



London Ambulance Service **NHS**
NHS Trust

The Strategy, Process and Application of Clinical Audit in the London Ambulance Service

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1. Introduction

This document is intended to describe the strategic approach and the process of clinical audit in the London Ambulance Service NHS Trust (LAS). It aims to ensure that clinical audit is of a high standard, relevant to the Service and our patients, and that the findings are practically applied to improve clinical care and patient outcomes.

2. Scope

This document applies to all Trust employees, contractors and third parties wishing to undertake clinical audit in the LAS, plus those interested in the clinical audit and quality improvement functions of the LAS. Clinical audit is the responsibility of all staff, although it is largely undertaken by clinicians and those within the Clinical Audit and Research Unit (CARU).

3. Objectives

1. To inform the LAS's approach to clinical audit including its strategy, process and application
2. To outline the direction and steering of clinical audit activities
3. To guide the development of the annual clinical audit programme including topic selection, prioritisation, audit methodology and equality factors that will be considered
4. To demonstrate that best practice standards are used when auditing clinical practice
5. To describe the process by which the LAS will take action to improve clinical quality and patient care as a result of clinical audit
6. To illustrate how clinical audit findings will be communicated, internally and externally, to enable improvements through sharing information
7. To outline the multidisciplinary approach to clinical audit by involving a range of staff, external clinicians, academic partners, patients, the public and other relevant key stakeholders
8. To describe how clinical audit activity will be monitored and evaluated
9. To outline the resources, training and support available to those involved in clinical audit.

4. Clinical Audit in the LAS

Clinical audit is a quality improvement process that 'seeks to improve patient care and outcomes through a systematic review of care against explicit criteria and the implementation of change' (National Institute for Clinical Excellence, 2002)¹. The overall objective is to improve patient care by informing healthcare professionals about their clinical practice and recommending improvements where required.

The LAS recognises that clinical audit is an invaluable driver to clinical improvement, and is committed to undertaking a programme of clinical audit to ensure the highest standards of care, improve clinical quality and patient outcomes, and minimise clinical risk.

The strategic aims of clinical audit in the LAS are threefold:

1. To achieve demonstrable improvements in clinical quality and the delivery of patient care
2. To encourage evidence-based practice
3. To contribute to the process of continuing clinical education.

In order to facilitate the delivery of robust and systematic clinical audit, the LAS will aim to:

- Participate in local and/or national clinical audit
- Set a clinical audit programme related to both local and national priorities, with the main aim of improving patient outcomes
- Work collaboratively and engage appropriate stakeholders
- Raise awareness amongst clinicians of the systems and arrangements for participating in clinical audit
- Provide suitable training and support to all staff involved in clinical audit and facilitate completion of the audit cycle
- Evaluate the clinical audit programme to ensure that it: meets the LAS's strategic aims and objectives; the needs of our staff and patients; is fit for purpose, and efficiently uses resources
- Provide regular progress reports, findings and recommendations to the Trust Board and other relevant committees.

¹ National Institute for Clinical Excellence (2002). *Principles for best practice in clinical audit*. Radcliffe Medical Press Ltd

5. Responsibilities

5.1 Trust Board

Ultimate accountability for clinical audit lies with the LAS Trust Board.

5.2 Quality Committee

This group is chaired by a Non-Executive LAS Director and receives reports from the Clinical Quality, Safety and Effectiveness Committee, including the progress of, and outcomes from, the clinical audit programme. Within the framework of the Trust's Clinical and Quality Strategy, this committee oversees the systems and processes in place to ensure the delivery of, and improvements to, high quality patient-centred care.

5.3 Clinical Quality, Safety and Effectiveness Committee (CQSEC)

The Head of Clinical Audit & Research is a member of this committee, which is chaired by the Medical Director, which meets bi-monthly and submits a written report to the Quality Committee. CQSEC monitors the LAS's clinical audit function to ensure that the clinical audit programme supports the corporate objectives and provides evidence of effective clinical practice. This committee receives regular reports on the progress of the clinical audit work programme and clinical audit outcomes. It also actively monitors the implementation of clinical audit recommendations to ensure high standards of clinical quality and the delivery of improvements to patient care.

5.4 Clinical Audit and Research Steering Group (CARSG)

This multidisciplinary group is chaired by the Medical Director and is responsible for setting and approving the clinical audit programme. It also reviews the results of clinical audit projects and advises on the development and implementation of clinical audit recommendations to ensure that they are measurable, achievable and realistic, with the potential to improve patient care. The Terms of Reference for CARSG are reported in Appendix 2 of this document.

5.5 Medical Director

The Medical Director is a member of the Trust Board who maintains overall responsibility for the clinical audit function of the LAS.

