

Clinical Audit Annual Report Stockport FT 2010 - 2011

Dr James Catania: Medical Director
Deborah Kershaw: Clinical Audit Manager

Agreed by the Clinical Audit Steering Committee Chair on 27th June 2011 and approved by the Clinical Effectiveness Committee on 10th August 2011 submitted to the Board of Directors to be noted on 26th January 2012

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Foreword: Dr James Catania, Medical Director

This report describes the audit activity conducted during 2010-2011 at Stockport NHS Foundation Trust.

Over 100 audits were completed by the end of the year with a further 240 still ongoing. Only 5 registered audits were abandoned. The Trust participated in 37 National audits.

The Clinical Audit Forward Programme for 2010/11 was compiled with the emphasis on Clinicians considering the priorities for the Trust to ensure that clinical audit activity contributed to the Trust Strategic objectives of reducing Patient mortality, reducing patient harm and improving patient experience.

During 2010/11 Audit North West completed an internal audit to ensure 'that there was a clear Clinical Audit Strategy in place that met the Trust Objectives and that clinical audit is used appropriately and processes are in place to inform the Board of results of reviews'. The audit was rated as 'significant'.

Clinical Audit was a pilot area in the NHSLA assessment and achieved the standards expected. A quarterly report has been submitted to the Trust Board on clinical audit activity since September 2010. The profile of Clinical Audit as an improvement tool continues to increase with improved consideration to planned activity and robust reporting systems being developed.

The forward programme for 2011/12 demonstrates the focus on priority areas by its structure into three keys areas. Section one contains what the Trust 'must do', section two is priority areas for the business groups 'should do' and section three allows for other areas that may be of interest to clinical areas 'could do'.

Dr James Catania
Medical Director
Stockport NHS Foundation Trust.

Executive Summary

During 2010-2011, the process around the clinical audit activity was improved to provide a clearer focus on the outcomes of the audit activity taking place and the resulting improvements. A quarterly report is now submitted to the Trust Board to provide assurance that the clinical activity is addressing the appropriate areas. The activity of clinical audit at Stockport NHS Foundation Trust has involved a mixture of local, supra-district, regional and national clinical audit, all with the same aim – to make a difference and improve the care we offer to people who choose to use Stockport NHS Foundation Trust as their place of care.

The key achievements for this year have been:

- Improved processes to improve care for our patients
- Participation in local, supra-district, regional and national audits
- Developing clinical audit as a quality improvement process
- Clinical Audit Policy and Standard Operating Procedure to aid the delivery of the Clinical Audit Strategy
- Rating of Significant in an internal audit of clinical audit strategy.

Over 377 audits were actioned over the 12 month period of which 5 (1.5%) were abandoned before the end of the project.

123 audits were presented to colleagues and peers throughout the year at the quarterly clinical audit events. 87 action plans were received of which 19 have had all actions implemented and therefore the audit is categorised as closed.

This annual report is part of the monitoring process for the clinical audit policy as a compilation of the activity and reporting that is taking place throughout the year.

Background

Dr James Catania is the chair of the Clinical Audit Steering Committee. During 2010 the group met quarterly on the same day of the week for two hours. From January 2011, this has been changed to bi monthly on varying days of the week for one hour. The purpose of the change is to provide more opportunity for the members to be able to attend. Regular meeting also allows for continued focus on the audit activity.

The Clinical Audit Team is evolving and is changing the focus of work from reactive to proactive, engaging with the clinicians on what audits are required as a response to areas of concern for the Trust. Liaison with the Governance Leads within the business groups is a key step of this process.

The audit team also carries out data extraction for the Advancing Quality project, which impacts upon the income for the Trust. From the findings, the AQ project manager liaises with the clinicians to change practice and improve the service.

A database has been built by one of the team members which enables the team to capture the level of activity and the status of the audits. This has improved the reporting but in order to have a robust process in indentifying audit outcomes, actions, improvements made and trends a project management system is required.

The Clinical Audit Department is committed to raising the profile of clinical audit within the Trust. This is assisted by the use of Trust wide documents and by the facilitation of the Quarterly Audit Day. This is an event where each speciality can share findings, plans and success with peers, and agree whether the recommendations made should be developed into an action plan. Managers from within the Trust are also invited to these events.

During 2011/12 we shall continue to build upon our success to date, ensuring that we keep abreast of changes announced by the Department of Health, the Healthcare Quality Improvement Programme and the Care Quality Commission to ensure we comply with requirements and are able to respond confidently to requests for information by these bodies and have the evidence to provide for the Quality Accounts and NHSLA as required.

