

Audit Framework

Version:	Owner:	Created:
2.2	Sarah Pearce (Governance Manager)	1 st November 2013
Published:	Approving Director:	Next Review
05/03/2026	Rhys Hancock (Director of Nursing, Allied Health Professionals and Governance)	26/01/2028

Audit Framework

Contents

Introduction	4
Roles and Responsibilities	4
Clinical Audit	5
<i>Clinical Guardian</i>	5
<i>Clinical Audit Framework</i>	6
<i>Clinical Guardian Team</i>	6
<i>Staff Status</i>	6
<i>Individual Auditor Review</i>	8
<i>Team Review</i>	8
<i>Clinical Guardian Dashboard</i>	8
<i>Listening to Clinical Advice Telephone Calls</i>	8
<i>Safety Concerns</i>	9
Case Audit - Other SevernSide Services	9
<i>Frailty - ACE</i>	9
<i>P-ACE Audit</i>	9
<i>CMDU</i>	9
<i>WDPL Audit</i>	10
<i>Mental Health Team Audit</i>	10
Clinical (Topic) Audits	10
Operational Audit	10
<i>SevernSide</i>	10
<i>Status</i>	10
<i>Call Recording Reviews</i>	11
<i>Call Selection</i>	11
<i>SevernSide</i>	11
<i>IUC Call Standards</i>	11
Practice Operational Audit	12
Quality Control & Reporting	12
<i>Commissioner Audits - IUC</i>	12
Compliance Audits	12
<i>Schedule of compliance Audits:</i>	13

Audit Framework

Escalation and Reporting	14
Appendix 1 - Process for Uploading Cases into Clinical Guardian.....	15
Appendix 2 - Clinical Guardian Audit Process.....	16
<i>Introduction</i>	<i>16</i>
<i>The Clinical Guardian Methodology</i>	<i>16</i>
<i>Individual Audit.....</i>	<i>16</i>
<i>The Auditor's Screen.....</i>	<i>17</i>
Comments Box.....	19
<i>Assessment</i>	<i>19</i>
Check-List for Referral	19
<i>Telephone Consultations.....</i>	<i>20</i>
<i>Face to Face Consultations.....</i>	<i>20</i>
<i>Guardian Team Audit – Group Review.....</i>	<i>20</i>
Clinical Guardian Team Meetings.....	20
Further Information.....	25
<i>Record Keeping</i>	<i>25</i>
Feedback.....	25
<i>Conclusion</i>	<i>25</i>
Appendix 3 - Practice Services Peer Review Audit Tool.....	26
Appendix 4 - Call Handlers Audit Tool.....	27
<i>Compliance.....</i>	<i>27</i>
Appendix 5 - IUC Clinician Call Audit Tool.....	29
Change Register	30

Audit Framework

Introduction

BrisDoc is committed to providing high quality care. This framework outlines the processes to ensure exemplary standards that keep patients, their carers and families, and other professionals safe.

In order to assure that staff are meeting expected standards, BrisDoc will routinely audit a random sample of all contacts with patients and professionals, across all of its services, whether the contact is over the telephone or in person. In addition, specific audits will also be undertaken to assure the consistency of standards where required.

Audit will enable poor practice or poor systems and processes to be recognised and acted upon thereby ensuring BrisDoc continues to provide high quality patient care in accordance with its business model.

BrisDoc is committed to:

- Regularly auditing a random sample of patient and professional contacts
- Acting appropriately on the results of those audits
- Ensuring auditors have appropriate experience and support to undertake the role
- Reporting audit results to the Quality Board
- Undertaking an annual programme of clinical and non-clinical audits, as agreed and managed by the relevant Boards

BrisDoc will apply the following principles to the adoption of audit processes:

- Audit will be proportionate and appropriate to the clinical setting and clinician experience
- Audit will seek to ensure clinicians address the holistic needs of patients
- Audit will consider efficiency and effectiveness in a balanced fashion
- Audit will ensure contacts are conducted with professionalism, respect and kindness
- Audit will ensure the information elicited is complete and outcomes are appropriate, clear and understood by the recipient

Roles and Responsibilities

The roles and their responsibilities in relation to Audit with BrisDoc are set out below:

Role	Responsibilities
Medical Director/Director of Nursing, AHPs and Governance	To chair the Performance Advisory Group To liaise with NHS England and regulatory bodies as required. To act as Liaison Officer for regulatory body investigations if/when needed. To ensure effective audit cycles and learning are delivered across the organisation and reported to the Board.
Director of People & OD/People Team	To support the organisation with managing performance issues which arise from audit
Deputy Medical Directors/Head of Nursing	To lead the Lead Clinician Team To oversee the performance of Clinical Guardian (CG) processes and management

Audit Framework

Head of IUC/Head of Practice Services	<p>To ensure the following processes are undertaken by the Service Delivery Teams:</p> <ul style="list-style-type: none"> • initial and routine call audit of all call handling staff • maintenance of the database of audit results • provision of feedback to team members and arrange training if necessary <p>To report on these audits and their results to the relevant board</p>
Lead GPs/Lead Clinical Practitioners	<p>To lead the clinical audit process via Clinical Guardian</p> <p>To manage the Clinical Guardian Team of auditors</p> <p>To provide full audit of clinicians needing review in Red & Amber groups.</p> <p>To manage the peer review auditing process</p> <p>To promote the use of the CG clinician dashboard with clinicians</p> <p>To escalate concerns from audit results to DMDs</p> <p>To liaise with clinicians with respect to performance of concern and organise/attend review meetings with clinicians.</p> <p>To lead annual topic audits within clinical leadership team</p> <p>To lead 2-yearly maintenance of the Clinical Toolkit (SevernSide only) within clinical leadership team (see CTK SOP)</p>
Governance Manger/Team	<p>To provide support to the Clinical Guardian Team to ensure their efficient and effective auditing processes</p> <p>To support in the formal Performance Management process and attend PAG with pertinent information</p> <p>To report on Clinical Guardian statistics to the relevant board</p>
Clinical Guardian Team/Auditors	<p>To routinely audit clinicians in all groups</p> <p>To provide feedback to the clinicians following learning from audit</p> <p>To undertake specific audits as required</p> <p>To liaise with new clinicians to ensure they are settling into their role following induction</p> <p>To undertake peer review auditing as part of the wider team.</p> <p>To give and receive honest and open feedback.</p> <p>To take part in review and educational sessions as necessary.</p> <p>SevernSide ONLY - To write and review Clinical Toolkit material.</p>

Clinical Audit

Clinical Guardian

Clinical Guardian is a software deployed across BrisDoc services to enable audit of clinical contacts between clinicians and patients. The detail of its deployment is set out below.

All clinical data is extracted from CLEO for patients who had contact with the service and is uploaded onto “Clinical Guardian”, BrisDoc’s secure on-line governance software (appendix 1). The software reconstructs the data into anonymised patient records which can then be randomly selected according to audit criteria for peer review. The Clinical Guardian auditing process is set out in appendix 2. The Royal College of General Practitioners (RCGP) toolkit criteria provide the underpinning standards for audit.