5.6 Head of Clinical Audit & Research

Through involvement at a strategic level both internally and externally (at national clinical audit and quality groups), the Head of Clinical Audit & Research is responsible for shaping the clinical audit programme to ensure that it meets the needs of the Service and, where possible, the wider NHS.

The Head of Clinical Audit & Research leads the clinical audit programme, overseeing the conduct and reporting of all projects to ensure a high standard and a focus on demonstrable changes to clinical quality and patient care.

5.7 Clinical Audit Manager

The Clinical Audit Manager is responsible for the co-ordination of the clinical audit programme and the implementation of arising recommendations. The Clinical Audit Manager is also responsible for delivering the LAS's clinical audit approvals process and monitoring the progress of active clinical audit projects.

5.8 Risk Lead

The Medical Director is ultimately responsible for managing risks associated with clinical audit in the LAS and ensures that relevant areas of clinical risk are examined through the clinical audit programme.

5.9 Clinicians

All clinicians have a responsibility for attending clinical audit courses as required and contributing to clinical audit projects either by ensuring the submission of the necessary data and paperwork for audit projects, or by undertaking clinical audit projects themselves. Team Leaders have a defined audit function, whereby they are responsible for undertaking a specific programme of Clinical Performance Indicators.

6. The Approach to Clinical Audit

The LAS works on the assumption that all practitioners can and do have ideas for improving the Service, and is keen to ensure that clinical audit is a process that is open to all staff, regardless of whether or not they have prior clinical audit experience. As such, although the majority of clinical audit work is undertaken within CARU, staff from across the Service are actively encouraged to participate in clinical audit. Furthermore, those involved in clinical audit may not always be LAS employees; they may work for other NHS Trusts, academic institutions and commercial organisations.

In order to avoid duplication of effort and ensure that resources are directed towards projects aligned with the needs of the Service, any non-CARU LAS staff or those from external organisations wishing to undertake a clinical audit that utilises LAS resources, staff, or data must first seek LAS approval prior to commencing the project. In such instances, individuals will be required to submit to CARU an audit proposal that will be reviewed for consideration of appropriate methodology, potential LAS resource implications, and coherence with the clinical audit programme and LAS priorities. If approval is not granted, then the project cannot be undertaken within the LAS or use our data. Regardless of who is undertaking

the project, all clinical audit activity will be monitored by CARU, and guided to ensure that recommendations are realistic and derived from the findings. CARU will also assume responsibility for implementing recommendations relevant to the LAS to ensure the delivery of improvement to clinical care.

Quality of care will be measured in many ways including: adherence to clinical guidelines; improvement in or maintenance of condition; health outcome; appropriate delivery to another care provider; speed of response, and patient satisfaction. Appropriate measures will be selected at the outset of each audit, with emphasis on including patient-focused outcomes where possible. Using the results of clinical audit, recommendations for enhancing patient care will be developed, which will be widely disseminated to help inform pre-hospital clinical guidelines and training programmes, and raise awareness and understanding of certain clinical issues amongst staff. Recommended changes may be implemented at an individual, team, or Service level and further monitoring (re-audit) will be undertaken to confirm improvement in practice and patient care.

A programme of clinical audit activity will be set annually under the guidance and approval of CARSG, and monitored by CQSEC. The clinical audit programme will aim to address corporate priorities and complement other LAS quality improvement initiatives and, as such, will link closely with the LAS Strategic Plan (which forms the direction of travel for the Trust) and the following areas:

- Research and Development
- Clinical and Quality Directorate
- Education and Development (Training and Clinical Supervision)
- Governance and Compliance
- Service Development
- Business Development
- Project Support
- Control Services (Emergency and Urgent Operations Centres)
- Patient Experiences
- Legal and Risk Services
- Equality and Inclusion
- Information Management and Technology
- Finance and Corporate Processes

7. Direction and Steering

The position of clinical audit within the LAS's organisational structure is illustrated in Appendix 1. The clinical audit programme will be agreed and overseen by CARSG, a group that meets bi-annually and is chaired by the LAS's Medical Director. This multidisciplinary group consists of internal and external members, including representatives from Education and Development, Control Services, frontline operational staff, A&E clinicians, other specialist clinicians, academic partners and patient representatives (via the LAS Patients Forum). CARSG reports to CQSEC, which in turn reports to the Quality Committee and the Trust Board.

As the function of CARSG is shared between audit and research, its Terms of Reference (Appendix 2) are relevant to both the clinical audit and research programmes. The main objectives of CARSG specifically in relation to clinical audit are:

- To set the priorities and goals for clinical audit in relation to short and long term objectives, and to approve the clinical audit programme
- To ensure that clinical audit results, recommendations and supporting action plans are reported widely and appropriately
- To ensure that recommendations are recognised and acted upon by the LAS
- To provide practical support to LAS clinical audit functions
- To ensure there is rigorous scrutiny and review on a regular basis
- To approve this document.