These are challenging but exciting times for clinical audit and we look forward to providing the Trust Board with the assurance it requires relating to the safe practice delivered whilst improving services for the Stockport Foundation Trust patient population.

Deborah Kershaw
Clinical Audit Manager

Governance

The annual report brings together the activity that has taken place throughout the year and, as such, acts as a monitoring tool for the audit policy & SOP to ensure audit activity is delivering to the clinical audit strategy.

The detail of the audits undertaken is too large to include in this report but is available from the Clinical Audit Department where documents are stored in electronic folders. The presentations that have been delivered at Quarterly Audit Days are also available on a shared drive across the Trust.

Documents

Key documents for the audit activity are:

- Clinical Audit Strategy
- Clinical Audit Policy
- Clinical Audit SOP
- Clinical Audit Forward Programme

Key documents (templates) for individual audits are:

- Registration form
- Report (where appropriate)
- Presentation
- Action plan

All documents and templates are available from the Clinical Audit Microsite.

Reporting Process

A monthly report is produced from the database which shows the status of an audit and has a comment on progress. A full report is available on the Clinical Audit Microsite. Each Business Group is sent, via email, the section on corporate and national audits in addition to the audits relating to their own group.

A Quarterly Report is produced for submission to the Trust Board and the Clinical Effectiveness Committee. This report provides detail of the number of audits that have been undertaken, any key items relating to audit and a brief outcome summary from the audits presented at the previous Quarterly Audit Day.

The Clinical Audit Team will report to the Clinical Audit Steering Committee the progress against the forward programme.

A report is sent to the governance lead for each business group advising on action plans, received, not received and an update of the status of the actions, including those overdue. This enables the business group to consider the consequences of this at the business group quality board meeting.

Overview/summary of audit activity

The audit year commences with a forward programme of planned activity. For the first time, the 2010/11 forward programme was compiled into one document for the Trust. In compiling the document, Audit Leads were asked to submit the activity they intended to undertake to ensure that resource implications could be considered. Only 46% of the programme commenced during the year due to other audits taking precedence. For 2011/12 we have split the programme into three priority areas; must do, should do and could do. This will allow the reporting to the Clinical Audit Steering Committee and, if required, the NHSLA or CQC on progress against priority audits, whilst still being aware of other audits that may take place, so that we can plan for the resource. We have also amended the policy and SOP to allow Business Groups to add to the programme during the year as priorities change and new concerns come to light.

During the year, 'Internal audit' undertook an audit on how the clinical audit process complies with the policy and SOP and that activity was delivering towards the clinical audit strategy. The report was very positive and received a rating of 'significant'. Following discussions, six recommendations were made and an action plan to implement the recommendations was compiled, all actions have now been completed.

The database within the audit department captures the key dates of the activity for individual audits. This includes the date the audit is presented at the Quarterly Audit Day event or other forum. From December 2010, a brief outcome summary of the audit has been included in the quarterly report to the Trust Board. This report commenced in September 2010 and is still evolving as the Board advises on the level of information they require. The outcome information is not available from the database and the method used for capturing the outcome needs to be addressed.

A monthly report is distributed to the Business Groups with updates against open audits. However, to aid the closing of the loop of audit activity (ensuring actions happen following findings), a process has been established during the year which involves the audit team reporting to the Business Group Quality Board via the Governance Lead, details of action plans received, action plans not received that should have been and action plans where the dates of the action has passed without an update being received. This should help the Business Groups to keep abreast of progress following the audit activity.

During the year the Quarterly Audit Days were successful and attendance was good. The focus at the events has been on the quality of the discussion following the findings, rather than the number of presentations delivered. This has been a key shift in ensuring that audit activity adds value.

Clinical audit project statistics for 2010/2011

The number of audits by audit type in progress during 1st April 2010 and 31st March 2011.

