Clinical Audit Strategy

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1. Statement

The North East Ambulance Service (NEAS) NHS Trust is committed to delivering effective clinical audit in all the clinical services it provides. The Trust sees clinical audit as a cornerstone of its arrangements for developing and maintaining high quality patient-centred services. We have a strong track record for delivering high quality and good value patient care, but we are not complacent, as evident in our vision, which is to make a difference by integrating care and transport in pursuit of equity and excellence for our patients.

2. Organisational ‘fit’

Clinical audit contributes to the delivery of the Trust's mission and definition of quality; ‘Right Care, Right Place, Right Time’ through the systematic review of patient care in everything we do. Clinicians and clinical audit professionals work together to ensure that patients received the best advice, care and treatment and are referred to the most appropriate provider within the most appropriate time frame.

2.1 Our Values

Clinical audit supports the Trust’s 5 values and strategic intentions as illustrated in the ‘House’ to the left. NEAS use clinical audit to demonstrate to our service users that we are delivering a high standard of care to patients in the north east and continuously monitor the quality of our performance to ensure standards are maintained and continually improved.

NEAS work with other healthcare and non-healthcare organisations to identify better ways of working and we encourage the involvement of service users in patient experience and service planning and review.

By continuously measuring specific clinical indicators and auditing areas of potential clinical risk we can provide assurance that we are consistent, transparent and aim for continuous improvement.
2.2 Our Strategic Intentions

2.2.1 To lead in the provision of emergency care

Three strategic goals make up this first intention; to continually improve the care and treatment provided to patients, to improve A&E response performance across the North East from 2011/12 onwards, and to lead in the innovation of emergency care.

The Integrated Business Plan 2010/11 – 2015/16 discusses the initiatives that are to be undertaken to achieve these strategic goals and clinical audit will be key in supporting them, e.g.:

- The Infection Prevention and Control function will develop a programme of audit
- The e-PRF will provide a more efficient, timely and accurate way of auditing patient information
- Changing patient pathways for stroke and trauma will require clinical audit to identify the potential impact these diversions can have on patient care
- Clinical audit will continue to inform and support research

2.2.2 To be a first rate employer

We want our staff to be committed to delivering quality services to patients and to engage in service improvement activities.

The Clinical Care and Patient Safety directorate appointed a Quality Improvement Officer in 2011 to help embed the culture of continuous quality improvement and to encourage staff engagement in quality improvement initiatives. We hope that by incorporating clinical audit into individual performance management we can improve the capabilities of our workforce as well as delivering a better service to patients.

We set local trajectories to monitor the level of care we are delivering and also like to benchmark ourselves against other Trusts to identify any improvements necessary or areas of clinical care that we may wish to focus our attention on.

The clinical audit function will continue to actively support and encourage cross-organisational audits with other healthcare and non-healthcare organisations to identify quality improvements and cost savings.

2.2.3 To be a key partner in urgent care reform

NEAS want to help deliver the changes that our patients and our commissioners are asking for using our expertise and infrastructure.

The clinical audit function aims to work in collaboration with health and social care partners to report patient outcomes accurately and timely and we are dedicated to strengthening our relationships with other urgent care providers.
Our paper patient records are being replaced by electronic records and e-PRF (electronic patient report form) tough-books will be installed in all of our front line emergency vehicles. The e-PRF will bring about a commonality of information collected and collated nationally and provide further opportunities for benchmarking to learn from our peers, different infrastructure behaviours and share best practices, to continually improve performance and quality of services.

We will also continue to audit patient referrals with the aim of reducing the inappropriate use of acute hospital services through more appropriate redirection of patients to alternative urgent care services.

2.23 To have sound financial health

NEAS aim to maintain strong financial health that enables us to invest in new service developments, constantly taking the organisation forward.

We believe we can help to shift the demand for emergency care to alternative pathways of non-emergency care, appropriately and safely. We will therefore continue to audit See and Treat/Referred and Hear and Treat/Referred and ensure that the patient was not exposed to risk and received the right care in the right place and in the right timeframe based on assessment of their need.

Our strong financial performance enables us to invest in developments to continually improve services. For example we will be investing in the procurement and implementation of the e-PRF, known nationally as the Emergency Care System, which will provide us with real-time quality information to inform and improve clinical practice.

Clinical audit is also being used to provide assurance that Cost Improvement Programmes do not impact upon the quality of the service NEAS provides.

2.24 To be a well-governed and accountable service

We want to continue to ensure that the safety and quality of our services to patients remains our highest priority.

Through an integrated governance approach we can demonstrate we have effective and streamlined governance arrangements in place across all aspects of our business and our Board can confidently offer the necessary assurances regarding the quality of the healthcare we provide.

