

Trust Board Report

Meeting Date:	27 July 2015
Title:	Clinical Audit Annual Report 2014 - 2015
Executive Summary:	This is the annual report for 2014/15 detailing Clinical Audit activity within the Trust during that time period. The report is for information and for noting.
Action Requested:	To note for assurance.
Report of:	Medical Director
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Resource Implications:	
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <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

CLINICAL AUDIT ANNUAL REPORT

2014-2015

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Executive Summary

Clinical audit is an important process which allows the Trust to support continuous improvement in patient care and outcomes against evidence based standards. The clinical audit process helps to ensure patients and service users receive the right treatment from the right person in the right way. Everyone who is involved in the provision of healthcare should be involved in clinical audit.

This report outlines the clinical audit activity carried out across the Trust from 1st April 2014 to the 31st March 2015. This report describes the management of clinical audit during the year, completion rate performance and the future planned improvements to the delivery of clinical audit during 2015/16.

Overall during 2014/15 452 audits were approved for inclusion on the Clinical Audit Plans. Of these 238 (53%) were local audit projects, 86 (19%) were national audits, 81 (18%) were NICE guideline audits, and 47 (10%) were identified as 'other' audit projects.

The Trusts overall completion rate during 2014/15 was 81% (adjusted figure of 90% to exclude those national audits which were not expected to be completed within the 2014/15 financial year). This is a slight reduction of 4% on the previous year where the completion rate was 85% (93% adjusted figure).

A review of completed audits has been undertaken to identify the outcomes of audits and how these are being used for service improvement in Directorates. 283 (77%) completed audits were either fully compliant or demonstrated minor non-compliance against the standard audited.

This level of performance needs to be sustained during 2015/2016. Directorates and Divisions will continue to monitor progress against the audit plans on a monthly basis, which enables any areas of concern to be addressed in a timely manner. Changes introduced in 2014/15 will continue to be implemented and monitored, for example limiting local audits to 10 in the first instance and not registering new local audits in the last quarter of the financial year, except in exceptional circumstance.

In line with the revised OP45 Clinical Audit Policy, a three year Clinical Audit and Effectiveness Strategy was developed and approved in February 2015 to improve the quality of clinical audit across the Trust. Both the strategy and revised OP45 policy were approved in February 2014 and have been subsequently launched across the Trust, the benefits of which should be realised in 2015/16.

Use of the clinical audit database by Directorates and Audit Conveners as a tool for updating audit projects remains a challenge, although all audit projects are registered, the level of detail and completeness of information can be variable. The Governance Department will continue to work with Directorates, Audit Conveners and Audit Leads to ensure the most accurate information is available. Resource has now been identified from IT and work has commenced to complete the next phase of upgrades to the Clinical Audit Database, once completed all reporting and data collation will be completed using this system.

During 2015/16 increased scrutiny will be applied to the aims and objectives of audits, ensuring re-assessment of whether these have been achieved. Where there is poor or non-compliance assurance will be sought that actions have been identified to address the shortfall to improve future compliance. There will also be a focus on re-audits, not only looking at whether re-audits reports include and compare against the previous audits results, but also if the actions generated from the previous audit had been implemented, and whether the results demonstrate an improvement in compliance.

1.0 Introduction

Clinical audit is an important process which allows the Trust to support continuous improvement in patient care and outcomes against evidence based standards. The clinical audit process helps to ensure patients and service users receive the right treatment from the right person in the right way. Everyone who is involved in the provision of healthcare should be involved in clinical audit.

As stated in the (OP45) Clinical Audit and Effectiveness Policy “The Royal Wolverhampton NHS Trust is committed to developing a robust clinical audit programme to ensure the quality of service is of the highest standard and that improvements are continuously implemented”.

Through the delivery of the clinical audit programme/plans the Trust is able to demonstrate a methodical process for continuous monitoring and evaluating the level of care and service provided to patients and service users in order to make sustainable quality improvements.

This report outlines the clinical audit activity carried out across the Trust during April 2014 to March 2015. This report also describes the management of clinical audit during the year, completion rate performance and outlines the future planned improvements to the management and delivery of clinical audit across the Trust during 2015/2016.

2.0 Clinical Audit Definition

‘Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.’

New Principles of Best Practice in Clinical Audit (HQIP, January 2011)

Clinical audit is a multi-disciplinary quality improvement activity that systematically and objectively measures the effectiveness of healthcare and service delivery against agreed and proven standards to implement, where necessary, improvements/changes at an individual, team or service level.

