



London Ambulance Service **NHS**  
NHS Trust

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

## DOCUMENT PROFILE and CONTROL.

### Purpose of the document:

**Sponsor Department:** Clinical Audit & Research Unit

**Author/Reviewer:** Rachael Donohoe, Head of Clinical Audit & Research. To be reviewed: September 2012

**Document Status:** Final

<b>Amendment History</b>			
Date	*Version	Author/Contributor	Amendment Details
02/08/11	0.5	Acting Head of Clinical Audit & Research (Gurkamal Virdi)	Final draft version
13/05/11	0.4	Acting Head of Clinical Audit & Research (Navin Puri)	Further amendments to address actions following NHSLA.
08/10/10	0.3	Head of Clinical Audit & Research, Assistant Head of Clinical Audit & Research and Medical Director	Amendments and minor changes to follow standardised format and NHSLA standards.
30/09/10	0.2	Head of Records Management, Governance and Compliance Manager	Corrections and minor changes. Suggestion made to ensure compliance with NHSLA standards.
10/09/10	0.1	Head of Clinical Audit and Research & Assistant Head of Clinical Audit & Research	New document

**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

<b>For Approval By:</b>	<b>Date Approved</b>	<b>Version</b>
ADG	28/09/11	1.0
<b>Ratified by (If appropriate):</b>		
CARSG	18/10/11	1.0

<b>Published on:</b>	<b>Date</b>	<b>By</b>	<b>Dept</b>
The Pulse	25/10/11	Governance Administrator	GCT
LAS Website	25/10/11	Governance Administrator	
<b>Announced on:</b>	<b>Date</b>	<b>By</b>	<b>Dept</b>
The RIB	25/10/11	Governance Administrator	GCT

<b>EqlA completed on</b>	<b>By</b>
02/09/10	RD, GV & JD
<b>Staffside reviewed on</b>	<b>By</b>

<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Version</b>
N/A	Clinical Audit Code of Practice	4

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

## **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). Its aim is to ensure that clinical audit is of a high standard, relevant to the Service and its patients, and that the findings are practically applied to inform and improve clinical care.

## **2. Scope**

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

## **3. Objectives**

1. To inform the LAS approach to clinical audit including its strategy, process and application.
2. To outline the direction and steering of clinical audit activities by key LAS committees and groups.
3. To guide the development of the annual clinical audit programme including topic selection, prioritisation, and type of audit method used and equality factors that will be considered.
4. To demonstrate that best practice standards are being used when auditing clinical practice.
5. To describe the process by which the LAS will take action and make improvements to patient care based on the results of clinical audit.
6. To illustrate how clinical audit findings will be communicated, both internally and externally, to enable improvements in patient care through the sharing of information.
7. To outline a multidisciplinary approach to clinical audit through the involvement of a range of staff, external clinicians, academic partners, patients, the public and other relevant stakeholders in committee structures and project-specific working groups.
8. To describe how audit activity will be monitored and evaluated.
9. To outline the resources, training and support available to staff wishing to undertake clinical audit.

#### **4. Responsibilities**

- **Trust Board**

Ultimate responsibility for Clinical Audit lies with the LAS Trust Board.

- **Clinical Quality, Safety and Effectiveness Committee**

This committee oversees and monitors the clinical audit function in the LAS by ensuring that a clinical audit programme is in place that supports the Trust's corporate objectives and provides evidence of the effectiveness of clinical intervention and practice. The committee examines outcomes from changes to practice to ensure that improvements are made to patient care.

- **Clinical Steering Group**

The Clinical Steering Group is chaired by the Medical Director and is responsible for, and provides consultation, on recommendations that directly influence clinical practice. This group also advises on the implementation of recommendations.

- **Clinical Audit and Research Steering Group**

Chaired by the Medical Director, the Clinical Audit and Research Steering Group (CARSG) is responsible for guiding and approving the clinical audit programme and advising on recommendations from audit projects.

- **Medical Director**

The Medical Director chairs the above three committees and is responsible for CARU.

