

Clinical Audit Quarter 3 (Month 9) Position Report 26 February 2018



Agenda Item No: 10.2

The Royal Wolverhampton NHS Trust	
Trust Board Report	
Meeting Date:	February 2018
Title:	Clinical Audit Quarter 3 (Month 9) Position Report
Executive Summary:	<p>This report provides the clinical audit activity for the first 9 months of 2017/18, split by Division and audit type. The Trust is presently at an adjusted completion rate of 41%, falling just -5% below the forecast rate of 46% (adjusted figure does not include National audits due to nationally set timeframes). Trust wide there have been 162 audits completed (of the 446 audits on plan). To date 28 audits have been abandoned with rationale, approved by the Divisional Management Teams.</p> <p>Of the 162 audits completed, 117 (72%) of were completed early or within their agreed quarter for completion. 28% of audits were completed later than the proposed. There are 48 audits which were due in Quarters 1, 2 or 3 which remain incomplete and have been carried forward to Quarter 4.</p>
Action Requested:	Assurance to Trust Board.
Report of:	Medical Director
Author: Contact Details:	<p>Lauren Groves, Governance Team Leader Ext: 8905 Email: laurengroves@nhs.net</p> <p>Dr Shashidhar Cherukuri, Trust Clinical Audit Lead Tel: 01902 695452 Email: s.cherukuri@nhs.net</p>
Links to Trust Strategic Objectives	To improve the culture of compassion, safety and quality in every department and service we offer.
Resource Implications:	Already established.
Equality and Diversity Assessment	Not applicable to this report.
Risks: BAF/ TRR	None.
Public or Private:	Public Session
References:	Month 9 position reported to QSAG in January 2018.
Appendices / References / Background Reading	<p>Appendix 1a: Division 1 Audit Completion Rate Report Appendix 1b: Division 2 Audit Completion Rate Report Appendix 2a: Division 1 Progress Against Plan Appendix 2b: Division 2 Progress Against Plan Appendix 3: NCAPOP Participation 2017/18</p>
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



Executive Summary

This report provides the clinical audit activity for the first 9 months of 2017/18, split by Division and audit type. The Trust is presently at an adjusted completion rate of 41%, falling just -5% below the forecast rate of 46% (adjusted figure does not include National audits due to nationally set timeframes). Trust wide there have been 162 audits completed (of the 446 audits on plan). To date 28 audits have been abandoned with rationale, approved by the Divisional Management Teams.

Of the 162 audits completed, 117 (72%) of were completed early or within their agreed quarter for completion. 28% of audits were completed later than the proposed. There are 48 audits which were due in Quarters 1, 2 or 3 which remain incomplete and have been carried forward for completion in Quarter 4.

Division 1

- Completion rate: 36%. Adjusted rate 38%.
- Forecast completion rate at this point in time, based on proposed completion dates, was 47%. Division 1 fall -9% below target.
- Division 1 have 240 audits on plan, of which 87 audits have been completed to date, and 16 abandoned.
- 37 audits due for completion in Quarter 1, 2 or 3 but remain incomplete, have been carried forward to Quarter 4.
- Division 1 have 36 overdue audit actions

Division 2

- Completion rate: 36%. Adjusted rate 44%.
- Forecast completion rate at this point in time, based on proposed completion dates, was 44%. Division 2 are on target.
- Division 2 have 206 audits on plan, of which 75 audits have been completed to date, and 12 abandoned.
- 11 audits due for completion in Quarter 1, 2 or 3 but remain incomplete, have been carried forward to Quarter 4.
- Division 2 have 68 overdue audit actions

Please note that the data for this report was generated 3rd January 2018.

5. Monitoring of Clinical Audit Plans

Progress against clinical audit plans is monitored on a monthly basis via the audit completion rate report. Appendices 1a and 1b provide a breakdown of the current audit status by Division and Directorate; the overall completion rate shows the percentage of clinical audits which have been registered and completed on Clinical Audit Database. Audits qualify as completed once they have been presented at an appropriate forum, action plan developed and agreed and a final report has been attached to Clinical Audit Database. Appendices 2a and 2b provide details of divisional progress against planned activity by completion per quarter.

