patient Care has senior management responsibility for clinical audit. The role also has a co-ordinating function between departments to ensure the effectiveness of the policy.

4.3 Clinical Review Group

The Clinical Review Group will assess the effectiveness of the policy and provide a gap analysis and action plans for the Quality and Safety Committee to monitor.

4.4 Quality and Safety Committee

The Quality and Safety Committee will monitor the clinical audit activity within the Trusts clinical governance structure. The Quality and Safety Committee will monitor clinical audit activity on behalf of the Trust Board.

4.5 All Staff

All staff have a duty to participate in clinical audit in line with this policy, clinicians will be expected to follow this policy and procedure, participate in data collection and accurately complete patient clinical records for Clinical Audits to be undertaken by the Organisation.

All staff have a duty to engage themselves in the continuing need for the spread of best practice and the need to further improve patient services and patient care. To undertake audits in their work place, which will lead to, sustained quality improvements in service delivery by sharing results to their immediate colleagues.

5. Clinical Audit Procedure

5.1 The Organisation is committed to improving the quality and outcome of patient care by implementing a process of Clinical Audit throughout the Trust.

5.2 The aim of Clinical Audit is to improve patient care through a systematic analysis of the quality of health care including procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of patient life after treatment.

5.3 The manager for Clinical Audit in the Organisation will be the Assistant Director of Patient Care

5.4 The Lead Audit Analyst and Team Leader will be Responsible for accurate and timely data input and retrieval as requested by the Assistant Director of Patient Care.

The senior Audit Facilitator will be responsible or reviewing, collating audit data and providing second line verification of all audit data for inclusion and exclusion from audits.

5.5 In preparing the Organisation's Clinical Audit documentation, the Assistant Director of Patient Care will employ the following Best Practice criteria when assessing a clinical audit project;

A Design

- Involve stakeholders
- Select a subject to audit from audit request received
- State objectives
- Use explicit measures
- Reflect best practice
- Define case selection

B Measures

- Test validity and reliability of data
- Evidence base standards
- Create environment/cultural aspects to facilitate the audit
- Respect ethics and confidentiality
- Analyse audit data

C Evaluate

- Present audit data
- Identify shortcomings and their causes
- Identify improvements
- Devise strategy for action
- Implement action.

D Repeat for Improvements

- Re-audit

5.6 All requests for Organisational involvement in a Clinical Audit are to be reported on the South Central Ambulance Service NHS Foundation Trust Clinical Audit Proposal and Planning Form (CAUD 1). *Appendix A.*

5.7 The CAUD 1 form is to be completed fully for each Clinical Audit project undertaken by the Organisation.

5.8 A CAUD 1 form is to be initiated by the individual receiving any external request for the Organisations involvement in a Clinical Audit, and should be completed in all cases.

5.9 Immediately on completion, the CAUD 1 is to be forwarded to the Assistant Director of Patient Care who will scrutinise the proposal to asses the suitability of the audit.

5.10 The Assistant Director of Patient Care is responsible on behalf of the Organisation for the selection and prioritisation of audits within the current agreed Clinical Audit programme.

5.11 The Assistant Director of Patient Care is responsible for informing the applicant of the Organisations decision.

6. Partnership Working

6.1 The Assistant Director of Patient Care will work in partnership with other healthcare professionals and NHS Trusts by;

- Gaining membership in local Ambulance Clinical Audit Networks/Groups on behalf of the Trust.
- Joining multi Trust Clinical Audit Networks/Groups with membership of Primary Care Trusts (PCT), Acute Trusts and National groups.
- Form links with specialist paid and voluntary Organisations working as an authority on specific patient conditions, e.g. Stroke Association.

6.2 The aim of partnership working is to improve the patient pathway by smoothing patient care across the care boundaries and identifying by clinical audit areas that can be targeted to achieve this.

7. Clinical Audit Development

7.1 The Trust is committed to developing clinical audit with initiatives that become available with the development of technology and shared practice.

7.2 The Trust will move towards electronic data collection and analysis as a means to improve the speed and accuracy of data collection and analysis.

7.3 This in the short term will be based on the availability of private sector technology as used in other NHS Trusts to satisfactory results. All possible advances in the technology will be installed as and when available in order to maintain the advances gained.

7.4 The long term solution is to integrate into the National Care Record Service (NCRS) with the support of the Local Service Provider (LSP) for the Southern Cluster. This will be available to Ambulance Service in 2011. The Assistant Director of Patient Care will work with the Trusts IT department to ensure the best solution is available.

