

Ultrasound Services Audit Policy & Plan.

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**This plan should be read in conjunction with
Southern Ultrasound's Clinical Governance Policy**

Version Control

Aug 18	v1	Creation
Feb 19	v2	Change of some wording, without change of meaning

Introduction

The expectation for healthcare professionals to participate in regular clinical audit was established in the 1989 Government White Paper 'Working for Patients'. This has been reinforced and extended by a succession of key national publications, including:

- The New NHS – Modern Dependable (Department of Health, 1997)
- A First-Class Service (Department of Health, 1998)
- Clinical Governance - Quality in the NHS (Department of Health, 1999)
- Learning from Bristol: the report of the public Inquiry into children's heart surgery at Bristol Royal Infirmary 1984-1995 [the 'Kennedy Report'] (Department of Health, 2002)
- Good Medical Practice (General Medical Council, 2001)
- Standards for Better Health (Department of Health, 2004)
- National Standards, Local Action
- Good Doctors Safer Patients (Department of Health, 2006)
- Trust Assurance & Safety (Department of Health, 2007)
- The NHS Next Stage Review final report - High Quality Care For All [the 'Darzi Report']
- The Health & Social Care Act, 2008 – Regulations (CQC requirement)
- National Health Service Regulations 2010
- The Health & Social Care Act 2012 & The Care Act 2014
- NHS Standard contract 2016 (unchanged in 2017/18 and 2018/19 contracts)

Statement

Southern Ultrasound is committed to Audit its services and the manner it conducts its operations.

When carried out in accordance with best practice, clinical audit:

- Improves the quality of care and patient outcomes
- Provides assurance of compliance with clinical standards
- Identifies and minimises risk, waste and inefficiencies

We have therefore established a variety of processes to monitor our performance, across both Clinical and Administrative functions, designed to assess the quality of our work and the efficiency of the provision.

Purpose & Scope

The purpose of this policy is to set out the rationale for clinical audit and provide a framework for such activity, including standards, guidance and procedures, as well as details of the support available from the Company Directors:

- For developing and designing clinical audit projects
- For amending practice in line with audit results

This policy aims to support a culture of best practice in the management and delivery of clinical audit, and to clarify the roles and responsibilities of all staff involved.

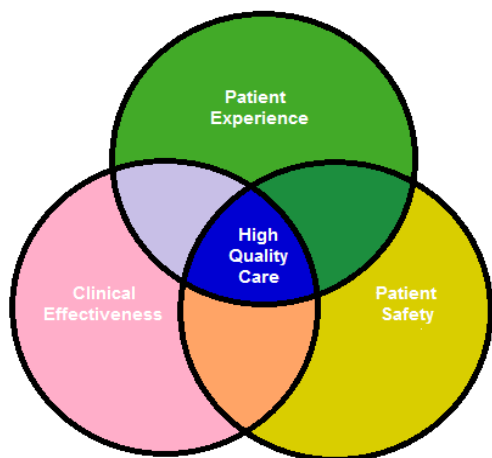
The policy applies to anyone engaged in the clinical audit process under the auspices of the Southern Ultrasound.

Participation in clinical audit is also an expectation contained within the Care Quality Commission's Registration Standards (introduced 1st April 2010).

Where requested, we shall provide to the Service Commissioner, the findings of any audits carried out, including locally-agreed requirements such as Quality and Innovation (QUIN) audits.

Improvement and Assurance

Quality in the NHS was defined in "High quality care for all: NHS next stage review", led by Lord Darzi, and enshrined in legislation through the Health and Social Care Act 2012. This set out three dimensions, seen in diagram 1, which must all be present to provide a high-quality service:



- **Patient experience:** quality care is delivered for a positive experience, including being treated according to individual wants or needs, and with compassion, dignity, and respect.
- **Clinical effectiveness:** quality care is delivered according to the best evidence regarding what is clinically effective in improving an individual's health outcomes.
- **Patient safety:** quality care is delivered to prevent all avoidable harm and risks to an individual's safety.

Quality improvement in healthcare is a process that seeks to enhance patient experience and individual health outcomes, through measuring and improving the effectiveness and safety of clinical services.

