

Report to the Meeting of the Trust Board of Directors Held in Public

Date of Meeting:

23 July 2013

Enclosure: 8

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|---|---|
| Title of Report | Clinical Audit and Effectiveness Report |
| Author | Ramona Duguid, Acting Director of Governance & Sue Brown Clinical Audit and Effectiveness Manager |
| Executive Lead | Dr Jeremy Rushmer, Medical Director |
| Responsible sub-committee | Safety and Quality Committee (from September 2013) |
| Date of paper | 18 July 2013 |
| Executive Summary | <p>This is the first quarterly report for the Trust to monitor the delivery of the approved Clinical Audit Plan for 2013/14.</p> <p>This report will be reviewed in detail at the Safety and Quality Committee, however due to the significance of improving the Trust's performance in clinical audit and compliance with NICE guidance this is presented to the Trust Board for approval.</p> <p>This report will continue to be developed during quarter two to clearly identify the performance in audit and what the outcome of the audits are confirming about the quality and effectiveness of care provided to our patients.</p> <p>This is an important report for the organisation as it strives to continually improve and embed effective clinical audit practice in both national and Trust priority areas of audit.</p> |
| Assurance Framework reference | 3.23 |
| Level of assurance | Medium |
| Recommended changes to risk rating (if applicable) | No changes recommended. |
| Legal implications/regulatory requirements | None. |
| Actions required by the Board | The Board is asked to approve the first draft of the Clinical Audit and Effectiveness quarterly report and note that this will be updated and further scrutinised at the Safety and Quality Committee in September 2013 |

CLINICAL AUDIT AND EFFECTIVENESS QUARTER ONE UPDATE 2013/14

1. Introduction

1.1 This report provides an update on the following:

- Quarterly performance against delivery of the 2013/14 clinical audit plan
- Summarised outcomes from clinical audits completed during the quarter
- Current compliance against NICE standards/national confidential enquiries and outstanding patient safety alerts

2. Clinical Audit Performance

2.1 The Trust clinical audit plan is composed of 3 distinct elements, these being 1) National audits, 2) Trust priority and 3) Business unit priority, including NICE Guidance. The clinical audit plan is therefore separately monitored against each of these three elements. Some local audits are not identified in the Clinical audit plan but are reported in the local audit activity.

3. PRIORITY 1 - NATIONAL AUDITS INCLUDING HQIP QUALITY ACCOUNT, NCAPOP, EVERYONE COUNTS

| Business Unit | Year to Date | | | | | |
|------------------|------------------------------|----------------------------------|---------------|---------------------------------|---------------------------|---------------|
| | Data Collection Due to start | Data Collection actually started | Performance % | Data Collection due to complete | Data Collection completed | Performance % |
| Child Health | 6 | 6 | 100% | 0 | 0 | 100% |
| Clinical Support | 1 | 0 | 0% | 0 | 0 | 100% |
| Medicine | 12 | 10 | 83% | 0 | 0 | 100% |
| Surgery | 9 | 9 | 100% | | | |
| Totals | 28 | 25 | 89% | 0 | 0 | |

Those national audits which have not started or completed as planned in are detailed in the table below together with current status.

| Business Unit | Audit | Acronym | Lead | Current Status |
|------------------|---|---------|------------|--|
| EC&M | Heart Failure | NICOR | Dr R Moore | No data received via AQ data collection. Working 3 months behind Real time. Awaiting action towards data collection by BU. |
| EC&M | Cardiac Arrest | NCAA | Dr S Jones | Awaiting Trust funding – Commencing Sept 2013 |
| Clinical Support | National Comparative audit of blood transfusion | HQIP | | Awaiting clarification of Clinical leads. 3 audits. 1 due to commence Spring 2013. |

Outcomes from all national audit reports received to date are contained within **Appendix 1**.

3.1 HQIP Everyone Counts – Planning for patients: More transparency

| | Title- Everyone Counts Consultant outcomes Publication | BU | CD | Summary of results |
|----|--|-------|-----------------|---|
| 1. | Colorectal Surgery / Bowel cancer | ES&EC | Mr Frank Hinson | Published data due Autumn 2013 |
| 2. | Interventional Cardiology / Coronary angioplasty | EC&M | Dr R Moore | Published data -Report with relevant clinicians |
| 3. | Head & neck Surgery / Head and neck oncology | ES&EC | Mrs F Nixon | Published data due Autumn 2013 |
| 4. | Orthopaedic Surgery / National Joint Registry | ES&EC | Mr M Dawson | Published Data-Report with relevant clinician |
| 5. | Vascular Surgery / National Vascular Registry | ES&EC | Mr T Ojimba | Published Data-Report with relevant clinician |
| 6. | Upper Gastro Intestinal Surgery / Oesophago-gastric cancer | ES&EC | Mr J Wayman | Published data due Autumn 2013 |
| 7. | Thyroid and Endocrine / Thyroid and endocrine surgery (BAETS national audit) | ES&EC | Mr L Barthelmes | Published data-Report with relevant clinician |
| 8. | Urological surgery (BAUS Cancer Registry) <i>Surgery relating to the urinary tracts</i> | ES&EC | Mr Umez-Eronini | Insufficient numbers for meaningful analysis |

