

Trust Board Report

Meeting Date:	20 May 2013
Title:	Annual Clinical Audit Report
Executive Summary:	This report provides with the clinical audit activity in the Trust for 2012-13. It also demonstrates the different types of audits conducted and their individual completion rates. It outlines the plan by the clinical audit committee to improve the audit completion rates and action plan implementation. In the appendices are an audit report on OP45 clinical audit and effectiveness policy and the Clinical Audit Framework Developments at RWH. Benchmark assessment against Healthcare Quality improvement Partnership (HQIP) Clinical Audit: A simple guide for boards and NHS partners.
Action Requested:	Assurance to the Trust Board
Report of:	Medical Director
Author:	Dr S Cherukuri
Contact Details:	Tel 5452 Email: s.cherukuri@nhs.net
Resource Implications:	none
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	none
Appendices	<ol style="list-style-type: none"> 1. Clinical Audit Framework Developments at RWH. Benchmark assessment against Healthcare Quality improvement Partnership (HQIP) Clinical Audit: A simple guide for boards and NHS partners 2. Audit of OP45 Clinical Audit & Effectiveness Policy
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: Equality of treatment and access to services High standards of excellence and professionalism Service user preferences Cross community working Best Value Accountability through local influence and scrutiny

BACKGROUND DETAILS

Introduction:

“The Royal Wolverhampton NHS Trust is committed to developing a robust clinical audit programme as part of the process through which the Trust can discharge its duty to ensure the quality of service is of the highest standard and that improvements are continuously implemented”

OP45 Clinical Audit and Effectiveness Policy

Clinical Audit activity across the Trust includes contribution to numerous National Clinical Audits, NICE (National Institute of Clinical Excellence) audits, CQUIN audits, NHS Litigation Authority (NHSLA) audits and many locally driven Trust audits. The numbers of clinical audits planned for year 2012-13 were 426. The completions of these audits and individual directorate clinical audit plans have been monitored by the Clinical Audit Committee (CAC).

2012/13 Clinical Audit Performance:

(2011/12 and 2010/11 figures in brackets)

Division 1: Completion rate: 36% (74% & 93%)

Division 2: Completion rate: 53% (58% & 80%)

Trust Completion rate: 48% (64% & 85%)

An audit with a report as per the NHSLA guidance has been recognised as complete whereas in previous years an audit presentation at the directorate level meeting was recognised as complete. This change has had a profound effect on the completion rates for the year 2012-13. The completion rate in 2011 was higher as the NHSLA audits were part of individual directorate audit plans. As these audits were mandatory and majority of them being completed by the end of year skewed the completion rates to higher level.

National Audits:

The completion rates include National Audits that the Trust has taken part in and a number of these audits are on-going and cannot be completed until National results are compiled, distributed and then Trust actions are created and implemented. Currently 41 National Audits are being done of which 25 (61%) are completed.

NHSLA Audits:

There were 8 NHSLA Audits scheduled for the year 2012-13. They are as follows:

1. Transfer - complete
2. Discharge - complete
3. Early warning signs - complete
4. Falls - complete
5. Patient documentation - complete
6. DNAR – in progress (completion date July 2013)
7. Consent – in progress (completion date July 2013)
8. Patients manual handling – in progress (completion date July 2013)

Since last year the NHSLA audits are being done by the Governance Department instead of individual directorates. This change had to be made due to problems encountered during the processing of NHSLA audits and collection of data and monitoring centrally by the policy author. Currently 63% of NHSLA audits have been completed and the remaining 37% are due to be completed by July this year.

NICE Audits:

There were 38 NICE Audits scheduled for year 2012-13. Out of these 29 have been completed giving a completion rate of 76% for the last financial year. Commissioners have requested that all Technological Appraisal (TA) guidance that is applicable to the Trust is audited. Out of the 38 NICE Audits, 24 (63%) are related to TA guidance. 18 (75%) of these 24 audits have been completed.

Audits by Audit Type:

Type	No. of Audits	% of Audits	In progress (%)	Completed (%)
National	41	10	16 (39%)	25 (61%)
NICE	38	9	9 (24%)	29 (76%)
NHSLA	8	2	3 (37%)	5 (63%)
Others (Local Audits)	339	79	195 (57%)	144 (43%)
	426	100	223	203

Audit of OP45 Clinical Audit & Effectiveness Policy:

An audit was performed in October 2012 to assess whether or not the clinical audits produced within the Trust comply with OP45 clinical audit and effectiveness policy. The criteria for the audit are enlisted in the table below followed by the results.