In addition to the above objectives, CARSG will monitor progress to ensure that clinical audit in the LAS:

- Follows the process and philosophy set out in this document
- Adheres to the priorities of the LAS Strategic Plan, other key strategies, key performance indicators and governance frameworks
- Maintains an educational role by including a variety of operational, training and managerial staff on audit advisory groups
- Conducts re-audit following the implementation of recommended actions to demonstrate improvements to practice and patient care.

8. Programme Strands

8.1 Topic Selection and Prioritisation

At the beginning of each year we will select a number of topics for clinical audit using the Audit Triggers Tool (Appendix 3). Use of the Triggers Tool will ensure that the clinical audit programme is responsive to the objectives of the LAS, the wider NHS, and pre-hospital care in general. Selected topics will form the basis of the clinical audit programme. Each topic will be prioritised in order of importance to the LAS using the Audit Prioritisation Tool (Appendix 4). We will produce a clinical audit programme that will be presented to CARSG for their input and approval. CARSG will review progress against the programme twice a year and progress will be reported to CQSEC bi-monthly.

8.2 Types of Audits

Clinical audit projects will be carried out in different ways as described below, using the latest available evidence on design and methodologies.

8.2.1 Baseline Clinical Audits

This type of audit provides a systematic clinical review of an area of care to identify whether or not there is a need for further in-depth clinical audit. It is essentially a short, focussed insight into an area where there is a suspected quality concern. Where the concern is confirmed and a need for further audit identified, a snapshot or large-scale clinical audit will be undertaken.

8.2.2 Snapshot Clinical Audits

Snapshot clinical audits examine specific aspects of care either within a particular geographical area of the LAS, or a specific group of patients. These focused audits examine a limited amount of data, sufficient to answer a specific question. The findings of snapshot clinical audits may lead to a large-scale audit being undertaken. Operational staff, including Team Leaders, will be encouraged to undertake snapshot audits examining areas of care that may be of a specific concern in their local area.

8.2.3 Large-scale Clinical Audits

These clinical audits examine in detail patient care and adherence to guidelines across a larger area of the Service. With large-scale audits it is not unusual for data to be collected for a period of one year or more. These audits examine numerous aspects of care and can involve tracking patient outcomes and measuring patient satisfaction. These audits typically require third party collaboration (usually hospitals) and may need ethical approval. Large-scale audits will be led by the Clinical Audit Manager, under the supervision of the Head of Clinical Audit & Research, and incorporate a multidisciplinary audit working group to provide project direction, advice on

methodology and findings, and contribute to report writing and developing recommendations. We will endeavour to involve in these working groups, as appropriate: LAS clinicians and other staff; Education and Development representatives; specialist clinicians/advisors who work in the area of care being audited; patients/service users or representatives, and academic partners.

8.2.4 Clinical Performance Indicators

The LAS Clinical Performance Indicators (CPIs) are a quality improvement tool that enables the continual clinical audit of patient care as recorded on the Patient Report Form (PRF). CPIs are used to highlight good practice and areas of concern as well as assessing the quality of PRF documentation. CPI audits are undertaken by Team Leaders as part of their clinical supervisory role, enabling them to provide specific, constructive feedback to individual clinicians on areas of concern and offer praise for good practice. CARU monitors the CPI process, collates data and produces reports at a local (Complex) and Service-wide level to benchmark Complexes, draw attention to specific quality issues, and highlight improvements to practice.

8.2.5 Continuous Clinical Quality Monitoring

The LAS monitors the quality of care delivered to every patient who suffers a cardiac arrest, ST-elevation myocardial infarction (STEMI), stroke or major trauma; these patient groups make up the vast majority of our emergency calls. Using this type of audit activity, CARU produces local and Service-wide reports to benchmark Complexes, highlight aspects of operational performance and clinical care, inform future treatment options, and demonstrate the effectiveness of care packages specific to these patient groups.

8.2.6 Collaborative Clinical Audits

The LAS appreciates the importance of working collaboratively with other NHS Trusts and comparing our clinical care and performance with other ambulance services. As such, we will continue to develop and maintain partnerships, hold membership of regional and national clinical audit groups, and participate in national ambulance clinical audit initiatives including the Ambulance Service's National Clinical Performance Indicators and the Department of Health's Ambulance Clinical Quality Indicators. We will continue to assist with the verification of data for the Myocardial Ischemia National Audit Project (MINAP) and participate in National Confidential Enquiries as required.