3.2 National staff and patient survey

| Survey | Start date | Lead | Comments/Completion |
|---------------------------|----------------|------------------|--|
| National Staff Survey | September 2013 | Damian Gallagher | Data collection due to start Sept 2013 |
| National Inpatient Survey | Aug/Sept 2013 | Chris Platton | 'Patient perspectives' contracted to complete survey for NCUHT and Northumbria |
| Maternity Services | March 2013 | Anne Musgrave | Audit complete final results 27 th Sept |

3.3 Commissioning for Quality and innovation (CQUIN)

| | Title | Specialty | Business Unit | Clinical lead | Q1 |
|-----------------|---|----------------|-------------------|-------------------------------------|--------------------------------|
| NATIONAL | | | | | |
| 1. | Friends and Family | All | Organisation wide | Chris Platton (Director of Nursing) | Data submitted |
| 2. | Dementia Screening | All | Organisation wide | Medical Director | Data collection not confirmed. |
| 3. | NHS Safety Thermometer | All | Organisation wide | Chris Platton (Director of Nursing) | Data submitted |
| 4. | VTE Prevention | All | Organisation wide | Medical Director | Data submitted |
| LOCAL | | | | | |
| 1 | Enhanced Acute Stroke Care Pathway | Medicine | EC&M | Dr P Davies | Data submitted |
| 2 | Enhanced Paediatric Asthma Pathway | Paediatric | Paediatric | Dr D Lee | Data submitted |
| 3 | Implementation of 'Closer to Home' for High Risk Surgery - all patients will have opportunity for standardised emergency care | Surgery | ES&EC | Mr P Armstrong | Data submitted |
| 4 | Enhanced Lung Cancer Pathway - referral to tertiary centre by day 45 | Medicine | EC&M | Dr P Plant | |
| 5 | Enhanced pathway for GI Bleed | Medicine | EC&M | Kathy Barnes | Data submitted |
| 6 | Implement Ambulatory Care | Emergency care | EC&M | Dr P Weaving | Data submitted |

4. PRIORITY 2 – TRUST PRIORITY AUDITS

4.1 Implementation of our Safety and Quality Priorities

(Green -audit complete, Amber in progress, Red- audit not commenced)

| Safety Quality Priority | & Audit Topic | Specialty | Quarter 1 | | | Comment |
|--|---|-------------|-----------|----------------------|----------------|--|
| | | | April | May | June | |
| Reducing our Mortality rate to the norm and our harm rate by 50% by 2014 | Weekly Mortality Trigger Audits | All | April | May | June | Weekly triggers completed April and May. |
| | Audit of patient harm (IHI) | All | April | May | June | Harm reviews completed for Q1. |
| | Early Warning Score | Adult and | April | May | June | Audit on NEWS completed. |
| | Early Warning Score | Paediatrics | April | May | June | Weekly audits commenced from July 2013. |
| | Sepsis Care Bundle | All | | | June-commenced | Not due to commence until Q2, however this has started in June 2013. |
| | Pneumonia Care Bundle | All | | | | Not due to commence until Q2 |
| Zero Tolerance on hospital associated infections | Clostridium Difficile (including antimicrobial) | All | April | May | June | Results reported to IPC. |
| | Surgical Site Infection | Surgery | | | | Not due to commence until Q2 |
| | Mattress Audit | All | | Completed by company | | Results in place, additional mattresses sourced as a result. |
| | Saving Lives | All | April | May | June | Complete and results reported in HAI report to governance committee. |
| | Hand Hygiene | All | April | May | June | Audits completed. |

| Safety Quality Priority | & | Audit Topic | Specialty | Quarter 1 | | | Comment |
|------------------------------------|---|--|--------------|--------------------|-----|------|---|
| | | | | | | | |
| Harm Free Care | | VTE | All | | May | | Audits completed. |
| | | Inpatient Falls | All | | | | Audits completed. |
| | | Pressure Care | All | | May | | Audits completed. |
| | | Percentage of high risk patients who have completed dementia assessment | All | April | May | June | Not commenced as REAL TIME unable to access the data. |
| Elderly Care | | Percentage of Elderly Care Patients who have received comprehensive geriatric assessment | Elderly Care | Q1 Audit commenced | | | Quarter 1 2013/14 Audit in progress - undertaken by Dr H Clough. |
| Improve clinical information | | Improved content and structure of medical records | All | | | | Commence Q2 |
| Better communication with patients | | Patient discharge | All | April | May | June | Audit completed as part of nursing audits. |