Audit Framework

The auditors look specifically for unsafe or worrying patterns of clinical behaviour which may indicate a larger sample size of that clinician's cases needs to be audited. The Clinical Guardian system, which can be accessed online by each clinician, provides them with a rolling record of their clinical performance.

The principles set out below are applied to all case types.

Clinical Audit Framework

Broadmead Medical Centre (BMC), Charlotte Keel Medical Practice (CKMP) and Homeless Health Service (HHS) cases are audited against a modified version of the RCGP criteria (appendix 3).

SevernSide IUC cases are audited against a modified version of the RCGP criteria (appendix 5).

Clinical Guardian Team

Every clinician in contact with patients face to face (F2F) or remotely, is regularly audited by a member of the Clinical Guardian Team (CGT). The CGT is made up of different clinicians depending on the service line.

- SevernSide – Specific CGT who:
 - incorporates at least two GPs, and one Nurse/AHP with line management and support from the Urgent Care Deputy Medical Director and Head of Nursing/AHPs.
 - have an interest and experience in education and leadership, and continue to develop these skills during their work in the team
- work regularly within the SevernSide IUC out-of-hours service and have each done so for a minimum of 6 months prior to joining the team
- Practice – Lead GPs and Lead Nurses

Staff Status

A colour coding system has been developed to denote the governance status of any individual clinician.

In CG the status determines the percentage of their cases audited. Staff will progress through the scale as their probation period completes and/or where required, their performance (and therefore their safe practice) is seen to improve.

Clinicians can be moved along the scale at any time, in response to learning events or complaints, etc.

Status	Description	Audit Requirements
Red	Clinicians under full review as a result of a complaint or clinical concerns raised by the governance/guardian/performance team	25% of all audits
Amber	Clinicians with some concerns. For example, clinicians who work at high volume and have been discussed with	4% of standard audit 10% Referred to ED/999 audits

Audit Framework

	DMD/MD. Clinicians and concerns are well known and repeated patterns have been described.	All anonymised.
Yellow	Clinicians providing good, safe care in the Frailty service but are new to or do not work in OOH/S-CAS.	4% frailty audit, anonymised. 100% standard and referred to ED/999 audits
Green	Clinicians providing regular good and safe care.	4% standard and frailty audit 10% Referred to ED/999 audits All anonymised.
Purple	New SevernSide clinicians: in first 25 OOH cases or in first 5 Frailty cases	100% of all audit cases
White	Supervised GP Registrars in training.	20% of all audit cases. Anonymised.
Blue	Clinicians new to Frailty service who are experienced in OOH service with previously green status	100% frailty audit 4% standard audit, anonymised. 10% Referred to ED/999 audits, anon.

Purple clinicians are brand new to working in BrisDoc services, and have 100% of their first 15-25 case records audited and then one to two telephone recordings listened to (two if there are any concerns during audit or from the first telephone call). Purple clinicians are changed to green when this initial review has been completed, and there are no persistent or ongoing concerns/ issues about their work.

If the clinician has worked for BrisDoc before but not worked for 6 months or more, their status defaults to purple. If there have not been previous concerns and no new concerns are identified, they may be changed to green after 10-15 cases.

If there are ongoing concerns/issues after 25 cases then clinicians will remain as purple (or be changed to red) until these concerns have been addressed through feedback via email, telephone call or in person by the 'line manager' or a Clinical Guardian team member. The Clinical Admin Team may become involved in addressing concerns depending on the nature of these.

In SevernSide, at or around the time of transition of new, purple clinicians to green, the Clinical Guardian team will reach out to speak with the new clinician to share any overall feedback from the initial audit. This is also an important opportunity to seek and hear new clinicians' feedback about induction, working in the service, Clinical Guardian and any other suggestions they may have. In Practices this is delivered via existing line management arrangements.

Purple clinicians (who have completed more than 25 cases) and red/amber clinicians stay purple or red/amber for a maximum of three months, at which point review and next steps need to be agreed. This would usually include changing to red, discussion with the Deputy Medical Director and/or Medical Director, and the Director of Nursing, AHPs and Governance and/or Head of Nursing/AHPs. It could also include consideration of review at the BrisDoc clinician Performance Advisory Group (PAG), which is chaired by the Medical Director.

Audit Framework

Individual Auditor Review

The auditors assess each case as “pass without comment”, “pass with comment” (and provide free text positive comments, or logistical feedback), or “refer for group review” (and makes a note of the reason for referral to aid group discussion). When undertaking individual audit, the auditor cannot see the identity of the consulting clinician (unless the clinician has special status). Cases where there are concerns, or learning for the individual or service, are forwarded for ‘group review’ to discuss the case with the wider team and agree feedback/actions.

Team Review

The CGT meets regularly for ‘group review sessions’ and requires a quorum of at least two members to participate. Every four weeks the whole team meets for a team meeting to discuss processes, review performance and workload and share views and tips. Wider clinical issues and audits may also be discussed.

At ‘group review’ two or more CGT members review cases. Cases are assessed as “pass without comment”, “pass with group comment” (a free text comment which may highlight learning or constructive feedback, or particularly positive feedback) or “as discussed by phone or email” (if the case requires the CGT to discuss the case with the clinician prior to the case score being submitted).

Feedback to individual clinicians and any status change if required is agreed collectively by the team. All clinicians are alerted to feedback by a monthly email from the CG platform and are encouraged to review their feedback and reply to the team.

Clinicians interested in the work of the CGT may shadow a group review meeting. They will be briefed about confidentiality by the team and sign a confidentiality agreement when they attend.

Clinical Guardian Dashboard

Clinical Guardian functionality can report data for each clinician into a personal dashboard that will provide information about their consultations and prescribing performance in comparison to an average similar clinician.

Clinicians will be encouraged to review and understand their data and reflect on how their performance contributes to the efficient and clinically effective delivery of the service.

Listening to Clinical Advice Telephone Calls

The Clinical Guardian team will routinely listen to one to three randomly selected calls when a new clinician starts work, as part of transitioning from purple to green status and or if there are concerns/ issues about a new clinician.

Calls are scored using the modified RCGP telephone triage tool, which has been tailored to reflect the nature of the consultations undertaken in each setting. It may not be possible to score some of the criteria in any one call, because of the nature of the clinical consultation in which case more than one call should be listened to. Scoring is logged in the spreadsheet and feedback about the telephone conversations can be incorporated into the discussion between a new clinician and the Guardian auditor if needed.

In addition, the Clinical Guardian team have the option to listen to calls on an ad-hoc basis if, for example, it is very unclear what has happened from the written record, new concerns/ issues

Audit Framework

are emerging for a clinician or as part of wider review of an individual clinician triggered by an external issue.