9. Process for Ensuring Appropriate Standards of Performance are Audited

The objectives of each clinical audit project will be based on achieving best practice against set standards. Prior to commencing each clinical audit project, a literature scoping task will be undertaken to identify the latest evidence and guidelines on the topic area. Often the starting point will be the Clinical Practice Guidelines for Use in UK Ambulance Services (Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines). In addition, recent LAS operational and medical bulletins, and Clinical Updates, will be reviewed to capture all information that clinicians receive. The designated audit project lead, Clinical Audit Manager, and a qualified clinician (often a Clinical Advisor from the Clinical and Quality Directorate) will design the audit standards in line with the objectives of the audit. A wider working group will be convened for larger-scale projects that may consist of both internal and external members (including patients and members of the public as appropriate) and will provide advice to CARU. CARSG will also be consulted as appropriate.

10. Collaborative Working

The LAS remains committed to a collaborative, multidisciplinary approach to both setting the clinical audit programme (via multidisciplinary membership of CARSG, see Section 7) and when undertaking clinical audit projects (via audit working group membership, see Section 8.2). In addition, we will endeavour to become involved in collaborative clinical audit activity whenever possible and appropriate (as described in section 8.2).

11. Patient and Public Involvement

Patients and members of the public will have input into the clinical audit process through numerous mechanisms. An audit may be triggered directly by patients highlighting a clinical quality concern in the form of complaints or enquiries. Patients may be actively involved in providing data for clinical audit projects where the methodology explicitly seeks patients' views and experiences of the quality of care. Patients' expertise is also used to guide the development of projects via involvement in multidisciplinary audit working groups, and to set the clinical audit programme via membership of CARSG.

12. Equality and Inclusion

We will endeavour to include within audit projects measures of equality and inclusion protected characteristics (including age, sex, ethnicity, pregnancy & maternity and disability) when these factors are known or expected to play a role in the presentation or treatment of conditions. The LAS will also, where possible, seek to take full account of equality and inclusion factors when conducting projects and reporting findings.

13. Data Protection

All clinical audits will be conducted in accordance with relevant legislation such as the Data Protection Act 1998, the 'Caldicott principles' (Caldicott Committee, 1997), Health and Social Care Act 2001, ethical guidelines, and National Information Governance Board regulations. All data collected will be: adequate; relevant; not excessive; accurate; processed for limited purposes; treated confidentially, and not kept for longer than necessary. Data will be held electronically and secured with encryption and password protection. Data access will be strictly limited to those directly working with it.

14. Format for Audit Reports

All clinical audit projects will be formally written up using a standard reporting structure which includes:

- Introduction
- Aims and objectives
- Methodology
- Results (including appropriate graphic representation)
- Conclusions
- Recommendations (including re-audit dates and the sharing of outcomes/findings with other interested parties)
- Action plan (as appropriate)

Every clinical audit report will be reviewed and agreed by CARSG.

15. Communication and Dissemination of Findings/Reports

The communication of audit findings to staff, patients, the public, and members of healthcare and scientific communities is a priority for the LAS. Reports will be distributed to the Trust Board, Quality Committee, CQSEC, and to all clinicians. Reports will be shared externally with other ambulance services, A&E and other relevant hospital departments, academic partners, the LAS's Patients Forum, and other relevant groups/organisations. We aim to disseminate reports within six months of project completion and in line with the Dissemination Plan (see Appendices 5 & 6). The following methods will be employed to ensure wide dissemination with advice being sought from the LAS's Communications department when necessary:

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- Electronic copies of reports on the Intranet and the LAS website
- Posters summarising the key findings and recommendations circulated to all stations
- Presentations across the Service and at relevant external conferences
- Publication in relevant media (including peer-reviewed journals)
- Publication of an Annual Clinical Audit Report citing the main findings and impacts of clinical audits undertaken during the year

Operational staff will be able to influence the communication of findings through representation on CARSG and direct involvement in individual projects. Such staff involvement will help to ensure ownership of the findings and provide an effective means of spreading awareness of the clinical audit process.

16. Process for Making Improvements and Ensuring Action is Taken

When the findings from clinical audit identify a clinical quality issue or clinical need, the project lead, along with the audit working group, will formulate recommendations to change practice. All recommendations will be presented to CARSG for approval and for advice on developing appropriate actions to lead to tangible changes to practice (see Appendix 5). An action plan will be developed for each recommendation to facilitate its implementation, and specific actions will be allocated to appropriate members of staff. Additionally, the Clinical and Quality Directorate and other relevant external stakeholders and groups (including CQSEC) may be consulted when setting recommendations that have a direct clinical impact.

The implementation of recommendations will be co-ordinated and overseen by the Clinical Audit Manager, with progress reported to CARSG, and monitoring undertaken by CQSEC. Where difficulties arise in the implementation of action plans these will be escalated to CARSG in the first instance, then to the CQSEC, and the Quality Committee if required. The Clinical Audit Database will be utilised to facilitate and monitor this process.