4.2 Advancing Quality

| Title | Specialty | Business Unit | Start date | Participating | Comments |
|------------------------------|--------------|---------------|---|---------------|--|
| Hip and Knee replacement | Orthopaedics | ES&EC | Continuous | Yes | data reporting 3 months delay Audit reporting will be in Q2 for Q1. |
| Community Acquired Pneumonia | Respiratory | EC&M | Continuous but data input currently 3 months behind Real Time | Yes | |
| Acute Myocardial Infarction | Cardiology | EC&M | Continuous As above | Yes | |
| Heart Failure | Cardiology | EC&M | Continuous As above | Yes | |
| Stroke | Stroke | EC&M | Continuous As above | Yes | |

4.3 Nursing Care Continuous Audits

| Audit Topic | CQC Outcome | Accountable | Quarter 1 | Clinical Support | EC&M | ES& EC | Paed |
|---|-----------------------|-------------------------------------|-----------|--------------------------------|------|--------|------------------|
| Clinical Indicators (including Neonatal) | CQC Outcome 16 | Chris Platton (Director of Nursing) | Complete | Monthly ward Health Check 100% | Y | Y | Y MWHC 98% |
| Discharge audit | CQC Outcome 04 | Chris Platton (Director of Nursing) | 53% | | 44% | 75% | 100% |
| Essence of Care – Communication | CQC Outcome 01 and 04 | Chris Platton (Director of Nursing) | 92% | | 91% | 95% | |
| Essence of Care – Food and Nutrition | CQC Outcome 05 | Chris Platton (Director of Nursing) | 96% | | 96% | 96% | |
| Essence of Care – Personal and Oral Hygiene | CQC Outcome 04 | Chris Platton (Director of Nursing) | 99% | | 99% | 98% | |
| Essence of Care – Pressure Ulcers | CQC Outcome 04 | Chris Platton (Director of Nursing) | 99% | | 99% | 99% | |
| Essence of Care – Privacy and Dignity | CQC Outcome 01 | Chris Platton (Director of Nursing) | 100% | | 99% | 100% | |
| Monthly Ward Health Check (MWHC) | CQC Outcome 16 | Chris Platton (Director of Nursing) | 94% | 100% | 93% | 95% | 98% |
| Nursing Records | CQC Outcome 16 | Chris Platton (Director of Nursing) | 85% | | 85% | 98% | |
| Privacy and Dignity | CQC Outcome 01 | Chris Platton (Director of Nursing) | 100% | | 99% | 100% | |
| Productive Ward | CQC Outcome 16 | Chris Platton (Director of Nursing) | 91% | | | | |

% = Overall average score of all wards that have submitted data.

RAG rating – 0 – 79 Red, 80-89 Amber 90-100 Green

4.4 Clinical Negligence Scheme for Trust (CNST)

Green –complete Amber- In progress

| April | May | June |
|--------------------------------|-------------------------|--|
| Eclampsia | Care of Women in Labour | Intermittent Auscultation |
| Maternal Transfer by Ambulance | Newborn Feeding | Continuous Electronic Fetal Monitoring |
| | | Fetal Blood Sampling |
| | | Pre-Existing Diabetes |
| | | Handover of Care |

4.5 Patient Safety Alerts

There are 5 patient safety alerts identified in the Clinical Audit Plan:

| Name of Alert | Leading officer | Completion date |
|--|-----------------|-------------------|
| NPSA/2009/RRR006 Oxygen Safety in Hospitals | P Plant | To commence in Q2 |
| NPSA/2010/RRR016 Laparoscopic Surgery; Failure to Recognise Post-operative Deterioration | Mr J Wayman | To commence in Q2 |
| NPSA/2010/RRR009 Reducing Harm From Omitted and Delayed Medicines in Hospitals | B Glendinning | To commence in Q2 |
| NPSA/2011/PSA003 The Adult Patient's Passport to Safer Use of Insulin | Dr Idampitaya | To commence in Q2 |
| NPSA/2009/RRR004 Preventing Delay to Follow-up of Patients with Glaucoma | Mr G Ainsworth | To commence in Q2 |

4.6 Never Events

| | Title | Specialty | Business Unit | Lead Director | Comments |
|--------------|---|---------------------|---------------|-----------------------|----------------------------------|
| Never Events | Mis-placed Nasogastric Tube – audit of practice | Trust | EC&S | Clinical Lead for SUI | Results presented at CPG in June |
| | Incorrect Implant - audit of recommendations | Ophthalmology WCH | EC&S | Clinical Lead for SUI | April 2013 complete |
| | Retained Guide wire - audit of recommendations | ITU WCH | EC&M | Clinical Lead for SUI | To complete in Q2 |
| | Retained object (gauze post-surgical operation) - audit of recommendations | Head & Neck CIC | EC&S | Clinical Lead for SUI | To complete in Q2 |
| | Foreign body identified following surgical procedure - audit of recommendations | General Surgery CIC | EC&S | Clinical Lead for SUI | To complete in Q2 |