Safety Concerns

Clinicians who are deemed unsuitable/unsafe to work for BrisDoc are deactivated with a note made in their record to explain the reason for deactivation and therefore should not have shifts booked. (We deactivate them so that they no longer have access to patient records etc.) Deactivating a clinician due to concerns around safety and suitability would always require Medical Director/Deputy Medical Director and/or Director of Nursing, AHPs and Governance/Head of Nursing/AHPs involvement, and may require discussion at the PAG or review of the decision at PAG.

When a clinician has been deactivated, the Clinical Guardian Team or Governance Manager will email the rota team to request that the clinician be blocked from booking any further shifts. If the clinician has existing shifts booked and these need to be removed, the Governance Manager will coordinate the process to ensure that both the clinician and the rota team are informed that the shifts will be cancelled.

Case Audit - Other SevernSide Services

Frailty – ACE

Cases are placed in a separate audit stream for review. One member of the CG team with specific knowledge of the F-ACE service is responsible for completing the audit, with support provided when required. Status colour classification and audit rates are managed in line with the standard process, with a minimum of five cases required to be scored before a green status is considered.

As telephone calls may be lengthy, a minimum of 20 minutes of each call will be listened to. Any concerns arising from the audit will initially be discussed within the CG team and, where necessary, escalated to the Deputy Medical Director for PAG consideration.

P-ACE Audit

The P-ACE is managed using the same criteria as the main IUC (standard) audit. Auditing sits outside of the CG team and is completed by a small number of P-ACE clinicians with the support of the P-ACE lead clinician. Concerns will be discussed with the P-ACE lead GP in the first instance and escalated to the Deputy Medical Director where appropriate.

CMDU

A separate audit stream is in place, with 100% of cases visible for audit by a small number of agreed members of the Clinical Guardian (CG) team. Given the low volume of cases, the intention is to audit all cases (100%), thereby avoiding the need to introduce additional status colour classifications. All cases from all clinicians will be audited, regardless of the clinician's status. This approach may be reviewed in the future if case volumes become unmanageable. Concerns will initially be discussed within the CG group and escalated as per the main process where necessary.

Audit Framework

WDPL Audit

The WDPL audit stream is separate to the main IUC (standard) audit. The lead clinician for the WDPL service is responsible for auditing cases. The audit rates and colour status is managed in line with the standard process. Concerns arising from the audit will initially be discussed with the Deputy Medical Director and escalated for PAG consideration where necessary.

Mental Health Team Audit

The Mental Health (MH) audit is managed separately from the Clinical Guardian (CG) team and is conducted by members of the MH team once appropriate training has been completed and the appropriate permissions have been granted. The audit process is modelled on the main IUC process, with status classifications following the same framework. Due to the complexity and length of mental health consultations, auditors may review fewer cases before deciding to amend a clinician's status to green. Any concerns identified will be raised and discussed through the MH leadership team and escalated to the Director of Nursing, Allied Professionals and Governance where appropriate.

Clinical (Topic) Audits

The functionality within Clinical Guardian, CLEO reporting and EMIS searches can be used to source data for topic specific audits agreed as part of BrisDoc's audit programme.

An annual audit programme will be agreed by the Quality Board and results reported to this Board and for subsequent wider sharing of learning. Each audit will have an audit plan written that sets out the objectives, audit methodology, audit criteria, auditors, reporting processes and timescales for the audit.

Individual clinicians and operational staff are encouraged to participate in audits as part of their continuing professional development.

At least two topic audits (in addition to any QOF/DES/PCN/CCG requested audit) will be undertaken each year through which the quality of the consultation will be assessed.

Responsibility for topic audits will lie within the Clinical leadership teams.

Operational Audit

Audit of operational processes and specifically operational calls will be common place within BrisDoc services. These exist to ensure consistency, safety and quality.

SevernSide

Status

A colour coding system has been developed to denote the governance status of any individual.

Staff will progress through the scale as their probation period completes and/or where required, their performance (and therefore their safe practice) is seen to improve.

Status	Description	Audit Requirements
--------	-------------	--------------------

Audit Framework

Red	Call handler is not currently performing well in the role and needs to be performance managed according to company policy	A minimum of 5 calls a week to be listened to until satisfactory performance is achieved, providing it is deemed safe for the call handler to continue independently taking calls
Amber	Low achievement - call handler manages a basic call but does not adequately follow guidelines or manner, serious improvement actions needed	5 calls to be reviewed each month by Line Manager until 'Green' performance is achieved
Green	Full achievement - call handler has demonstrated excellent knowledge of process, patient care and process	2 calls to be routinely reviewed each month by Line Manager
Purple	New call handlers in first month of working for the service	5 calls to be monitored until competencies fully signed off

Call Recording Reviews

Telephone calls audited will include the following:

SevernSide

- Calls to the IUC Professional Line
- Safety calls to patients
- Calls to the Patient Line from patients/family who are deteriorating
- Calls to Mental Health CAS via 111 option 2

Call Selection

SevernSide

The calls will be selected at random. with a minimum of two calls per person audited every month. The volume of any further calls requiring reviewed will depend on the results of this initial audit and the individual's score. The criteria used for the audit is detailed in the Call Handler Audit Framework.

The calls will be listened to through the Sesui platform.

IUC Call Standards

IUC Call Handlers are expected to collect information accurately and quickly and to ensure that the call is forwarded to the correct clinical queue.

Audit data will include that the correct questions are asked, the case is put to the correct queue / appointment and that the Call Handler is polite and professional and demonstrates confidence and knowledge.

The aim is to answer every call with the upmost professionalism and customer care whilst maintaining the set process that is in place for gaining the correct patient details and the most useful information to be handed on for use by the clinician.

Audit Framework

All BrisDoc staff are expected to announce their name, profession and service when speaking to a colleague or a patient/family.

Practice Operational Audit

Practice Services operational audit is currently under review. Further detail will be added when the review is complete.

Quality Control & Reporting

Control of the process and a database of the performance of operational individuals who handle calls is managed by an IUC Team Manager and Practice Managers.

Clinical Guardian is used for this purpose for clinical audits.

The consistency and quality of Auditors cases will be reviewed by a Deputy Medical Director or Head of Nursing and AHPs six months after an auditor commences in their role, at 12 months and 8-12 months later before they finish their term as an auditor. The Governance Team will run a clinical guardian report that will randomise audited “passed” cases per auditor for review.

A full review of learning events, complaints, patient satisfaction and audit occurs monthly at the Quality Board meeting.

Commissioner Audits - IUC

Specific performance audits for the IUC service, set out as Information Quality Requirements in the Contract, include a review of 2% of cases with admission, sent to ED or referred to 999 outcomes for appropriateness; and a review of completeness, accuracy and a clearly documented management plan for the patient’s own GP.

These audits are run in Clinical Guardian and an analysis included in the quarterly IUC Quality and Performance Report.