Business Group	Cross Cutting	Local / Trust	National	Regional	Regional/S District	Trust Wide	Total
Corporate	4	3	4		7	5	23
D&CS	6	76	9	1	4	1	97
Medicine	1	38	10	1	15	3	68
SCC	2	87	4		4		97
W&C		40	3		2		45
Total	13	244	30	2	32	9	330

National Audit

The following table shows the National audits that we participated in during 2010/2011:

NNAP: Neonatal Care
NDA: National Diabetes Audit
RCPH : National Paediatric Diabetes Audit
NJR: hip and knee replacements
NLCA: lung cancer
NBOCAP: bowel cancer
DAHNO: head and neck cancer
MINAP (inc ambulance care): AMI & other ACS
NHFD: hip fracture
TARN: severe trauma
NHS Blood & Transplant; potential donor audit
National Sentinel Stroke Audit (n=40-60)
SINAP: Stroke Care
National Audit of Dementia Care (n=40)
National Falls and Bone Health Audit (n=60)
National Comparative Audit of Blood Transfusion : changing topics
National Mastectomy and Breast Reconstruction Audit
National Oesophago-gastric Cancer Audit
National Stoma Audit.
National Audit of the Management of Open Abdomen.
Association of British Clinical Diabetologists Audit of the Use of Liraglutide.
National Audit of depression screening and management of staff on long term absence
National Care of the Dying Audit – Hospitals 2 nd round.
National European COPD Audit: British Thoracic Society
Perinatal mortality: CEMACH
Paediatric fever: College of Emergency Medicine
Renal Colic: College of Emergency Medicine
Adult community acquired pneumonia: British Thoracic Society
Vital signs in Majors: College of Emergency Medicine
RCOG National Audit of Heavy Menstrual bleeding
National IBD audit :Ulcerative Colites & Crohn's disease
National PROMs Programme

The Healthcare Quality Improvement Partnership advises that more national audits will be commencing. The NHSLA and Care Quality Commission state that if a Trust delivers a service then it is an expectation that the Trust will participate in any National Audit for that service. Stockport Foundation Trust has been proactive in participating in National Audits. When a report for a National Audit is received, the Medical Director will include it on the agenda for the Clinical Effectiveness Committee to ensure it is captured and the appropriate Business group is delegated the responsibility to disseminate the results and discuss any action needed to be taken in response to the report findings.

HQIP also advises that in order to fund new National audits Trusts participating in established audit may be asked to pay a subscription.

Number of audits presented at the QAD

Surgery & Critical Care	66
Diagnostics & Clinical Support	23
Medicine	23
Women & Children	21

Presentations made or Discussions held at Quarterly Audit Days

Business Group: Surgery & Critical Care

Critical Care

Adherence to protocol for sentinel node biopsy in theatres
 Anaesthetic reasons for cancellation in trauma patients
 Anaesthetic Record Keeping Audit
 Antibiotic Presentation
 Audit of low flow volatile equipment
 Audit of night time and delayed discharges from ICU
 Audit of rescue analgesia in recovery
 Audit of resuscitation equipment in Stepping Hill Hospital
 Audit of Theatre Clock Times
 Catheter related sepsis on ICU – assessment of catheter site
 Cricothyroidotomy Audit
 Glycaemic Control in the Critically ill
 Management of post cardiac arrest induced hypothermia
 Measurement of quality of local anaesthetic for intra ocular surgery
 Patient feedback “You and Your Anaesthetic” leaflet re-audit
 POCT Testing
 Presentation on POCT testing
 Surgical patients’ satisfaction survey
 Survey of use of neostigmine ampoules in theatre

General Surgery

Antibiotic Audit Presentation
 Audit of colorectal activity 2009
 Audit of complications of anti-reflux surgery at Stepping Hill
 Audit of inflammatory bowel disease surveillance colonoscopy
 Audit of IV prescribing of fluids in paediatric surgical patients

Audit of Stoma Activity
Audit of VTE assessment and prescribing
Colorectal user feedback
Documentation of DNAR forms
End of Life Pathway
False Negative Rates in Sentinel Node Biopsy
Formic – the answer to your data collection problems
Inpatient stay after colorectal surgery
Microbiology presentation
Quality of Rectal Cancer Surgery
Re-audit of anastomotic leak rate
Update on IV fluid prescribing in adult surgical patients
Verification of pregnancy status pre-operatively

Ophthalmology

AMD audit
Audit to discover whether the administration of general anaesthetics in ophthalmic surgery meets local guidelines
Diabetic Retinopathy Database Training
Discussion of audit programme and associated matters
Discussion of Cefuroxime and Penicillin allergies
Discussion over new cataract leaflet
E discharge training
Endophthalmitis and Penicillin Audit
Feedback from audit meeting
Glaucoma Audit
Impact of patient correspondence on DNA rates
Infection Control Pre-audit
Measurement of quality of local anaesthetic for intra ocular surgery
New Lumigan presentation
Non booked follow up audit – update
Ophthalmology Record Keeping Audit
Orthoptics Record Keeping Audit
Piggy Back Lenses
Post cataract surgery urgent review audit (overview of progress)