8 Monitoring

8.1 The Policy will be monitored for its effectiveness by the Assistant Director of Patient Care through the following:

- Responsibilities of staff will be monitored through attendance at meetings, management of systems, development of reports and the appraisal process.
- The clinical audit activity will be monitored by the Clinical Effectiveness Department and a report produced bi-annually to the Quality and Safety Committee covering:
    - The number of audits undertaken;
    - Compliance with procedure;
- an audit of clinical record completion will be carried out bi-annually to ensure compliance by minimum completion where appropriate of:
    - Care given in line with JRCALC guidance;
    - Incident details;
    - Clinical observations.

8.2 These will be conducted on a bi-annual basis and reports provided to the Clinical Review Group and Quality and Safety Committee.

9 Other references

Data Protection Policy
Care Pathways Policy
Resuscitation Policy
Child and Vulnerable Adult Protection Policy

Appendix 1

Clinical Audit Proposal and Planning Form (CAUD 1)

Clinical Effectivness Department
Berrywood
Tel: 01962 898187
e-mail: dave.sherwood@scas.nhs.uk

South Central Ambulance Service NHS
NHS Foundation Trust

For audit use only: *Ref no:* *Date received:*

1. CLINICAL AUDIT PROPOSAL AND PLANNING FORM

Please complete and send to the Clinical Effectiveness Department. Please ensure that your Line manager has signed the Proposal on page 5 before sending to the Assistant Director of Patient Care. If you would like any assistance with completing this form, do not hesitate to contact us at the above address. Thank you.

(Please print)

Audit Lead Name & Job Title: _____

Work Location: _____

Telephone: _____ **e-mail:** _____

Directorate: CD OPS SS 111 PTS
(Please circle or delete as appropriate)

Audit Title:

_____

_____

Reasons for carrying out this audit: *(Please tick as many boxes as appropriate)*

Because of:

National Clinical Guidance (NICE, Royal College)	❒	Problem identified by Complaints Monitoring/Patient Complaint	❒
National/ Regional Audit	❒	Issue identified through litigation/ risk of litigation	❒
New research evidence	❒	Need to re-audit	❒
Topic identified through Risk Management structures (NHSLA, CQC)	❒		

Because the area of clinical practice to be audited is:

A frequent area of clinical practice	❒	A high risk area	❒
An area of concern (outcomes/ practice could be improved)	❒	An area of high cost	❒

Scope of project: *(Please tick as appropriate)*

National	❒	Directorate	❒	Multi-Disciplinary	❒
Regional	❒	Cross Directorate	❒	Interface (cross boundary)	❒
SCAS	❒	Station	❒	Cross Station	❒

Background to this audit: (*Please tick which of the following apply)*

Is there national guidance (i.e. AACE, Pathways, Essence of Care, etc.)? ❒

Are there standards already in place? ❒

Guidelines already in use? ❒

Research previously conducted and read about? ❒

Have you undertaken a literature search for this audit? Y ❒ N ❒

Details of Literature Search/ Key References: *(Please provide details of key references below)*	**Standards/ Guidelines/ Best Practice/ Evidence Base:** *(Give details of standards/ guidelines etc referred to above. What will you be measuring your practice against?)*

Aim(s) of undertaking this audit: *(What aspects of patient care do you want to improve?)*

_____

_____

Objectives of this audit: *(The objectives state the process by which you will achieve the aim)*

_____

_____

_____

_____

What changes/ benefits would you expect to see as a result of this audit?

_____

_____

_____

_____

Which clinical areas, or departments will be taking part in this audit?

_____

_____

Which staff groups will be involved in this audit?

_____

_____

Sample:

Sample population, how will you identify the cohort *(Pathways codes, Patient Record)?*

_____

_____

Time period *(all patients Treated, from, to):*_____

_____

Sample size:_____ Pilot Size:_____
(number of cases included in the audit)

How has the sample criteria been calculated?_____
(E.g. every 10th patient record within time period)

Data Collection:

Which data items do you need to collect and are they concurrent of retrospective?
(Enter details here or attach a copy of the data collection form if available)

_____

_____

_____

_____

What method of data collection will be used?
(E.g. Checking existing records observation, staff/patient questionnaire, interview)

_____

Who will be responsible for collecting the data?_____

How will the data be collated and analysed?

_____

_____

The Standards to be Measured in the audit

No.	Standard	Target	Exceptions	Instructions on where to find the data

Additional copies of this page are available if required.