Compliance Audits

To provide assurance that clinical and administrative processes are conducted in line with organisational policies, regulatory requirements, and national healthcare standards, BrisDoc carries out a schedule of compliance audits and checks.

compliance audits aim to provide assurance to senior management that the organisation operates safely, ethically, and in compliance with healthcare governance expectations.

Completion of audits and areas of non-compliance are reported and discussed at the SevernSide Quality Group and Health and Safety Steering group. Concerns will be escalated to the Quality Board.

Audits are completed by services and shared with the Governance Team who hold and maintain a central log.

Audit Framework

Schedule of compliance Audits:

Compliance Audit	Key Points	Frequency	Responsibility
Handwashing	Review conducted annually to ensure staff adherence to hand hygiene protocols	Annually	Lead Nurse
Resus Bag / Defib / Oxygen	Weekly inspection of resuscitation equipment, including defibrillators and oxygen, to ensure all items are present, functional, and compliant with policy	Weekly checks / Monthly submissions	Lead Nurse
Infection Prevention and Control (IPC)	Review using a comprehensive NHS-standard template to assess compliance with hygiene and safety protocols	Annual	Lead Nurse
Fridge Temperature & Seals	Daily monitoring of fridge temperatures and weekly verification of seal integrity to ensure safe storage of medications and vaccines	Daily (temps); Weekly (seals); Monthly data submission	Lead Nurse
Drug Stock	Monthly reviews using a standardised template to ensure accurate inventory, proper storage, and adherence to organisational policies	Monthly	Lead Nurse
Vaccinations	Monthly audits using a standardised template to verify correct storage, stock levels, and compliance with immunisation protocols	Monthly	Lead Nurse
First Aid Kit	Weekly inspection to ensure all required items are present, in date, and compliant with organisational safety standards	Weekly check Monthly submission	Practice Manager
Blood Sugar Machines	Monthly inspections to ensure devices are clean, calibrated, fully functional, and compliant with safety standards	Monthly	Lead Nurse
Health and Safety Audit	Review of a specific area of workplace practices, equipment, and policies to ensure compliance with legal and organisational safety standards	Annual	Quality Manager
Health and Safety Premises Audit	Inspection of the physical workplace to identify hazards, assess compliance with safety regulations	Monthly	Service H&S lead
Safe Driving Audit	Review of vehicle speeds and driving practices to ensure compliance with road safety policies and regulations	Monthly	IUC Ops Lead
Car Oxygen levels	Check of oxygen supply and equipment to ensure correct levels, proper functionality, and compliance with safety standards	Weekly	IUC Ops Lead
IUC Shift Manager Audit	Assessment of shift managers skills, knowledge, and adherence to operational protocols	Monthly	IUC Ops Lead

Audit Framework

IUC Driver Audit	Assessment of shift drivers' skills, knowledge, and adherence to operational protocols	Monthly	IUC Ops Lead
IUC WACC Audits	Assessment of WACCs skills, knowledge, and adherence to operational protocols	Monthly	IUC Ops Lead
IUC Host Audit	Assessment of hosts skills, knowledge, and adherence to operational protocols	Monthly	IUC Ops Lead
Understanding access to medical records	Review assessing staff knowledge and compliance with policies regarding patient record access, ensuring data protection and adherence to legal and organisational standards.	Annual	Governance Manager
Car stock audit	Review of vehicle equipment, supplies, and documentation to ensure completeness, functionality, and compliance with organisational standards	Monthly	IUC Ops Lead
Chaperone Documentation Audit	Random check of notes where patients required an intimate examination, to assess whether chaperone policy and documentation standards were followed.	Annually	Governance Manager

Escalation and Reporting

Where adverse outcomes are found from audits, these **MUST** be reported via a learning event.

Where performance standards are consistently not met and this remains after a period of support, training and development, this should be discussed with the line manager and the people team to inform next steps in accordance with BrisDoc policies. This may include the inclusion of the individual at a Performance Advisory Group (PAG) meeting to review the case, provide advice to the Medical Director who will decide about the ongoing management of poor performance. This might include:

- Referral to NHS England for GPs
- Referral to a professional regulatory body
- Formal managing performance/disciplinary processes
- Ongoing improvement work with monitoring and supervision.

Audit Framework

Appendix 1 - Process for Uploading Cases into Clinical Guardian

Case Upload Process

IUC Cases

Upon case closure, records are automatically transferred from the CLEO system to the CG platform. Audit streams are refreshed on a daily basis to ensure data accuracy, completeness, and ongoing availability.

Practice Service Cases

Case data from EMIS is extracted on a weekly basis and uploaded to the CG platform. The designated IT Lead for each service holds responsibility for the completion of this process and for promptly reporting any technical issues or upload failures.

Governance Review

The Governance Manager conducts a weekly review to verify that all cases have been successfully uploaded to the relevant areas within the CG platform. In instances where discrepancies or omissions are identified, the Governance Manager will liaise with the CG Team and/or the respective IT Lead to investigate and resolve.

Audit Framework

Appendix 2 - Clinical Guardian Audit Process

Introduction

Clinical Guardian is both a methodology used in the routine clinical audit of GP out of hour's clinicians and the software to support the process. This guide has been written to support clinical auditors in their work.

The Clinical Guardian Methodology

The Clinical Guardian auditing process involves 2 stages.

Stage 1	Stage 2
Individual Audit Trained Clinical Auditors Working Alone Audit from Anywhere Large Numbers of Anonymised Case Records Overview Pass or Refer Positive feedback where appropriate	Group Review Guardian Team Overseen by Lead GP Physical or Virtual meeting Small Number of Case Records Detailed Analysis Identify Trends Positive or Constructive Feedback as Appropriate

Individual Audit

The first stage involves reviewing a large number of cases to identify those which might need further evaluation. This process is undertaken by an individual clinical auditor and should take no longer than 30-60 seconds per case.

The objective in this stage is to identify the small numbers of cases which might give rise to concern or learning. IUC clinicians perform consistently to a very high clinical standard. Problems encountered are either "behavioural" or "clinical" or "service".

