

Clinical Audit Annual Report

1st April 2016 – 31st March 2017

Janette Mills
Head of Audit and Effectiveness

Date: May 2017

Clinical Audit Annual Report

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Executive Summary

Welcome to the Clinical Audit Annual Report for 2016 / 2017 which aims to report the work undertaken by Southport and Ormskirk Hospital NHS Trust towards supporting and completing the Clinical Audit Programme.

During the year we have completed 81% of projects listed on the clinical audit forward plan, which is an increase from last year where our completion rate was 72%.

All of the business units should be complimented on their increase in projects completed from the audit forward plan, however for the year ahead we intend to review the number of projects registered on the audit forward plan for each business unit and aim to improve completion rates further. In order to achieve this we will be utilising the clinical audit priority levels detailed in the clinical audit policy:

Priority 1 — External ‘must do’ audits

Priority 2 — Internal ‘must do’ audits

Priority 3 — Directorate priorities

Priority 4 — Clinician interest

The Trust has participated in all the required national clinical audit projects and has seen improvements in a number of areas including the National Laparotomy Audit where have low mortality rates, increased risk scoring and a high percentage of patients being admitted to intensive care after the procedure.

Another national audit the Trust should be proud of is the national audit of paediatric diabetes which illustrates our paediatric patients are being provided with excellent diabetes care.

The Trust has enjoyed success this year with 2 junior doctor audits being shortlisted for the national junior doctor audit competition, demonstrating improvements by standardising operation notes for urological procedures and ensuring patients receive the correct antibiotic prescribing when undergoing an elective laparoscopic cholecystectomy.

Through monthly ongoing audits we have demonstrated improvements in A&E documentation along with the treatment patients receive when presenting to A&E with a head injury or sepsis.

During 2016 / 2017 we reviewed the process for undertaking the Trustwide record keeping audit, where we audit every 6 months and present a prize to the speciality demonstrating compliance or improvement with the standards being measured. Ophthalmology won the prize in July 2016 and Orthopaedics in December 2016. To improve compliance further the Trust has agreed to purchase stamps for all senior doctors which will include their name and GMC number.

Janette Mills (BSc, BSc hons, MA)
Head of Audit and Effectiveness

Definition of Clinical Audit and Effectiveness

Clinical Audit is defined as:

“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”

(Principles of Best Practice in Clinical Audit NICE 2002)

Clinical Effectiveness includes the provision of care in accordance with high quality evidence-based clinical guidelines. The evaluation of practice through the use of Clinical Audit or outcome measures can lead to further improvement in quality of care.

Role of the Clinical Audit and Effectiveness Department

The management of the clinical audit and effectiveness Department forms part of the Integrated Governance and Quality Team which is accountable to the Director of Nursing and Quality. The overall purpose of the Department is to provide support to the Clinical Business Units to monitor the quality of care provided to patients and the resulting outcomes through Clinical Audit and Effectiveness Projects. Current Responsibilities of the team are:

- Facilitating all Audit Projects on the Clinical Audit Forward Plan across both sites including casenote pulling, guidance, information requests.
- Pulling casenotes, developing proforma, requesting information, coordinating data extraction, data entry, data analysis, report and presentation.
- Facilitating NICE guidelines (see Clin Corp 58 for more details)
- Facilitating Confidential Enquiries (see Clin Corp 58 for more details)
- Facilitating all National Audits
- Facilitating National Patient Surveys
- Updating and Monitoring Effectiveness Projects for each Clinical Business Unit
- Facilitating audit meetings, i.e. taking minutes etc
- Advancing Quality lead for organisation

Clinical Audit Forward Plan

The clinical audit department follows a schedule for audit each year, the clinical specialities in conjunction with the audit department formulate a Clinical Audit Forward Plan annually. This is based on national priorities from NICE, NSF's, Confidential Enquiries, , NPSA, National Audits, other speciality clinical priorities are discussed and added to the Clinical Audit Forward Plan.

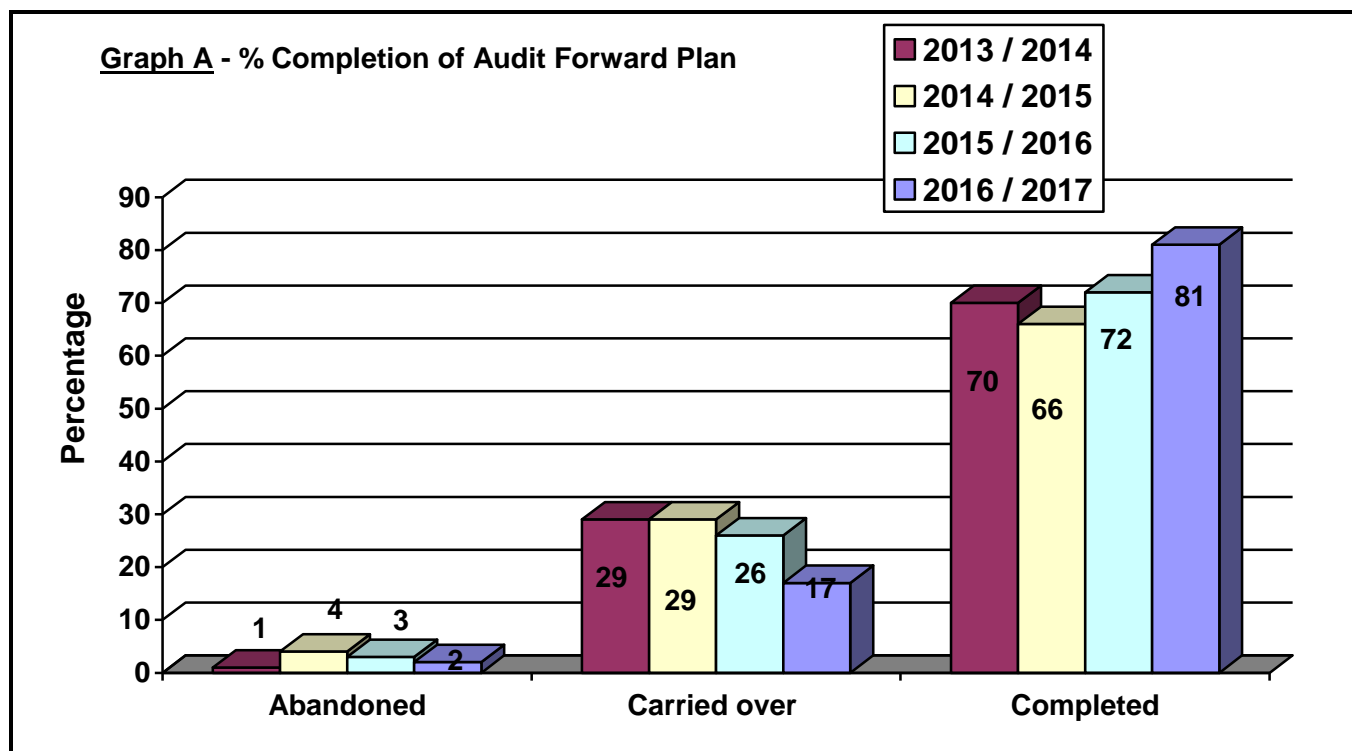
The Plan was agreed at the Trust Quality & Safety Committee in April 2016 and then monitored on a Dashboard monthly to highlight progress against each audit.