	Criterion↓	Evidence sought from→	Clinical Audit Application	Active Documents
1	Is Audit registered on the Trust's Clinical Audit Application		X	
2	Does each audit project include: Topic, Lead & Timescales for expected completion (mandatory fields on the Clinical Audit Application)		X	
3	Audit approved by Clinical Audit Convenor (mandatory requirement on the Clinical Audit Application)		X	
4	Does the audit report* have an introduction/background section		X	
5	Does the audit report have a methodology section?		X	
6	Does the audit report have a results section		X	
7	Does the audit report have a conclusions section		X	
8	Does the audit report have an action plan		X	
9	Has the audit been discussed at appropriate meeting?			X
10	Have all actions been completed within timescales?		X	
11	Where re-audit required - has this been added to next year's audit plan?		X	
12	Where re-audit has occurred does the report contain the results of previous audit for comparison?		X	
-	Was an audit report completed, a presentation completed, both completed or neither		X	

Results:

The overall compliance for the Trust is as follows:

Criterion	% Nov 11 – Mar 12	% Apr 12 – Oct 12
1	78.3	100
2	100	100
3	100	100
4	65.2	69.4
5	78.3	75.0
6	95.7	88.9
7	39.1	66.7
8	78.3	72.7
9	52.2	68.2
10	34.8	34.4
11	100.0	9.4
12	N/A	60.0

The audit results revealed the short falls in the clinical audit database. The community services did not have access to the database, there were no specific tabs in the database for re-audit. Not all of the directorates had access to the Governance SharePoint site to routinely upload the minutes, papers and agendas from their audit meetings. This made evidencing discussion of presentations difficult in many cases. It was clear that audit reports were not being completed as per the Policy and NHSLA requirements.

Action plan generated from the recommendations made are nearly complete with the clinical audit policy (OP45) awaiting ratification by the policy committee. Please review the attached audit report for further in-depth review (Appendix 2).

Clinical Audit Framework Developments at RWH. Benchmark assessment against Healthcare Quality improvement Partnership (HQIP) Clinical Audit: A simple guide for boards and NHS partners:

The Healthcare Quality Improvement Partnership (HQIP) has issued a clinical audit framework for NHS Trusts. They have set standards for the process of clinical audit which was reviewed by 2 external assessors (RSM Tenon and NHSLA) in November 2012. A number of recommendations were made. Action plans have been generated taking into consideration these recommendations. Majority of these actions have been implemented and the others are near completion.

A guide has been issued to the Trust Boards by HQIP (Appendix 1) which identifies rules and questions for Boards to consider in order using clinical audit as an effective measure of quality. Please see the attached Trust Board Report for further in-depth review (Appendix 1). The Trust Clinical Audit strategy is being revised taking into consideration these rules and questions.


Action Plans:

Action plans, its implementation and re-audit are the key driver in completing an audit. From the analysis of action plans that are entered onto the database, it is clear that the majority of actions that have been entered are not SMART (Specific, Measurable, Achievable, Realistic and Timely). A key focus over the next year, through Governance Officers working with Audit Leads and Convenors will be to ensure that action plans completed are now SMART. OP45 clinical audit policy has been updated to make sure the action plans, implementation plans and re-audits are more robust.

Future Planning:

The local audit completion rates have fallen compared to previous years. The use of clinical audit database as a tool for registering and updating audits is variable. The clinical audit lead with the support of the healthcare governance manager has plans to re-launch audit at the divisional meetings in near future. The role of the audit lead and the audit convenor will be clarified to the directorates. Until now the audit lead could have been a junior doctor. As the junior doctors move in their rotation, some of the audits started are not completed or handed over to the incoming doctor. To make the process more accountable, the audit lead from this year will be either a Consultant or a senior clinician. A local audit when started is given 3 months to complete including an audit report. If the not complete within the stipulated time, the audit will be removed from the database. No new audit will be allowed to register from December 1st until the end of the financial year. This will allow directorates to complete the audits which are pending and in progress to be completed in time. Exceptional cases where an audit is needed as a part of urgent service development or improvement will be allowed at the discretion of the Trust Clinical Audit Lead. These changes will be monitored by the Clinical Audit Committee chaired by the Trust Clinical Audit Lead. The clinical audit database will be updated in keeping with the above changes and these updates will be presented to the individual directorates through the governance officers which should make audit approval, data collection, analysis, presentation and report generation much easier. This year there will be a more focused approach on action plan generation, implementation of action plans and re-audit. This will be monitored through the Clinical Audit Committee which meets bimonthly.