3. PRIORITY 3 – LOCAL BUSINESS UNIT PRIORITIES AND NICE

3.1 All local Audit activity

| Business Unit | Year to Date | | | Year to Date | | |
|------------------|--------------|-------|---------------------|---|-----|---------------------------------------|
| | New | Aband | Planned to complete | Of Planned to complete, actual complete | % | Not planned to complete but Completed |
| Child Health | 2 | 0 | 2 | 0 | 0% | 0 |
| Clinical Support | 2 | 0 | 4 | 1 | 25% | 2 |
| Corporate | 1 | 0 | 0 | 0 | | 0 |
| Medicine | 17 | 1 | 14 | 2 | 14% | 11 |
| Surgery | 23 | 3 | 39 | 14 | 36% | 37 |
| Totals | 45 | 4 | 59 | 17 | 29% | 50 |

Those audits which have not completed as planned are detailed in the table below together with current status. These audits link to Trust priority audits ie documentation, Patient satisfaction, NHSLA and CNST. The RAG rating identifies those audits which are awaiting a summary improvement and action plan (SIAP)- (Amber) and those audits which are not ready for presentation or SIAP (Red)

| Business Unit | CAP ref | Audit | Current Status |
|---------------|---------|---|--|
| EC&M | 2 | OT Documentation - Use of standardised abbreviations | 03/07/2013 - Received results, email fiona SIAP.(Summary Improvement Action Plan) |
| EC&M | 1 | GRS Quality Indicators WCH Sept 2011-May 2012 | 03/10/12 - Proj reg received from Chris Fleming via e-mail |
| EC&M | 2 | Langdale endoscopy patient questionnaire 2012 - Global Rating Scale (GRS) | 21/12/12 - E-mail to MH; 175 replies; analysis in late January 2013. |
| EC&M | 2 | NHS LA casenote audit - Cardiology CIC | 28/01/13 - Draft presentation and SIAP sent to Dr Cowley and Craig Winthrop. |
| EC&M | 2 | NHS LA casenote audit - Elderly Care/Stroke CIC January 2013 | 10/06/13 - Draft presentation prepared and sent to Drs Mudugal and Gan. |
| EC&M | 2 | Northern Nutrition Network (NNN) Regional NG feeding tube audit | RE-AUDIT OF PROJECT 2274 12/04/13 - E-mail from Clair. Will be reported by NNN and she will feedback when received. |
| ESEC | 2 | Continuous fetal monitoring | Start date delayed due to work load |
| ESEC | 2 | NHS LA Casenote Audit - Orthodontics | 20/06/13 - analysis & SIAP sent to Denise. |
| ESEC | 2 | CNST Severe Pre-Eclampsia audit | 08/05/2013 - Email from Louise asking for extension until end June. |
| ESEC | 2 | Newborn Feeding audit | Start date delayed due to work load |
| ESEC | 2 | Third and Fourth Degree Perineal Tears | 18/03/2013 - Received completed forms. |

| Business Unit | CAP ref | Audit | Current Status |
|------------------|---------|---|--|
| ESEC | 1 | Early pregnancy assessment unit patient satisfaction survey | 14/05/2013 - Emailed Andrew presentation |
| ESEC | 2 | VTE Audit - Elective Orthopaedics WCH | 04/07/13 - Dr was delayed due to busy work schedule and will get back to CA tomorrow. |
| Child health | 2 | NHS LA Casenote audit - Paediatric WCH | Awaiting Summary/Improvement/Action plan. |
| Clinical Support | 1 | Colorectal cancer patients satisfaction survey 2013 | 16/04/13 sent to investigators. |
| Clinical Support | 2 | Adequacy of information provided in CT angiogram request form | Due to work load planned submission of project summary/improvement/action plan has been changed to 31/07/2013. |
| Clinical Support | 1 | National Chemotherapy Patient Experience Survey 2013 | Due to work load planned submission of project summary/improvement/action plan has been changed to 31/07/2013. |

Outcomes from the completed audits are contained within **Appendix 1**.

3.2 NICE Compliance

3.2.1 Compliance with NICE Standards

Current compliance with NICE standards within the Acute Trust is 85% as at the end of June 2013 with guidance confirmed as applicable

| | Number published | Not applicable | Awaiting response | Number applicable | Audited & Compliant (sign off by clinician) | Not audited but stated as compliant (sign off by clinician) | Stated as Not compliant |
|---|------------------|----------------|-------------------|-------------------|---|---|-------------------------|
| Technology Appraisals | 291 | 82 | 157 | 52 | 10 | 35 | 7 |
| Clinical Guidelines | 174 | 54 | 89 | 31 | 11 | 13 | 7 |
| Interventional Procedures | 389 | 60 | 323 | 6 | 0 | 6 | 0 |
| Public Health | 45 | 5 | 40 | 0 | 0 | 0 | 0 |
| Cancer Service Guideline | | | | | | | |
| Medical Technologies | 13 | 6 | 7 | 0 | | | |
| Diagnostic Guidance | 7 | 4 | - | 3 | 0 | 3 | 0 |
| Total number | 919 | 211 | 616 | 92 | 21 | 57 | 14 |
| Compliance % with the actual NICE guidance = (Not audited + Audited) / Number applicable with NICE guidelines | 85% | | | | | | |
| Compliance % with the Trust policy for responding to NICE = (Not applicable + Number applicable) / Number published with Trust policy | 34% | | | | | | |

Progress with improving the number of NICE guidelines which have been reviewed by the clinical leads (34%) as per the Trust's policy is being discussed with CPG again in July to ensure we see improvement in quarter 2.