Trauma & Orthopaedics

Complications post internal fixation of unstable distal radius fracture with a palmar locking plate
Antibiotic Audit
Audit of consent forms in Trauma and Orthopaedics
Audit of tip to apex distances following DHS fixation
How do local results for distal tibial fractures compare with published complication rates
Microbiology presentation
Mortality reviews and morbidity reviews
Outcome of surgery for scaphoid non-union
Prevention of osteoporosis – audit of compliance with TAG 161 (NICE)
Reasons for unpublished e-discharges and accuracy of discharge dates
Re-audit of IV fluid management in fractured neck of femur patients
Re-audit of tetanus prone wounds

Business Group: Diagnostics & Clinical Support

Clinical Support

Pelvic Girdle Pain – management and care pathway
Audit of Enoxaparin use within the Medical Division at Stepping Hill for the treatment of ACS
Audit to assess the prescribing and administration of MRSA decolonisation treatment of inpatients on medical wards at SHH
Effectiveness of hydrotherapy
Occupational Therapy standards on Emergency and Short Stay Units
Medicine Adherence Audit

Pathology

Enrolling errors
CPA update
Antibiotics audit
Audit of Lymph Node Yields in Colorectal Cancer
Renal Cell Carcinoma Audit
Turnaround Time Audit

Radiology

Management of SAH
Audit of barium enemas and colorectal cancer 2009/10
Audit of Investigations for Haematuria
Fetal Anomaly Scans
Audit of Barium Enemas and Colorectal Cancer 2009/10
Audit of Ultrasound Guided FNA of the Thyroid
Audit of Radiographer Reported CT Heads
Audit of Scaphoid MR (reaudit)
Audit of relevance/efficacy of GFR in relation to administration of intravenous contrast in CT imaging
CT MR of Orthopaedic pelvis
X-ray referral audit 2010

Business Group: Medicine

Medicine

Advancing Quality Heart Failure
Death Certification Accuracy
Diagnostic Accuracy on AMU
Exploratory case notes review for COPD re-admissions
Falls Audit-PDSA Style
I Bleep
Management of acute stroke patients as per NICE guidance
Management of AF in Post Stroke Patients
Management of Community Acquired Pneumonia
Management of Sub Arachnoid Haemorrhage
Management of Variceal Bleeds
Medicines Conciliation on AMU
Mortality Aspiration Pneumonia

MRSA
National Diabetes Audit
Pharmacological Management of AMI
Secondary prevention of osteoporosis
Standards for sending Urine samples to Microbiology (TBC)
Steroid Induced Osteoporosis
Stroke 90:10
Time to Needle
Trust Wide Prescribing Audit
Usage and monitoring of Anti TNF α in Ankylosing Spondylitis
Usage and monitoring of Anti TNF α in Psoriatic Arthritis
VTE Trust Wide Audit

Business Group: Women & Children

Obstetrics & Gynaecology

Colposcopy Audit
E-discharge in Gynaecology
Effectiveness of External Cephalic Version Audit
Fetal Blood Sampling
Gynaecology Record Keeping Audit
Library Services
Maternity HDU Audit
Maternity Record Keeping Audit
Post Partum Haemorrhage
Post Partum Hysterectomy
Recurrent Miscarriage
Safeguarding Children
Thermachoice Audit
VTE Risk Assessment

Paediatric

Gentamicin in Neonates TBC
National Diabetes Audit
Neonatal Record Keeping
Newly Diagnosed Diabetes
Paediatric Asthma
Paediatric Coding
Paediatric Record Keeping
Patient Questionnaire Feedback
ROP Screening Audit
Sepsis/Infectious diseases
Using your library - it's child's play

Below are examples where improvements to care based on audit results have been made, aligned with Trust Corporate Objectives.

Reduce Patient Harm

Emergency drugs in maternity theatres

Following this audit, an action was implemented to reduce the number of drugs drawn up in advance to those absolutely necessary to reduce the risk of giving the wrong drugs, and reduce waste. Labelling of pre-drawn drugs was improved and the option of purchasing pre-drawn syringes is to be considered. This audit delivers to the Trust Strategic Objective of reducing patient harm, whilst also providing a potential cost saving by avoiding waste.