Appendix 1:

The Royal Wolverhampton Hospitals NHS Trust		
Trust Board Report		
Meeting Date:	25 th March 13	
Title:	Clinical Audit Framework Developments at RWH. Benchmark assessment against Healthcare Quality improvement Partnership (HQIP) Clinical Audit: A simple guide for boards and NHS partners	
Executive Summary:	<p>Clinical audit has been endorsed by the Department of Health in successive strategic documents as a significant way in which the quality of care can be measured and improved. Increasingly clinical audit must be used by boards to drive and improve quality of care and inform the assurance framework.</p> <p>In quarter 3 of 12/13 the Trust has reviewed 2 reports (from RSM Tenon and NHSLA) indicating areas for improvement within the framework and programme for clinical audit. Action plans are developed for each report and work has commenced to review Trust policy and strategy for clinical audit. Further impetus to review the Trust framework for clinical audit is driven by the HQIP guide for NHS Boards and partners, it identifies rules and questions for Boards to consider in order to use clinical audit as an effective measure of quality. The following are identified below:</p> <ol style="list-style-type: none">1. Use of clinical audit2. Clinical audit and assurance to the Board3. Clinical audit 10 simple rules for NHS Boards4. Other statement guidance relevant to the board5. A question and answer analysis for Boards on the use of clinical audit as a mechanism for quality improvement and strategic governance.	
Action Requested:	That the Board consider the guidance and areas to strengthen/action having regard to the rules and questions in sections 3 and 5.	
Report of:	Head of Governance and Legal Services	
Author: Contact Details:	Maria Arthur Tel 01902 695114 Email @nhs.net	

Resource Implications:	Following the publication of the Price Waterhouse Cooper Governance review report and the development of the 13/14 annual audit plan, the Trust should consider the adequacy of resources for Clinical audit having regard to the audit programme/priorities identified.
Public or Private: (with reasons if private)	Public Session
Background Reading	
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1.	<p>Trusts will be regulated and performance managed against their participation in clinical audit and the findings.</p> <p>Boards should use clinical audit to confirm that current practice compares favourably with evidence of good practice and to ensure that where this is not the case that changes are made that improve the delivery of care.</p> <p>Clinical audit can:</p> <ul style="list-style-type: none"> • Provide evidence of current practice against national guidelines or NHS standards. • Provide information about the structures and processes of a healthcare service and patient outcomes. • Assess how closely local practice resembles recommended practice. • Check “Are we actually doing what we think we are doing?” • Provide evidence about the quality of care in a service to establish confidence amongst all of its stakeholders – staff, patients, carers, managers and the public.
2.	<p>Boards will want to be assured that clinical audits are:</p> <ul style="list-style-type: none"> • Material – i.e. that they are prioritised to focus on key issues and that the value outweighs the cost. • Professionally undertaken and completed – i.e. clinical audits are undertaken and completed to professional standards including the quality of data being analysed. • Producing results that are shared and acted upon. • Followed by improvements that are made and sustained.

3. Clinical Audit: 10 simple rules for the Board

1. Use clinical audit as a tool in strategic management; ensure the clinical audit strategy is allied to broader interests and targets that the board needs to address.
2. Develop a programme of work which gives direction and focus on how and which clinical audit activity will be supported in the organisation.
3. Develop appropriate processes for instigating clinical audit as a direct result of adverse clinical events, critical incidents and breaches in patient safety.
4. Check the clinical audit programme for relevance to board strategic interests and concerns. Ensure that results are turned into action plans, followed through and re-audit completed.
5. Ensure there is a lead clinician who manages clinical audit within the trust, with partners/suppliers outside, and who is clearly accountable at board level.
6. Ensure patient involvement is considered in all elements of clinical audit, including priority setting, means of engagement, sharing of results and plans for sustainable improvement.
7. Build clinical audit into planning, performance management and reporting.
8. Ensure with others that clinical audit crosses care boundaries and encompasses the whole patient pathway.
9. Agree the criteria of prioritisation of clinical audits, balancing national and local interests, and the need to address specific local risks, strategic interests and concerns.
10. Check if clinical audit results evidence complaints and if so, develop a system whereby complaints act as a stimulus to review and improvement.