Quality assurance in healthcare is the planned and systematic monitoring of activity to ensure that the requirements for safe, clinically effective services and positive patient experience are met. Quality assurance aims to provide confidence and certainty in the quality of services.

While clinical audit is fundamentally a quality improvement process that provides the opportunity for ongoing review and service development, it also plays an important role in providing assurance on the quality of services.

We are committed to ensuring:

- Participation in all national clinical audits, national confidential enquiries and inquiries, and national service reviews relevant to the services provided
- All clinical audit activity conforms to nationally agreed best practice standards
- Records of reviews of the annual programme of clinical audit are maintained, to:
 - Help facilitate effective clinical audit activity through robust governance systems
 - Demonstrate compliance with requirements of regulators and commissioners

Definition of Clinical Audit

Southern Ultrasound' adheres to the definition of clinical audit set out in Principles for Best Practice in Clinical Audit (NICEa/CHIB, 2002):

"Clinical Audit is 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"

Southern Ultrasound' supports the view that Clinical Audit is fundamentally a quality improvement process, rather than data collection per se (although data analysis is an essential element of the clinical audit cycle). Clinical Audit also plays an important role in providing assurances about the quality of services. However, the Company is also clear that clinical audit is not an appropriate mechanism, on its own, for investigating matters relating to the performance of individual healthcare professionals.

Standards

When carried out in accordance with best practice standards, clinical audit: Provides assurance of compliance with clinical standards; Identifies and minimises risk, waste and inefficiencies; Improves the quality of care and patient outcomes.

The current statutory and mandatory requirements imposed on healthcare providers are shown below;

- **The Health & Social Care Act, 2008.** - This is the statutory basis for the system of registration and regulation which the Care Quality Commission (CQC) operates.
- **Care Quality Commission (CQC): Outcome 14 Supporting workers** - Imposes a requirement that providers must ensure healthcare professionals are enabled to participate in clinical audit
- **Care Quality Commission (CQC): Outcome 16 Assessing and monitoring the quality of service provision** - Requirement for Healthcare providers to regularly assess and monitor the quality of the services provided, and must seek the views of service users
- **NHS England - NHS Standard Contract (from 2014/2015 onwards)** - Require providers to instigate, report and act on Clinical Audit
- **Department of Health: Quality Accounts - Health Act 2009** - Specified content for certain clinical audits

As a supplier to the NHS, Southern Ultrasound aims to match these standards and requirements.

Responsibilities.

The prime responsibility for auditing clinical care generally lies with the clinicians who provide that care.

In our case, Southern Ultrasound provides the audit function. We have appointed a Service Manager as our Clinical Governance Lead, with responsibility for the Clinical Audit function. This ensures Clinical Audit remains at the highest level of company activity, but provided by an individual with proven and current clinical skills.

The Clinical Audit Lead reports to the Director(s) and has access to any and all members of staff and equipment to ensure audits are performed timely & effectively.

Information Governance: collection, storage and retention of data; confidentiality

All clinical audit activity must take account of the Data Protection Act (2018) and the Caldicott Principles (2018). This means, for example, that data should be:

- Adequate, relevant and not excessive
- Accurate
- Processed for limited purposes
- Held securely
- Not kept for longer than is necessary

The NHS Confidentiality Code of Practice (2018) states that "Patients must be made aware that the information they give may be recorded, may be shared in order to provide them with care, and may be used to support local clinical audit".

Our feedback forms are identified in compliance with this, however, the Company's policy is to anonymise clinical audit data

Clinical audit practice must also conform to the Company's policies regarding storage of data on encrypted drives.

Clinical Audit Plan.

Southern Ultrasound undertake a range of audits, as an ongoing task, to assess that quality of service we provide and identify means of improvement. Current activities are:

Examination Report Audit.

Performed by our Clinical Governance Lead.

- Monthly assessment of Ultrasound Images and Report, of a minimum of 5% of all ultrasound scans performed; with a minimum of 5% of images from each individual service provided.
- The % figures shown above may be increased for specific services if contracts require it.

Audit of Patient Feedback forms

Performed by our Information Governance Lead.

- Statistical analysis of patient feedback forms to identify areas of concern. Pt feedback forms are provided to every patient; sent with any posted appointment and handed to patients on arriving for their examination.
- Analysis is made for each individual service provided, collated monthly or over a three, six, or twelve-month period depending on the number of patients involved in the service.
- Response target of 50% response, and 90% satisfaction level (Excellent or Good response).