3.2.2 NICE Quality Standards

| Number of Quality Standards published | Date Issued | Number of recs (applicable recommendations) | Awaiting response | Not applicable | Compliance | | | Audit carried out |
|---|-------------|---|-------------------|----------------|------------|---------|-----|-------------------|
| | | | | | Compliant | Partial | Non | |
| Dementia (linked to CG42) | June 10 | 10 | - | - | 10 (100%) | - | - | Y |
| Stroke (linked to CG68) | June 10 | 11 | 11 (100%) | - | - | - | - | Y |
| VTE (linked to CG92 and CG46) | June 10 | 7 | 7 (100%) | - | - | - | - | Y |
| Specialist Neonatal care | Oct 10 | 9 | 9 (100%) | - | - | - | - | |
| Chronic kidney disease (linked to CG114) | March 11 | 15(13) | - | 2 (13%) | 13 (87%) | - | - | Y |
| Diabetes in adults (linked to CG119) | Mar 11 | 14 | 14 (100%) | - | - | - | - | Y |
| Glaucoma | Mar 11 | 12 | 12 (100%) | - | - | - | - | |
| Depression in adults (linked to CG90,CG91) | Mar 11 | 13 | - | 13 (100%) | - | - | - | - |
| Chronic Heart failure (linked to CG108) | June 11 | 13 | 13 (100%) | - | - | - | - | Y |
| COPD (linked to CG101) | Jul 11 | 13 | 13 (100%) | - | - | - | - | Y |
| Alcohol dependence and harmful alcohol use | Aug 11 | 13 | 13 (100%) | - | - | - | - | |
| Breast cancer (linked to CG81) | Sep 11 | 13 | 13 (100%) | - | - | - | - | Y |
| End of life care for adults | Nov 11 | 16 | 16 (100%) | - | - | - | - | |
| Service user experience in adult mental health (linked to CG106) | Dec 11 | 15 | - | 15 (100%) | - | - | - | - |
| Patient experience in adult NHS services (linked to CG138) | Feb 12 | 14 | 14 (100%) | - | - | - | - | Y |
| Hip Fracture (linked to CG124,TA204) | Mar 12 | 12 | 12 (100%) | - | - | - | - | Y |
| Lung cancer (linked to CG121, TA192) | Mar 12 | 15 | 15 (100%) | - | - | - | - | Y |
| Ovarian cancer (linked to CG122) | May 12 | 8 | 8 (100%) | - | - | - | - | Y |
| Bacterial meningitis and meningococcal septicaemia in children and young people (linked to CG102) | June 12 | 14 | 14 (100%) | - | - | - | - | Y |
| Colorectal cancer (linked to CG131) | Aug 12 | 8 | - | - | 8 (100%) | - | - | Y |
| Stable angina (linked to CG126) | Aug 12 | 5 | 5 (100%) | - | - | - | - | Y |

| Number of Quality Standards published | Date Issued | Number of recs (applicable recommendations) | Awaiting response | Not applicable | Compliance | | | Audit carried out |
|--|-------------|---|-------------------|-----------------|-----------------|---------|-----|-------------------|
| | | | | | Compliant | Partial | Non | |
| Antenatal care (linked to CG110) | Sep 12 | 12 | 12 (100%) | - | - | - | - | Y |
| Drug use disorders (linked to CG113) | Nov 12 | 10 | - | 10 (100%) | - | - | - | - |
| Nutrition support in adults (linked to CG32) | Nov 12 | 5 | - | - | 5 (100%) | - | - | Y |
| Asthma | Feb 13 | 11 | 11 (100%) | - | - | - | - | |
| Epilepsies in adults | Mar 13 | 9 | - | 9 (100%) | - | - | - | Y |
| Epilepsies in children and young people | Feb 13 | 9 | 9 (100%) | - | - | - | - | Y |
| Hypertension | Mar 13 | 6 | 6 (100%) | - | - | - | - | |
| Diagnosis and management of venous thromboembolic diseases | Mar 13 | 9 | 9 (100%) | - | - | - | - | Y |
| Supporting people to live well with dementia | Apr 13 | 10 | - | 10 (100%) | - | - | - | - |
| Health and wellbeing of looked-after children and young people | Apr 13 | 8 | - | 10 (100%) | - | - | - | - |
| Caesarean section | Jun 13 | 9 | 9 (100%) | - | - | - | - | |
| Overall: 32 Issued | | 348 | 245 (70%) | 69 (20%) | 36 (10%) | - | - | |

4. RECOMMENDATION

The Board is asked to approve the first draft of the Clinical Audit and Effectiveness quarterly report and note that this will be updated and further scrutinised at the Safety and Quality Committee in September 2013.