Proposed time-scale:

Pilot start date: _____ Finish date:_____

Data collection start date:_____ Finish date:_____

Presentation:

Presentation audience, forum(s): _____

Approx. date for presentation:_____

Data Management Responsibilities:

The collection and use of clinical audit data should follow acceptable guidelines and principles in relation to ethics and confidentiality. Please ensure all audit data collected and results presented are anonymous.
(Circle or delete Y/N as appropriate)

Have Data Protection Act and Caldicott arrangements been considered? Y / N

Is ethical approval required? Y / N

If yes, date approval sought:_____

Clinician/Manager in charge approval gained? Y / N

Date approval gained:_____

Audit Proposal agreed by:

	Name	Date	Signature
Line Manager	_____	_____	_____
Divisional Manager	_____	_____	_____
Assistant Director of Patient Care	_____	_____	_____

Declaration:

I understand that audit data (staff/patient) must be kept anonymous and is not to be taken outside this Trust. I understand that the results belong to the Trust, not myself. I agree to the results appearing in the Trust's Clinical Audit reports. I confirm that the information provided on this form is accurate to the best of my knowledge. By signing this form I agree to ensure that this project is completed, the results disseminated and a report and action plan given to the Clinical Directorate.

Audit Lead _____ _____

_____ (Name) (Date) (Signature)

Audit Proposal ratified by:

I confirm approval to this audit being undertaken and commitment to ensuring dissemination of the results, production of an action plan and implementation of any changes required as a result of the audit findings.

Assistant Director of Patient Care _____ _____ _____

(Name) (Date) (Signature)

Appendix 2

Clinical Audit Workload Planning Form (CAUD 2)

Clinical Effectiveness Department
Berrywood
Tel: 01962 898187
e-mail: dave.sherwood@scas.nhs.uk

South Central Ambulance Service NHS
NHS Foundation Trust

For audit use only: *Ref No:* *Date:*
Clinical Audit Lead:

CLINICAL AUDIT WORKLOAD PLANNING FORM

This form is for completion by the Clinical Audit Lead. The Clinical Audit Lead should agree support from their Line Manager and/or Divisional Clinical Team Manager for participating in the audit.

(Please print)
Audit Lead Name: _____

Telephone: _____ **e-mail:** _____

Directorate: CD OPS SS 111 PTS
(please circle)

Audit Title: _____

Support Requested:

Project Design:

Research	Standard Setting	Sampling	Data Collection Tool	Method of Analysis
❒	❒	❒	❒	❒

Audit:	Analysis of data and descriptive statistics	Action Planning	Presentation
	❒	❒	❒

Date	Task	Time taken	Initials (*Audit lead*)

Date	Task	Time taken	Initials (*Audit lead)*

Appendix 3: Clinical Audit Report Form (CAUD 3)

South Central Ambulance Service NHS
NHS Foundation Trust

(Re-)Audit title

Service(s)

Area(s)

Disciplines involved i.e. Call Handlers, Paramedics etc.

Project team	
Name of project lead:	Job Title:
Name:	Job Title:
Name:	Job Title:
Name:	Job Title:
Data period:	
Report completion date:	

Content

Executive summary

The executive summary should include a summarised version of the background and rationale to the project, the main aims and objectives, key findings and recommendations.

(This should be written after the report has been completed)

Background

Briefly describe the reasons for undertaking this audit/survey.

E.g. *The area has been the subject of recent clinical incidents*

Following a previous audit, actions were implemented to improve practice and a re-audit is now required

An audit is required to ensure adherence to new clinical guidelines following their implementation

Aim

State what you need the audit to tell you/what you hope to identify. The aim is the goal you wish the audit/survey to achieve.

E.g. *Has the recent change in practice improved compliance with the evidence base?*

Is a particular practice compliant with NICE guidance?

Objectives

Identify how you will conduct the audit/survey project to address the aim. Objectives should be identified from the outset of the project and SMART; specific, measurable, achievable, realistic and timely.

Standards/guidelines/evidence base

What standards and guidelines have you compared against? What criteria have been used? Please specify the full title, reference and source of the criteria.

Sample

Which patients are you identifying and from which time period has the sample been selected?

E.g. *All patients with chest pain and diabetes during the 3 month period from 1st May 2013 to 31st July 2013 were included in the audit.*

Specify the total sample size/population and detail how you achieved the sample selected (methods) and include justification for your sample size e.g. inclusion/exclusion, random sample, stratified sample etc.

Describe how you identified your sample;

E.g. *All patients discharged at scene from 1st May 2013 to 31st May 2013*

Data source

Which data are utilised in the audit/survey?

E.g. *health records, x-ray reports, clinical management system, patient survey, observational, etc.*

Audit type

Specify if your project is criterion, indicator-based, patient survey, etc.

If you are unsure of the audit type please contact your Clinical Audit Lead or the Clinical Effectiveness team.

Methodology

This is a national, regional, local, *(delete the not applicable ones)* audit/survey.

Describe how the audit/survey was undertaken, this should be written in narrative format (including bullet points where required) and the following should be considered:

- developing and piloting a data collection tool - add this to the appendix
- data collection
  - how data was obtained e.g. EPR/CARS/Qlikview/Vehicle running log etc
  - prospectively/retrospectively
  - who collected the data e.g. paramedic, admin etc.
- data validation – how was the data validated, explain how this was completed and by whom
- data analysis
  - detail the packages used, e.g. Datix /EPR/Qlikview
  - you may wish to include whether the data analysis was validated and by whom e.g. in order to validate the data a draft set of findings were produced and checked/randomly checked by a second facilitator for accuracy.
- report writing *(detail who completed the report including their job title)*

Remember, each aspect of the methodology should detail the member(s) of staff responsible.