The clinical audit forward plan also recorded patient experience activity in 2015 / 2016 to ensure the work is recorded and reported to the patient experience group. The patient experience projects are reported separately from clinical audit projects.

Table 1 below illustrates completion of the forward plan with 251 (72%) clinical audit projects on the forward plan being completed. (excluding patient experience projects)

Table 1

Business Unit	2016-2017 Number of audit projects on forward plan	2016 – 2017 % of audit projects completed	2015 – 2016 Number of projects on forward plan	2015 – 2016 % of audit projects completed
Community and Continued Care	28	26 / 28 (93%)	44	77%
Integrated Governance & Nursing	18	17 / 18 (94%)	20	95%
Planned Care	113	80 / 113 (71%)	113	66%
Medical Directors	27	23 / 27 (85%)	28	64%
Urgent Care	63	54 / 63 (86%)	69	67%
Women's and children	73	60 / 73 (82%)	76	78%
Total	322	260 / 322 (80%)	350	251 (72%)



Completed Audit and Priority Level

- Priority 1 — External ‘must do’ audits
- Priority 2 — Internal ‘must do’ audits
- Priority 3 — Directorate priorities
- Priority 4 — Clinician interest

Table 2

Business Unit	Priority 1	Priority 2	Priority 3	Priority 4
Community and Continued Care	3	2	20	1
Integrated Governance & Nursing	5	7	3	2
Planned Care	18	24	32	6
Medical Directors	2	6	11	4
Urgent Care	24	6	19	5
Women’s and children	20	25	14	1
Total	72	70	99	19

Patient Experience Questionnaires

Table 3 24 patient experience questionnaires were registered with the audit department

Business Unit	2016 – 2017 Number of patient experience projects on forward plan
Community and Continued Care	4
Planned Care	6
Medical Directors	3
Urgent Care	3
Women’s and children	7
Integrated Governance	1
Total	24

The results from the patient experience questionnaires are reported to the Trust patient experience group.

Audit Meetings

During 2016 / 2017 each speciality organised meetings to present the results of clinical audit findings and discuss action plans.

Table 4 illustrates the number of meetings undertaken in each speciality

<u>Speciality</u>	<u>Number of audit meetings held during 2016 - 2017</u>	<u>Number of audit meetings held during 2015 - 2016</u>
General Surgery	7	6
Community and continuing care	10	6
A&E / MDT Trauma Audit Group	5	4
General Medicine	5	3
Paediatrics	3	3
Ophthalmology	5	5
Obs & Gynae	8	8
Radiology	3	4
Sexual Health	3	3
Spinal Unit	3	3
Anaesthetics	8	10
Urology	6	6
Orthopaedics	6	6

Focus on General Medicine Audit Meetings

During 2016 / 2017 Dr Gordon the audit lead for general medicine implemented an innovative idea to encourage ownership of the clinical audit meetings from the consultants.

Each meeting was allocated to a particular clinical specialty and the consultants working in that area developed the programme of audits to be presented.

April 2016	Acute Focus
June 2016	Gastroenterology Focus
October 2016	Rheumatology Focus
December 2016	Elderly Medicine Focus
February 2017	Mixed topic meeting

Projects no longer required

7 projects were abandoned during 2016 / 2017

Urgent Care	A&E	16-025	Pain Management in Children – project no longer required as this will be audited as part of a national RCEM audit in 2017 / 18.
Planned Care	Anaesthetics	16-089	Long term use of opioid analgesia in chronic non-malignant pain. Project failed to start for 2 years decision was made to abandon this project.
Integrated Governance	Nursing	16-113	Audit of NG Tube Form. Audit no longer required as NG decision making form no longer in use.
Planned Care	Dermatology	16-147	Ciclosporin audit. Started to collect data for the regional ciclosporin audit but the regional team in charge of this audit were not aware of our participation and they didn't include us in this audit.
Women and Children's	Midwifery	16-159	Missed Appointments. Staff member undertaking audit off sick for a long period of time.
Planned Care	Orthopaedics	16-188	Iliac fascia blocks in #NOF patients. Clinical director stated consultant anaesthetist that was supporting the training has now left.
Planned Care	General Surgery	16-204	Retrospective audit to analyse the infection & recurrence rate of incisional hernias (project cancelled in 2016-17 to be reconfigured with new auditors in 2017-18 financial year)

Involvement in National Clinical Audit Projects

During April 2016-March 2017 37 National Clinical Audits (Appendix 1) and 5 National Confidential Enquires covered services that the Trust provides

During that period the Trust participated in 100% of the National Clinical Audits and 100% of the National Confidential Enquiries which it was eligible to participate in.

Developing National Clinical Audit Links

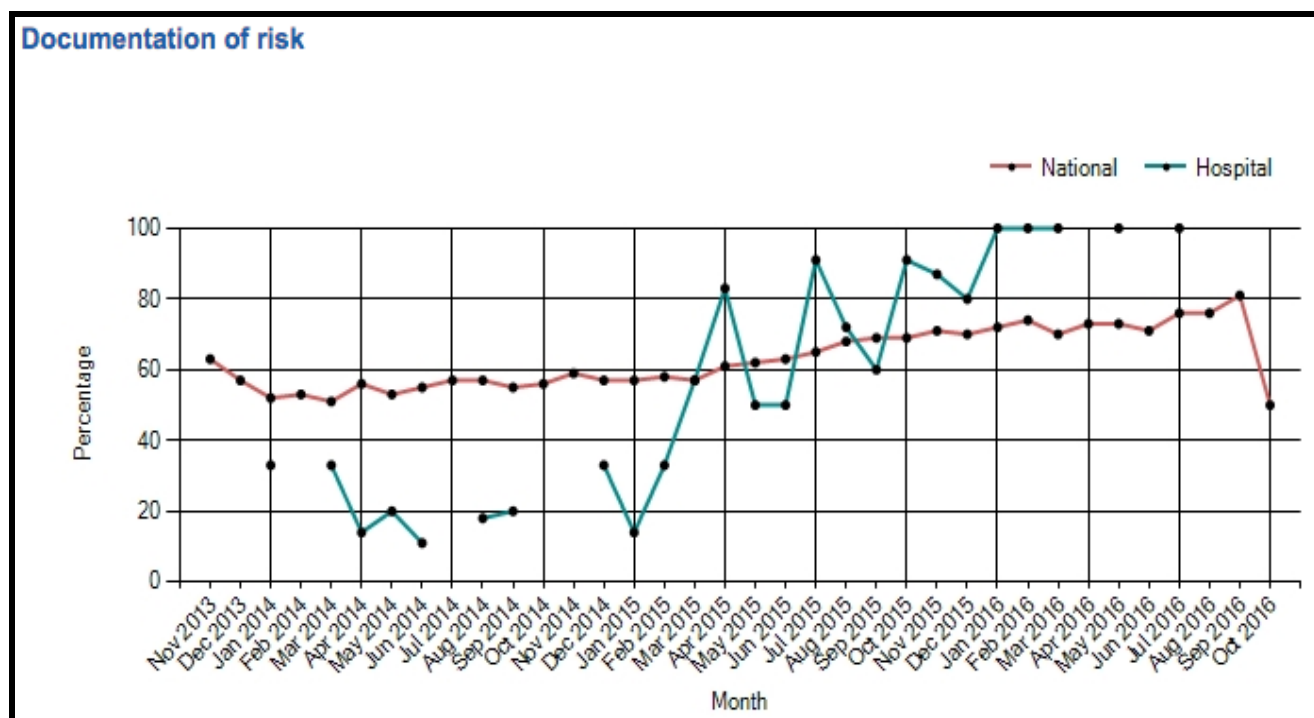
Janette Mills, the head of audit and effectiveness continues to work with Health Quality Improvement Partnership (HQIP) reviewing existing national clinical audit projects and new project proposals, as a result of being appointed the local clinical audit representative by the department of health.