Summary of Outcomes from local and national audits identified in the Clinical audit plan and completed during Quarter 1

Key for RAG rating

Using the Summary/Improvement/Action plan (SIAP) questions.

Good practice Overall, did the audit project confirm good practice? -answer – Yes. Did the audit identify areas in need for improvement – answer – No

Good practice, need for improvement Overall, did the audit project confirm good practice? -answer – Yes. Did the audit identify areas in need for improvement – answer – Yes

Not good practice Overall, did the audit project confirm good practice? -answer – No. Did the audit identify areas in need for improvement – answer – Yes

| Local Clinical Audit | Lead/Hos | RAG rating | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
|--|--------------|------------|---|---|--|
| Medicine | | | | | |
| GRS Vetting of referrals 2012 CIC (Project 2362) | Dr D Burke | | Improve communication and referral pathway with primary care. | Meeting with Peter Weaving as Trust liaison with the primary care team. | EUG 27/02/2013 meeting minutes |
| | | | To improve information sent within patient referrals. | Continued encouragement to utilise referral proformas for ERCP and GI bleed | |
| Out-patient physiotherapy casenotes audit (Project 2373) | Debbie Coles | | Timescales need to be identified on treatment plans | Information to be disseminated through team meeting | Team meeting minutes |
| | | | Reminder to complete outcomes at discharge | Information to be disseminated through team meeting | Team meeting minutes |
| | | | Changes required to audit sheet | Exercise sheet to be added. Korner attendance removed | New sheet |
| GRS PEG placement 2012 CIC (Project 2520) | Dr D A Burke | | Improved consideration of appropriateness for procedure | Development of PEG referral proforma | Extraordinary EUG meeting 03/09/12 minutes |

| Local Clinical Audit | Lead/Hos | RAG rating | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
|--|--------------|------------|--|--|---|
| Dermatology patient survey (Project 2214) | Julie Bowman | | Overall result of audit suggests that public awareness of dermatology service provision needs to be enhanced | Dermatology public awareness day to be arranged at local venue to increase awareness of service provision, referral system, advise on accessing services | Open day to be covered by communications team, advertised locally with funds provided by company reps |
| NHS LA casenote audit – Cardiology (Project 2488) | Dr Abbas | | Need to record patient details (name and ID number/date of birth) on every page | To be presented in an afternoon teaching session and discussed with those concerned | Presented 14:00, 14/05/13. Feedback received. Attendance register - 11 people |
| | | | Need to document clearly the details of person entering notes in files, including legibly printed name, bleep number and role. | E-mail audit to all FY1s, CMTs, GP trainees and consultants | Re-audit to see if change has been implemented |
| | | | Need to record date and time for every entry | E-mail casenote recording guidelines to all FY1s, middle grades and consultants | E-mailed on 09/05/13 to cohort. |
| BDA Inflammatory bowel disease standard (Project 2548) | Jacqui Ross | | Noting in records as per good practice checklist in standard | Feedback to department and send report around to be read and signed | Minutes and signature sheet sent around with standard |
| Patient experience survey from the lung cancer service at WCH and CIC (Project 2393) | Dr P Plant | | All members of team to do advanced communication course. | All members of team to do advanced communication course. | Peer review documentation. |
| | | | Telephone follow-up next day for all patients receiving bad news at CIC. | Telephone follow-up next day for all patients receiving bad news at CIC. | All calls logged in office book and on NSOP system. |
| | | | Mobile phone access to respiratory nurses at CIC. | Purchase of mobile phone. | Purchase of mobile phone. |

| Local Clinical Audit | Lead/Hos | RAG rating | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
|---|---------------|------------|---|---|---|
| | | | Clear messages to be left on the relevant respiratory nurses answerphone who to contact if respiratory nurse not in work. | Record clear ansaphone messages. | |
| | | | Co-ordination of annual leave of respiratory nurse specialist across site. | Co-ordination of annual leave of respiratory nurse specialist across site. | Annual leave records |
| | | | Patient booklet (Dr Plant) and Macmillan DVD to be offered to patients. | Quotes obtained, patient representative to view booklet. | Implementation of booklet. |
| GP fast fax (Project 2532) | Lynn Anderson | | Where possible fax the information the same day as diagnosis given | All new staff to be aware | To be fed to peer review |
| Unstable angina and NSTEMI – NICE CG94 (Project 2288) | Dr Saeed | | Patients require formal scoring of risk | Chest pain risk stratification proforma distributed and included in QIP | Chest pain risk stratification proforma |
| | | | Education on "ACS protocol" | Posters in A&E, CCU and wards | E-mails (C Brett, Olu Orugun) |
| | | | Education discharge medication | Posters in A&E, CCU and wards | E-mails (C Brett, Olu Orugun) |
| Rheumatoid arthritis – NICE TA130 | Dr A Hassan | | Better documentation of DAS28 recorded in notes. | All patients on biologic therapy to have DAS28 recorded clearly in notes at each review clinic visit. | Agreed at presentation to consultants and subsequently by other members of the Rheumatology nursing team. |
| | | | Pre treatment guidance adherence: DAS28 scores checked twice 4 weeks apart. | All patients (other than documented exceptions) to have 2 x DAS28 scores taken and clearly written in notes prior to biologic (anti-TNF) therapy. | Agreed at presentation to consultants and subsequently by other members of the Rheumatology nursing team. |