4. Other guidance statements relevant to the Board:

1. Clinical audit must be used in the context of the organisation's strategic governance at Board level.
2. Clinical audit needs to be a strategic priority for Boards as part of their clinical governance function.
3. Clinical audit is a key compliance tool and has an important role within the assurance framework
4. Clinical audit needs to be carefully compared with, and is complimentary to, internal audit; however they are different processes.
5. Boards have a role in driving quality assurance, compliance, internal audit and 'closing the loop'.
6. Boards need to ensure that recommendations of reviews and clinical audits are actioned by seeking assurance that improvements in care have been made. This should be part of an overall quality framework reported publicly in the Quality Accounts.
7. The Board role is to ensure that Clinical audit is strategic; and is linked to the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

5. Questions for NHS Boards

Questions	Acceptable response	Unacceptable response
1. Do we have a clinical audit strategy based on national and local priorities?	Strategy has been developed, based on good practice and is being implemented with a budget and guidelines.	We have an existing clinical audit plan, mostly focused on national clinical audits.
2. Do we have a relevance test to approve commitment of resources?	Decision to embark on clinical audit is based on test (criteria agreed with board) that area is of relevance and we have competencies & capacity to complete.	We rely on a clinical group to define priorities.
3. Does our focus on national clinical audits mean we have no resource to advise on local priorities?	No, we have earmarked sufficient funds for a programme of local and relevant activity.	Yes as we cannot find the additional resources for these areas.
4. What proportion of approved clinical audits has been completed to time and budget?	All clinical audits are logged with clinical audit lead, resources and timescales identified. Variations are logged and reported to board or delegated subcommittee.	We do not have a formal budget for clinical audit.
5. Has the board agreed what constitutes materiality, unacceptable variation in clinical audit results a) standards and b) comparisons with others?	The clinical audit strategy includes a process which involves the board to determine materiality and trigger points for escalation to board and benchmarking to compare with norms and emerging practice.	No the board has not addressed this issue.
6. For all clinical audits that identify unacceptable variation is there an action plan?	Yes, results which breach the materiality/trigger points require an action plan.	This is patchy depending on interest of clinicians.
7. Is our board assurance framework supported by clinical audit as assurance?	Yes, we have identified where clinical audit can provide assurance and where there are gaps. These gaps are being addressed in forthcoming plans and budgets.	No, or patchy where clinical audits have coincided with strategic priorities.
8. Have we assurance that clinical audits have led to improved service delivery?	All clinical audits which prompt action plans are reviewed to determine impact and any barriers to implementation and sustainable improvement.	We have records of improvement but cannot tell if it's due to clinical audit activity and action plans.

9. Do we share our clinical audit results with others?	We share our results with local partners (providers/commissioners) and with our regional clinical networks including patient networks. Clinical audits with national implications are shared with appropriate professional groups, patient organisations and SHA/Monitor.	Yes but based on clinical networks and personal contacts, so not systematic.
10. Do our contracts with suppliers/ providers require cooperation in clinical audits e.g. in CQUIN regime?	Our contracts are being redrafted over a planned timescale to include quality measures and requirement to undertake and/or cooperate in agreed clinical audit programmes.	We expect our suppliers/providers to undertake their own clinical audit programme.
11. Are we using clinical audits for quality assurance usage, and do they fit with our trust's agreed quality process?	Yes, aligned with quality policies and duties. Modest action on quality assurance but included in clinical audit strategy for coming years.	As suppliers/providers the clinical audit programme is our business.
12. Are the areas such as mental health, primary care neglected in local clinical audit programmes?	No, we have made provision for these areas examples would be...	We cannot find the resources for these areas.

Appendix 2:

Audit of OP45 Clinical Audit & Effectiveness Policy

Governance Department

The Royal Wolverhampton NHS Trust

October 2012

Contents

Project Team	Error! Bookmark not defined.
Introduction	13
Methodology	13
Results	13
Conclusions	14
Action Plan	14
References	5

Introduction

The purpose of this report is to assess whether or not the clinical audits produced within the Trust comply with OP45 Clinical Audit and Effectiveness Policyⁱ. The Audit policy states that a report is required for each audit that is completed.

Methodology

Projects were included if they were proposed on or after 1st November 2011 and were either completed by 31st March 2012 or completed between 1st April and 31st October 2012. This led to 67 projects being included - 23 from Nov 11 – March 12 and 44 from April 12 – October 12.

An electronic proforma was used to collect data against the criteria shown in [Table 1](#). Data collection for the first time period took place in September 2012 and during October 2012 for the second time period. Evidence of report content was sought from the Trust's Clinical Audit Applicationⁱⁱ and evidence of discussion at meetings from the Active Documents section of Governance's SharePoint siteⁱⁱⁱ. During the sampled period some of the community directorates were not able to access the Trust's Clinical Audit Application and for this reason the reports and evidence of discussion was sought directly from them.