3.0 Development of Clinical Audit Plans 2014/15

The 2014/15 clinical audit plans were developed by the Audit Convenors in conjunction with the Governance Department. Directorates were required to prioritise the audit projects for 2014/15 and were restricted to identifying 10 local audits only. All audits were mapped to Trust strategic objectives and CQC outcomes. Clinical audit plans also included contributions to National Clinical Audit and Patient Outcomes Programme (NCAPOP) and other National Audits, NICE (National Institute of Clinical Excellence) guidance, CQUIN and NHS Litigation Authority (NHSLA) audits.

These plans were agreed locally at the Directorate Governance meeting and then presented to the Divisional Management Team at a Divisional Governance meeting for Divisional approval.

4.0 Monitoring of Clinical Audit Plans

The clinical audit plans were monitored on a monthly basis via the audit completion rate report (Appendices 1 and 2). This report was included in the Integrated Governance Reports, presented monthly at local Directorate Governance meetings. The Division also receive the audit completion rate report on a monthly basis at Divisional Governance meetings. Progress, in terms of completion of audit projects and attainment of the clinical audit plans were reported bi-monthly to the Trusts Clinical Audit Group (CAG) and quarterly to Quality

Standards Action Group (QSAG). Progress with the National Clinical Audit and Patient Outcomes Programme (NCAPOP) has been monitored on a quarterly basis at the Clinical Quality Review Meeting (CQRM).

5.0 Summary of Clinical Audit Activity at Year End (2014/2015)

5.1 Clinical Audit Activity

The table below provides an overview of the 452 audits authorised for completion during 2014/15.

Divisional Activity	Audits on Original Plan	Additional Audits Authorised in year	Authorised Abandoned Audits	Total Audits (minus abandoned)
Division 1	121	99	16	204
Division 2	211	61	24	248
Overall Trust	332	160	40	452

5.2 Types of Audits undertaken

The table below demonstrates the different types of audits which were approved and undertaken during 2014/15.

	National	Local	NICE	Other	Total
Division 1	30 (15%)	126 (62%)	24 (12%)	24 (12%)	204 (45%)
Division 2	56 (23%)	112 (45%)	57 (23%)	23 (9%)	248 (55%)
Overall Trust	86 (19%)	238 (53%)	81 (18%)	47 (10%)	452 (100%)

5.3 Completion of Types of Audits

The table below demonstrates the different types of audits completed during 2014/15.

	National	Local	NICE	Other	Totals
Division 1	14 (47%)	115 (91%)	22 (92%)	24 (100%)	175 (86%)
Division 2	26 (46%)	99 (88%)	49 (86%)	19 (83%)	193 (78%)
Overall Trust	40 (47%)	214 (90%)	71 (88%)	43 (91%)	368 (81%)

5.4 Comparison of Completion Rates

The table below provides a comparison overview of the Divisional and Trust audit completion rates (including all Types of Audits).

Total Completion rate	2014/2015	2013/2014	2012/2013	2011/2012
Division 1	86%	84%	36%	74%
Division 2	78%	87%	53%	58%
Overall Trust	81%	85%	48%	64%

5.5 Adjusted Completion Rate

The Trust has participated in 86 national audits projects during 2014/15 of which 40 (47%) have been completed within year. Due to the reliance on nationally set timescales the majority of these audits were not expected to be completed within the 2014/15 financial year. These audits therefore remain on-going and have been included on the 2015/16 audit plans. National Audits are only classified as completed once the national results have been collated, distributed and Trust actions for improvement have been identified in line with Trust policy.

To allow for this discrepancy an adjusted completion rate figure has been provided below, which excludes National Audits*:

Total Adjusted Completion Rate	2014/15	2013/2014
Division 1	93%	91%
Division 2	87%	95%
Overall Trust	90%	93%

*Adjusted figures were not collected prior to 2013/14; therefore we are not able to provide a comparison prior to 2013/14.

6.0 National Clinical Audit and Patient Outcomes Programme (NCAPOP)

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is a set of centrally-funded national clinical audit projects. All projects within NCAPOP are commissioned and managed by Healthcare Quality Improvement Partnership (HQIP), under the guidance of the National Advisory Group on Clinical Audit & Enquiries (NAGCAE), and funded by NHS England.

The NCAPOP audit projects collect data on compliance with evidence based standards, and provide local trusts with benchmarked reports on their compliance and performance. They also measure and report patient outcomes. The audit projects analyse data supplied by local clinicians centrally and feedback comparative findings to help participants identify necessary improvements for patients.