| Local Clinical Audit | Lead/Hos | RAG rating | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
|---|-------------|------------|--|--|---|
| | | | Pre treatment guidance adherence: complete biologics checklist before prescription issued to ensure compliance with NICE guidance. | Complete department biologics checklist before prescription issued to ensure compliance with NICE guidance (unless documented exceptions) and file in notes. | (i) Agreed at presentation to consultants and subsequently by other members of the Rheumatology nursing team. (ii) Copy of checklist emailed to nurses and secretaries (to enable free availability of checklist) and consultants. |
| | | | To improve patient compliance within guidance. | Statement of agreement with patient before initiation of treatment clearly stating the requirement for them to attend for disease assessments. Repeat prescriptions to be withheld if patients do not attend for review/assessments on a 6 monthly basis and a standardised letter to be sent to patient to inform that prescription will stop if they do not attend assessment clinics. | (i) Agreed at presentation to consultants and subsequently by other members of the Rheumatology nursing team. (ii) Pre treatment statement letter to be produced for patients and shared with all team. (iii) Form letter to be produced for non-attendance and shared with all the team. |
| BDA Inflammatory bowel disease standard – NICE CG152 (Project 2548) | Jacqui Ross | | Noting in records as per good practice checklist in standard | Feedback to department and send report around to be read and signed | Minutes and signature sheet sent around with standard |
| Surgery | Lead | | SIAP - What needs to change | SIAP - Action to be taken | Evidence |

| Local Clinical Audit | Lead/Hos | RAG rating | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
|---|------------------|------------|---|---|--|
| Prospective Casenote Audit - Modified CRABEL Score (Ref 2498) | Mr Mike Walker | | Junior doctors play a big part in casenotes record and should be well informed its importance and its current performance at trust. | Audit results included in Induction package for FY1 | Induction Package |
| | | | Individual feedback for poor hand writing. | Revalidation feedback | Email |
| Shoulder Dystocia CNST (Ref 2588) | Janet Crewdson | | Completion of proforma for each case of shoulder dystocia or difficulty with shoulders | Remember to staff in site based monthly risk report. Proforma completion included in training sessions at prompt days. Newsletter item. | Risk report. Proforma included in prompt sessions. Newsletter. |
| | | | ULYSSES online reporting not completed by persons involved | Reminder to staff to report incidents | Reminder included in site based monthly risk report |
| Maternal Transfer By Ambulance CNST (Ref 2587) | Janet Crewdson | | Documentation of SBAR Tool completion | Packs have been made up to be used for patient transfer including duplicate to be returned and restored in hospital notes | Documentation in notes |
| | | | Intra community hospital transfer data not completed | Community manager to discuss as agenda item at next community meeting | Minutes from meeting |
| Eclampsia CNST (Ref 2586) | Janet Crewdson | | Practice - completing EDS | Presentation (Orthopaedics Junior doctors in attendance) | Audit meeting - orthopaedics on 26/04/2013 at 14:00-16:00 |
| | | | | Ward posters/ reminders | Reminder on Ward |
| | | | Identifying correct primary diagnosis | Pre and Discharge Summary forms | Medical notes |
| NHSLA Casenote Audit (Ref 2398) | Mr Ashraf Naguib | | Chronological order, clear name/bleep number | Disseminate findings to colleagues via email | Via emails |

| Local Clinical Audit | Lead/Hos | RAG rating | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
|--|--|------------|---|--|---|
| | | | Orthopaedic notes | To have recent admissions folders | Discussion with Orthopaedic Nurse |
| Spinal Anaesthetic Casenotes Audit CIC (Ref 2384) | Spinal Anaesthetic Casenotes Audit CIC | | Improve consistency of documentation of information given to patients having spinal anaesthetics. | Improve consistency of documentation of information given to patients having spinal anaesthetics | Stickers put in a labelled drawer available for use |
| | | | Improve documentation in anaesthetic records, particularly relating to documenting block height prior to commencing surgery | Extensive discussion at meeting Discussion re-need to update anaesthetic charts across the Trust to provide prompts for key information possibly in line with Northumbria | |
| Patient Satisfaction Survey in Oral Surgery and Maxillofacial Surgery (Ref 2389) | Mr A Paterson | | | | |
| Regional Patient Satisfaction Survey (Ref 2425) | Mrs Sally Walker | | Patients find it difficult to contact the department to make appointments | To be discussed at departmental meeting and action plan to be developed - see minutes of departmental meeting for evidence | |
| | | | Patients cannot always arrange appointments at a time to suit | To be discussed at departmental meeting and action plan to be developed - see minutes of departmental meeting for evidence | |
| | | | Appointments do not always start on time (or within 10 minutes of the scheduled start time) | To be discussed at departmental meeting and action | |
| | | | Confirm improvements in patient satisfaction have been achieved | Re-audit in January 2014 (as part of regional project) | |