National Emergency Laparotomy Audit (NELA)

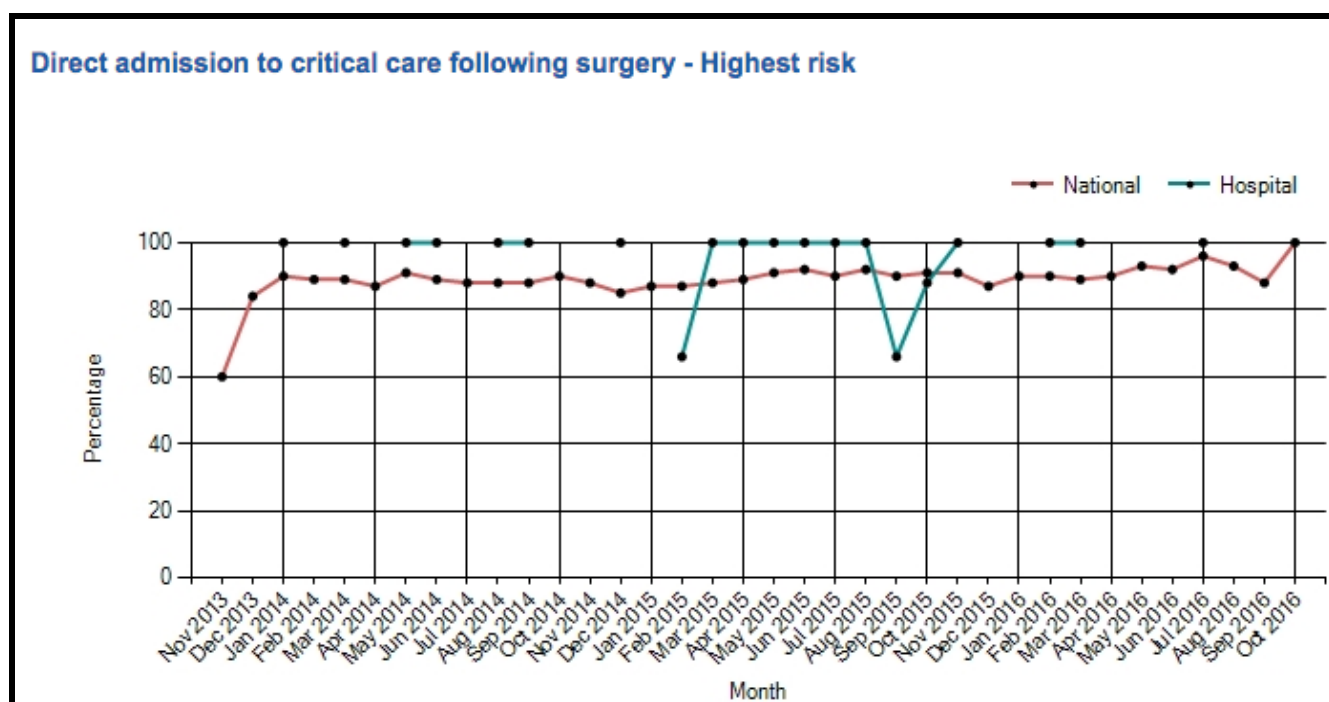
The Trust is proud of its improvements reported in the second national audit report from NELA. The mortality range for the Trust is lower than our other alliance members, Whiston and Warrington.

		Cases	% Mort
1	Wythenshaw	271	6.8
2	Stockport	319	6.9
3	North Manchester	117	9.3
4	Chester	211	9.5
5	Royal Liverpool and Broadgreen	371	10.1
6	Preston	311	10.1
7	Bolton	225	10.3
8	Arrowe Park	388	10.3
9	Oldham	217	10.4
10	SOUTHPORT	195	10.4
11	Lancaster	204	10.6
12	Salford	275	11
13	Aintree	299	11.4
14	Macclesfield	166	12.5
15	Warrington	231	12.6
16	Whiston	131	13
17	Blackburn	431	13.2
18	Carlisle	310	13.2
19	Wigan	250	13.3
20	Tameside	210	13.7
21	Liverpool Heart and Chest	19	13.9
22	Blackpool	382	15.5

