



CLINICAL GOVERNANCE & CLINICAL AUDIT POLICY AND PROCEDURE

Version 1.5

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Amended by Olivia Gibbs	Authoriser: Heather Moores
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1. AIM:

To ensure there is a robust clinical governance policy in place for all clinical specialists working for or on behalf of the company that puts patient safety first, ensures accuracy of reporting, provides professional accountability, and compliance with professional standards, further clinical audit forms part of the company's contracts both with the relevant CCG's and Hospital Trusts the company holds contracts with for the provision of non-urgent non-obstetric ultrasound services (NOUS)

2. INTRODUCTION:

Regular clinical audit and clinical governance meetings are an essential part of ultrasound clinical practice as it is an effective means of reducing clinical risk to patients undergoing an ultrasound examination, enables accurate analysis of all clinical practitioners' images and reports who are working for or on behalf of the company.

The clinical audit process ensures high standards of professionalism and patient care are maintained. Further clinical audit forms part of the company's clinical governance framework. Clinical audit reports form part of the companies NHS contractual requirements

Clinical governance compliance is upheld by:

- **Regular clinical governance meetings where;**
 - audit results are discussed, errors and discrepancies are analysed in detail with lessons learnt
 - CPD requirements for clinical staff reviewed
 - Interesting pathologies and scan findings presented
- **CPD** In order to ensure all clinical staff keep up to date with their CPD the company allows a half day per month for sonographers to work on their CPD. There is an allocated office area for this purpose with a computer to complete their on-line courses and access to our extensive files containing recent medical articles of interest. We encourage staff to attend courses on relevant subjects related to our service provision and allow time off to attend these courses and in some instances pay course fees if the course is deemed to enhance our service provision.

3. ROLES AND RESPONSIBILITIES

Clinical Audit

- **The company** is responsible for the provision of effective clinical audit
- **Since the previous policy review** the company has contracted **Medica Group** to perform monthly audits of 5% of all scans reported by all Advanced practitioner sonographers and specialist doctors who work for or on behalf of the company, the scans audited are taken from both contracted GP referred scans and Private self-referred scans. The *Medica* audits are carried out by state registered Radiologists employed by *Medica Group*, the company holds CV's for all Radiologists employed by *Medica* as assurance that they are appropriately qualified to perform clinical audits on the company's behalf
- **All Sonographers, radiologists and specialist doctors** working for or on behalf of the company who issues reports and images for ultrasound examinations performed on behalf of the company will be required to be part of the monthly clinical audit process, and will be accountable for their standards of practice
- **The clinical audit lead** will be responsible for providing *Medica Group* with 5% of randomly acquired scan reports and related images of work done by all of the clinicians working for or on behalf of the company, this will be done on a monthly basis

- **Medica Group** will issue monthly audit reports broken down by individual clinician and individual NHS contract to the CEO. These reports will be sent to the relevant Clinical Commissioning Groups (CCG's) and Hospital Radiology departments who the company holds contracts with for NOUS ultrasound.
- Recently the company has asked *Medica Group* for spread sheets to be supplied of all discrepancies by clinician to enable discrepancies to be discussed at the company's regular clinical Governance meetings

4. EQUIPMENT

- Well maintained and safety tested ultrasound scanner/s
- Annual medical physics QA tests on all scanners
- Suitable computers for image capture and storage
- Suitable computers for clinic report storage
- Specially designed clinical audit criteria/documents

5. HAZARDS and SAFETY

By ensuring there is a reproducible system in place for ongoing clinical audit, patients and referrers can be assured that clinical safety is monitored with regard to accurate reporting and image interpretation for all clinical staff performing ultrasound examination on behalf of the company.

6. PROCEDURE / SYSTEMS

The company will be offering a wide variety of NOUS examinations to the local community. It is therefore paramount that there is a process in place that monitors the continued quality and safety of the company's practice. The company also has to show such governing bodies such as the Care Quality Commission (CQC) that safe practice is being carried out at the company's clinic sites, further that all staff employed or self-employed who work for on behalf of the company also uphold their professional accountability for their own practice. In order to monitor continued safe practices and measure quality of diagnosis a robust clinical audit procedure must be in place, one that can be replicated and measured on a monthly basis to ensure accurate audit and ongoing monitoring is done.