17. Completing the Audit Cycle

In order to measure the impact of changes to practice, a subsequent audit (a re-audit) will be carried out to assess whether, and to what extent, the change has been adopted, and whether or not it has been effective. A re-audit will be undertaken where an initial audit has highlighted a clinical quality issue or area of concern, and a recommendation has been made to improve performance. Re-audits will be undertaken a minimum of two years after the initial project, to allow sufficient time for changes to take place. The principles that were applied to the

initial audit will apply to any re-audit, although these projects may be scaled down to focus on the specific areas where the impact of change is expected.

18. Project Termination

To ensure that resources are not wasted and that data remains current, the LAS will employ the following rules for terminating projects that are no longer considered viable. We will consider stopping a project if any of the following criteria are met:

- The project exceeds its 'Best Before Date'. A project will be deemed to be 'out of date' when a period of one year has elapsed since the time at which the last data item was collected.
- There is a lack of data from collaborating parties. When partners fail to provide data in accordance with agreed deadlines, a 'two strikes' approach will be utilised through which a two-month grace period will be allowed, after which a further deadline will be negotiated, followed by escalation to their Medical Director or equivalent. Failure to meet the new deadline will either result in the project being terminated or, where possible, an alternative collaborator will be found, or the methodology will be revised so that collaboration is not necessary.
- Any instance where the audit lead fails to comply with the LAS's Clinical Audit Code of Practice or contravenes any regulations such as the Data Protection Act.

19. Evaluation of Clinical Audit Activity

*"Effective clinical audit is about learning from our own and others' failings, and using them positively as opportunities for improvement. It is fitting therefore that the same practices should be used in the practice of audit itself."*²

We will evaluate both the clinical audit programme and individual projects based on the criteria set out in the 'New Principles of Best Practice in Clinical Audit' handbook³. Project evaluation will involve key project participants who will assess whether or not the objectives were met and examine the quality improvements made. The Health Services Management Centre's (HSMC) Clinical Audit Assessment Framework⁴ will be utilised to allow a more detailed review with ideas for improvement where appropriate. Lessons learned from the evaluations will feed into future audits and shape the overall clinical audit programme.

² Walshe K.. Opportunities for improving the practice of clinical audit. Quality in Health Care (1995) 4: 231-2.

³ National Institute of Clinical Excellence (2011). New Principles of Best Practice in Clinical Audit. Oxford, Radcliffe Medical Press.

⁴ Walshe K and Spurgeon P. (1997). Clinical Audit Assessment Framework. HSMC. Handbook Series 24, Health Services Management Centre, University of Birmingham.

