COVID-19 CLINICAL ADVICE SERVICE

AUDIT & ASSURANCE POLICY & PROCEDURE

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Appendix

1. Introduction

1.1 All NHS organisations have a duty to ensure that quality care is delivered (Health and Social Care Act 2012) and to ensure that there is a continuous cycle of quality monitoring and improvement.

1.2 The COVID-19 Clinical Assessment Service (CCAS) uses a clinical algorithm to assess patients' needs, providing a structured assessment process which aims to:

- reduce clinical risk by providing comprehensive telephone clinical assessment, clinical advice and onward referral where appropriate;
- improve call taking efficiency;
- identify areas for potential system improvements.

Users can then be monitored to:

- ensure safe practice
- continually assess their clinical competency in telephone triage and assessment
- continually assess their system competency;
- provide individual developmental feedback;
- Identify areas for shared learning and development;
- provide a consistent, equitable and structured review process with clear performance benchmarks;
- create nationally consistent performance;
- provide lines of reporting for actions taken in response to highlighted issue, trends and themes.
- monitoring can be undertaken by a supervisor/designated auditor, by a peer and by self reflection

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2. Policy Statement

2.1 CCAS recognises and accepts its responsibilities to systematically analyse the assessment, advice, onward referral of patients using audit, and to heighten awareness amongst users of the importance of audit in this respect.

3. Scope of the Policy

3.1 Audit and the audit cycle is a process used by health professionals to assess, evaluate and improve patient care in a systematic way.

3.2 Audit involves a review of calls in accordance with CCAS national requirements.

4. Roles and Responsibilities

4.1 CCAS

The CCAS service has responsibility for audit with a co-ordinating function between call centres, home based workers and external providers to ensure the effectiveness of the policy.

4.2 All Clinical Staff

All staff taking calls within call centres and at home have a duty to engage with call audit, which contributes to the continuous cycle of quality monitoring and improvement.

Individuals must complete self-audits per month. The findings of these should be discussed with the clinical auditor.

Clinical staff will undertake peer review audits as requested by the clinical auditor.

4.3 Clinical Auditors

Are responsible for undertaking call audits on ~~all~~ named clinicians each month and ensuring that relevant and timely feedback is provided. Where performance does not reach the required standard action plans will be developed. Good practice points will be highlighted for sharing with the wider team.

A weekly report must be submitted to the Professional Lead, summarising activity, including numbers of audits, quality of audits, concerns / learning identified and any outliers.

Clinical auditors will engage with the auditors for other professional groups working within CCAS.

Clinical auditors will audit a random sample of audits performed by other clinical auditors.

4.4 Professional Lead

Will provide support and guidance for the clinical auditors.

Will ensure auditors have call audits peer reviewed

Will audit a random sample of audits performed by the clinical auditors.

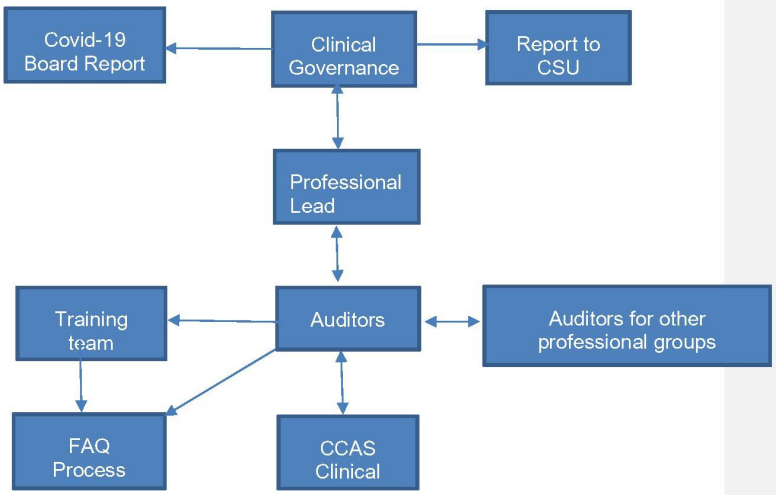
Will analyse the weekly audit data and report to the Clinical Governance Team weekly.

4.5 Clinical Governance Team

Will review the call audit reports and identify learning opportunities and areas of concern

A bi-monthly report will be produced for the NHS111 Covid-19 CRS Board and the South, Central & West Commissioning Support Unit.

5.Call Audit Process



6. Audit Procedure

6.1 All staff using CCAS systems will be audited by way of 3 random audits per staff member, 5 for new members of staff to ensure competency, performed by the clinical auditor.

6.2 All staff will complete 3 self-reviews per month

6.3 The clinical auditor will arrange for 3 peer reviews per month

6.4 Audit will be conducted by staff trained in CCAS system use and audit requirements who will act as local quality auditors.

6.5 Audit will be conducted by remote call review, feedback will be provided on all call audits.

6.4 Local quality auditors will use the RCGP Universal Clinical Audit Tool to complete the audit (*appendix 1*).

6.5 A weekly report will be supplied to the GP Lead, Pharmacy Lead or Clinical Governance Manager.

6.5 Quality auditors will undertake levelling exercises with other quality auditors monthly to ensure equity across the service

7. Audit Cycle

7.1 Individual members of staff will receive feedback from their audited calls, so any identified areas for improved performance will be constructively delivered and can be adopted for their next live calls.

7.2 If an individual staff member has a non-compliant audit then they will receive immediate feedback outlining the identified issues and constructive advice on how to improve future performance. A remedial action plan will be put in place as necessary.

7.3 The local quality auditor will then decide if the staff member can continue to take calls, or whether further support measures are required.

7.4 If the local quality auditor deems further support measures are required, they will liaise with training colleagues and inform the relevant professional lead to arrange them and the staff member will be taken off line until they have been implemented.

7.5 If an individual staff member continues to fail to meet the required standards following appropriate support measures and further audit, their professional lead will instigate a formal review meeting to consider next steps in line with the organisation's policies and procedures.

8. Audit Development

8.1 The CCAS is committed to developing audit with initiatives that become available with the development of technology and shared practice, and that evolve with changes in our service demands and provision.

9.Quality Assurance

9.1 A weekly report will be submitted to the professional lead for analysis

9.2 Professional leads will discuss the reports and ongoing performance at the Governance meeting

9.3 The Clinical Governance team will report on call quality audits to the SCAS NHS111 Covid-19 Board and the South, Central and West Commissioning Support Unit

Appendix 1, RCGP Universal Clinical Audit Tool