- **Head of Clinical Audit and Research**

The Head of Clinical Audit and Research leads the clinical audit programme and oversees all audit projects.

- **Clinical Audit Manager**

The Clinical Audit Manager is responsible for the co-ordination of the clinical audit work plan and the monitoring and implementation of recommendations from audit projects. They are also responsible for co-ordinating the audit approvals process.

- **Risk Lead**

The risk lead for clinical audit is the Medical Director who is responsible for managing risk associated with clinical audit in the LAS.

- **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 necessary data and paper work for audit projects, or by undertaking audit projects themselves. Team Leaders have a defined audit function, whereby they are responsible for undertaking a specific programme of Clinical Performance Indicators.

## **5. 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)<sup>1</sup>. The overall objective is to improve patient care by informing health care professionals about their clinical practice and the general quality of the service delivered.

The LAS understands that clinical audit is key to ensuring delivery of the highest standards of clinical care, and is committed to undertaking a programme of clinical audit aimed at improving the quality of care delivered to patients for whom an emergency or urgent response is required.

The strategic aims of clinical audit activity at the LAS are threefold:

- To deliver demonstrable improvements in patient care
- To encourage evidence-based practice
- To contribute to the process of continuing clinical education.

---

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

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

- participate in local and/or national clinical audits
- have a clinical audit programme related to both local and national priorities with the overall main aim of improving patient outcomes
- work collaboratively and engage all appropriate stakeholders
- provide suitable training, awareness and support to all clinicians regarding the systems and arrangements for participating in clinical audit
- ensure that all staff conducting and/or managing clinical audits are given appropriate time, knowledge and skills to facilitate the successful completion of the audit cycle
- undertake a formal evaluation of the LAS's clinical audit programme to ensure that it meets the organisation's wider aims and objectives, that it takes into account the Service's needs and that of its staff and patients, that it is fit for purpose, and provides an efficient use of resources.
- provide the Trust Board and relevant other Committees with regular reports on the progress and findings of clinical audits.

## **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 any prior clinical audit experience. As such, in the LAS, those actively working on clinical audit projects are not all based within one department, although they are mainly concentrated within the Clinical Audit and Research Unit (CARU). Furthermore, those involved in clinical audit are not always LAS employees; they may work for other NHS Trusts, academic institutions and commercial organisations. Regardless of who is undertaking the audit project, all clinical audit activity is monitored, co-ordinated and facilitated by CARU.

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 an emphasis

on including patient focused outcomes where possible. Using the results of clinical audit, recommendations for enhancing patient care will be developed. These recommendations will be widely disseminated to help inform and improve pre-hospital clinical guidelines, training and development 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) used to confirm improvement in practice and patient care.

In order to avoid duplication of effort and ensure that LAS resources are directed towards projects that fit in with the needs of the Service, any non-CARU LAS staff or staff from external organisations wishing to undertake a clinical audit that utilises LAS resources, staff or data must 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 impacts, and coherence with the clinical audit programme and the Service's priorities. Projects that do not receive LAS approval cannot be undertaken within the LAS or using LAS staff or data. When approved projects are completed, CARU will review the final draft report(s) and will ensure that any recommendations affecting the LAS are realistic and derived from the findings. CARU will also assume responsibility for overseeing the implementation of recommendations across the LAS.

A programme of clinical audit activity will be set annually under the guidance and approval of the Clinical Audit and Research Steering Group (CARSG) and will be monitored by the Clinical Quality, Safety and Effectiveness Committee. The clinical audit programme will aim to complement other quality improvement initiatives across the Service and address priorities for the LAS. In order to achieve this, the clinical audit programme must link closely with the LAS Strategic Plan (which forms the direction of travel for the Trust) and with the following areas:

- Research and Development
- Clinical and Quality Directorate
- Education and Development (Training and Clinical Supervision)
- Governance and Compliance
- Policy, Evaluation and Service Development



- Business Development
- Project Support and Corporate Processes
- Control Services (Emergency and Urgent Operations Centres)
- Patient Experiences
- Legal and Risk Services
- Equality and Inclusion
- Information Management and Technology
- Finance.