On an annual basis, the clinical audit function is audited internally by the Quality function and externally by both the Sunderland Internal Audit and Worldwide Quality Assurance. NEAS have strengthened its governance procedures by acting on recommendations or guidance made by:

- The Audit Commission, in its 2009 national report *Taking it on Trust*
• The Good Governance Institute, in the 2010 document *Good Governance Institute Self Assessment Maturity Matrix*
• The Sunderland Internal Audit Services, 2011

In response to these recommendations, every audit within the Annual Clinical Audit Programme is strategically linked to the 5 domains of the NHS Outcomes Framework, the Strategic Intentions of the Trust and the key corporate objectives.

We are also strengthening our communication between the Clinical Audit Steering Group, the Quality Committee and the Board and improvements include an annual presentation of the Clinical Audit Programme with an opportunity for the Board to scrutinise and question the choice of audits.

3. Scope

This document describes the strategic framework for the continuing development of clinical audit within NEAS. It builds on the progress made in recent years and demonstrates a commitment to continuous quality improvement and the desire to continue to provide high quality, safe, effective and accountable care across the North East of England.

The strategy applies to all clinical audit projects performed within the organisation. It is principally aimed at those charged with responsibility for overseeing the direction and development of clinical audit within the Trust which includes the Board and the Executive Team as well as the Clinical Audit Manager.

All NEAS staff should be aware of the strategy as its implementation will have an impact on the way and level that members of clinical audit department can support them in everyday clinical audit activities.

4. Definition of clinical audit

Clinical Audit may be defined as “a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery”. This is the definition provided and endorsed by NICE (2002).

Clinical audit is often shown as a ‘cycle’. This cycle can have many stages, and appear quite complex. A simplified version is shown here (figure 1) for information. Clinical Audit within NEAS is expected to follow this model. It is of particular importance to note the stage of ‘action planning and implementation of change’. This will become even more critical, as audits which lead to demonstrable improvements in the quality of care that we deliver will be key.
5. **Strategic aim**

The aim of this strategy is to use clinical audit as a process to embed and continually improve clinical quality at all levels in the organisation over the next 4 years, creating a culture that is committed to learning and continuous organisational development.


This section of the strategy describes the areas of clinical audit practice that NEAS is committed to developing during 2011-2015.

Some of the objectives are as a direct result of the review that has been undertaken in the clinical audit function in 2010/11. The 2010 publication ‘Clinical audit: a simple guide for NHS Boards and partners’ by Healthcare Quality Improvement Partnership (HQIP) was reviewed by the Clinical Care and Patient Safety directorate and highlighted to the Board the 10 key elements which any Board should have adopted in relation to good governance and good practice clinical audit.

The Good Governance Institute then introduced a ‘Self-Assessment Maturity Matrix’ in 2010 which categorised the 10 key elements into 5 different levels; from basic to exemplar, that NHS Boards can be placed against for their use of clinical audit in strategic management and quality and performance management; how we involve patients and other healthcare providers and the Board’s involvement in clinical audit.

In 2011, members of the Clinical Audit Steering Group (CASG) and the Board were asked to individually review the matrix and rate NEAS for each of the key elements. Ratings and comments from both groups were discussed and recommendations were made.

Recommendations highlighted that the CASG require more integration with both patients and the Board; the Board will be given the opportunity to have greater involvement in the Annual Clinical Audit Programme and suggestion was made for the Board to challenge audit more in terms of action plans and re-audits being followed through.
Clinical audits were also strategically linked to the following documents with the aim of aligning audit activity to the Trust’s overall objectives:

- The 5 domains of the NHS Outcomes Framework
- The Strategic Intentions of the Trust
- The key corporate objectives for 2011/12.

The clinical audit objectives are as follows:

6.1. **To ensure, in collaboration with other healthcare providers, that clinical audit crosses care boundaries and encompasses the whole patient pathway**
To develop a partnership approach in order to establish a robust system for reporting patient outcomes. Patients who have experienced a Return of Spontaneous Circulation following a cardiac arrest will be followed up by NEAS to determine the date they were discharged. Implementing this system effectively will ensure NEAS remain leaders in terms of Ambulance Quality Indicator (AQI) reporting. Re-audits/monitoring takes place that demonstrates improvements in patient care related to patient.

6.2. **To ensure patient involvement is considered in all elements of clinical audit**
To investigate how patients and health and social care partners can become more involved in choice of topic for clinical audit.

6.3. **Clinical Audit, Informatics and Training to collaborate in operational staff appraisal**
Following the implementation of the e-Patient Report Form (PRF) in house reporting system, clinical audit will work closely with both Informatics and Training departments to produce in depth reports on individual clinical operational performance. By identifying training needs through clinical audit, reports will be used to empower staff in reaching their potential and delivering the safest and most appropriate level of patient care.