During 2014/15 there were 33 audits identified on the national clinical audit plan. Of these 25 were applicable to Royal Wolverhampton NHS Trust. The Trust is participating in 24 of these audits, 19 of which are in progress and 4 audits are completed. The Trust has therefore participated in 96% of national clinical audits that it was eligible to participate in.

Progress against the National Clinical Audit and Patient Outcomes Programme is monitored by the Clinical Quality Review Meeting.

National Clinical Audit	Directorate	Status of audit
Emergency laparotomy	Critical Care / General Surgery	Completed
Falls and fragility fractures audit programme (Includes the Hip Fracture Database) - National Hip Fracture and Inpatient Falls	Trauma & Orthopaedics	Completed
Heart failure (resource issues - Risk 3496)	Cardiothoracic Services	Completed
Sentinel stroke national audit programme	Stroke	Completed
Acute coronary syndrome or Acute myocardial infarction	Cardiothoracic Services	In progress
Adult cardiac surgery	Cardiothoracic Services	In progress
Bowel cancer	Oncology & Haematology	In progress
Cardiac arrhythmia	Cardiothoracic Services	In progress
Chronic obstructive pulmonary disease	Respiratory	In progress
Coronary angioplasty	Cardiothoracic Services	In progress
Diabetes (Paediatric)	Paediatrics	In progress
Epilepsy 12 audit (Childhood Epilepsy)	Paediatrics	In progress

Head and neck oncology	Oncology & Haematology	In progress
Heavy menstrual bleeding	Obstetrics & Gynaecology	In progress
Inflammatory bowel disease	Gastroenterology	In progress
Lung cancer	Oncology & Haematology	In progress
Maternal, newborn and infant clinical outcome review programme	Obstetrics & Gynaecology	In progress
Medical and surgical clinical outcome review programme	General Surgery and Gastroenterology	In progress
National Joint Registry	Trauma & Orthopaedics	In progress
Neonatal intensive and special care	Paediatrics	In progress
Oesophago-gastric cancer	Oncology & Haematology	In progress
Prostate cancer	Oncology & Haematology / Urology	In progress
Rheumatoid and early inflammatory arthritis	Rheumatology	In progress
Diabetes Adult (NDA)	Diabetes	In progress

The reason for non-participation in the remaining audit is detailed in the table below:

Audit Title	Directorate	Reason for non-participation
National Audit of Dementia Care (Third Round).	Care of the Elderly	The Royal College of Psychologists have confirmed the National Audit of Dementia Care (Third Round) audit, originally scheduled for audit year 2013/14 (subsequently carried over to 2014/15) is now due to start in April 2016. The Directorate have therefore abandoned the audit and will participate in April 2016. In the meantime the directorate will carry out two local audits in 2015/16 to follow up recommendation from the National Audit of Dementia Second Round.

7.0 Outcomes of Completed Audits

A review of completed audits has been undertaken to identify the outcomes of audits and how these are being used for service improvement in Directorates. Audit Conveners were asked to confirm the compliance against standards audited for the audits completed within their Directorate.

The table below provides a breakdown of completed audits by level of compliance. It demonstrated that the majority of audits completed 283 (77%) are either fully compliant or show minor non-compliance against the standard audited.

Level of compliance	2014/15 Div 1	2014/15 Div 2	2014/15 Total	2013/14 Total
Fully Compliant	39	65	104 (28%)	96 (25%)
Minor non compliance	80	99	179 (49%)	179 (46%)
Moderate non compliance	25	17	42 (11%)	75 (19%)
Significant non compliance	13	11	24 (7%)	31 (8%)
Not applicable	18	1	19 (5%)	8 (2%)
Total	175	193	368	389

Audits marked as 'not applicable' included service evaluation audits that did not have a specific set of standards to be audited against.

It is crucial that where audits have identified moderate or significant non-compliance, that actions are taken to address gaps in compliance and implement changes to improve quality and future compliance. All audits identified as moderate or significant non-compliance were reviewed at the end of the audit year and where appropriate added to the 2015/16 audit plan for subsequent re-audit. 35 re-audits have been deferred due to the completion of actions and embedding of new procedures following the initial audit. The 2015/16 approved audit plans for both Divisions have been attached as Appendix 6 for your reference.

8.0 Audits Abandoned Audits

A risk based approach was taken to abandoning audits in 2014/15. Any audits that the Directorate wished to abandon required rationale and where an audit was a key priority for the Directorate an assurance was required to address the issue (e.g. audit to be included on plan the following year or alternative risk management process/activity being undertaken). Appendix 4 details the rationale for the abandonment of 16 Division 1 and 24 Division 2 audits.