	Focus	Solution	Examples
Behavioural issues	<ul style="list-style-type: none"> Individual clinician 	<ul style="list-style-type: none"> Feedback, education, support Referral to the appropriate authorities (rare) 	<ul style="list-style-type: none"> Poor note keeping Failing to measure basic observations appropriately Concerns about clinical diagnosis or management
Clinical issues	<ul style="list-style-type: none"> Series of different clinicians experiencing difficulty with the same clinical problem 	<ul style="list-style-type: none"> Define best practice and ensure that information is available to clinicians Cascade through local education system/ensure relevant information is included in clinical 	<ul style="list-style-type: none"> Management of UTIs The assessment of potentially suicidal patients

Audit Framework

		toolkit and clinicians' newsletter	
Service issues	<ul style="list-style-type: none"> • Problem within the IUC service • Problem with another organisation 	<ul style="list-style-type: none"> • Communication with operational team • Communication with other organisations 	<ul style="list-style-type: none"> • Late reporting of lab results • Unable to access EMIS records due to IT issues

The individual audit stage can result in four outcomes for a case as summarised as follows:

Quadrant 1 Safe Case Passed	Quadrant 2 Unsafe Case Passed
Quadrant 3 Safe Case Referred	Quadrant 4 Unsafe Case Referred

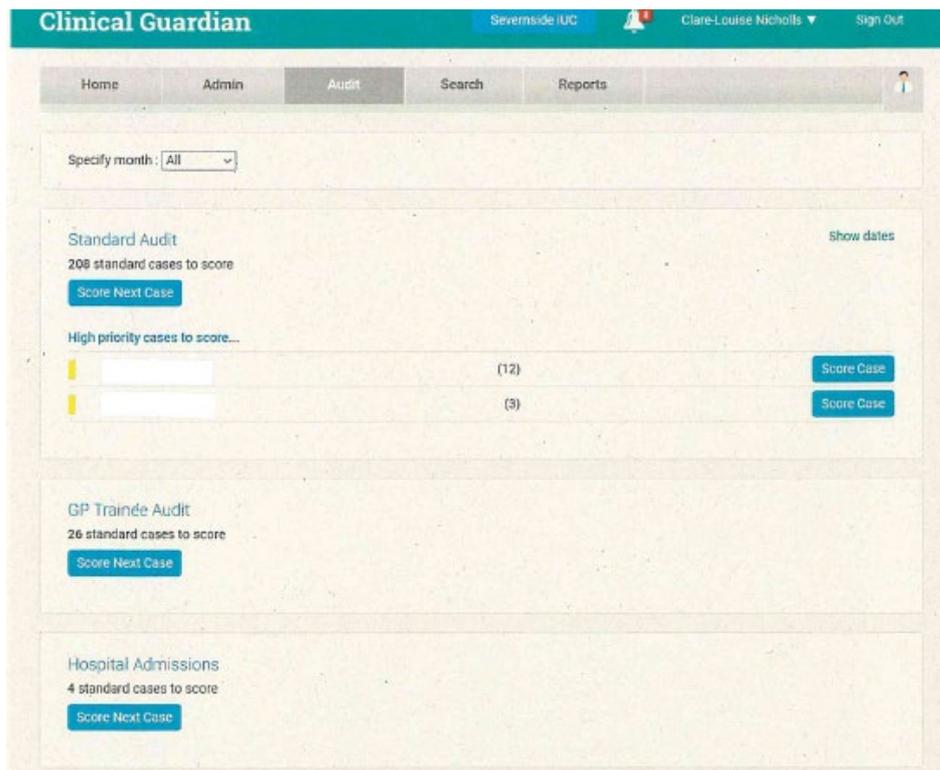
Clearly the scenario to be avoided is in quadrant 2. Quadrant 3 will generate more work for the Clinical Guardian Team but does not compromise patient safety. The general advice for auditors undertaking individual audit is “When in doubt, refer!” – leave the decision to the Clinical Guardian Team review and discussion.

The Auditor’s Screen

Clinical data is uploaded to “Clinical Guardian” by administrative staff. Any patient identifiable data (names, addresses etc.) is removed at this stage. The software randomly selects cases for audit in accordance with their colour status.

Data on the auditor’s screen is displayed as follows:

Audit Framework



Cases for audit are displayed as either high priority or standard cases.

HIGH PRIORITY CASES

Clinicians who represent a potentially high-level risk to the IC organisation

PURPLE
(Unknown)

RED/YELLOW/AMBER
There are low level concerns needing greater surveillance

STANDARD CASES

Clinicians who represent a low level of risk to the organisation

GREEN
(no concerns)

WHITE
(GP Registrar – supervised)

A “Standard Case” is presented without the name of the clinician being shown. The patient demographics are presented in red, as are the consultation notes to be audited. A case may have more than one part (e.g. a telephone consultation and a face-to-face consultation). The part of the consultation in red is the section to be audited. However, if concerns are raised about the part of the case not in red, this should be referred to alert the Clinical Guardian Team who can then audit that part of the case.

Audit Framework

The screenshot displays the 'Standard Audit' interface. On the left, there is a 'Comments' section with a 'Choose snippet (optional)' dropdown, a large text area, and a 'Please select...' dropdown. Below this is a blue button labeled 'click to finish scoring' and a link 'Return to selection page'. The main content area on the right is divided into several sections: 'Consult Type' (Clinician Advice), 'Case No', 'Case Origin', and 'Case Date' (21-Mar); 'Location' (BR - Knowle), 'Age' (76 years), and 'Sex' (Female); 'Priority On Reception' (Urgent (2hr)), '/ After Assessment', and '/ On Completion' (Routine (6hr)); 'Consult By' (Nurse), 'Consult Type' (Clinician Advice), and 'Consult Start' (20:28 (Saturday)); 'Consult End' (20:35); 'Consultation' notes including 'spoke to patient - able to speak in full sentences', 'PC cough, shivering, vomiting', 'thinks started Thursday cough, cough seems a bit better, dry cough', 'taking lemsip from today, feels better with it', 'lives alone', 'feels cold', and 'vomited x1 last night, nausea all day, doesn't feel like eating'; 'Clinical Codes' (677B. Advice about treatment given); 'Treatment' (7/7 self isolation advised); and 'Informational Outcomes' (Self care advice - call back as necessary -).

Comments Box

The “Comments Box” allows the Auditor to record individual comments about the case. If the case is referred to the Clinical Guardian Team, then the comments will be seen by the Team and not by the clinician. If the case is passed as “pass with comment”, any comments will be passed onto the clinician. Comments from an individual Auditor should be positive (everybody appreciates praise) or constructive suggestions. If the individual auditor feels that critical comments should be made, the case is best passed onto the Guardian Team for group review.

Assessment

Each case is graded as either “pass without comment”, “pass with comment” or “refer for group review”. The case cannot be finished until one of these options has been selected.

Check-List for Referral

Cases to be referred are at the discretion of the individual auditor. The general rule is “if in doubt, refer”.

The key to the assessment is safety:

- Is this consultation safe for the patient?
- Is this consultation safe for the clinician? – would the records support them in the event of a legal challenge?
- Is this consultation safe for the wider organisation? – is the clinician creating clinical precedents which might be the cause of later problems e.g. excessive use of injected

Audit Framework

drugs, issuing Patient Line number, or inappropriate use of A+E/999 when safety-netting?

- Does the documented record of the consultation allow for informed and safe continuity of care?