## **7. Direction and Steering**

The position of clinical audit within the LAS organisational structure is illustrated in Appendix 1. The clinical audit programme will be agreed and overseen by the Clinical Audit and Research Steering Group (CARSG), whose Terms of Reference are reported in Appendix 2. CARSG meets bi-annually and is chaired by the LAS's Medical Director. It consists of both internal and external members, including representatives from Education and Development, Control Services, frontline operational staff, A&E clinicians, other clinicians who specialise in areas of the care that are relevant to the clinical audit work programme, academic partners and patient representatives (via the LAS Patients Forum). CARSG reports to the Clinical Quality, Safety and Effectiveness Committee, which in turn reports to the Quality Committee and to the Trust Board.

The function of CARSG is shared between audit and research and, as such, its Terms of Reference are relevant to both the clinical audit and research programmes. The main objectives of CARSG in relation to clinical audit are:

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

- CARSG is also responsible for approving this document – ‘*The Strategy Process and Application of Clinical Audit in the LAS.*’

In addition to the above objectives, CARSG will monitor progress to ensure that in undertaking clinical audits 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
- Produces recommendations to improve practice
- Follows-up recommendations with each individual/department concerned and develops action plans to guide quality improvement initiatives
- Conducts re-audit following the implementation of the action plan.

## **8. Programme Strands**

### **8.1 Topic Selection and Prioritisation**

At the beginning of each year a number of topics for clinical audit will be selected in accordance with the LAS’s 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. The selected topics will form the basis of the clinical audit programme. Each topic will be prioritised in order of importance to the LAS by reference to the LAS’s Audit Prioritisation Tool (Appendix 4). Using recognised project planning techniques, CARU will produce an audit work plan that will be presented to CARSG for their input and approval. CARSG will review progress against the work plan twice a year. The Clinical Quality, Safety and Effectiveness Committee will monitor the clinical audit programme through CARSG.

## 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.

- **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 that provides a straightforward 'yes' or 'no' answer as to whether further audit is needed. These audits may be undertaken by operational staff and medical students. Where a need for further audit is identified, a snapshot, intermediate or large-scale clinical audit will be undertaken.

- **Snapshot Clinical Audits**

Snapshot clinical audits examine a specific aspect of care either within a particular geographical area of LAS, or of a 'snapshot' of patients across the Service. These audits are extremely focussed and 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. In addition to snapshot audits on the work plan, operational staff including Team Leaders will be encouraged to undertake snapshot clinical audits examining areas of care that may be of a specific concern in their local area.

- **Intermediate Clinical Audits**

Intermediate audits are similar to snapshot audits, but provide a more detailed review with a greater amount of data and/or aspects of care. These audits will typically (but not exclusively) be undertaken in response to directives from external bodies such as the Department of Health, Care Quality Commission, National Institute of Health and Clinical Excellence, etc. The amount of information and detail required for intermediate clinical audits exceeds that of a snapshot audit, but is not of a sufficient quantity to warrant a large-scale audit.

- **Large-scale Clinical Audits**

These clinical audits examine in detail patient care and adherence to guidelines across 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/or utilising patient satisfaction surveys. These audits typically require collaboration from third parties (usually hospitals) and may need ethical approval. Large-scale audits will be led by the LAS's Clinical Audit Manager, under the supervision of the Head of Clinical Audit and Research, and will be overseen by a multidisciplinary audit working group.

- **Clinical Performance Indicators**

The LAS Clinical Performance Indicators (CPIs) are an improvement tool that enable continual audit of the quality 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 data is collected by Team Leaders as part of their clinical supervisory role, enabling them to provide constructive feedback to their teams regarding any specific areas of concern and offer praise for good practice. CARU monitors the collection of CPI data and produces reports at a local (Complex) and LAS-wide level to draw attention to specific aspects of care and enable benchmarking and comparisons across Complexes.