The procedure developed by the company for clinical Governance is:

1. Clinical professionals who wish to work for the company will first have to provide evidence of practice, state registration and qualifications via a full curriculum vitae. 2 recent work references will also be required, and a full DBS check performed or in the case of locum staff evidence of recent and up to date DBS checks and references from the locum agency
2. On commencement of working for the company all clinical staff who will be undertaking ultrasound examinations will be monitored for the first 2 weeks by the lead sonographer, this will be done by sitting in on random ultrasound sessions performed by new staff where they will observe the new staff member for overall practice quality and professionalism. Reports and images will be randomly chosen and analysed for image diagnostic quality and accuracy and clarity of report content.
3. Monthly clinical audits will be carried out by the *Medica Group* Assigned Radiologists when 5% of a randomly chosen representation of work done the previous month by all clinicians will be analysed for accuracy using a grading criterion that covers both image quality, and report content, this will include grading for:

- Image quality and content will be audited for appropriateness given the clinical indication for the scan
- Report will be audited for content ensuring that the clinical indication, body of report, Impression and any recommendations reflect the images produced and clinical relevance of the clinical indication, in short does it answer the question the referrer has asked regarding their patients' condition
- Reporting style will also be audited for clarity and grammar
- The Medica Radiologists will use auditing criteria that enables standardised grading of accuracy of reports and images, as stated below:

Discrepancies are scored using the following grading system:

1. Observation
2. Interpretation
3. Communication
4. Risk to patient

1. Observational

- I. Grade 1: Major observational error: most reporters would identify this abnormality
- II. Grade 2: Minor observational error: a number of reporters would not identify this abnormality
- III. Grade X: No observational error

2. Interpretive

- I. Grade 1: Major interpretive error
- II. Grade 2: Minor interpretive error
- III. Grade X: No interpretive error

3. Communication

- I. Grade A: Ambiguous and did not convey the right conclusion/no conclusion given
- II. Grade B: Poor use of English: typographical or VR error/incorrect signature
- III. Grade C: Poor construction: lack of clinical information/poor format/incorrect technique description
- IV. Grade D: Failure to communicate appropriate alert
- V. Grade E: Failure to record incidental findings
- VI. Grade F: Failure to compare to previous images/reports
- VII. Grade G: Wrong study reported/ report entered into wrong patient folder/some sequences not reported

4. Risk to patient

I. Grade 1: Risk of harm high (including threat to life)

II. Grade 2: Risk of harm moderate

III. Grade 3: Risk of harm low

IV. Grade X: No harm to patient

Example

The final score applied to a radiologist audit could be:

1. X-2 for observation
2. X-2 for interpretation
3. X-3 for harm as at present

4. A-G for communication. Score could have all 7.

So, an outcome grade for exam could be 2X:3AB

7 QUALITY CONTROL and AUDIT

By performing continued monthly clinical audit, **quality control** for clinical practice within the company will be followed.

- Clinical audit results will be analysed, results presented at bi monthly clinical governance meetings with all staff working for the company in attendance. There will be a stipulation that all staff employed or working on behalf of the company must attend 70% of meeting annually.
- All clinical staff involved in clinical audit will have their monthly audit results sent to them via secure email or discussed face to face with the clinical lead.
- If concerns are raised by the CGL as a result of audit findings regarding a clinician's audit results for grading of a 3 then the company's incident policy will be invoked
- For a score 2 error then the senior advanced practitioner/company Director will discuss concerns with both the clinician involved and the auditing Radiologist , to enable remedial training or guidance to be put in place if deemed necessary, any remedial action or future training will be monitored and all meetings documented and any actions taken placed on the personnel file of the clinician concerned with a review date of future practice compliance mutually agreed. Once the relevant Radiologist and Director are confident that the clinician concerned is compliant and further clinical audit and monitoring shows proof of safe practice, then any documentation will be removed from their personnel files
- For a minor score 1 error then the lead clinician will inform the clinician concerned and offer feedback and guidance

8. REFERENCES

- I. UKAS guidelines for professional working standards- ultrasound practice (2008)
- II. Royal college of Radiologists (RCR) 'How can we audit the reporting accuracy of sonographers?', Authors; K Duncan/D Howlett. (2008)
- III. Ultrasound advisory group (2008)

- IV. RCR, Standards for the reporting & interpretation of imaging investigations (2006)

9. APPENDICES / RELATED DOCUMENTS

<http://www.rcr.ac.uk/docs/radiology/pdf/standardsforreportingandinetrpwebvers.pdf>

<http://www.rcr.ac.uk/docs/radiology/pdf/workbookradiologygovernance.pdf>

<http://eprints.hud.ac.uk/236/1/o'halloranrevalidatingp17.pdf>

<https://www.sor.org/search/site/clinical%20governance>

<http://www.eiceresources.org/>