Audit of Referring Clinician Feedback forms

Performed by our Information Governance Lead.

- Statistical analysis of feedback forms provided by Referring Clinicians' to identify areas of concern. The feedback forms are sent out every 12 months to every Referring Clinicians.
- Response target 90% satisfaction level (Excellent or Good response).

Audit of Examination Request forms sent by Referring Clinicians

Performed by our Information Governance Lead.

- Statistical analysis of the Ultrasound Request forms sent to the Service by referring Clinicians to identify the volume and underlying issues with those that are deemed inappropriate.
- This audit is of forms sent to us from 3rd parties so is outside of our direct control. Therefore, no formal targets are set – but audit results are sent to Referring Clinicians as advisory notes to help them improve their access to our services and reduce the number of patients inconvenienced by inappropriate requests.

Audit of Patient and Staff Safety.

Performed by Service lead under delegation of Clinical Governance Lead

- An initial Health & Safety review during the first day of services, and then repeated on a six-monthly basis, or as and when the location of delivered services is changed.
- Any issues, whether relating to staff or patient safety concerns, shall be discussed with the client and a means of resolution identified and implemented.

Audit of KPI's.

Performed by Service Lead

- Monthly assessment of to ensure we are meet our agreed KPI's. If close to the agreed limit, an assessment of provision is undertaken to identify why the target is being approached / breached and means of rectification.

Equality & Diversity

The Company is committed to ensuring that the manner in which project patient samples are drawn up does not inadvertently discriminate against any groups based on their race, disability, gender, age, sexual orientation, religion and belief.

Generation of Audit Reports

A formal project report shall be produced by the Audit Lead for each audit; or in the case of ongoing perpetual audits, then sequential reports shall be created at regular intervals according to the volume of data assessed and the duration of the audit program.

Where appropriate, graphical illustration of audit results will be created to help clarify trends and demonstrate proportions.

Presentation of Reports.

Audit reports are presented to the Director(s) for review and approval of any action plan created as a result of consideration of the audit results.

The Director(s) shall be responsible for agreeing the implementation of the action plan and subsequent assessment of its effect on service provision, through additional Audit programs when necessary.

Audit reports shall be made available to clients and service commissioners if required and, wherever possible shall be published on the company website

Dissemination of Audit Findings:

Audit results, together with information on any service modifications, are fed back to staff at team brief and staff training, with the ultimate aim of involving all staff in the improvement of delivered services.

Where changes in processes are initiated, the IG & CG leads are responsible for ensuring the modifications are fully understood by the relevant team members and that old process documents are amended or re-written.

Training Requirements:

Our Clinical Governance Lead & Information Governance Lead have received training suitable for role.

Training raises the profile of clinical audit and builds capacity and capability of all staff involved in clinical audit, so acting a driver for quality improvement. The Southern Ultrasound is therefore committed to providing clinical audit training for staff in order to maintain and develop their knowledge and skills.

Distribution & Awareness Plan:

The Company's audit Plan is available via our Corporate website.

It is also available for Staff access through the staff on-line Governance & Policy folder, and is thus accessible 24/7 from any location with internet access

Related Documentation

Clinical Governance policy

Clinical Governance Control Framework

Equality Impact Assessment:

An Equality Impact Assessment has been performed on this policy and procedure. The EIA demonstrates the policy is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	<input type="checkbox"/> Race	No	
	<input type="checkbox"/> Ethnic origins (inc. gypsies and travellers)	No	
	<input type="checkbox"/> Nationality	No	
	<input type="checkbox"/> Gender	No	
	<input type="checkbox"/> Culture	No	
	<input type="checkbox"/> Religion or belief	No	
	<input type="checkbox"/> Sexual orientation including lesbian, gay and bisexual people	No	
	<input type="checkbox"/> Age	No	
	<input type="checkbox"/> Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	NA	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

Review:

This Audit Policy shall be reviewed annually by a Director or Governance Lead

Kevin Rendell: Director & IG Lead.

Policy Created: 17/08/18



Policy reviewed: v2.

20/02/19