- **Continuous Clinical Audits**

The LAS audits every cardiac arrest, ST-Elevation Myocardial Infarction (STEMI), stroke and major trauma patient that is attended by an LAS crew. CARU produces reports at a local (Complex) and LAS-wide level to draw attention to specific aspects of operational performance and clinical care enabling benchmarking comparisons across the LAS.

- **Collaborative Clinical Audits**

The LAS appreciates the importance of working collaboratively with other NHS Trusts and benchmarking our clinical care and performance against other ambulance services. We will continue to develop and maintain partnerships, to join clinical audit networks and contribute to national and regional audit groups. We will also endeavour to participate in national and regional pre-hospital clinical audit projects that are in line with the LAS's priority areas and involve local stakeholders in our own audit projects. As such, the LAS contributes data to National Clinical Performance Indicators, assists in the verification of data for the

Myocardial Ischaemia National Audit Project (MINAP) and participates in National Confidential Enquiries where required. Furthermore, the LAS's Head of Clinical Audit and Research is a member of the National Ambulance Clinical Quality Steering Group and the National Ambulance CPI sub-group.

## **9. Process for Ensuring Appropriate Standards of Performance are Audited**

The objectives of the clinical audit are based on achieving best practice against standards. Standards are based on the strongest available evidence relevant to the topic being audited. When CARU begin a clinical audit project, a literature scoping task will be undertaken to identify the latest evidence and guidelines on the topic area. Often the LAS starting point is the Clinical Practice Guidelines for Use in UK Ambulance Services (Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines), however, other relevant national guidance will also be consulted. In addition, a review of recent internal operational and medical bulletins and updates will be conducted to capture all the guidance and information that LAS front line staff have been given. 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 also be convened for larger-scale projects. The working group may comprise 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 necessary.

## **10. Collaborative Working**

The LAS is committed to a collaborative, multidisciplinary approach to both setting the clinical audit programme and involvement in individual clinical audit projects. We will endeavour to actively involve key stakeholders, such as Commissioners, patients and the public, as much as possible. Representatives from key groups will form the membership of CARSG. In addition, for all large-scale clinical audits CARU will convene a multidisciplinary audit working group to provide further project direction, advice on methodology and analysis, and contribute to the writing of the report and the development of recommendations. We will endeavour to include in audit working groups the following as appropriate: front line staff; Education and Development representatives, staff from other areas of the LAS, A&E clinicians, specialist

clinicians/advisors, patients/service users or representatives, primary care representatives and academic partners.

Through attendance at and contribution to regional and national clinical audit groups and forums, the LAS will also foster working relationships with audit leads from other trusts.

#### **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 an area where quality of care is of concern in the form of complaints or enquiries. Patients may be actively involved in providing data for clinical audit projects where the methodology has explicitly sought patients' views and experiences of the quality of care as part of the project. Patients' expertise is also used to guide the development of projects in multidisciplinary audit working groups and on the clinical audit programme via membership of CARSG.

#### **12. Equality and Inclusion**

The LAS will endeavour to include, as appropriate, within audit projects equality and inclusion factors (including, age, gender, ethnicity, disability, sexual orientation and religious persuasion) when such 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 in undertaking clinical audit projects and when 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 for clinical audit purposes will be: adequate, relevant and not excessive; accurate; processed for limited purposes; held securely; treated confidentially, and not kept for longer than is necessary.

#### **14. Process for Making Improvements and Ensuring Action is Taken**

The LAS recognises that clinical audit projects are a waste of resources unless the findings are used to drive changes to practice that improve patient care. Where the

findings identify a need for action, the project lead, along with the audit working group, will formulate recommendations and an action plan to ensure implementation of the required change. CARU takes overall responsibility for ensuring that, where indicated, the findings result in tangible changes to practice (see Appendix 5). All recommendations will be presented to CARSG for approval and advice on implementation. Those recommendations that have a direct clinical impact will also be presented to the Clinical Steering Group for approval and direction.

