

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

Date of Meeting:

23 July 2013

Enclosure: 8

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 at specialty level.</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)

Progress on delivery of CQUIN is reported to the Board from the data collected each month. In addition to this some of the CQUIN measures have specific clinical audits identified as a requirement, which are reported on in this plan.

	Title	Specialty	Business Unit	Clinical lead	Q1
NATIONAL					
1.	Friends and Family	All	Organisation wide	Chris Platton (Director of Nursing)	<i>Data collection process no formal clinical audit</i>
2.	Dementia Screening	All	Organisation wide	Medical Director	<i>Data collection process no formal clinical audit</i>
3.	NHS Safety Thermometer	All	Organisation wide	Chris Platton (Director of Nursing)	<i>Data collection process no formal clinical audit</i>
4.	VTE Prevention	All	Organisation wide	Medical Director	<i>Data collection process no formal clinical audit</i>
LOCAL					
1	Enhanced Acute Stroke Care Pathway	Medicine	EC&M	Dr P Davies	<i>Data collection process no formal clinical audit</i>
2	Enhanced Paediatric Asthma Pathway	Paediatric	Paediatric	Dr D Lee	Baseline audit required as part of BTS guidelines and national audit.
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	<i>Data collection process no formal clinical audit</i>
4	Enhanced Lung Cancer Pathway - referral to tertiary centre by day 45	Medicine	EC&M	Dr P Plant	<i>Data collection process no formal clinical audit</i>
5	Enhanced pathway for GI Bleed	Medicine	EC&M	Kathy Barnes	<i>Data collection process no formal clinical audit</i>
6	Implement Ambulatory Care	Emergency care	EC&M	Dr P Weaving	<i>Data collection process no formal clinical audit</i>

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
	Congestive heart failure, non-hypertensive				In progress	Findings will be reported Q2.
	Neck of femur pathway					Not due to commence until Q3.
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)	93.5%	100%	93.5%	93%	Y MWHC 98%
Discharge audit	CQC Outcome 04	Chris Platton (Director of Nursing)	98.2	100	97.9%	100%	100%
Essence of Care – Communication	CQC Outcome 01 and 04	Chris Platton (Director of Nursing)	98.3%	98.2%	97.3%	100%	
Essence of Care – Food and Nutrition	CQC Outcome 05	Chris Platton (Director of Nursing)	98.6%		98.3%	100%	
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)	95.6%	100%	92.5%	100%	
Essence of Care – Privacy and Dignity	CQC Outcome 01	Chris Platton (Director of Nursing)	99.2%		98.6%	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)	92%		91%	94%	
Privacy and Dignity	CQC Outcome 01	Chris Platton (Director of Nursing)	100%		99%	99%	
Productive Ward	CQC Outcome 16	Chris Platton (Director of Nursing)	91%	92.1%	89.9%	93.2%	

% = Overall average score of all wards that have submitted data and completed the audits. This will be developed during August to show what the results have confirmed in terms of compliance / achievement of the required standard of care.

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	% of compliance with confirmed applicable guidance	% of guidelines confirmed applicable or not (i.e. completed Trust policy)
Technology Appraisals	291	82	157	52	10	35	7	87%	46%
Clinical Guidelines	174	54	89	31	11	13	7	77%	49%
Interventional Procedures	389	60	323	6	0	6	0	100%	17%
Public Health	45	5	40	0	0	0	0	-	11%
Cancer Service Guideline									
Medical Technologies	13	6	7	0				-	46%
Diagnostic Guidance	7	4	-	3	0	3	0	100%	100%
Total number	919	211	616	92	21	57	14	85%	33%

Progress with improving the number of NICE guidelines which have been reviewed by the clinical leads (33%) 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
		Red	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	Green	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