Telephone Consultations

Telephone consultations are difficult. Many clinicians consider them to be by far the most challenging part of IUC work. Problem cases generally fall into one of the following categories:

- Inadequate history
- Failure to understand the patient's ideas / concerns and expectations
- Inappropriate clinical conclusion
- Inappropriate case closure
- Inadequate safety netting
- Inappropriate assessment of urgency
- Inappropriate referral to 999, ED, other services
- Video Consultations
- Challenges of more widely used video consultation since the Covid-19 pandemic include:
 - Confidentiality issues
 - Quality and availability of patient audio/visual equipment
 - Limitations on quality of assessment
 - Recording of video call visual is not possible (audio can be recorded)

Face to Face Consultations

Face to face consultations (either at the IUC Treatment Centre or home visits) generally give rise to fewer clinical concerns. When these occur, they include:

- Inadequate clinical assessment - typically failure to record vital signs e.g. heart rate in children or failure to perform a urinalysis or a pregnancy test
- Inappropriate prescribing
- Inadequate safety netting
- Inappropriate onward referral

Guardian Team Audit – Group Review

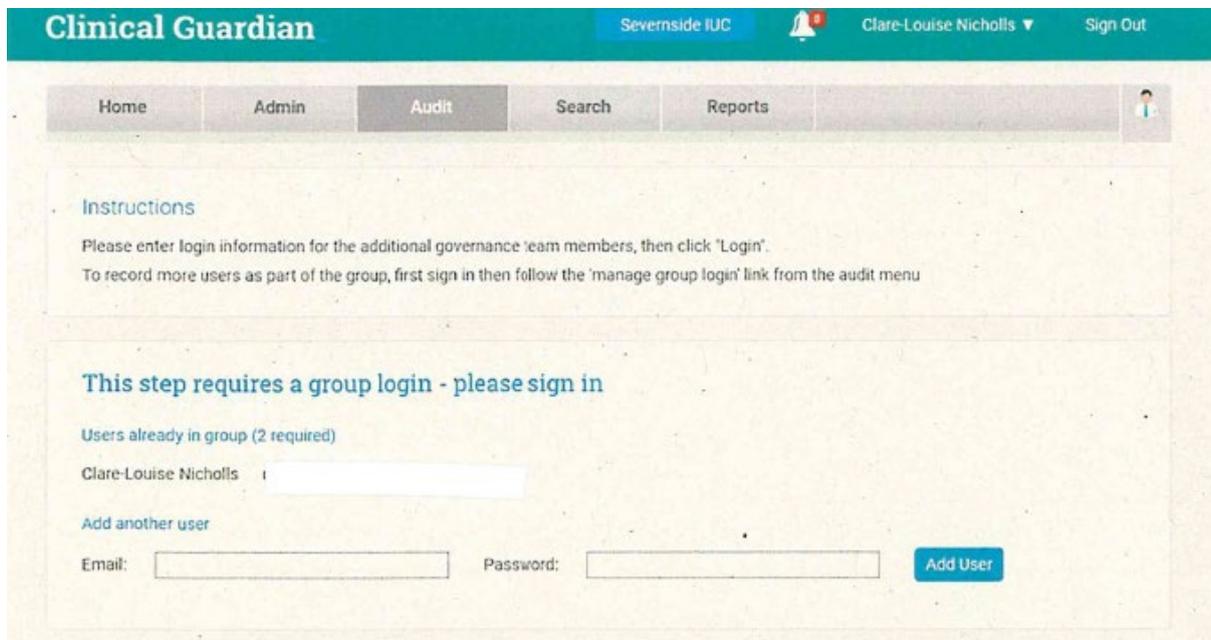
Clinical Guardian Team Meetings

Frequency	Venue	Essential Membership	Optional Membership	Functions
Group review fortnightly. Team meeting every 4 weeks.	In person or Virtual	Group review: Quorum of 2 Clinical auditors (doctors or nurses) Team meeting: whole CG team	<ul style="list-style-type: none"> • Deputy Medical Director • Head of IUC Nurses & AHPs • Lay member • Governance Team member 	<ul style="list-style-type: none"> • Approve new clinicians • Remove failing clinicians (recommendations to DMD) • Assess cases for review • Give and review feedback

Audit Framework

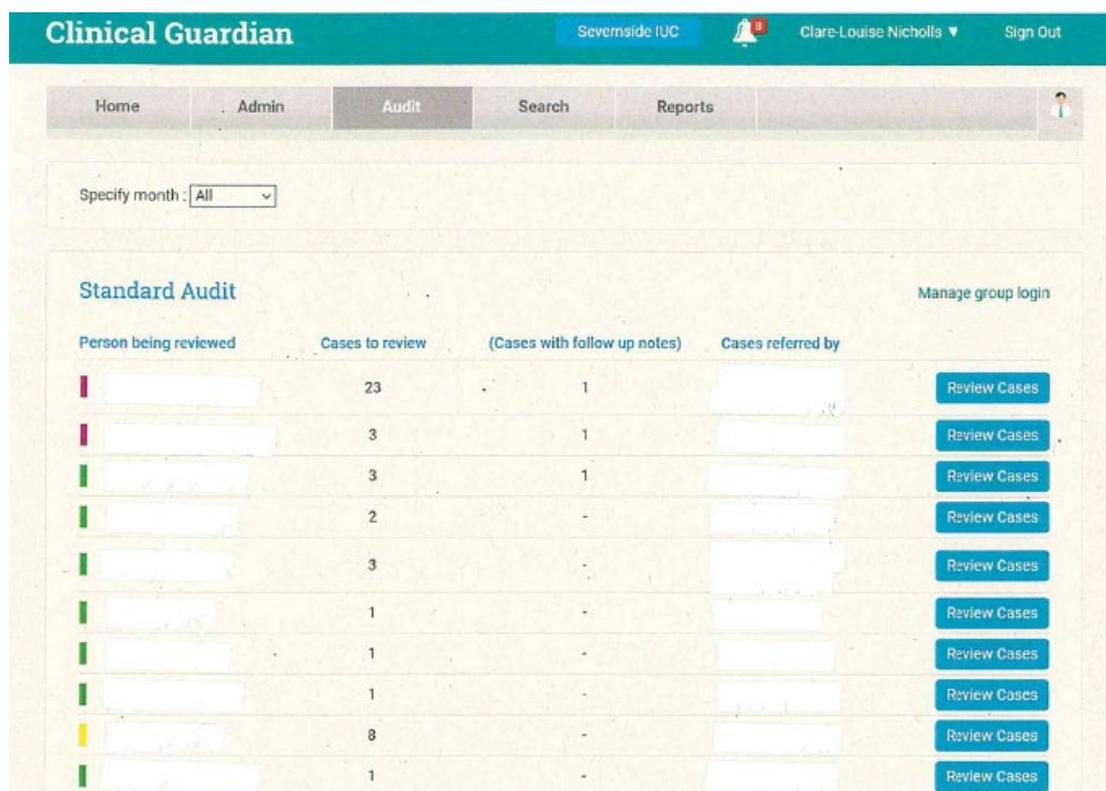
				<ul style="list-style-type: none"> Change colour statuses Provide and/or seek specialist advice or best practice guidelines e.g. paediatrics, ophthalmology Induction follow-up calls
--	--	--	--	--

A CG group review meeting requires a minimum of two Auditors to be quorate. This is to avoid negative feedback being sent from an individual. There is a group login screen which requires the usernames and passwords of one additional Auditor before the session can begin.