An action plan will be developed for each recommendation and specific actions allocated to an appropriate member of staff (who may be from anywhere across the Service). The implementation of recommendations will be monitored by the Clinical Audit Manager and progress reported to CARSG. Where difficulties arise in the implementation of action plans these will be escalated to CARSG in the first instance, and then to the Clinical Steering Group, Clinical Quality, Safety and Effectiveness Committee and Quality Committee as required. The Clinical Audit Project Database will be utilised to facilitate and monitor this process.

#### **15. 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)

All reports will be agreed by CARSG.

#### **16. Communication and Dissemination of Findings/Reports**

The communication of audit findings to staff, patients, the public and members of the healthcare and scientific communities is a priority for the LAS. As such, reports will be distributed to the Trust Board, Quality Committee, Clinical Quality, Safety and

Effectiveness Committee, Clinical Steering Group and to all frontline staff. Reports will additionally be shared externally with other ambulance services, A&E and other relevant hospital departments, academic partners, Patients Forum and other relevant patient groups/organisations. Dissemination will be undertaken where possible within six months of project completion and in accordance with the LAS's Dissemination Plan (see Appendices Four and Five). The following methods will be employed to ensure wide dissemination of the latest audit findings, with advice being sought from the Communications department when necessary:

- Electronic copies of reports on the LAS Intranet and, where possible, the LAS website
- Posters summarising the key findings and recommendations circulated to all stations
- Presentations across the Service at relevant forums and the Evidence for Practice Seminars
- Publication in the LAS's Clinical Audit and Research Bulletin
- Publication in the LAS News
- Publication in the LAS Clinical Update
- Publication of an Annual Report citing the main findings and impacts of clinical audits undertaken during the year
- Regular updates to the Trust Board on clinical audit findings, recommendations and actions
- Publication in relevant peer-reviewed journals
- Publication in relevant magazines and other journals
- Presentation at relevant external conferences, particularly those concerning clinical quality and effectiveness.

Operational staff will be able to guide 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.

## **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 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 resulting changes to practice to take place. The principles that were applied to the initial audit will apply to any re-audit although, through necessity, these audits may be scaled down to allow new topics to be added into the audit programme.

## **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. The LAS 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 third parties who are collaborating on a project. 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, if necessary, a further deadline will be negotiated. Failure to meet the new deadline will either result in the project being terminated or, in cases where the project is of extreme importance to the LAS, 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. Access to Resources and Support for Clinical Audit**

The LAS is committed to Continual Professional Development and, as such, CARU will provide to all LAS staff undertaking clinical audit projects appropriate support, training and supervision. A number of resources have been developed for staff that include: a code of practice; handbooks; access to the LAS 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. CARU will also host an annual 'Evidence for Practice' conference, quarterly journal clubs and advice 'surgeries' through which staff will be supported in developing their audit ideas and projects.

## 20. 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."*<sup>2</sup>

CARU will evaluate both the clinical audit programme and individual large-scale projects. Evaluations will be undertaken in accordance with the National Institute of Health and Clinical Excellence standards set out in the 'Best Practice in Clinical Audit Handbook'<sup>3</sup>. The project evaluation will involve all project participants and will review the objectives to assess whether they were met and examine the quality improvements made. Where a quality issue is identified, the Health Services Management Centre's (HSMC) Clinical Audit Assessment Framework<sup>4</sup> will be utilised to allow a more detailed review with ideas for improvement. Lessons learnt from the evaluations will feed into future audits and help shape the overall clinical audit programme.

## 21. Cost Analysis

For all large-scale clinical audits (and intermediate audits when appropriate), CARU will undertake 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.