Our documentation of risk is above the national average



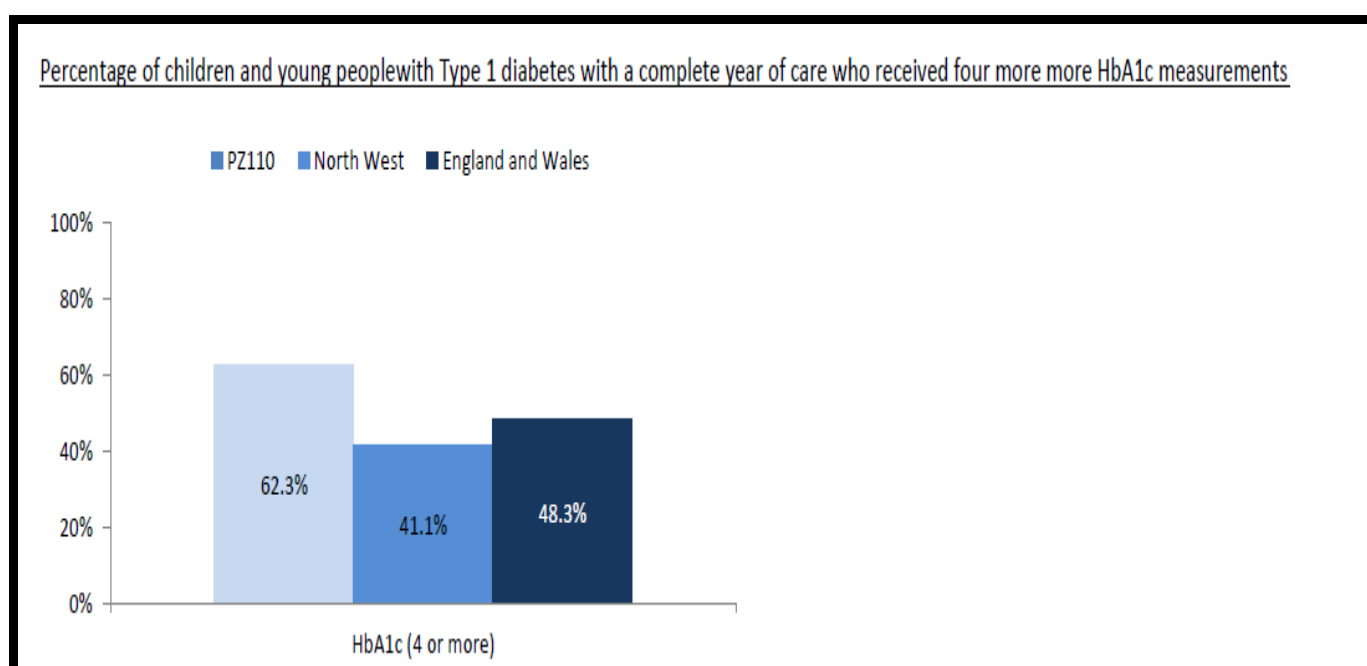
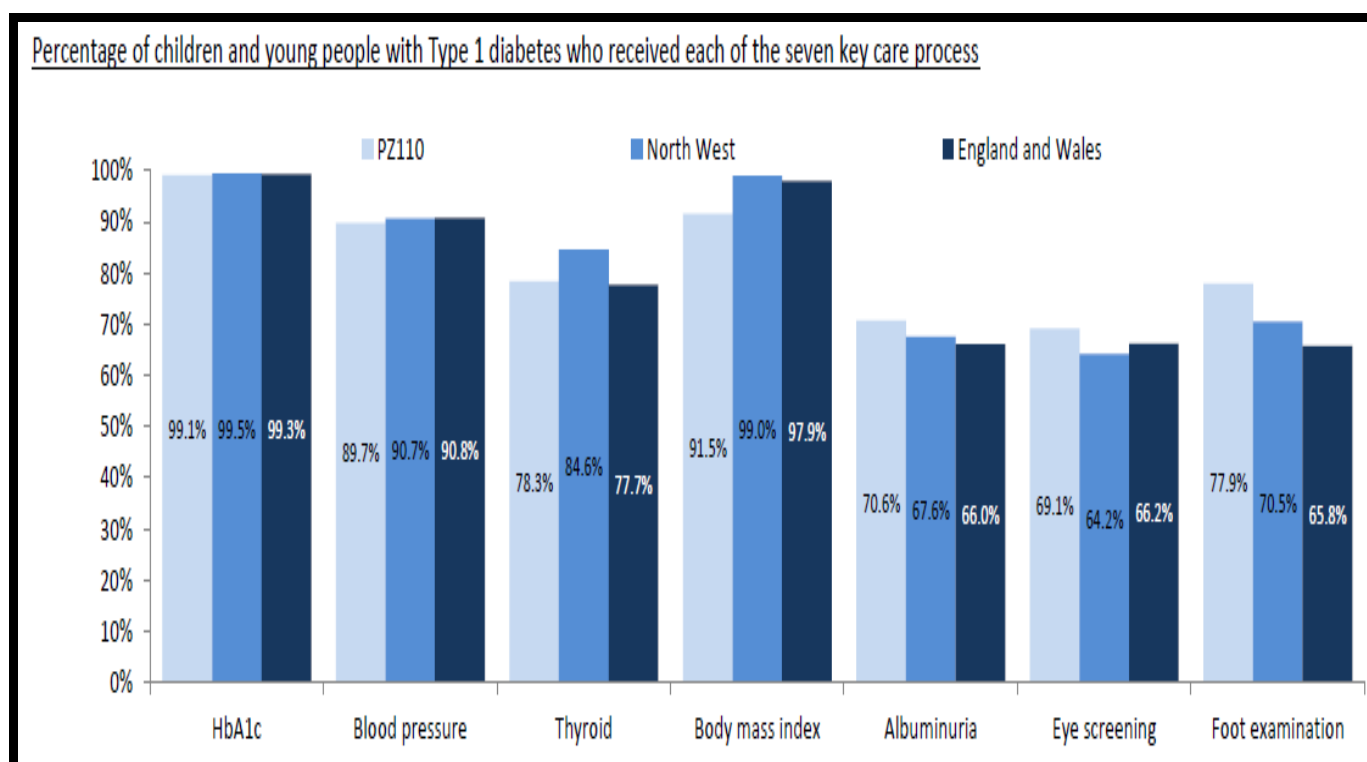
We have improved our direct admissions to ITU after surgery



National Paediatrics Diabetes Audit (NPDA)

The NPDA collects data on the care processes recommended by NICE.

The graph below indicates the percentage of children and young people with Type 1 diabetes who received each of the seven key care process and compares the Trust with national performance.



Sharing Good Practice from Clinical Audit Projects

Focus on End of Life Audits

The End of Life Team and very active in undertaking clinical audit projects with the aim of improving the care people receive at the end of their life. Detailed below are a number of the projects.

To feed, or not to feed, that is the question: multi-professional training on food and drink for the dying patient.

Finnegan C, Groves K E and Godfrey C.

AIM: Whether or not someone can, or should, eat & drink in the last hours & days of life is a dilemma faced by patients, their families & staff. A perception that food or drink has been withheld, and consequently contributed to death, can cause significant distress to bereaved relatives. This project aims to equip Health Care Professionals (HCPs) with the skills to assess the wishes & needs of dying patients, and develop a plan of care with patients & their 'families' regarding eating & drinking.

DESIGN: Following review of local audits of care of the dying & initial training sessions with palliative care staff, a half-day interactive training session was developed focusing on:

- Clinical assessment & benefits
- Professional guidelines & the law
- Ethical decision making in clinical practice
- Conversations & documentation.

The session was refined following feedback from participants, a teaching resource pack developed and team-teaching utilised to ensure consistent delivery by different facilitators. Training was offered to all HCPs working across a locality in the North of England.

RESULTS: Training sessions were fully booked with 323 trained in the first 6 months. Participants were multi professional (nurse 38%, Health care assistant 25%, doctor 24%, other 13%) & from a variety of settings (care home 43%, hospital 32%, community 11%, hospice 14%). Feedback was excellent and comments demonstrated the session had been thought provoking and enjoyable.