Table 1

	Criterion↓	Evidence sought from→	Clinical Audit Application	Active Documents
1	Is Audit registered on the Trust's Clinical Audit Application		X	
2	Does each audit project include: Topic, Lead & Timescales for expected completion (mandatory fields on the Clinical Audit Application)		X	
3	Audit approved by Clinical Audit Convenor (mandatory requirement on the Clinical Audit Application)		X	
4	Does the audit report* have an introduction/background section		X	
5	Does the audit report have a methodology section?		X	
6	Does the audit report have a results section		X	
7	Does the audit report have a conclusions section		X	
8	Does the audit report have an action plan		X	
9	Has the audit been discussed at appropriate meeting?			X
10	Have all actions been completed within timescales?		X	
11	Where re-audit required - has this been added to next year's audit plan?		X	
12	Where re-audit has occurred does the report contain the results of previous audit for comparison?		X	
-	Was an audit report completed, a presentation completed, both completed or neither		X	

¹ For this report were a report had not been completed an audit presentations was reviewed if available

Results

The overall compliance for the Trust is as follows:

Criterion	% Nov 11 – Mar 12	% Apr 12 – Oct 12
1	78.3	100
2	100	100
3	100	100
4	65.2	69.4
5	78.3	75.0
6	95.7	88.9
7	39.1	66.7

8	78.3	72.7
9	52.2	68.2
10	34.8	34.4
11	100.0	9.4
12	N/A	60.0

	Report available	Presentation available	Report and presentation available	Neither report or presentation available
% Nov 11 – Mar 12	7	13	1	2
% Apr 12 – Oct 12	2	34	0	8

Conclusions

Throughout both of the sampled periods there were community directorates who experienced difficulties accessing the Trust's Clinical Audit Application and the Governance SharePoint site. Action is required to ensure that all those directorates have at least one member of staff that is trained to be able to update the Clinical Audit Application. In the short term the Governance Department could work with those areas affected to ensure all audits are registered and uploaded. Not all of the directorates who have access to the Governance SharePoint site routinely upload the minutes, papers and agendas from their audit meetings. This made evidencing discussion of presentations difficult in many cases. Moreover, to find the relevant set of minutes meant wading through a number of minutes to get to the right one. To improve on this directorate should be asked to attach minutes showing discussion of an audit project to the project's entry on the Trust's Clinical Audit Application.

What is also clear is that reports are not being completed as per the Policy and NHSLA requirements for all audits undertaken. An update to the Trust's Clinical Audit Application is in development to ensure that mandatory report fields require completion before a project can be completed.

Action Plan

Recommendation	Action	Lead	Start date	Finish Date
Directorates to start uploading meeting minutes to the Trust's Clinical Audit Application to evidence when an audit has been presented/discussed.	Governance Officers to inform Directorates of recommendation. Directorates to then add applicable minutes as and when projects are completed and presented	Governance Officers	1 Dec 12	31 Jan 13
	Policy author to amend OP45 to include requirement for audit meeting minutes to be uploaded to the Trust's Clinical Audit Application to evidence when an audit has been presented/discussed	Trust Audit Lead	1 Jan 13	31 Jan 13

Recommendation	Action	Lead	Start date	Finish Date
Community Directorates require their audits to be uploaded and updated on to the Clinical Audit Application	Community directorates to appoint an individual who will take the lead in keeping their entries on the Trust's Clinical Audit Application up-to-date	Community Directorate Managers	1 Dec 12	31 Jan 13
	Governance Officers to keep the database updated for Community Directorates until appropriate persons are appointed and trained	Governance Officers	1 Dec 12	31 Jan 13
Community Directorates to have staff who are able to use the Clinical Audit Application	Governance Officers to contact their community directorate(s) to arrange a meeting to train the person appointed to keep their entries on the Trust's Clinical Audit Application up-to-date	Governance Officers	1 Dec 12	31 Jan 13
Audit database to continue to be updated to include a report section to ensure a report is then available for all Audit projects completed	Once Audit database has been updated to re-launch the use of it to all Directorates	Trust Audit Lead / Governance Department / IT	1 Dec 12	31 Jan 13

References

ⁱ Royal Wolverhampton NHS Trust (2011), OP45 Clinical Audit and Effectiveness Policy, Wolverhampton, The Royal Wolverhampton Hospitals NHS Trust

ⁱⁱ Royal Wolverhampton NHS Trust, Clinical Audit Application, <http://rwwweb01.xrwh.nhs.uk/ClinicalAudit/logon.aspx?ReturnUrl=%2fClinicalAudit>

ⁱⁱⁱ Royal Wolverhampton NHS Trust, Local Governance Meetings: Active Documents, <http://share/sites/governance/localgovmtg/Active%20Documents/Forms/All%20data.aspx>