---

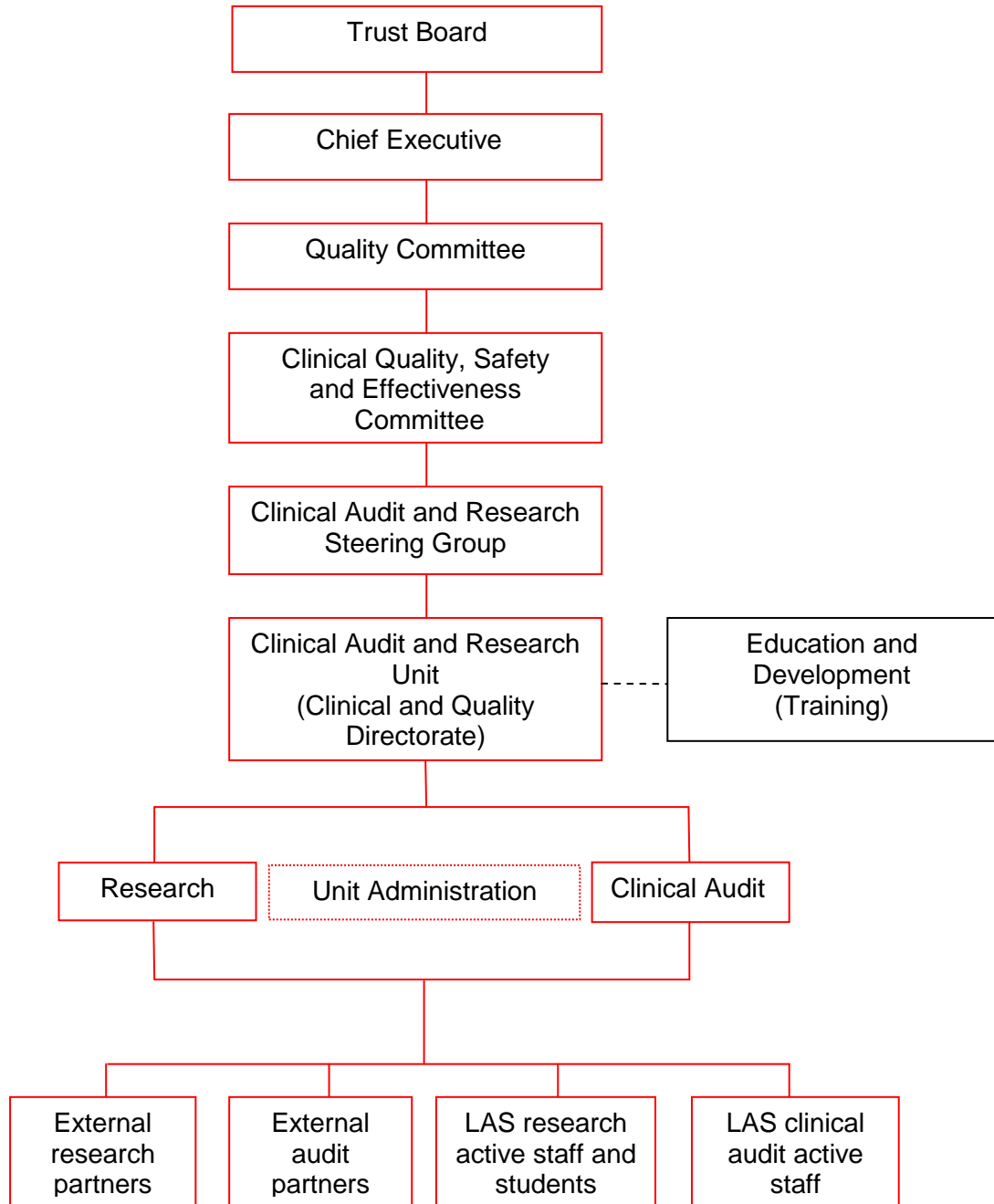
<sup>2</sup> Walshe K.. Opportunities for improving the practice of clinical audit. *Quality in Health Care* (1995) 4: 231-2.

<sup>3</sup> National Institute of Clinical Excellence (2002). *Principles for Best Practice in Clinical Audit*. Oxford, Radcliffe Medical Press.