Once signed in, the whole Clinical Guardian Team must be able to see the review screen. The review screen lists all of the clinicians to be reviewed with their colour status. Clinicians who have been flagged up on the standard “blind” audit are now named. Some clinicians may have more than one case on the review screen. This is particularly true of “high priority” clinicians (red or purple) where a large number of cases might have been flagged for review but note that they have had a higher proportion of cases audited in the first place which will account for some of the volume.

Audit Framework



As each case is opened, the Clinical Guardian Team can review the clinical contents as well as the comments made by the auditor which give the reason for the referral.

The group assesses the case and may or may not wish to post feedback.

The Clinical Guardian Team has a variety of options for the outcome of the review:

	Feedback?	Clinician Informed?
Pass without comment	No	Once per month
Pass with comment	Required	Once per month
Refer for group review	Preferable	No
Pass without comment (from group review)	No	Once per month
Pass with group comment	Required	Once per month
As discussed by phone or email	No	Will have been aware from email or phone before feedback sent via CG.

Once the review is complete, the Clinical Guardian Team may wish to change the colour status of the clinician. An example of this would be from purple to green in the case of a new clinician who the team considers safe to go into the standard audit process.

In the case of doctors causing concern, the decision about a change in colour status can be facilitated by reviewing the clinician's record which can be displayed qualitatively and statistically as well as a list of feedback comments. The team may also like to discuss the clinician's performance on shift with the leadership team and listen to calls to see if the notes reflect the consultations accurately.

Audit Framework

Clinician Summary

Date From

Date Until*

[Update](#)

Information

This report is filtered by the consultation date. The results only relate to consultations that were worked in the selected time period.

* Date Until should be the last whole day you want included in the report

868 total cases worked
47 cases were scored, and 0 are waiting for group review

[Download Report](#)

Hospital Admissions

Of the 1 cases which were scored:

1 (100.00%) were scored as pass without comment
0 (0.00%) were scored as pass with comment
0 (0.00%) were scored as pass with group comment
0 (0.00%) were scored as as discussed by phone or email

Hospital Admissions Provider Averages

Of all the cases which were scored:

80.57% were scored as pass without comment
15.55% were scored as pass with comment
3.89% were scored as pass with group comment
0.00% were scored as as discussed by phone or email

Referred from BrisDoc to ED

Of the 2 cases which were scored:

2 (100.00%) were scored as pass without comment
0 (0.00%) were scored as pass with comment
0 (0.00%) were scored as pass with group comment
0 (0.00%) were scored as as discussed by phone or email

Referred from BrisDoc to ED Provider Averages

Of all the cases which were scored:

82.69% were scored as pass without comment
9.56% were scored as pass with comment
7.24% were scored as pass with group comment
0.52% were scored as as discussed by phone or email

Referred from BrisDoc to 999

Of the 2 cases which were scored:

1 (50.00%) were scored as pass without comment
0 (0.00%) were scored as pass with comment
1 (50.00%) were scored as pass with group comment
0 (0.00%) were scored as as discussed by phone or email

Referred from BrisDoc to 999 Provider Averages

Of all the cases which were scored:

79.48% were scored as pass without comment
8.96% were scored as pass with comment
11.19% were scored as pass with group comment
0.37% were scored as as discussed by phone or email

Standard Audit

Of the 42 cases which were scored:

22 (52.38%) were scored as pass without comment
10 (23.81%) were scored as pass with comment
0 (0.00%) were scored as pass with group comment
0 (0.00%) were scored as as discussed by phone or email

Standard Audit Provider Averages

Of all the cases which were scored:

59.47% were scored as pass without comment
20.28% were scored as pass with comment
3.86% were scored as pass with group comment
0.60% were scored as as discussed by phone or email

Audit Framework

Individual Productivity Data

March 2020

Average duration (adjusted for case types): 00:11:13
 Consultations worked: 47
 Provider Rank: 7 out of 164

February 2020

Average duration (adjusted for case types): 00:11:31
 Consultations worked: 59
 Provider Rank: 21 out of 194

January 2020

Average duration (adjusted for case types): 00:12:39
 Consultations worked: 91
 Provider Rank: 33 out of 198

December 2019

Average duration (adjusted for case types): 00:13:06
 Consultations worked: 124
 Provider Rank: 42 out of 210

Provider Productivity Data

Average duration: 00:16:15

Average duration: 00:16:35

Average duration: 00:16:29

Average duration: 00:15:27

Clinician Feedback

Page of 4 [Next >](#)

[Show Filters](#)

- 18-Feb-2020 12:51 4AHF02MS500100
 Total comments: 1
 This case has 1 new comment
- 28-Jan-2020 11:09 4AEV02HF800101
 Total comments: 1
 This case has 1 new comment
- 28-Jan-2020 11:05 43JX02BZ000102
 Total comments: 1
 This case has 1 new comment
- 20-Jan-2020 20:37 4AEQ02G5V00100
 Total comments: 1
 This case has 1 new comment
- 07-Jan-2020 10:57 4AED02COK00100
 Total comments: 1
 This case has 1 new comment

[+] [Show Case Detail](#)

Add Comment

[Reply](#)

The clinician has not seen the latest comments [Track conversation](#) [Mark as read](#)

From: Hazel Hayden *a month ago*

Thank you for your clear and relevant notes, they were well structured and easy to read.

Scores

No scores available

Outcome

Pass with comment

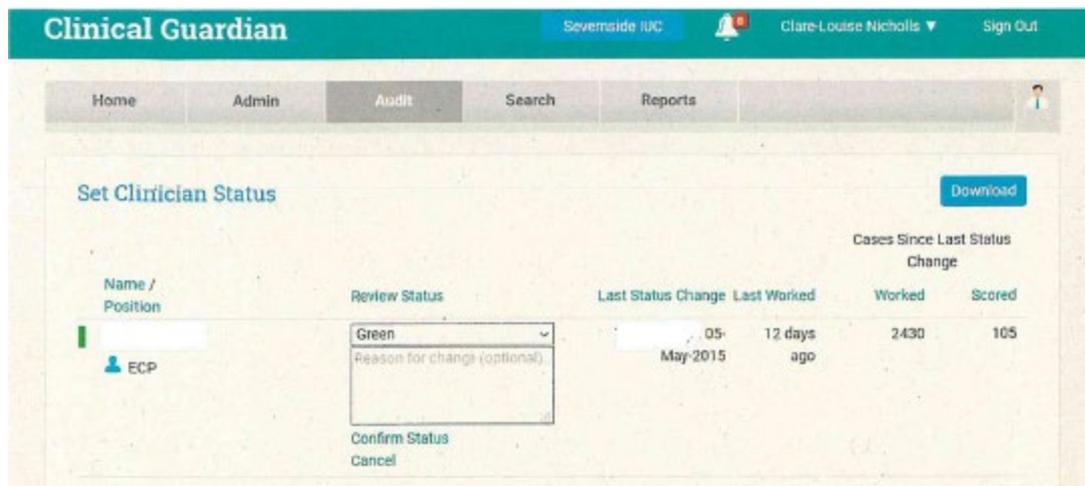
Scored by:
Hazel Hayden

Two additional statuses can be used:

Grey for “inactive” clinicians – a clinician who has not worked for the service for 6 months should be regarded as inactive.