| Local Clinical Audit | Lead/Hos | RAG rating | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
|--|--------------------------|------------|---|--|---|
| Patient Satisfaction Survey on Surgeon (Ref 2497) | Mr Simon Raimes | | | | No action plan required |
| Completion of Drug Charts at WCH (Ref 2410) | Mr M Walker (Dr S Abbas) | | Allergies documentation improvement | Training F1 sessions induction | Routine schedule of FY1 professional teaching |
| | | | Antibiotic stop date recording | Posters for new antibiotic policy | Poster |
| Patient Satisfaction Survey - Mr Williams (Ref 2535) | Mr M R Williams | | | | No action plan required |
| Emergency Laparotomy Management (Ref 2543) | Dr Sally Eason | | | | No action plan required |
| NCUH Critical Care Practice (ITU's/ED's) in Relation to NICE CG 135 (Ref 2512) | Dr Colin Rodgers | | Completion of Organ & Tissue Donation Policy - waiting for impact assessment | To policy to be accepted by Trust and then disseminated to critical care areas and used as a teaching tool | Presentation attendance |
| | | | Continue improvement with SNOD involvement with approach to families | Education following policy accepted by Trust / in accordance with NICE CG 135 | Presentation attendance |
| | | | Departmental presentations - as SNOD involvement now a measured target on National Reports issued 6 monthly | Regular attendance at departmental audit meetings for feedback - to now include SNOD involvement | Presentation attendance |
| Critical Care Follow Up (Ref 2182) | Dr. Jon Sturman | | Identification of rehabilitation needs of patients post ICU discharge | Look at Northumbria's model of rehabilitation | |
| | | | Provision of information to patients and relatives | Patient Diary service | |
| | | | Provision of information to patients and relatives | ICU Steps book let to be provided to patients | |

| Local Clinical Audit | Lead/Hos | RAG rating | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
|--|--------------------------------|------------|---|---|---|
| Care in Multiple pregnancy (Ref 2191) | Dr N Munjuluri | | | | No action plan required |
| Care of Women in Labour (Ref 2593) | Mr V Ravimohan | | 4 hourly bladder care | Highlight/reminder to midwives | Department meeting |
| | | | Documentation of fetal heart auscultation for a full minute | Sticker being produced | Sticker being produced |
| Cumberland Infirmary Orthopaedics Discharge Summary Audit (Ref 2539) | Mr Ramasubramanian Dharmarajan | | Practice - completing EDS | Presentation (Ortho Junior doctors in attendance) | Audit meeting - orthopaedics on 26/04/2013 at 14:00-16:00 |
| | | | Practice - completing EDS | Ward posters/ reminders | Reminder on Ward |
| | | | Identifying correct primary diagnosis | Pre and Discharge Summary forms | Medical notes |

| National audits | Body | Lead | RAG rating | Priority for Improvement | | |
|---------------------------------------|------|---------------|------------|--|---|---|
| | | | | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
| Child Health | | | | | | |
| National Paediatric Asthma Audit 2012 | BTS | Dr Ben-Hamida | | Improved use of asthma/Wheeze management plans (but the version we are using should be improved) | Develop wheeze/asthma history sheets based on BTS: circulate to everyone and get a consensus for their use; this will improve our documentation. | Minutes June board meeting ratification of new sheets |
| | | | | Improved use of spacers rather than nebulisers | Obtain Wheeze management plans from some other hospitals: to be circulated, with a view to improving the ones that we use, as the consensus is that these can be improved upon. | Wheeze management plans in place |
| | | | | Documentation to conform to BTS guideline decision making still needs improvement | As above | proforma in place |
| | | | | Not consistent in advice to follow up with GP (or documentation of this) | As above | Checklist on proforma |
| | | | | Inconsistent provision of information leaflets | As above | Proforma and wheeze management plans in place |

| National audits | | | | Priority for Improvement | | |
|--|------|---------------------------------|------------|---|--|---|
| | Body | Lead | RAG rating | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
| | | | | Are we doing too many CXRs? | Circulate BTS guidance on CXRs both sites | email/attendance list |
| Medicine | | | | SIAP - What needs to change | SIAP - Action to be taken | Evidence |
| DEMENTIA - National audit of dementia CCQI, RCPsych (Project 2199) | NAD | Dr Jim George/ Dr Olu Orugun | | Less patient moves for patient with dementia | Publicise doctors/nurses/bed management | Incorporated in Cumbria Dementia pathway |
| | | | | Improved cognitive assessment by doctors and nurses | Development of an 'app' for use on mobile phones | Successful application for grant £7,500 from Health Education England |