LESSONS LEARNT: Participants report clinical decision making & the accompanying conversations about eating & drinking for dying patients is challenging. Differentiating between 'food & drink' and 'clinically assisted hydration & nutrition' is valuable. Uniting staff with different experiences stimulated excellent reflective debate & shared learning. Staff report increased confidence to develop & review plans in accordance with patient's wishes.

This session is now part of ongoing end of life training locally.

Winner of the Liz Yates Legacy Award

For an audit which has made the greatest difference to the care of patients.

Timing of regular opioid administration

Max Knipe (medical student)

Winner of the Rabbi Sidney Kay Memorial Award

For an audit which has made a difference to spiritual care received by patients and their families.

Critical Care of the Dying Documentation

Dr Sarah El Sheikh

National Junior Doctor Audit Competition

The audit team had 2 posters shortlisted at the National Junior doctor audit completion which is organised annually by the Clinical Audit Support Centre.

Standardising Operation Notes for Urological Procedures: Teaching Consultants New Tricks! Completed Audit Cycle

H. Mohsin (F2), C. Ord (F2), S. Gurung (SHO), E. Fishleigh (SpR), R. Mistry (Cons)

BACKGROUND

The Juniors doctors often found it difficult to understand what had happened in theatre during urological procedures due to the variable and inconsistent nature of surgeons' operation notes. This is particularly problematic when on-call out-of-hours or when sending patients home.

Good Medical Practice¹ states it is important to ensure all medical records are accurate, clear, legible, comprehensive and contemporaneous and with patient's identification details on.

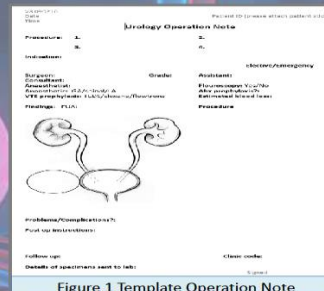


Figure 1 Template Operation Note

RESULTS

Initial audit: Highlighted areas of poor performance, e.g. no mention about the type of procedure (elective/ emergency), no complications documented, no DVT prophylaxis, no blood loss recorded

Re-audit: Showed a significant improvement in 14 out of the 21 standards being measured. 10 standards scored 91-100%

Total mean % improvement from 64% to 80%

OBJECTIVES

1. To examine the quality of urological operation notes in our institution against the guidelines set by the Royal College of Surgeons (RCS)²
2. To improve the recording of operation notes following surgery thus improving patient safety and care

STANDARDS

1. 100% of the notes should adhere to the guidelines suggested by RCS²
2. 100% of the notes should be legible for Junior doctors to act on the follow up plans



AUDIT AND RE-AUDIT

- Initial prospective audit over one month duration of elective urological procedures
- Introduction of NEW Operation note template (Fig 1) based on **Good Surgical Practice²** guidelines
- Re-audit performed after 4 months

RESULTS – MEAN % IMPROVEMENT	First Audit %	Re-Audit %
Date recorded	100	100
Time recorded	73	63
Elective/emergency procedure recorded	0	52
Patient details recorded	71	97
Names of the operating surgeon and assistant	93	100
Grade of Surgeon recorded	38	61
Name of the theatre anaesthetist recorded	82	79
Operative procedure carried out recorded	89	98
Operative diagram recorded	73	92
Operative findings recorded	93	91
Any problems/complications recorded	2	54
Extra procedure recorded	100	100
Details of tissue removed recorded	21	28
DVT prophylaxis recorded	11	74
Blood loss	0	43
Antibiotics prophylaxis recorded	64	89
Post op plan recorded	91	93
Follow up plan recorded	77	87
Intra-operative treatment recorded	100	100
Results signed	98	98
Legibility	71	80
Total mean %	64	80

RAG Rating	90-100%	70-89%	<69%

ACTION PLANS

- Operation note template now distributed across theatres at Trust day case hospital site
- Continue the audit annually to ensure that standards are maintained
- To complete a re-audit in the new Urology Unit and to create a questionnaire aiming to elicit feedback from all surgeons across the Trust
- Present at regional audit meeting

CONCLUSIONS

- Improved **quality** of care of patients due to improved handovers between the doctors and the nursing staff
- Positive impact on continuity of patient care as there are clear post-operative instructions and follow up plans → enhanced patient **safety**
- To elicit patient **satisfaction** scores during the re-audit in the next hospital

References:

1. General Medical Council. Good medical practice: guidance for the General Medical Council. London: GMC; 2013
2. Good Surgical Practice (RCoS): <https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/good-surgical-practice/>

Antibiotic Prescriptions in Elective Laparoscopic Cholecystectomy: Reaudit

L Conway, J Drybrough, B Harishbabu

Background

- Laparoscopic cholecystectomy is one of the most commonly performed major surgical procedures.
- Prophylactic antibiotics can be given to surgical patients who are at high risk of surgical site infection (SSI).
- However, they are not proven to be of benefit in cases of uncomplicated laparoscopic cholecystectomy.

BUT... Antibiotics have costs !

- Financial
- Resistance
- Side Effects
- Adverse Effects

Aim

- To assess antibiotic prescribing in laparoscopic cholecystectomy.
- To assess whether prophylactic antibiotics are prescribed appropriately.
- Who prescribes them and how well they are documented?

Standards

- Antibiotics appropriately prescribed **90%**
- Antibiotics correctly prescribed in drug chart **100%**

Method

- Retrospective medical records assessment for
 - Demographic details.
 - Operation/op note details.
 - Patient risk factors.
 - Antibiotic prescribed.
 - Location of prescription.
- Appropriate antibiotic prescription =
 - At least one risk factor and prescribed antibiotics
 - No risk factors and not prescribed antibiotics
- Inappropriate antibiotic prescription =
 - At least one risk factor and no antibiotic given.
 - No risk factors and antibiotic given.

Risk factors - Age >70, immunocompromised, intraoperative cholangiogram, bile leak, BMI >30, diabetic, active inflammation.

