



CLINICAL AUDIT POLICY & PROCEDURE

DOCUMENT INFORMATION

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SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST CLINICAL 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, National Clinical Quality Indicators and Clinical Benchmarking as outlined in the Clinical Strategy, 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 Clinical Audit Facilitators

The Clinical Audit Facilitator will contribute to the implementation of the Trust's Clinical Strategy, through the proactive delivery of high quality, innovative and effective Clinical Audit as part of the Clinical Audit and Effectiveness programme. This includes:

- working closely with others in the Clinical Audit and Effectiveness department, R&I department, and Health Informatics to deliver the organisation's Clinical Audit and Effectiveness Programme within agreed timescales
- undertaking clinical audit and other quality improvement projects to measure existing practice against local and national guidelines and standards of practice
- assisting others to undertake audits by providing clinical audit, methodology advice and support across the organisation as required
- writing audit reports, associated documents, and ad-hoc reports
- effective communication with a wide range of people
- maintaining the confidentiality and security of patient records

4.6 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. An annual Clinical Audit Plan will be agreed and approved by the Clinical Review Group and approved and monitored by the Quality and Safety Committee. National Clinical Quality Indicators,

local commissioning requirements and the Trusts Clinical Strategy will inform the clinical audit annual plan.

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 for 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 Form. *Appendix 1*.

5.7 The Clinical Audit Proposal Form is to be completed fully for each Clinical Audit project undertaken by the Organisation.

5.8 A Clinical Audit Proposal 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 Clinical Audit Proposal Form is to be forwarded to the Assistant Director of Patient Care who will scrutinise the proposal to assess 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 Clinical Care Groups (CCGs), 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.

6.3 The Trust will work in partnership with commissioners to audit quality measures as agreed in the quality schedule monitored at the Clinical Quality Review Meetings (CQRM's) at least bi-annually or as agreed.

7. National Clinical Quality Indicators

7.1 The Ambulance Quality Indicators (AQIs) were created to provide an overview of the clinical quality achieved by ambulance services. The purpose of the Clinical

Outcomes Technical Guidance document (appendix 3) is to provide a detailed description of each of the Clinical Outcome (CO) Ambulance Quality Indicators (AQIs), including clarification on aspects of the sampling process, data sources, data collection and analysis methods. These will be referred to as CQI's in the document. The guide should be used in conjunction with NHS England's Ambulance Quality Indicators Clinical Outcome Specification for data from April 2018.

7.2 There are five CQI topic areas and each of these has specific clinical process and outcome measures:

- Cardiac Arrest
- ST Elevation Myocardial Infarction (STEMI)
- Stroke
- Sepsis
- Falls in older people

7.3 Section 1 outlines the basic principles that apply to the CQIs areas in general. Section 2 contains the detailed descriptions of the measures within each area and the methodologies required by which the data must be collected and analysed.

7.4 Data will be used by NHS England to present performance data for the Clinical Outcome component of the AQIs and as part of a Balanced Scorecard.

The Public may access this information through individual Trust websites and NHS England.

Ambulance Trusts may also use the CQI data to monitor and improve their own clinical quality, including benchmarking against other Trusts.

8. Clinical Audit Development

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

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

8.3 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.

8.4 The future is to integrate into the HL7 / FHIR interface to transmit data to acute trusts so as a full clinical record integration can be achieved. The Assistant Director of Patient Care will work with the Trusts IT department to ensure the best solution is available.

9. Monitoring

9.1 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.

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

10. Training

10.1 Clinical Audit Facilitators will have a nationally recognised clinical audit qualification. The course will cover audit design and planning, the audit cycle and implementation of learning. The course will be accredited to level 3.

10.2 All clinical staff will be made aware of any national clinical quality indicators or learning from clinical audit by way of updates by email or face to face as recognised in the Trusts Training Needs Analyses (TNA). All learning from clinical audit will be assessed by the Trusts Education Department to advise on delivery options where appropriate added to the TNA.

11. Other References

Data Protection Policy
Care Pathways Policy
Resuscitation Policy
Child and Vulnerable Adult Protection Policy
Training Needs Analyses

Appendix 1

Many of our policies have an 'Internal staff form' attached that is relevant to the document. The 'Clinical Audit Proposal' form is included with this policy but for security and accessibility reasons it is only available on our [Staff Intranet](#).

Appendix 2

Many of our policies have an 'Internal staff form' attached that is relevant to the document. The 'Clinical Audit Report Form/Action Plan' form is included with this policy but for security and accessibility reasons it is only available on our [Staff Intranet](#).