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

<b>IMPLEMENTATION PLAN</b>	
<b>Intended Audience</b>	All LAS Staff, stakeholders, patients and wider public
<b>Dissemination</b>	Available to all staff on the Pulse and to the public on the LAS website.
<b>Communications</b>	Revised Policy and Procedure to be announced in the RIB and a link provided to the document.
<b>Training</b>	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 programme. CARU staff will also attend external, validated clinical audit courses.
<b>Monitoring</b>	<p>This document, and adherence to its principles and procedures, will be monitored by the Clinical Audit and Research Steering Group (CARSG). It will be monitored via updates and reports at the bi-annual meetings and also through via quarterly activity reporting.</p> <p>Trust compliance to the document will also be evaluated by the Clinical Audit and Research Unit (CARU) following use of the National Institute of Health and Clinical Excellence standards set out in the 'Best Practice in Clinical Audit Handbook' as outlined in section 20 of the policy and HSMC Clinical Audit Assessment Framework as necessary. Findings of this evaluation will be reported to CARSG.</p> <p>The Clinical Quality, Safety and Effectiveness Committee will also be able to monitor the clinical audit programme via reports from CARSG and direct feedback from CARU.</p> <p>This document will also be reviewed annually by Internal Audit as part of their audit programme.</p> <p>The document and its implementation in practice may also be reviewed by other external bodies, e.g. CQC, NHSLA, Audit Commission etc.</p>

**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 work plans, 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-annual, 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)
  - GP Consortia
- Feedback from key stakeholders (e.g. Commissioners)
- LAS strategic objectives
- Complaints and feedback (from staff / other organisation / patients / members of the public)
- Outcomes from audits, re-audits and Clinical Performance Indicators (CPIs).
- New/revised clinical guidelines
- New clinical care, including:
  - new drugs
  - new interventions
  - new clinical care pathways
- Patient safety incidents (clinical and non-clinical)
- Other risks, including:
  - administrative errors (e.g. coding errors)
  - concerns highlighted by crews
  - incidents reported through risk management system i.e. risk register