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20. Cost Analysis

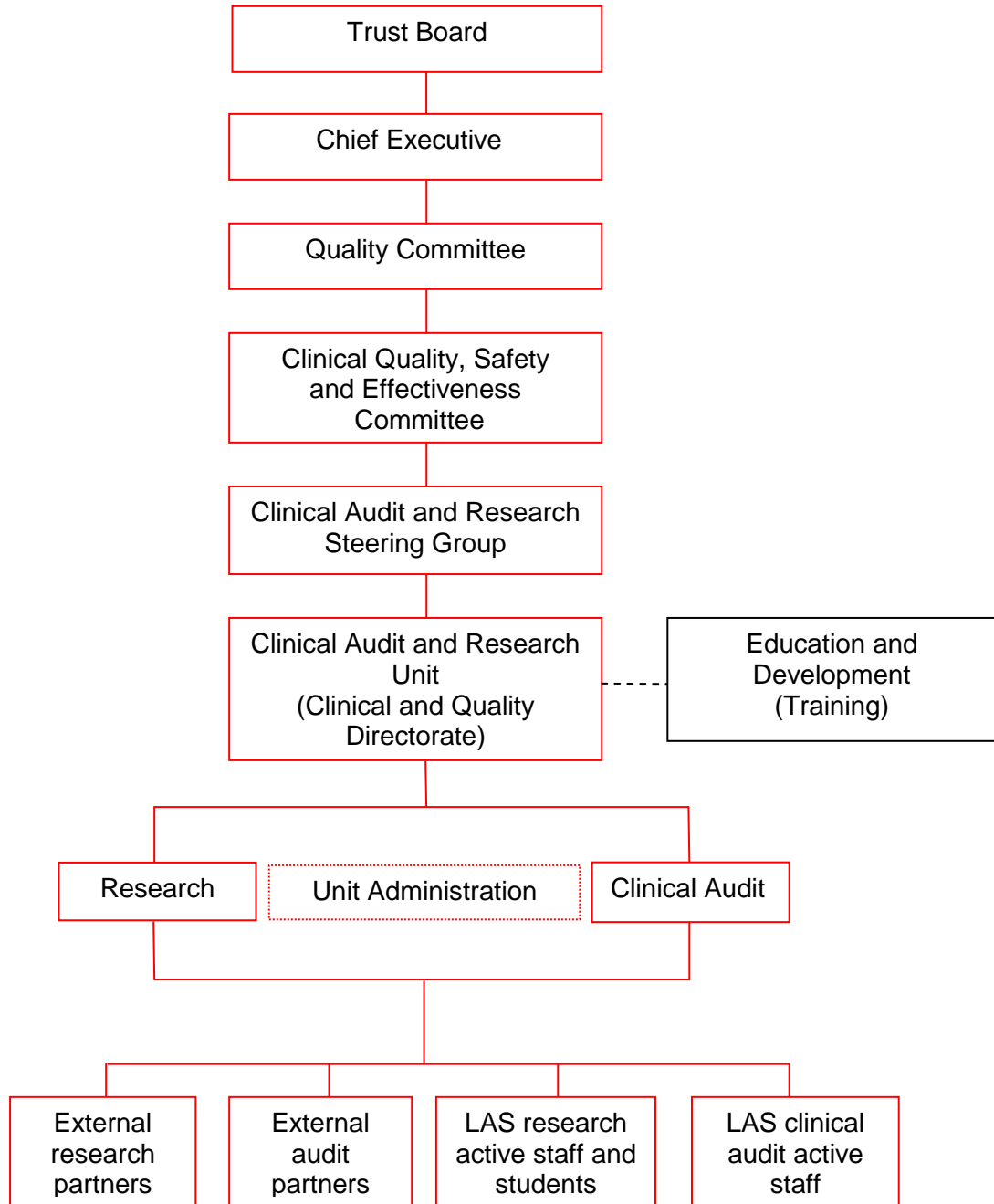
For all clinical audits, we will undertake a cost analyses to allow determination of the cost effectiveness of each project in relation to the recommendations that were produced and actions taken. This information will feed into the development of future clinical audit programmes and will prove useful for budget planning.

21. Access to Resources and Support for Clinical Audit

The LAS is committed to Continual Professional Development and, as such, we will provide appropriate support, training and supervision to all staff undertaking clinical audit projects. We have developed a number of resources for staff, which includes: a code of practice; clinical audit handbooks; access to the Clinical Audit and Research Library containing books, peer-reviewed journals, copies of internal reports and reports produced by external organisations; an inter-library loans service; a journal article photocopying service, and internet access to free literature search engines (such as Medline). These resources are intended for use alongside structured support from CARU. We will also host an annual 'Evidence for Practice' conference, quarterly journal clubs and monthly advice 'surgeries' through which staff will be supported in developing their audit ideas and projects.

| IMPLEMENTATION PLAN | | | | |
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| Intended Audience | All LAS Staff, stakeholders, patients and wider public | | | |
| Dissemination | Available to all staff on the Pulse and to the public on the LAS website | | | |
| Communications | Revised Policy and Procedure to be announced in the RIB and a link provided to the document | | | |
| Training | Staff undertaking clinical audit activities (which includes all Team Leaders) will attend a one day internal training programme, and all new Paramedics will attend a clinical audit training session as part of their Module J training programme. CARU staff will also attend external, validated clinical audit courses | | | |
| Monitoring: | | | | |
| Aspect to be monitored | Frequency of monitoring AND Tool used | Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported | Committee/ group responsible for monitoring outcomes/ recommendations | How learning will take place |
| Compliance with the principles and procedures including; <ul style="list-style-type: none"> - How the organisation sets priorities for audit, including local and national requirements - Requirements that audits are conducted in line with the approved process for audit - How audit reports are shared - Format for all audit reports (including methodology, conclusions, action plans, etc) - How the organisation makes improvements - How the organisation monitors action plans and carries out re-audits | Bi-annual report of improvements made resulting from action plans/ recommendations, adherence to the dissemination plan for the sharing of clinical audit reports and findings (clinical audit database) | Clinical Audit and Research Unit reports to the Clinical Audit and Research Steering Group | Clinical Quality Safety and Effectiveness Committee | Learning disseminated via various mechanisms including Medical Directorate Bulletins, LAS News, Area Quality Meetings, etc |
| | Annual review of clinical audit working practices (including topic selection, use of the prioritisation tool, setting standards, the process of undertaking audits, setting recommendations and action plans, and disseminating findings and reports) | Self - nominated Inspector from the Clinical Audit and Research Steering Group reports back to the Clinical Audit and Research Steering Group | | |