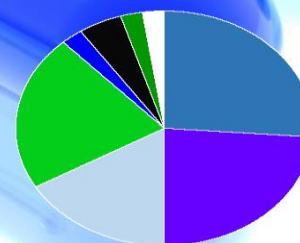
Change Implemented

- Presented initial audit findings to both surgeons and anaesthetists.
- Placed guidance posters on appropriate antibiotic use in theatre anaesthetic rooms.
- Reaudit again in 2-3 months

Results of Reaudit

- n=48
- 41 patients (85%) received antibiotics
- 38 had appropriate prescription (93%)
- 35 (85%) prescriptions written correctly (in drug chart or anaesthetic record)
- 3 patients (7%) had no formal prescription but antibiotics were mentioned in op note

	Audit 1	Reaudit
n=	30	48
Patients receiving antibiotics	25	41
Appropriate Prescription	20 (80%)	38 (93%)
Inappropriate Prescription	5 (20%)	3 (7%)
Antibiotics correctly prescribed in chart	18 (72%)	35 (85%)
No correct prescription but antibiotics given	2	3



Antibiotic choice

- Cefuroxime (11)
- Cef + Met (10)
- Augmentin (7)
- Aug + Met (9)
- Taz (1)
- Taz + Met (2)
- Ciprofloxacin (1)

Discussion

- Improvement in appropriate antibiotic prescribing
- Prescription documentation remains at a high standard, but can improve
- Continue vigilance in antibiotic misuse

Recommendations

- Checkbox addition to pre-op assessment pro forma - is the patient at high risk of wound/intra-abdominal infection (e.g. immunocompromised, pregnant, obese)?

A&E improvements through monthly audits

As a result of the Care Quality Commission (CQC) visit to the Trust in April 2016 an action plan was developed to improve services in A&E which involved monthly audits of key areas identified as requiring improvement.

This included:

- Management of patients with Sepsis
- Management of patients with head injury

Improvement in use of the head injury flowchart illustrated below

	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017
Was the head injury flowchart completed at triage?	75%	50%	50%	100%	100%	100%	100%	100%	50%	100%	100%	100%
Were the following recorded on admission?												
-GCS documented	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-Pupil size and reactivity documented	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-Limb movements documented	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-Respiratory Rate documented	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-Heart Rate documented	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-Blood pressure documented	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-Temperature documented	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-Blood oxygen saturation documented	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Improvement with the use of the Sepsis pathway

	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017
Was the Sepsis pathway started?	100%	0%	0%	0%	0%	100%	100%	67%	25%	66%	33%	100%
Was the patient given antibiotics within 1 st hour of diagnosis?	50%	100%	100%	100%	0%	100%	100%	67%	100%	33%	100%	100%
Was serum lactate measured within the first hour of diagnosis?	50%	100%	50%	100%	100%	100%	100%	100%	75%	100%	100%	100%
Did the patient receive hourly NEWS?	100%	100%	100%	100%	100%	100%	100%	100%	50%	33%	100%	100%

Focus on Maternity Improvements

Following a Care Quality Commission (CQC) inspection in April 2016 and in response to a Serious Untoward Incident (37237) whereby a fetal heart was not auscultated on arrival to Triage an audit of Triage waiting times was undertaken.

From the 1st October 2016-31st October 2016 the triage team completed a paper proforma for every woman who attended triage. 176 proforma's were completed.

	Total compliant	Total Non-compliant	Compliance Level
<u>Standard 1</u> Within 5 minutes she will be greeted by the triage midwife who will introduce herself, make an initial assessment of her condition and apply the RAG rating.	172	4	97.7%
<u>Standard 2</u> Any women attending with diminished fetal movements should have the fetal heart auscultated immediately on arrival.	31	0	100%
<u>Standard 3</u> If the woman scores red she will be escorted immediately to a delivery room and care handed over to a Delivery Suite Midwife.	7	0	100%
<u>Standard 4</u> If the woman scores amber she will be fully assessed in the triage area by the triage midwife.	113	3	97.4%
<u>Standard 5</u> If the woman scores green she will be asked to wait in the Day Room on Maternity Assessment Unit and given an approximate estimate of the waiting time.	53	0	100%

ASSURANCE LEVEL

Assurance Level	Calculation of assurance
Full	To be used when 90%-100% of standard has achieved a score of 90% or above and rated Green
Significant	To be used when 65%-89% of standards have achieved a score of 90% or above and rated Green.
Limited	To be used when 35-64% of standards have achieved a score of 90% or above and rated green
Very Limited	To be used when 0-34% of standards have achieved a score or 90% or above and rated green.
Total number of standards	5
Number of standards 90% or above and rated green	5
% of standards 90% or above and rated green	100%
Assurance Level	Full

Trustwide Record Keeping Audits

During 2016 / 2017 we reviewed the process for undertaking the Trustwide record keeping audit

The audit is undertaken every 6 months using a smaller sample and a prize is offered to the speciality demonstrating compliance or improvement with the standards being measured.

Ophthalmology won the prize in July 2016 and Orthopaedics in December 2016.

July 2016 Assurance Level

Assurance Level	Calculation of assurance
Full	To be used when 90%-100% of standard has achieved a score of 90% or above and rated Green
Significant	To be used when 65%-89% of standards have achieved a score of 90% or above and rated Green.
Limited	To be used when 35-64% of standards have achieved a score of 90% or above and rated green
Very Limited	To be used when 0-34% of standards have achieved a score or 90% or above and rated green.
Total number of standards	20
Number of standards 90% or above and rated green	16
% of standards 90% or above and rated green	80%
Assurance Level	<i>Significant</i>