9.0 Audits that have made a positive impact

The reports of completed clinical audits were reviewed by the Governance Officers to ascertain whether an audit has had a positive impact on the quality of healthcare being provided. Appendix 3 details examples of aims, outcomes and actions that have been taken to address areas of poor or non-compliance of audits that were identified as making a positive impact.

10.0 NHSLA Trust Wide Audits

There are 9 NHSLA Audits undertaken on a rolling programme. Since 2012/2013 the NHSLA audits have been undertaken by the Governance Department instead of individual Directorates. This change in practice was due to the issues previously encountered during the processing of NHSLA audits, collection of data and central monitoring by the policy author. The reports are presented at Clinical Audit Group, both Divisional Governance meetings and all Directorate Governance Meetings. Directorates must then identify and implement actions to address poor compliance. They are reported as follows:

NHSLA Audits	Frequency	Completed
Discharge	Annual	Report due May 2015
Transfer	Annual	Report due May 2015
ViEWS/Early Warning Signs	Bi-Annual	<ul style="list-style-type: none"> • Annual report submitted October 2014 • Bi-Annual report due May 2015
Falls	Annual	Report due May 2015
Patient Documentation	Quarterly	<ul style="list-style-type: none"> • Q1. Report Completed July 2014 • Q2. Report Completed November 2014 • Q3. Report Completed March 2015 • Q4. Report due June 2015
DNAR	Annual	Report submitted September 2014
Written Consent	Annual	Report due July 2015
Delegated Consent	Quarterly	<ul style="list-style-type: none"> • Q1. Report submitted September 2014 • Q2. Report submitted November 2014 • Q3. Report submitted March 2015 • Q4. Report due June 2015
Patients Manual Handling	Annual	Report due September 2015

11.0 NICE Guideline Audits

A scoping exercise in 2013/14 identified all applicable NICE guidance that had not been previously audited or was due to be audited. This was then included in the appropriate audit plans (with Technology Appraisals as a priority) during 2014/15.

In total there were 81 NICE audit projects. Please note that some of these audit projects covered more than one piece of NICE guidance, due to the link between the two sets of guidance. For example, audit project number 1929 Antenatal Care Audit assessed compliance against NICE CG62 and QS22.

The table below provides a breakdown of the number of pieces of NICE Guidance audited during 2014/2015. As per the audit type completion rate table above, 10 audit projects were not completed in 2014/15 and have been carried forward to 2015/16.

	Division 1	Division 2	Total
Technological Appraisal (TA)	7	33	40
Clinical Guidelines (CG)	11	24	35
Interventional Procedure (IPG)	8	0	8
Quality Standard (QS)	1	3	4
Public Health (PH)	0	2	2
Diagnostic Guidelines (DG)	0	1	1
Cancer Services Guideline (CSG)	0	1	1
Overall Total	27	62	89

This is a significant improvement from 2013/14 when Division 1 completed 7 of 8 NICE audits and Division 2 completed 26 of 31 NICE audits. The overall Trust figures for 2014/15 is 83% (74 of 89 audits) compared to 85% (33 of 39 audits) in 2013/14.

12.0 Audit of compliance with the Clinical Audit & Effectiveness Policy (OP45)

Audits are undertaken by the Governance Department on a quarterly basis to assess whether the clinical audits completed during the previous quarter are compliant with the Clinical Audit and Effectiveness Policy (OP45). The criteria for the audit are detailed in the table below. The full report including results are attached as Appendix 5.

The latest available report is for Quarter 3 of 2014/15. The results show improvements have been made to overall compliance of audit completion across the Trust (all scoring above 90%). However there are two areas of poor compliance. These relate to whether a re-audit project contained the results of previous audit (question 6 scoring 74%) and whether the minutes of the meeting where the audit had been presented and discussed has been uploaded to the clinical audit database (Question 12 scoring 46%).

In conclusion, Directorates have been advised to agree actions to address these areas of low compliance.