The Position of Clinical Audit within the London Ambulance Service



The Clinical Audit and Research Steering Group Terms of Reference

Functions

- To provide clinical, organisational and training advice and practical support to the LAS clinical audit and R&D functions
- To approve the LAS's R&D and clinical audit strategies
- To set the objectives for clinical audit in the LAS, in terms of long-term goals and short term audit projects
- To oversee the progress of research programmes
- To ensure that clinical audit results are recognised by the LAS, acted upon and widely disseminated
- To ensure that LAS acts on research findings, its own and those of other researchers
- To ensure communication both within and outside the LAS the outcomes of research and the way they have impacted upon practice
- To ensure that research in the LAS complies with the Research Governance Framework for Health and Social Care
- To provide expert independent peer review of research proposals and research papers for publication
- To guide LAS R&D funding applications in the context of the R&D Strategy
- To ensure there is more rigorous scrutiny on a regular basis

Membership

- CARSG is chaired by the LAS Medical Director.
- CARSG consists of internal and external members. Internal members include representatives from the Education and Development Department, Emergency Operations Centre and frontline operational staff. External members include clinicians who are specialist in areas of the care that are relevant to the Clinical Audit and R&D programmes, A&E clinicians, academic partners and a patient representative (from the LAS Patients Forum).
- The quorum is 50% attendance of internal members and 50% attendance of external members (including virtual attendance).
- CARSG meetings will take place bi-annually, although updates will be sent out to all members on a quarterly basis.

LAS Audit Triggers

- External requests, recommendations and guidance, including:
 - Department of Health Priorities
 - National Service Frameworks (NSF)
 - National Institute for Clinical Excellence (NICE)
 - Care Quality Commission (CQC)
- Feedback from key stakeholders (e.g. Commissioners)
- LAS strategic objectives
- Complaints and feedback (from staff / other organisations / patients / members of the public)
- Outcomes from audits, re-audits and Clinical Performance Indicators (CPIs).
- New/revised clinical guidelines
- New clinical care/treatments including:
 - new drugs
 - new interventions
 - new clinical care pathways
- Patient safety incidents (clinical and non-clinical)
- Incidents reported through risk management system (i.e. risk register, Integrated Learning From Experience reports & reviews).

LAS Audit Prioritisation/Trigger Tool

The audit prioritisation tool has been developed to allow selected audit topics to be prioritised in order of importance to the London Ambulance Service. Once each audit project has been scored, the audits will be ranked in terms of priority and these will form the work programme for the coming year.

Score each audit project against each criterion:

Score 0 if the criterion is not applicable

Score 1 if the criterion is applicable

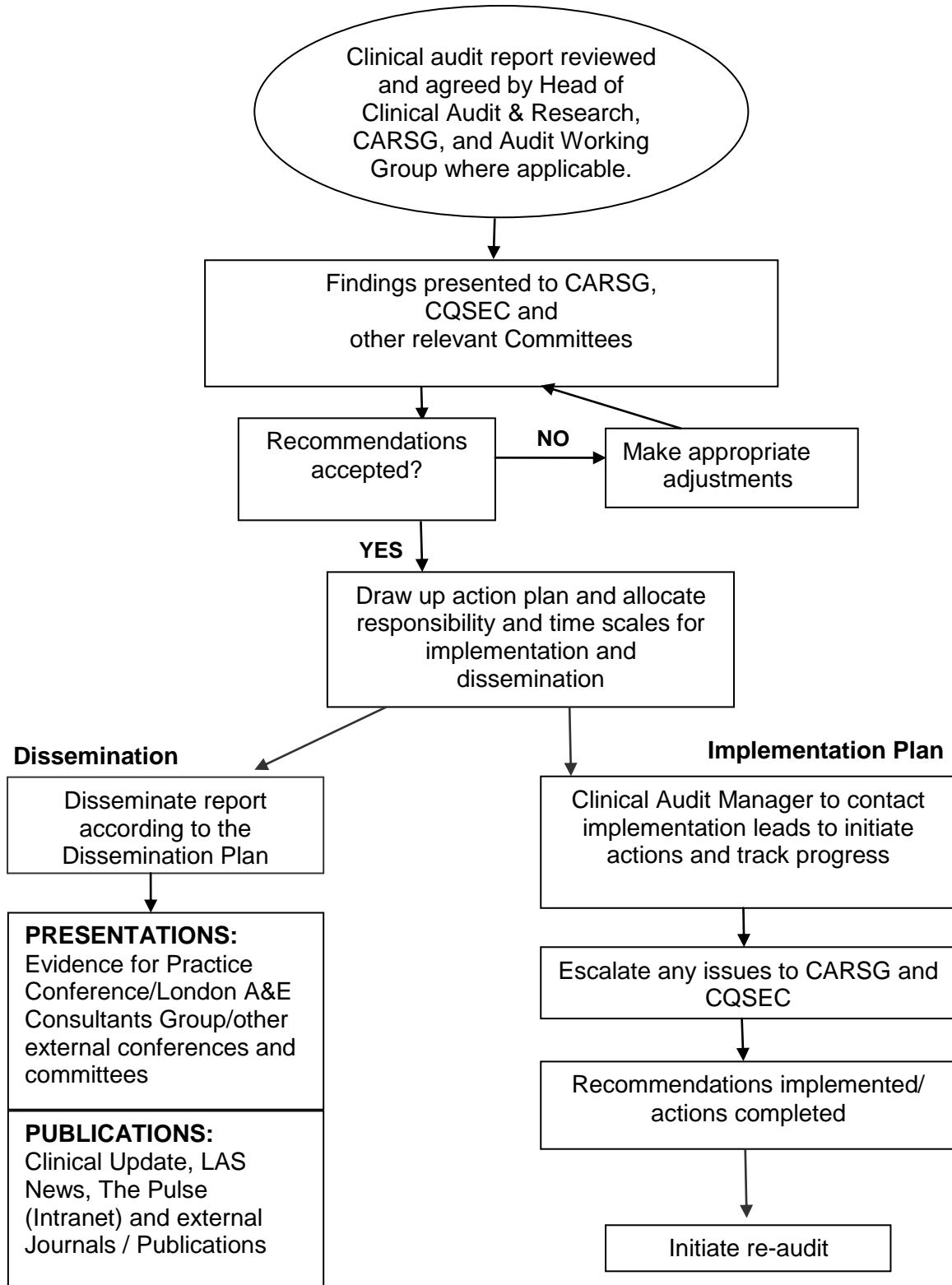
Criteria for clinical risk, direct impact on patients, new guidance, quality issue, LAS strategic objectives and funding availability are worth a double score. Data access and resource requirements criteria are negatively scored.