**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.

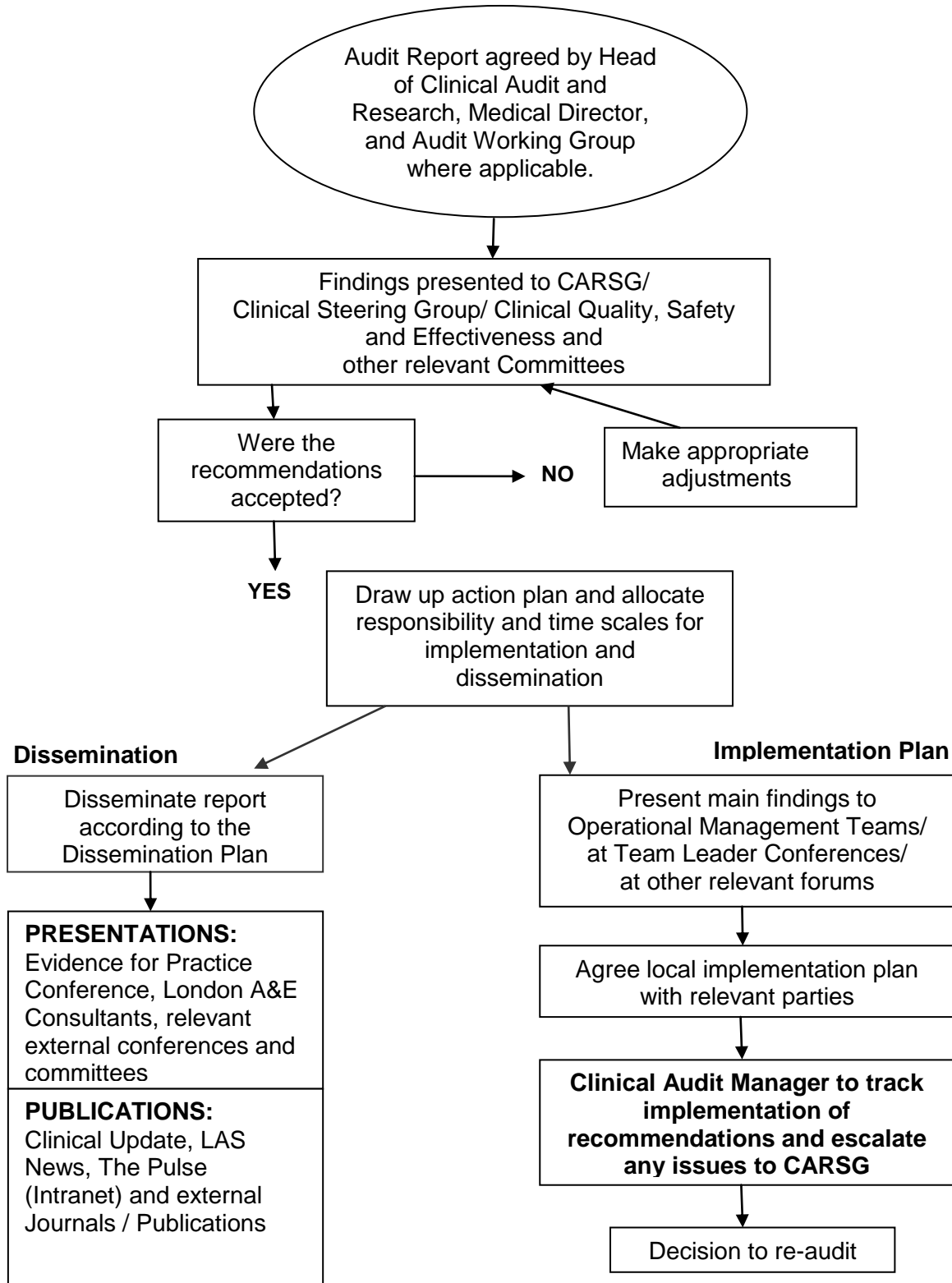
<b>Scoring Template</b>		
<b>Criteria</b>	<b>Definition of Criteria</b>	<b>Scoring</b>
Clinical risk	Is this an area of clinical risk?	___ x 2
Direct impact on patients	Is there potential for impact on health outcomes?	___ x 2
High impact area	Is there potential to affect large numbers of patients, staff, 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
Outcome of a baseline audit	Has a need been identified by a baseline audit or an ad-hoc clinical review?	___ x 1



Potential for change	Is the problem amenable to change either internally, externally or nationally?	___ x 1
Collaborative audit	Is this a collaborative audit?	___ x 1
Volume	Is this an area of high volume?	___ x 1
Cost	Is this an area of high cost?	___ x 1
Re-audit	Is it a re-audit?	___ 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
		<b>Total =</b>

**The LAS Clinical Audit Project Dissemination / Recommendations**

**Implementation Process**



**The Dissemination Plan**

**Internal**

**Distribution of audit reports to:**

Audit Working Group  
LAS Directors  
LAS Non-Executive Directors  
Audit Committee  
Quality Committee  
Clinical Quality, Safety and Effectiveness Committee  
Clinical Steering Group  
Clinical Audit and Research Steering Group  
Assistant Directors of Operations  
Each Ambulance Station  
Resource Centres and Training Centres  
Clinical and Quality Directorate.

**Distribution of executive summaries to:**

Education and Development (including Senior Management Team and Training Officers)  
Ambulance Operations Managers  
Operations Centre Managers  
Duty Station Officers  
Team Leaders  
Quality Assurance Unit.

**Other formats:**

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

## **External**

### **Executive summary with offer of full report to:**

London A&E Consultants

Clinical Audit/Research and Development Leads, Heads of Training, and Medical Directors of other ambulance services

University of Hertfordshire

St George's Medical School

Kingston University

LAS Patients Forum

LAS Commissioners

Relevant patient groups/organisations.

### **Other formats:**

Publication in peer reviewed scientific journals

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

Conference presentations.