This information is then included in the Integrated Governance Reports (IGR) presented monthly at Directorate Governance meetings by the responsible Governance Officer. Healthcare Governance Managers also present this on a monthly basis at the Divisional Governance meetings. Progress is reported regularly to the Trusts Clinical Audit Group (CAG), Quality Standards Action Group (QSAG) and the Quality Governance Assurance Committee (QGAC). Progress against the National Clinical Audit and Patient Outcomes Programme (NCAPOP) is also monitored at the Clinical Quality Review Meeting (CQRM). Progress against NCAPOP is detailed in section 7 of this report, details can be found in Appendix 3.

6. Summary of Clinical Audit Activity at Month 9 (Quarter 3 2017/18)

6.1 Clinical Audit Activity

The table below provides an overview of the 420 audits authorised to date for completion during 2017/18.

	Audits on Original Plan	Additional Audits Authorised in year	Authorised Abandoned Audits	Total Audits
Div 1	146	110	16	240
Div 2	159	59	12	206
Trust	305	169	28	446

6.2 Progress Against Plan

The table below details the total number of audits completed within the agreed timeframes as per the Directorates Annual Audit Plan. To date there have been 162 audits completed, 117 (72%) of which were completed early or within their agreed quarter for completion.

Division	Audits Due Q1	Completed In Q1	Audits Due Q2	Completed In Q2	Audits Due Q3	Completed In Q3	Completed EARLIER	Completed In Agreed Qtr	Completed LATER	Total Completed
Div 1	43	23	31	10	39	12	24	45	18	87
Div 2	38	15	23	10	30	13	10	38	27	75
Trust	81	38	54	20	69	25	34	83	45	162

6.3 Types of Audits undertaken

Table below details the different types of audits agreed for completion. The 'Other' category includes service evaluations and Trust Wide audits.

	National	Local	NICE	Other
Div 1	49	94	41	56
Div 2	62	70	34	40
Trust	111	164	75	96

6.4 Completion Rate by Audit Type

There have been 162 audits have been completed to date. This is 36% of the agreed Trust wide programme. The table below details the current Divisional and Trust completion rate by Audit Type.

	National	Local	NICE	Other	Total Completed
Div 1	14/49 (29%)	44/94 (47%)	14/41 (34%)	15/56 (27%)	87/240 (36%)
Div 2	11/62 (18%)	38/70 (54%)	12/34 (35%)	14/40 (35%)	75/206 (36%)

Trust	25/111 (23%)	82/164 (50%)	26/75 (35%)	29/96 (30%)	162/446 (36%)
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6.5 National Audit

The Trust is participating in 111 national audit projects during 2017/18 of which 25 audits (23%) have been completed to date. Due to the complexity and reliance on set national timescales, the majority of these audits are not expected to be completed within the 2017/18 financial year. Any National audits that will not be completed by the end of the financial year will be carried over and included on the 2018/19 audit plans. The on-going national audits will only be classified as completed when the national results have been collated, distributed and Trust actions for improvement have been identified in line with Trust policy.

	No. of Audits	% of Audits	No. in Progress	% in Progress	No. Completed	% Completed
Div 1	49	20%	35	71%	14	29%
Div 2	62	30%	51	82%	11	18%
Total	111	25%	86	77%	25	23%

6.6 Adjusted Completion Rate

Due to the complexity and reliance on set timescales for National Audits, an adjusted completion rate figure has been provided below. This 'adjusted rate' is the combined total of Local, NICE, Service Evaluation and Other audit (75% of the overall plan) and completely excludes the National audit figures.

	No. of Audits	% of Audits	No. in Progress	% in Progress	No. Completed	% Completed
Div 1	191	80%	118	62%	73	38%
Div 2	144	70%	80	56%	64	44%
Trust	335	75%	198	59%	137	41%

6.7 Progress against Plan - Comparison

The tables below compares progress against plan over the last 3 financial years. Please note that the actual completion rate given below is the adjusted figure (minus National audits) and that Quarterly forecast rates vary slightly as the year progresses due to audits being added / abandoned in year. At the end of December 2017 Division 1 reported a 38% adjusted completion rate against falling -9% below the forecast rate of 47%. This is the same position as Quarter 3 2016/17.