| Scoring Template | | |
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| Criteria | Definition of Criteria | Scoring |
| Clinical risk | Is this an area of clinical risk? | ___ x 2 |
| Direct clinical impact on patients | Is there potential for impact on health outcomes? | ___ x 2 |
| High impact area | Is there potential to affect large numbers of patients, staff, those in most need, or heavy users of the NHS? | ___x 1 |
| New guidance | Does the topic relate to a recently introduced treatment protocol/ guidelines? | ___ x 2 |
| Quality issue | Is there evidence of a serious quality problem? e.g. complaints, clinician concern, patient safety incidents and complication rates. | ___ x 2 |
| LAS strategic objectives | Is the area of care and the question being examined in line with the LAS's strategic objectives and priorities? | ___ x 2 |
| Re-audit | Is it a re-audit? | ___ x 2 |
| Outcome of a baseline | Has a need been identified by a | ___ x 1 |

| | | |
|-----------------------|--|----------------|
| audit | baseline audit or an ad-hoc clinical review? | |
| Collaborative audit | Is this a collaborative audit? | ___ x 1 |
| Cost | Is this an area of high cost? | ___ x 1 |
| Data access | Is the data going to be difficult to collect and is there a high chance of project failure? | ___ x -1 |
| Resource requirements | Does this project rely heavily on additional LAS resources (above those already in place to support the audit programme) | ___ x -1 |
| Funding availability | Is funding available? | ___ x 2 |
| | | Total = |

The LAS Clinical Audit Project Dissemination / Recommendations Implementation

Process



The Dissemination Plan

Internal

Distribution of full audit reports to:

Clinical Audit Working Group
LAS Directors
LAS Non-Executive Directors
Quality Committee
Clinical Quality, Safety and Effectiveness Committee
Clinical Education Steering Group
Clinical Audit and Research Steering Group
Assistant Directors of Operations
Each Ambulance Station
Resource Centres
Clinical and Quality Directorate
Education and Development (including Senior Management Team, Practice Learning Managers, Training Officers and Training Centres)
Ambulance Operations Managers
Operations Centre Managers
Duty Station Officers
Performance Improvement Managers
Team Leaders
Quality Assurance Unit.

Other formats:

LAS Clinical Update
LAS News
Posters for Ambulance Stations and Emergency Operations Centre
Summaries and presentations to internal committees (such as CARSG, CQSEC, Quality Committee, Trust Board)
Presentations at Evidence for Practice Conference
LAS Intranet (The Pulse and the Common Server).

Cont.....

External

Executive summary with offer of full report to:

London A&E Consultants

Medical Directors and Chief Executives of other UK ambulance services

LAS Patients Forum

LAS Commissioners

Relevant patient groups/organisations.

Other formats:

LAS external website

Publication in peer reviewed scientific journals

Publication in magazines and popular journals (e.g. Health Service Journal; Ambulance U.K.)

Conference presentations.