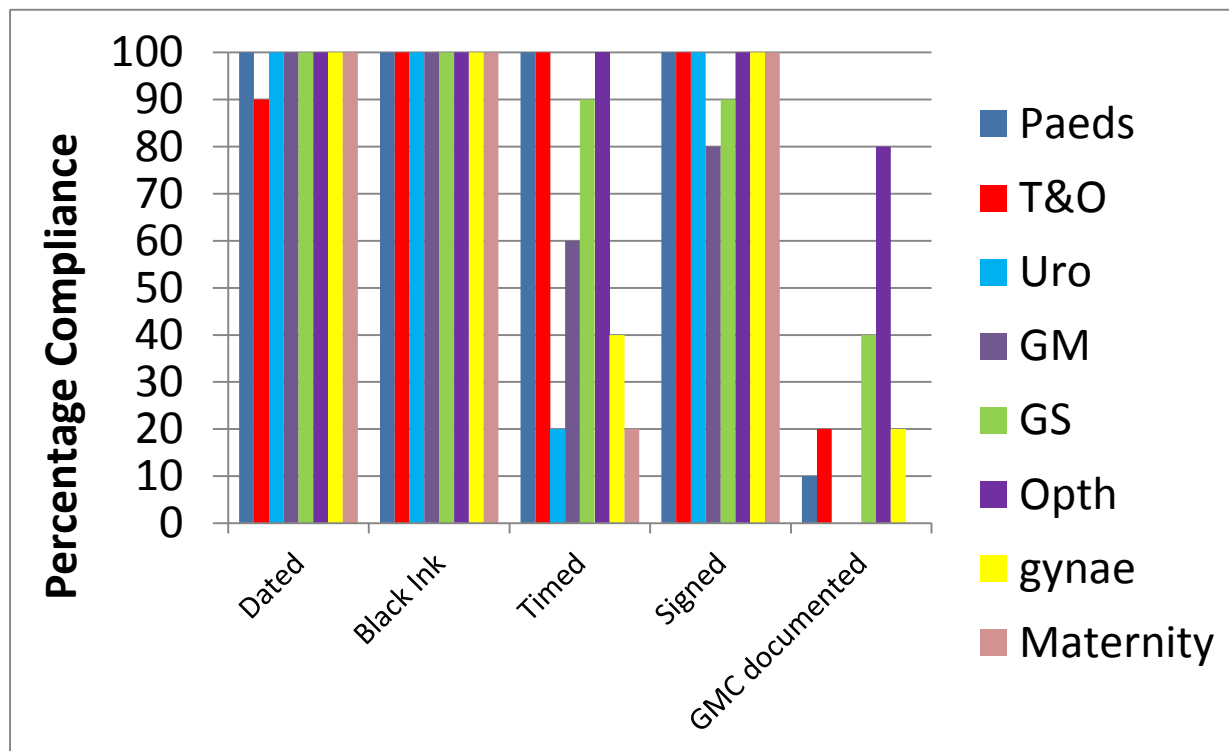
December 2016 Assurance Level

Assurance Level	Calculation of assurance
Full	To be used when 90%-100% of standard has achieved a score of 90% or above and rated Green
Significant	To be used when 65%-89% of standards have achieved a score of 90% or above and rated Green.
Limited	To be used when 35-64% of standards have achieved a score of 90% or above and rated green
Very Limited	To be used when 0-34% of standards have achieved a score or 90% or above and rated green.
Total number of standards	20
Number of standards 90% or above and rated green	17
% of standards 90% or above and rated green	85%
Assurance Level	<i>Significant</i>

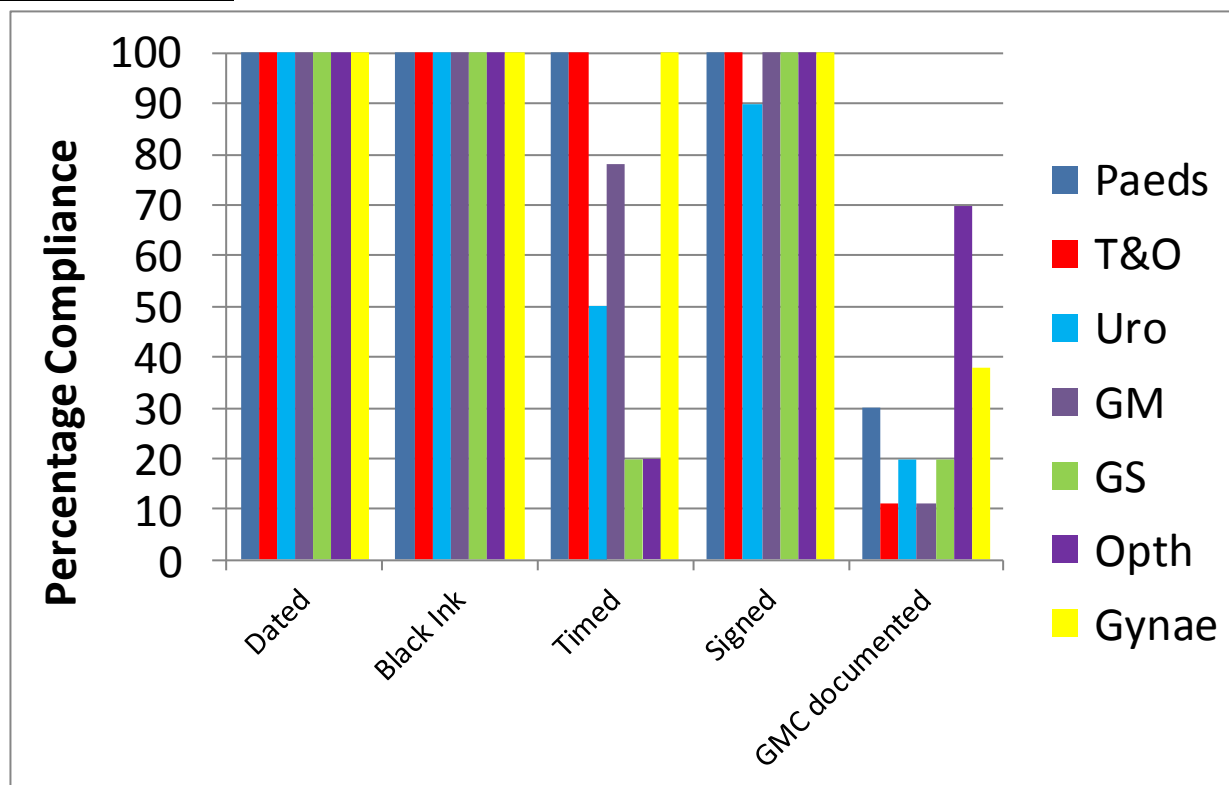
Improvements

The July and December audits indicated an area with very poor compliance was the documentation of GMC numbers in the medical notes. In February 2017 it was agreed that the Trust would fund the purchase of stamps for the medical staff to improve compliance with this standard.

July 2016



December 2016



Audit of the Clinical Audit Policy

An audit was undertaken in January 2017 to demonstrate compliance with the management of clinical audit as detailed within the clinical audit policy (Clinical Corporate Policy No 82).

The 2015/16 clinical audit forward plan was reviewed and 26 audits were randomly selected.

Results

	2017 Audit
Is the audit registered with the clinical audit department	100%
Is the source of the audit documented on the audit forward plan?	100%
Did the audit have a completed audit plan?	100%
Was the audit plan signed by the head (or assistant head of audit and effectiveness)?	100%
Does the audit assess compliance against a set of criteria and or standards?	100%
Was the section on the audit plan completed indicating what standards were going to be used for the audit to be measured against.	100%
Is there a completed presentation / report for the audit project?	100%
Did the audit sponsor and auditor produce an action plan?	91%
Did the action plan identify actions that are required to make improvements?	91%

Assurance Level	Calculation of assurance
Full	To be used when 90%-100% of standard has achieved a score of 90% or above and rated Green
Significant	To be used when 65%-89% of standards have achieved a score of 90% or above and rated Green.
Limited	To be used when 35-64% of standards have achieved a score of 90% or above and rated green
Very Limited	To be used when 0-34% of standards have achieved a score or 90% or above and rated green.
Total number of standards	9
Number of standards 90% or above and rated green	9
% of standards 90% or above and rated green	100%
Assurance Level	Full

Community and Continued Care

	2014 / 15	2015 / 16	2016 / 17
Number of Audits on Trust Audit Forward Plan	58	44	28
Number of projects no longer required	1 (2%)	1 (2%)	0
Number of projects carried over to 2016 / 2017	29 (50%)	9 (21%)	2 (7%)
Number of projects completed	28 (48%)	34 (77%)	26 (93%)