The description of the methodology should be sufficient to allow the audit/survey to be replicated by someone who had no previous involvement or knowledge of it.

Findings

Initially state your "N" number; N represents the total number of cases identified as the representative sample for inclusion in the audit/survey.

E.g. 50 cases were identified for inclusion in the audit of thromboprophylaxis, thus N=50.

Fluctuating N: Please note that the N may fluctuate, which can be shown by using "n".

E.g. Standard: All patients should receive drug A.

Exceptions: Patient has a contraindication to drug A or is already prescribed it.

Note: 5 cases were exceptions. (In 3 cases patients were already prescribed drug A and in 2 cases there was a contraindication to drug A.) therefore, the n will be 45.

The standards used should be highlighted in bold. Compliance against the standard should be detailed below to include the number and percentage of compliance.

Present data in table format where possible (this is usually sufficient for most audits/surveys).

E.g. Standard: The following signs should be recorded on admission (N=51):

Criteria	Adherence	
		(%)
Heart rate	*50*	*(98%)*
Respiratory rate	*50*	*(98%)*
Temperature	*48*	*(94%)*
Blood pressure	*45*	*(88%)*

Be selective with the use of charts, remembering to use the most appropriate method to present the data e.g. pie charts to show proportions and bar charts for easy comparison between different areas/time periods.

Individual clinicians/sites/practices etc. should not be identified within the report, when presenting this data the following format should be used:

Clinician 1

Clinician 2 etc.

If required, individuals could be informed of only their own identifier before or after the presentation.

Patient identifiable data e.g. surname, date of birth, NHS number, hospital number etc should never be included in a clinical audit report.

Discussion of Findings

What overall observations can be drawn from your findings? Detail any key themes arising from the analysis of data. Ensure your observations are supported by the project findings and include the key points.

Definitions of good practice and areas of practice requiring improvement should be determined by the project team (if used).

Areas of good practice:

- All asthmatic patients were given a yearly review.
- 90% of people with schizophrenia had their physical health monitored by a GP or primary healthcare professional at least once a year.

Areas for improvement:

- Only 50% of patients with schizophrenia had documentation to confirm they were routinely monitored for coexisting conditions.
- The doctor's signature was present on the consent form in only 75% of cases.

Suggested Methodology/Process Changes

Include any problems identified related to the audit methodology and process of the audit which may need to be addressed/considered before undertaking a re-audit.

E.g. difficulties with identifying the patient sample, required updates to the proforma

(If there are no changes identified this section can be deleted)

Recommendations

Recommendations should be made and based on the findings and any other relevant finding identified during the course of undertaking the clinical audit project.

E.g. An audit of consent in radiology identified a process where consent forms were scanned onto a system; some staff were not scanning the whole consent form.

Incorporate SMART (Specific Measurable Achievable Realistic Timely) principles in all recommendations.

All recommendations in the clinical audit report should be numbered and mirrored in the action plan.

Presentation

Include information on where and when the project was presented and action plan discussed and agreed

References

Where applicable detail any references (e.g. references quoted in the Background/ rationale section) in Harvard format.

E.g. NICE (March 2009). Clinical Guideline 82: Core interventions in the treatment and management of schizophrenia in primary and secondary care (update).

- Do not detail any references already detailed in the Standards/guidelines/evidence base section
- References to previous audit reports should also be included here

E.g. St Elsewhere Primary Care Trust (January 2011). Audit of asthma management in paediatrics (Project number 111)

Action Plan

Source of Action Plan	SIRI/ High Risk Incident/ Complaint/ Claim/ Audit

Title	Ensure this is exactly the same as the title detailed on the front cover	Ref/Project No.	

Action Plan Lead	Name:	Title:	Contact:

Ensure that the recommendations detailed in the action plan mirror those recorded in the “Recommendations” section of the report. The “Actions required” should specifically state what needs to be done to achieve the recommendation; there may be more than one action per recommendation. All updates to the action plan should be included in the “Comments” section.

Recommendation (number only)	**Action Required** (specify “None”, if none required)	**Action by Date**	**Person Responsible** (Name and title)	**Comment/ Action Status** (Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc)	**Change Stage** (see Key)	**Date Action Completed**	**Evidence of Completion and where stored**

KEY (Change status)

1 Recommendation agreed but not yet actioned
2 Action in progress
3 Recommendation fully implemented
4 Recommendation never actioned (please state reasons)
5 Other (please provide supporting information)