6.4. **To ensure organisational compliance with national requirements**
National audits will be completed and submitted within the given timeframe and following the relevant technical manual. NEAS should where possible develop new ways of working to satisfy national requirements.

6.5. **To increase engagement with the Trust Board**
The Clinical Audit Manager will deliver bi-annual presentations to the Board on relevant areas relating to clinical audit, such as an overview of the annual clinical audit programme or to provide assurance to the Board with regards to clinical audit activity.

6.6. **To demonstrate continuous clinical quality improvement through national and local audit**
Results of clinical audits from both national; Ambulance Quality Indicators (AQI); National Clinical Performance Indicators (NCPI); Ambulance Service Cardiovascular Quality Initiative (ASCQI); and local audits should demonstrate quality improvements, an increase in compliance and a reduction in the number of risks identified.
6.7. **To implement a robust feedback system for driving quality improvement and minimising risk**

The Quality Improvement Officer will email those individuals directly who are not delivering an appropriate standard of patient care. Staff will be monitored and performance managed and to ensure they deliver consistent, high quality care to patients. NEAS will adopt the ‘Ward to Board’ principle with clinicians undertaking self-audits and reflection and learning will be encouraged from clinical audit findings.

6.8. **To encourage the use of clinical audit wherever possible to identify cost inefficiencies, service improvements and for use in Rapid Process Improvement Workshops (RPIW)**

In order to deliver the best patient care as efficiently as possible, outcomes from clinical audits can be used to identify improvements and inefficiencies.

6.9. **To ensure that action plans are monitored and change management reported to the Clinical Audit Steering Group, the Quality Committee and the Trust Board**

Clinical audits are only effective if the actions proposed in the action plans are successfully achieved within an appropriate time scale. It is therefore essential that all action plans are regularly monitored to ensure the proposed outcome was delivered.

7 **Operational Action Plan**

The following operational action plan develops each of the objectives in section 6 to include an action, an action lead, the expected outcome and the aspirations for the next 4 years.
### NEAS 4 Year Operational Action Plan

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<th>Action</th>
<th>Lead</th>
<th>Expected outcome</th>
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<td>To ensure, with other healthcare providers, that clinical audit crosses care boundaries and encompasses the whole patient pathway.</td>
<td>To develop a partnership approach to clinical audit in respect of collecting outcome data from healthcare organisations.</td>
<td>Clinical Audit Manager  Cardiac Arrest Data Clerk</td>
<td>The whole patient care pathway will be reported</td>
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<td>Contacts made at all hospitals for cardiac arrest data</td>
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<td>Joint audit plan agreed across primary, acute and social care.</td>
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<td>Whole service approach seeking to rationalise service improvement is the norm.</td>
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<td>To ensure patient involvement is considered in all elements of clinical audit</td>
<td>To investigate how patients and health and social care partners can become more involved in choice of topic for local clinical audit.</td>
<td>Clinical Audit Manager  Communications Department Governors</td>
<td>Share with patients priority setting, means of engagement, sharing of results and plans for sustainable improvement.</td>
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<td>Clinical Audit Manager  Assistant Director of Communications and Engagement Governors</td>
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<td>Clinical Audit, Informatics and Training to collaborate in operational staff appraisal</td>
<td>Produce in depth reports on individual clinical operational performance based on e-PRF data.</td>
<td>Clinical Audit Lead Information Development Manager Training Representative</td>
<td>By identifying training needs through clinical audit, reports will be used to empower staff in reaching their potential and delivering the safest and most appropriate level of patient care.</td>
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<td>To increase engagement with the Trust Board</td>
<td>The Clinical Audit Lead will deliver bi-annual presentations to the Board on relevant areas relating to clinical audit, such as an overview of the annual clinical audit programme or to provide assurance to the Board with regards to clinical audit activity.</td>
<td>Director of Clinical Care and Patient Safety</td>
<td>Clinical audit is incorporated into appraisal for all clinical staff.</td>
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<tr>
<td>Objective</td>
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<td>To encourage the use of clinical audit wherever possible to identify cost inefficiencies, service improvements and for use in Rapid Process Improvement Workshops (RPIW).</td>
<td>To provide evidence from clinical audit findings to other departments and where necessary, assist internal or external associates in providing clinical data to contribute to service improvement.</td>
<td>Clinical Audit Manager</td>
<td>Clinical audit results will be more widely used to support business planning, performance management, finance and quality management.</td>
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<td>To ensure that action plans are monitored and change management reported to the Clinical Audit Steering Group.</td>
<td>Action plans and change management to be reported back to the Clinical Audit Steering Group on a bi-monthly basis which is then fed to the Board via the Quality Committee.</td>
<td>Clinical Audit Manager</td>
<td>More robust system for closing the audit loop, ensuring improvements have been made and sustained and the change has resulted in quality improvement.</td>
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References

Books


Online