Reduce Patient Mortality

Advancing Quality: Heart Failure

Advancing Quality is an audit taking place across the North West. This audit identifies gaps in care and many changes have been implemented as a result. For example, the process to obtain echogram has been improved resulting in quicker diagnosis and reduced length of stay. Patient advice has also been improved. Results revealed gaps in discharge planning for Heart Failure patients. In response, Stockport FT introduced a Heart Failure Educator who has delivered substantial, measureable improvements. At a regional level, this audit has a suggested mortality avoidance of 520 deaths across the North West. At a local level improved care, improved advice for patients and improved documentation has improved quality and safety.

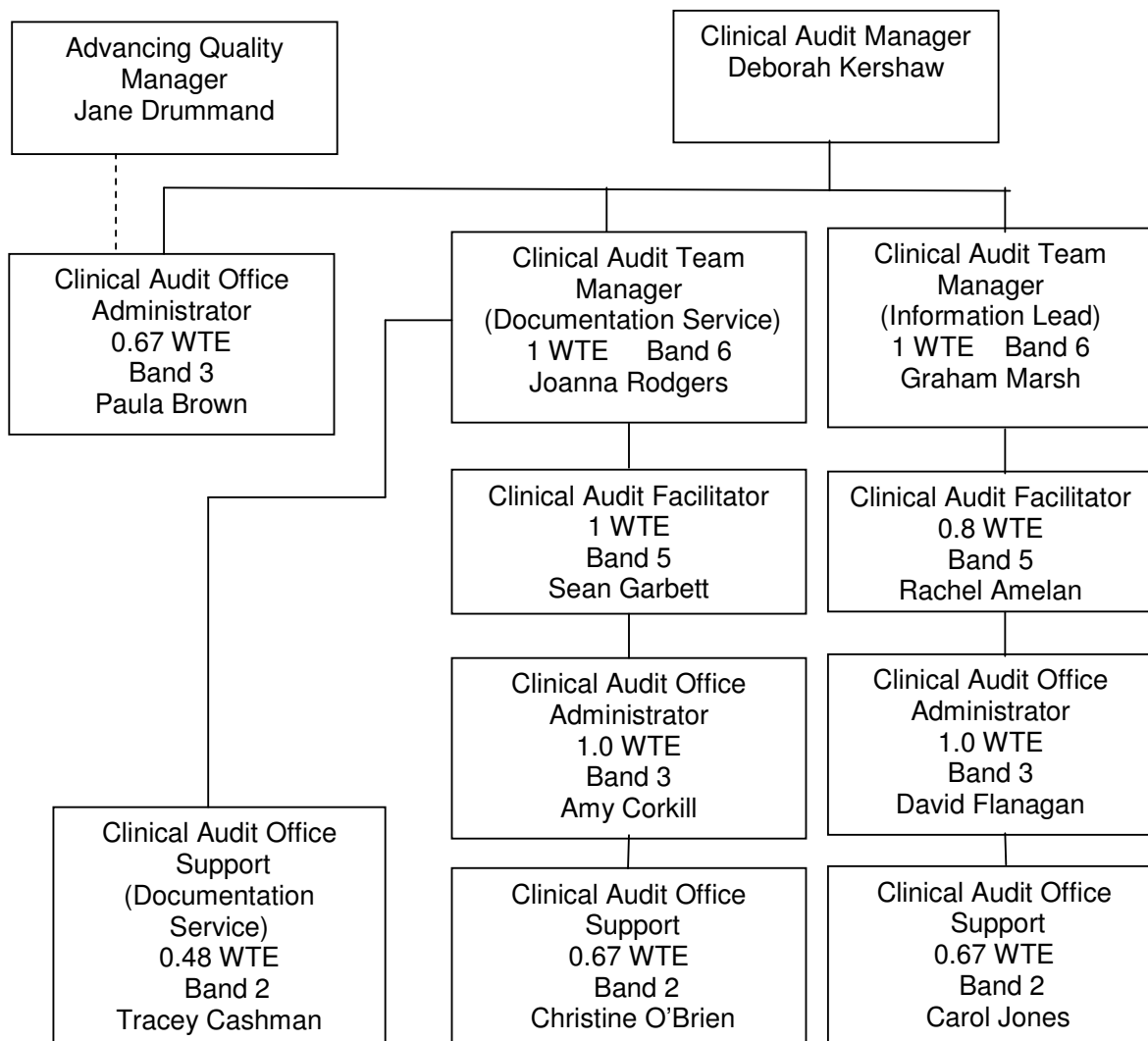
Improve Patient Experience.