Div 1	Forecast 2014/15	Actual Completion	-/+	Forecast 2015/16	Actual Completion	-/+	Forecast 2016/17	Actual Completion	-/+	Forecast 2017/18	Actual Completion	-/+
Q1	16%	19%	3%	17%	9%	-8%	18%	13%	-5%	20%	16%	-4%
Q2	34%	40%	6%	37%	25%	-12%	34%	28%	-6%	32%	26%	-6%
Q3	50%	52%	2%	57%	42%	-15%	53%	44%	-9%	47%	38%	-9%
End		93%			89%			88%			-	

Div 2	Forecast 2014/15	Actual Completion	-/+	Forecast 2015/16	Actual Completion	-/+	Forecast 2016/17	Actual Completion	-/+	Forecast 2017/18	Actual Completion	-/+
Q1	16%	15%	-1%	16%	13%	-3%	25%	23%	-2%	18%	15%	-3%
Q2	37%	32%	-5%	31%	29%	-2%	39%	34%	-5%	30%	31%	1%
Q3	54%	49%	-5%	55%	46%	-9%	54%	48%	-6%	44%	44%	0%
End		87%			94%			96%			-	

6.8 Outcomes of Audits Completed

A review of completed audits is undertaken to identify the outcomes and effectiveness of audits and how these are being used to drive service improvement within in Directorates. Clinical audit Conveners have been asked to confirm the compliance status of the audits undertaken within their Directorates. The table below provides a breakdown of completed audits by level of compliance. Of the 138 audits reviewed, 105 (76%) have been rated as fully compliant or demonstrating only minor non-compliance against standards audited. 33 audits (24%) demonstrated moderate or significant non-compliance. It is vital that where reduced compliance has been identified, actions are taken to address areas of concern and ensure quality improvement projects (QIPs) are undertaken to improve compliance and patient experience, and must be considered for inclusion on the 2018/19 audit plan

Level of Compliance	Div 1	Div 2	Total No
Fully Compliant	29	19	48 (35%)
Minor Non-Compliance	24	33	57 (41%)
Moderate Non-Compliance	15	14	29 (21%)
Significant Non-Compliance	1	3	4 (3%)
Total Rated	69	69	138
Not applicable (Service Evaluations)	15	6	21
Not yet rated by Audit Convenor (completed recently)	3	0	3

7. The National Clinical Audit and Patient Outcomes Programme (NCAPOP)

In total 122 audits were included in HQIPs National Directory. This is a list of all known National Clinical Audits and Enquiries. The directory has been reviewed and confirmed that 53 of these audits are part of the NCAPOP and are collecting data during the 2017/18 audit year. All 53 audits have also been identified for inclusion in the NHSE Quality Accounts.

- 2 audits are applicable to the Trust but we are not participating
- 3 audits awaiting HQIP commissioning but are likely to be applicable to the Trust
- 11 audits have been reviewed and confirmed as not applicable to the Trust
- 34 audits are applicable and in which we are actively participating
- 3 audits have been completed or have submitted data and are awaiting the final report

8. Clinical Audit Plans 2018/19

The 2018/19 audit plans are presently being generated by the Directorate Audit Convenors and Governance Officers. These are due for approval at the February 2018 Directorate Governance Meetings and then on to Divisional Governance in March 2018 for final approval of the Divisional programmes. These audit plans will include National Clinical Audit and Patient Outcomes Programmes (NCAPOP), NICE guidance compliance and assurance audits, Quality Improvement Projects or re-audit for projects that have demonstrated moderate or significant non-compliance, locally driven audits, service evaluations and trust wide audits such as OP07 Documentation, CP06 Consent and the CP61 Early Warning Scores audit.

Appendices:

- *Appendix 1a: Divisional Audit Completion Rate Report - Division 1*
- *Appendix 1b: Divisional Audit Completion Rate Report - Division 2*
- *Appendix 2a: Divisional Progress Against Plan - Division 1*
- *Appendix 2b: Divisional Progress Against Plan - Division 2*
- *Appendix 3. NCAPOP Progress Detail*



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