Criteria	Evidence Source	
	Clinical Audit Database	Active Document
1) Is there an audit report?	✓	
2) Does the audit report have an introduction section?	✓	
3) Does the audit report have a methodology section?	✓	

4) Does the audit report have a results section?	✓	
5) Does the audit report have a conclusions section?	✓	
6) If this project is a re-audit does the report contain results of previous audit?	✓	
7) Is there an action plan relevant to this audit on the database?	✓	
8) Have actions been added to the database?	✓	
9) Discussed at an appropriate meeting, i.e., Directorate Governance Meeting/Clinical Audit meeting or Specialist Group meeting?		✓
10) Have all actions been completed within timescales?	✓	
11) Where re-audit required – has this been added to next year’s plan?	✓	✓
12) Have the minutes been uploaded to the clinical audit database of the completed audits?	✓	

13.0 Future Plans for strengthening Clinical Audit during 2014/2015

There has been a significant improvement in 2014/15 in relation to the quality of audits undertaken across the Trust, and the completion rate of audits by the Directorates has remained high (adjusted figure of 90% to exclude those national audits which were not expected to be completed within the 2013/2014 financial year). This level of performance needs to be sustained during 2015/2016. Directorates and Divisions will continue to monitor progress against the audit plans on a monthly basis, which enables any areas of concern to be addressed in a timely manner. Changes introduced last year will continue to be implemented and monitored, for example limiting local audits to 10 in the first instance and not registering new local audits in the last quarter of the financial year, except in exceptional circumstance.

The Clinical Audit and Effectiveness Policy (OP45) was reviewed and approved in February 2015. The following key changes have been made to strengthen the clinical audit process and clarify duties and responsibilities:

- Update key policy drivers to include recent national reports and publications and inclusion of CQUIN Indicators as an example of mandatory audit
- All audits will be aligned to Trust objectives and mapped to the five CQC domains.
- Strengthen and clarify roles, responsibilities and accountabilities especially that of the Clinical Audit and Effectiveness Group, the Audit Convenor and the Trust Clinical Audit Lead
- Strengthen process for dissemination of the audit findings, capturing outcomes, developing SMART actions and sharing of any lessons learnt.
- Clarify process for measuring the positive impact of clinical audit and whether improvements or benefits have been realised by the patient and/or the service.
- All Directorate audit plans to be agreed at an appropriate local forum by the end of February in Quarter Four and approved by their Divisional Governance meeting prior to the end of the financial year.
- Mandate use of Clinical Audit Database for management of all clinical audit activity.
- Development of clinical audit training.

In line with the revised OP45 Policy, a three year Clinical Audit and Effectiveness Strategy was developed to improve the quality of clinical audit across the Trust. The strategy aimed to:

- Embed and develop clinical audit within the organisation
- Enable measurable improvements in clinical quality through clinical audit
- Integrate clinical audit within the day to day activities of each Directorate
- Enable all staff to participate in clinical audit by ensuring the necessary competency, support and time is made available
- Improve engagement of Audit Convenors and attendance at Clinical Audit and Effectiveness Group (CAG)
- Ensure organisational compliance with Care Quality Commission (CQC) Domain: Effective and relevant Key Lines Of Enquiry (KLOE)
- Make improvements to Clinical Audit Database
- Fully integrate the Cannock Chase Hospital Site in to the Clinical Audit Process

Both the strategy and revised OP45 policy were approved in February 2015 and have been subsequently launched across the Trust, the benefits of which should be realised in 2015/16.

Use of the clinical audit database by Directorates and Audit Conveners as a tool for updating audit projects remains a challenge. Although all audit projects are registered, the level of detail and completeness of information can be variable. The Governance Department will continue to work with Directorates, Audit Conveners and Audit Leads to ensure the most accurate information is available. Resource has now been identified from IT and work has commenced to complete the next phase of upgrades to the Clinical Audit Database, and once completed all reporting and data collation will be done using this system (currently manual work-around is in place).

Audit Convener attendance at Clinical Audit Group has improved, however there are a number of Directorates who consistently do not attend. To improve attendance, an expected attendance level of 70% has been agreed. This will be monitored and reported at Clinical Audit Group and Divisional Governance meetings.

During 2015/16 a higher level of scrutiny will be applied by Governance Officers to the aims and objectives of audits, ensuring re-assessment of whether these have been achieved. Where there is poor or non-compliance monitoring will be implemented to ensure actions have been identified to address the shortfall to improve future compliance.

There will also be a focus on re-audits. Not only looking at whether re-audits reports include and compare against the previous audits results, but also if the actions generated from the previous audit have been implemented, and whether the results demonstrate an improvement in compliance.

14.0 Appendices:

- Appendix 1: Divisional 2014/15 year end Audit Completion Rate report
- Appendix 2: Divisional 2014/15 comparison / 'split by type' report
- Appendix 3: Aims and outcomes of audits that have made a positive impact
- Appendix 4: Abandoned Audits and Rationale
- Appendix 5: Audit of OP45: Clinical Audit and Effectiveness Policy Q3 2014/15
- Appendix 6: Approved Audit Plan 2015/16