Patients admitted with preterm labour

One recommendation from an audit of preterm labour suggested conducting a cost analysis of fetal fibronectin testing (Ffn) on a permanent basis. This has been completed and the test introduced in April 2011. Patients presenting with preterm labour who are Ffn negative avoid unnecessary admission and can be discharged with greater certainty of not labouring over the next fortnight. This will also limit the numbers of in-utero transfers. This has resulted in an improved patient experience, providing a confidence for the patient and avoiding an admission, this is also a cost benefit for the Trust. Even when factoring in the additional cost of the Ffn tests, there was a saving in the cost of bed days of £3622 over a one month period. This is without taking into account the reduced use of steroids and tocolysis which will likely produce a further cost saving.

Clinical Audit Department Team

The team structure at the 31st March was;



The team support activity within the Trust as follows;

Business Group Audit Activity	AQ Measure Group	Team
Surgery & Critical Care Diagnostic & Clinical Support Corporate National Audit Registration	AMI Hip & Knee	Graham Marsh Rachel Amelan David Flanagan
Medicine Women & Children Healthcare Documents	Pneumonia Heart Failure	Jo Rodgers Sean Garbett Amy Corkill

Changes have taken place to the staff in post during 2011/12.

Clinical Audit Leads

The Audit lead for each speciality within the Trust is as follows;

Medicine

Clinical Audit Lead – Dr Kayan

Emergency Dept – Mr G Brown

DMOP – Dr T Chattopadhyay

Diabetes – Dr NG Kong

Chest medicine – Dr Dev

Cardiology – Dr Malik

Psychology – TBC

Neuro Rehabilitation – Dr Kadies

Acute Medicine – Dr Ahmed

Rheumatology – Dr Ismail

Dermatology - TBC

Gastro – Dr Das

Clinical Support

Pharmacy – Mr D Knass

Physiotherapy – Angela Gabbidon

SALT – Angela Gabbidon

Rehab - Angela Gabbidon

OT – Zoe Cohen

Outpatients – Helen Farnell

Outpatient Booking Team – Lynda Jackson

Health Records – Janice Barratt

Diagnostics

Pathology – Dr M Taylor

Radiology – Dr O Rauf

Critical Care and Anaesthetics

Clinical Audit Lead – Dr J Rigg

Surgery

ENT – Miss L Ramamurthy

General Surgery – Mr E Clark

Ophthalmology – Mr N Chaudhary

Oral surgery – Mrs S Caldwell

Trauma and Orthopaedics – Mr A Lavender

Urology – Mr A Adeyoju

Women's and Children's

Obs and Gynae – Dr M Kamran

Paediatrics – Dr O'Connor

Clinical Audit Steering Committee

The committee met on 4 occasions during the year:

18th July 2010

11th November 2010

31st January 2011

23rd March 2011

The committee consisted of:

Medical Director (chair)

Clinical Audit Manager

Clinical Audit Team Manager

Clinical Audit Office Administrator (Minutes)

Assistant Director of Quality

Audit lead representatives

Minutes from the meeting are copied to:

All attendees

All audit leads

PCT Representative

Deputy Director of Nursing

Assistant Director of Nursing

The committee have met to:

- Ratify documentation
- Discuss the process for the production of the forward programme & content priorities
- Share information resulting from audit activity
- Discuss how to gain engagement from other clinicians within the Trust
- Opportunities for junior doctors involvement
- Share information relating to audit process & profiles

Developing Audit Education and Training

To improve the knowledge and skills of individuals participating in audit there are various opportunities available.

The clinical audit team:

- Delivers sessions on audit awareness to any Trust personnel
- Delivers 1-1 sessions with new auditors
- Advise any customer on the process or any element of the audit cycle.

Plans for 2011/2012

Clinical Audit Process

- Ensure clinical audit policy & SOP comply with NHSLA requirements
- Monitor compliance with clinical audit Policy & SOP
- Report on compliance and agree actions to improve where gaps identified
- Clinical Audit Team SOP to be completed
- Improve reporting
- Monitor action plans

Clinical Audit Team

- To review processes for improved efficiency
- To ensure compliance with policies
- To be proactive in relations with audit leads
- To hold a clinical audit awareness day
- To monitor post audit activity (action plan submissions and progress)
- To encourage patient and public involvement in clinical audit

Governance

Processes to support effective audit

- Work with governance leads to embed action plan monitoring & progression
- Liaise with Risk Management to identify key areas of concern
- Ensure NHS Litigation Authority (NHSLA) requirements are met

Training

In addition to the standard training, consideration is being given to a course on clinical audit for clinical audit team members and clinical audit leads. This is a nationally recognised qualification (Level 3) accredited by the National Open College Network.