Audit Framework

Black for “not a clinician” – sometimes administrative staff appear in “Clinical Guardian” – they do not need to be subject to the audit process.



Further Information

The Clinical Guardian Team may feel further information is required before it can conclude its judgement and therefore feedback on a case. This might include listening to a telephone call associated with the case, or seeking an expert opinion from a colleague. The BrisDoc Governance Team supports this process. CGT members may add comments within CG, viewed only by themselves, to remind them of the actions to date on that case.

Record Keeping

An agenda and minutes are recorded for every team meeting. Actions arising from group review are recorded in a spreadsheet which tracks responses and completed actions. The spreadsheets are saved in a confidential Clinical Guardian Team folder on the BrisDoc shared drive accessible by the BrisDoc Governance Team, the Clinical Guardian Team, Medical Director and IUC Deputy Medical Directors. A separate spreadsheet also includes a record of telephone calls that have been audited prior to a clinician being given “green” status.

Feedback

The clinical guardian meeting concludes with a review of any feedback which has been received from clinicians during the previous week. In most cases, this requires a simple acknowledgement and the case can be closed. Occasionally, further action may be required and this should be at the discretion of the Lead GP. Feedback may be “tracked” when the CGT want to ensure the clinician is engaging in the feedback being given. If the clinician has not engaged, or read the comments, then the team may choose to take further action. This would normally start with a nudging email to ask the clinician to log in and review their feedback. If a clinician consistently fails to engage with the feedback process this may be escalated.

Conclusion

The Clinical Guardian Team has the delicate task of balancing the need to ensure safety and quality within the organisation with the need to maintain a good working partnership with its clinical workforce. “Clinical Guardian” should therefore be used with care and sensitivity and thought given as to how feedback is phrased and whether a conversation might sometimes be preferable to an impersonal electronic response.

Audit Framework

Appendix 3 - Practice Services Peer Review Audit Tool

		Clinician Name		EMIS No.
		CKMP Clinician Audit Tool		Case Date
Category		Descriptors		Review Dt
1	Appropriate HISTORY taking	A	Identifies relevant PMH/DH [including drug allergy]	
		B	Elicits significant contextual information (e.g. social history)	
2	Carries out appropriate ASSESSMENT	A	Face to face settings: appropriate examination carried out	
3	Draws CONCLUSIONS that are supported by the history and physical findings	A	Makes appropriate diagnosis or differential	
4	Displays EMPOWERING behaviour	A	Involves patient in decision making	
		B	use of self-help advice (incl PILS)	
5	Makes appropriate MANAGEMENT decisions following assessment	A	Decisions are safe	
		B	Decisions appropriate e.g. referral to secondary care	
6	Appropriate PRESCRIBING behaviour	A	Prescribes generically	
		B	Prescribes from formulary	
		C	Follows evidence base or recognised good practice	
7	Displays adequate SAFETY-NETTING	A	Gives clear and specific advice about when to call back	
		B	Records advice fully (worsening instructions)	
8	Did the clinician address any potential SAFEGUARDING issues?	A	Potential adult or child safeguarding issues considered and addressed	
9	Makes appropriate use of IT/ Templates/ READ codes	A	Adequate data recording	
		B	use to IT tools where available/appropriate	
Scoring		Score		0
0	Not applicable	Maximum Total Score		18
-1	Not met	Case score		0%
1	Partially met	Max applicable score		18
2	Fully met	Not Applicables		0
		Rating		
Auditors Comments				

Audit Framework

Appendix 4 - Call Handlers Audit Tool

Competency	Criteria	Score	Max score
Effective call process	Greets caller appropriately - giving own name and job role		5
	Takes patient details in correct order		6
	Checks details given (spellings/repeating whilst not giving out any patient information)		5
	Takes correct callers details and records the correct relationship to caller		5
	Gives correct timescales		6
	Explains process to caller of what will happen next		6
	Transfers the call to a clinician in real time (8:00 to 20:00 Monday to Friday)		5
Clinical care	Recognises when to ask further questions to gain more understanding of situation		5
	Recognises when to not ask further questions.		5
	Records appropriate & useful information, which would be helpful to the clinician using good spelling & grammar		6
	Transfers the case to the correct queue / appointment slot		6
Listening skills	Recognises tone of caller (panic/worry in voice)		5
	Allows the caller to speak without cutting over them to speed up the call, but aware of when they have enough information		5
Effective customer service & communication	Demonstrates a polite and professional manner		5
	Adapts approach according to callers needs		5
	Establishes rapport and treats caller with respect and sensitivity and empathy		5
	Conveys confidence in what they are doing		5
	Overall manages call safely and effectively leaving the caller confident in outcome		10
Overall	Score		100

Compliance

>90	Full achievement - call handler has demonstrated excellent knowledge of process, patient care and process
<90	Partial achievement - call handler demonstrates good knowledge and adequately answers call, but has various improvement areas

Audit Framework

<80	Low achievement - call handler manages a basic call but does not adequately follow guidelines or manner, serious improvement actions needed
<70	Call handler is not currently performing well in the role and needs to be performance managed according to company policy
	New call handlers in first month of working for the service

Audit Framework

Change Register

Date	Version	Author	Change Details
01.11.13	1.0	CL Nicholls	Original Framework
22.4.15	1.1	CL Nicholls	Update voice recording retrieval process appendix, new Clinical Guardian categories, inclusion of GPST.
19.10.15	1.2	CL Nicholls	Updated to include BMC's revised process for GP audit, revised role titles, inclusion of BMC and clinician calls audit tools in appendices. Update re process for GPSU/T. Inclusion of Kathy Ryan as Medical Director
7.11.18	1.3	CL Nicholls	No changes until the PSGB agrees new approach to clinical audit in the practices in spring 2019.
26.10.20	1.4	CL Nicholls	Mapped to new template. Inclusion of CG Clinician Dashboard and PAG. Updated RAG ratings within CG. Updated CG processes mapped into an appendix. Updated roles and responsibilities. General alignment to urgent care and practice services governance structures. Remove reference to SOP for uploading cases to Clinical Guardian.
21/01/2026	2.0	R Hancock, S Pearce, L Grinnell, D Douglas	Full Review. Pending Practice Service Operational Audit Review.
04/02/2026	2.1	S. Pearce	PG 18 – page 18 in the Standard cases box 'YELLOW (low level concern – greater surveillance)' needs removing (as we've changed purpose of yellow).
05/03/2026	2.3	S. Pearce	Audit list updated to include Chaperone audit.