Integrated Governance & Nursing

	2014 / 15	2015 / 16	2016 / 17
Number of Audits on Trust Audit Forward Plan	39	20	18
Number of projects no longer required	2 (5%)		1 (6%)
Number of projects carried over to 2016 / 2017	5 (13%)	1 (5%)	0
Number of projects completed	32 (82%)	19 (95%)	17 (94%)

Planned Care

	2014 / 15	2015 / 16	2016 / 17
Number of Audits on Trust Audit Forward Plan	122	113	113
Number of projects no longer required	6 (5%)	8 (7%)	4 (4%)
Number of projects carried over to 2016 / 2017	35 (29%)	30 (27%)	29 (24%)
Number of projects completed	81 (66%)	75 (66%)	81 (72%)

Medical Directors CBU

	2014 / 15	2015 / 16	2016 / 17
Number of Audits on Trust Audit Forward Plan	47	28	27
Number of projects no longer required	3 (6%)		0
Number of projects carried over to 2016 / 2017	16 (34%)	10 (36%)	4 (15%)
Number of projects completed	28 (60%)	18 (64%)	23 (85%)

Urgent Care

	2014 / 15	2015 / 16	2016 / 17
Number of Audits on Trust Audit Forward Plan	84	69	63
Number of projects no longer required	7 (8.3%)	2 (3%)	1 (2%)
Number of projects carried over to 2016 / 2017	17 (20%)	21 (30%)	7 (11%)
Number of projects completed	60 (72%)	46 (67%)	54 (86%)

Women's and Children

	2014 / 15	2015 / 16	2016 / 17
Number of Audits on Trust Audit Forward Plan	83	76	73
Number of projects no longer required	0	0	1 (1%)
Number of projects carried over to 2016 / 2017	25 (30%)	17 (22%)	11 (15%)
Number of projects completed	58 (70%)	59 (78%)	61 (84%)

Objectives for 2016 / 2017

Increase the number of projects measuring compliance against NICE guidelines	Achieved
Develop a method for reporting national audit compliance to the Trust Board and relevant governance committees.	Partially completed due to review of Trust governance structure
Review the structure of the audit team in conjunction with a review of the integrated governance team	Ongoing action due to appointment of new director of nursing
Implement any changes required as a result of the CQC inspection report due for publication in Summer of 2016.	Ongoing action

Objectives for 2017 / 2018

Explore how to integrate patient experience / audit / risk outputs.
Encourage a move from audit to PDSA cycles for some projects
Align audit department with quality improvement
Provide better evidence for cross – cutting areas for improvement to trust board
Develop reporting structure for national clinical audit projects via the newly established clinical effectiveness committee
Establish reporting mechanism for local clinical audit projects via the newly established clinical effectiveness committee
Ensure audit support throughout the Trust is aligned with the new CBU (clinical business unit) structure
Reduce number of abandoned / carried over audits
Re-establish clinical audit leads meeting

NHS England Quality Accounts List 2016/17

The table below lists the National Clinical Audits and Clinical Outcome Review programmes which NHS England advises Trusts to prioritise for participation and inclusion in their Quality Accounts for 2016/17. The list remains static and will not be updated during the year. For further information about the statutory function of this list please refer to [HQJP's Guidance on Quality Accounts](#).

	National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation
1	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	National Institute for Cardiovascular Outcomes Research (NICOR)
2	Adult Asthma	British Thoracic Society
3	Adult Cardiac Surgery	National Institute for Cardiovascular Outcomes Research (NICOR)
4	Asthma (paediatric and adult) care in emergency departments	Royal College of Emergency Medicine
5	Bowel Cancer (NBOCAP)	Royal College of Surgeons
6	Cardiac Rhythm Management (CRM)	National Institute for Cardiovascular Outcomes Research (NICOR)
7	Case Mix Programme (CMP)	Intensive Care National Audit and Research Centre (ICNARC)
8	Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
9	Chronic Kidney Disease in primary care	Informatica Systems Ltd
10	Congenital Heart Disease (CHD)	National Institute for Cardiovascular Outcomes Research (NICOR)
11	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	National Institute for Cardiovascular Outcomes Research (NICOR)
12	Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health
13	Elective Surgery (National PROMs Programme)	Health & Social Care Information Centre (HSCIC)
14	Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons
15	Falls and Fragility Fractures Audit programme (FFFAP)	Royal College of Physicians
16	Head and Neck Cancer Audit	Saving Faces - The Facial Surgery Research Foundation
17	Inflammatory Bowel Disease (IBD) programme	British Society of Gastroenterology / Royal College of Physicians
18	Learning Disability Mortality Review Programme (LeDeR Programme)	University of Bristol
19	Major Trauma Audit	Trauma Audit & Research Network
20	Maternal, Newborn and Infant Clinical Outcome Review Programme	MBRRACE-UK - National Perinatal Epidemiology Unit (NPEU)
21	Medical & Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
22	Mental Health Clinical Outcome Review	National Confidential Inquiry into Suicide and

	National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation
	Programme	Homicide (NCISH) - University of Manchester
23	National Audit of Dementia	Royal College of Psychiatrists
24	National Audit of Pulmonary Hypertension	Health & Social Care Information Centre (HSCIC)
25	National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC)
26	National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Royal College of Physicians
27	National Comparative Audit of Blood Transfusion - Audit of Patient Blood Management in Scheduled Surgery	NHS Blood and Transplant
28	National Diabetes Audit - Adults	Health & Social Care Information Centre (HSCIC)
29	National Emergency Laparotomy Audit (NELA)	The Royal College of Anaesthetists
30	National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research
31	National Joint Registry (NJR)	Healthcare Quality Improvement Partnership
32	National Lung Cancer Audit (NLCA)	Royal College of Physicians
33	National Neurosurgery Audit Programme	Society of British Neurological Surgeons
34	National Ophthalmology Audit	Royal College of Ophthalmologists
35	National Prostate Cancer Audit	Royal College of Surgeons
36	National Vascular Registry	Royal College of Surgeons of England
37	Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health
38	Nephrectomy audit	British Association of Urological Surgeons
39	Oesophago-gastric Cancer (NAOGC)	Royal College of Surgeons
40	Paediatric Intensive Care (PICANet)	University of Leeds
41	Paediatric Pneumonia	British Thoracic Society
42	Percutaneous Nephrolithotomy (PCNL)	British Association of Urological Surgeons
43	Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists
44	Radical Prostatectomy Audit	British Association of Urological Surgeons
45	Renal Replacement Therapy (Renal Registry)	UK Renal Registry
46	Rheumatoid and Early Inflammatory Arthritis	Northgate
47	Sentinel Stroke National Audit programme (SSNAP)	Royal College of Physicians
48	Severe Sepsis and Septic Shock – care in emergency departments	Royal College of Emergency Medicine
49	Specialist rehabilitation for patients with complex needs	London North West Healthcare NHS Trust
50	Stress Urinary Incontinence Audit	British Association of Urological Surgeons
51	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust

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