

Date of Meeting: 26/03/2013	Agenda Item No: 5.6	Enclosure: 9
Intended Outcome:		
For noting	For information	For decision ✓
Title of Report: Delivery of the Clinical Audit Plan 2012/2013		
Aims: To update the Board on the delivery of the 2012/13 Clinical Audit Plan		
Executive Summary: Clinical audit is one of the core foundations of clinical governance in healthcare. Measuring our practice and acting on the results, raises standards of care for patients. Effective clinical audit is also a key tool for all healthcare professionals to ensure they are delivering care to the best possible standard. This provides clinical assurance to the Board. The assurance confirms that there are good outcomes reported. This report summarises the Trust position against the clinical audit plan for 2012/13 and outlines objectives for clinical audit and effectiveness for 2013/14.		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
Recommendation That the Board APPROVES the end of year position against the 2012/13 clinical audit plan and the objectives for 2013/14 highlighted in section four of the report.		
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**IMPROVING PATIENT CARE
THROUGH CLINICAL AUDIT –
DELIVERY OF THE 2012/13
CLINICAL AUDIT PLAN**

1. INTRODUCTION

Clinical audit is one of the core foundations of clinical governance in healthcare. Measuring our practice and acting on the results, raises standards of care for patients. Effective clinical audit is also a key tool for all healthcare professionals to ensure they are delivering care to the best possible standard.

In 2011, the Trust carried out a review of clinical governance, which included an independent assessment of the Trust's clinical audit function. This assessment confirmed limited assurance on the robustness of the Trust's clinical audit function. During the last two years work has been undertaken in the following key areas to address the weaknesses which have existed across the organisation for some time:

- Development of a clinical audit and effectiveness strategy
- Appointment to a clinical audit and effectiveness manager
- Alignment of the clinical audit facilitators to the clinical business units
- Focus on delivery of the clinical audit plan 2012/13

Clinical audit forms a key part of the Trust's compliance with the Care Quality Commission essential standards, specifically Outcome 16 – assessing and monitoring the quality of service provision.

This report summarises the Trust position against the clinical audit plan for 2012/13 and outlines objectives for clinical audit and effectiveness for 2013/14.

2. CLINICAL AUDIT PLAN 2012/13

The clinical audit plan for 2012/13 focussed on three core aspects:

- National Audits as defined by HQIP

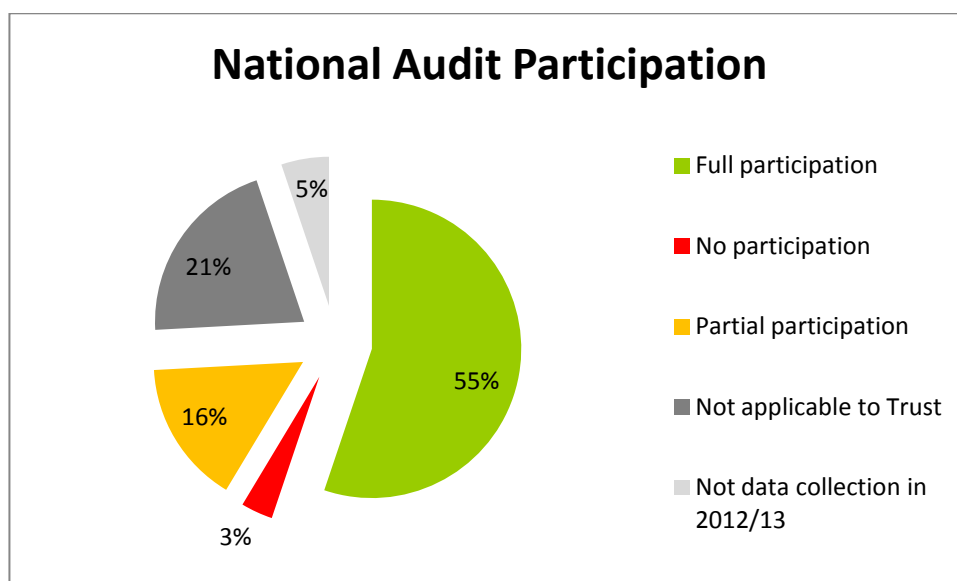
- Trust priority audits
 - Mortality and morbidity
 - Record keeping
 - Thromboprophylaxis (VTE)
 - Slips, Trips and Falls

- Compliance with NICE Guidance
 - 8 guidelines – Medicine
 - 12 guidelines – Surgery
 - 8 guidelines – Family services
 - 2 guidelines – clinical support

2.1 National Priority Audits

The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. One of the key objectives of HQIP is to manage and improve national clinical audit.

The national clinical audit requirements for NHS organisations, including those which are included in the Annual Quality Accounts are defined by HQIP on behalf of the Department of Health. For 2012/13 there were 59 national audits for inclusion in the Trust's Quality Account (and local clinical audit plans). The chart below summarises the Trust position against the national audits:

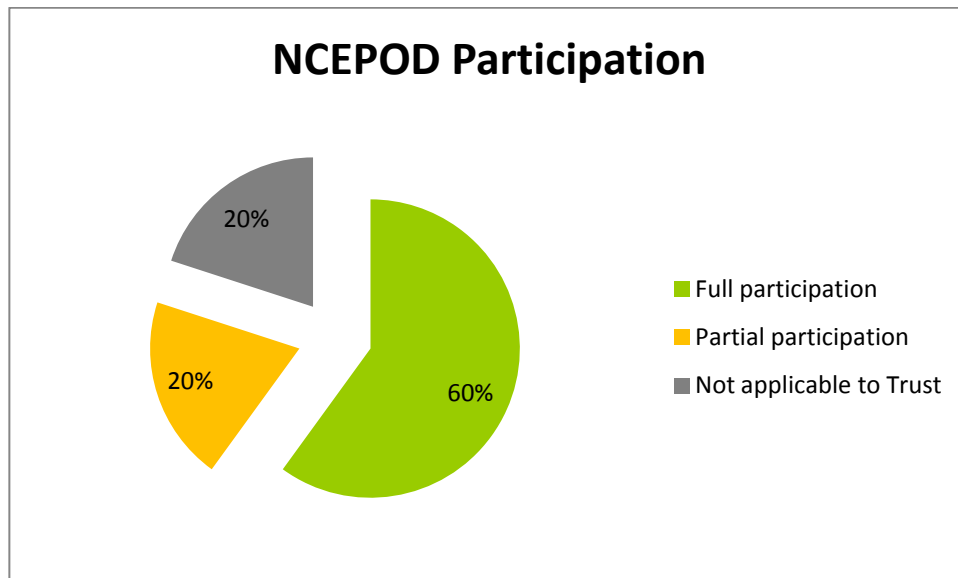


The Trust participated fully in 55% (32) of the national audits. 15% (9) were only partially complete, the reasons for this include:

- Six audits were completed on single site only (Cumberland Infirmary or West Cumberland Hospital) and not Trust-wide due to resources and clinical leads. This has been addressed for 2013/14 with the clinical business units to ensure national audits cover both sites where required.
- Three audits were only partially complete due to insufficient data uploaded. This has been rectified with the Medical Business Unit and will be addressed for 2013/14.

The Trust did not participate in two of the national audits, one was the national audit for cardiac arrest and the second related to asthma deaths. The Trust undertakes a local audit on cardiac arrest which is more extensive than the areas covered nationally at no additional cost to the Trust. Comparisons will be made against the national reports on cardiac arrest against the local audit findings to ensure learning from the national audit is included in the Trust's plans. The second audit which the Trust did not take part in relates to asthma deaths, which was not completed by the Medical Business Unit.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) included in the national list for 2012/13 were alcohol related liver disease, subarachnoid haemorrhage, cardiac arrest procedures, bariatric surgery and tracheostomy care. The graph below summarises the Trust's position against the NCEPOD:



The Trust fully participated in the subarachnoid haemorrhage, cardiac arrest and tracheostomy care, which is still ongoing. The Trust only submitted partial data regarding alcohol related liver disease.

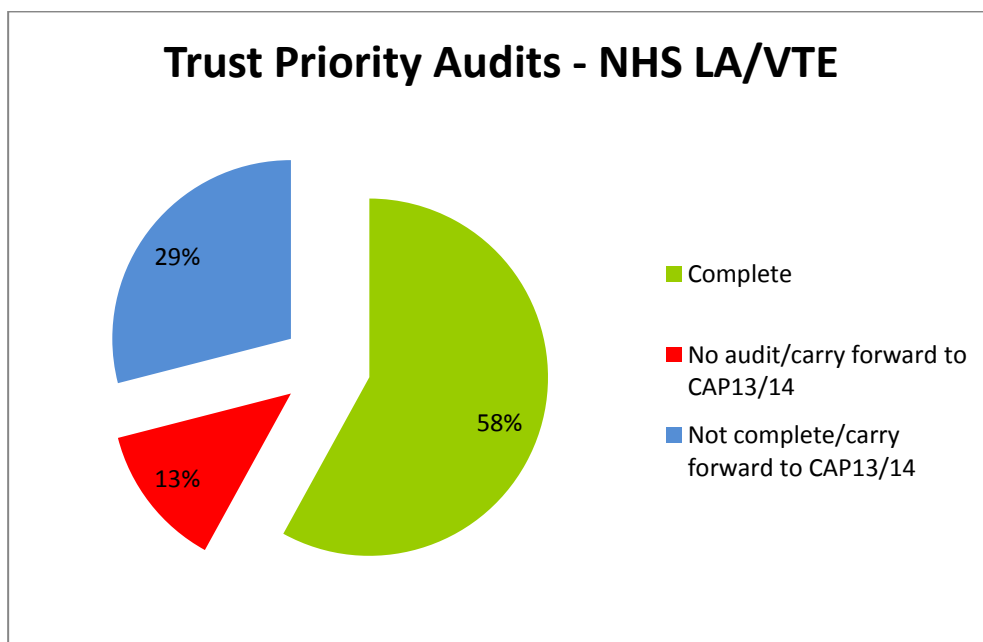
2.2 Trust priority audits

Mortality and Morbidity

The Trust completed the local audit on all patients who died during 2011/12 and reviewed 1200 cases against the Institute for Healthcare Improvement (IHI) Global Trigger Tool. The outcomes from this review was reported to the Trust Board and an improvement programme focussing on four key areas has been implemented across the organisation. Progress against the improvement plan is reported to the Board on a monthly basis.

Record keeping (NHSLA) and VTE

The Trust priority audits were record keeping and VTE. The chart below summarises the position against these audits for 2012/13.



Slips, Trips and Falls

Audit of slips, trips and falls were added to the ward health checks to ensure these are undertaken monthly across all wards. The specific areas of the audit focus on:

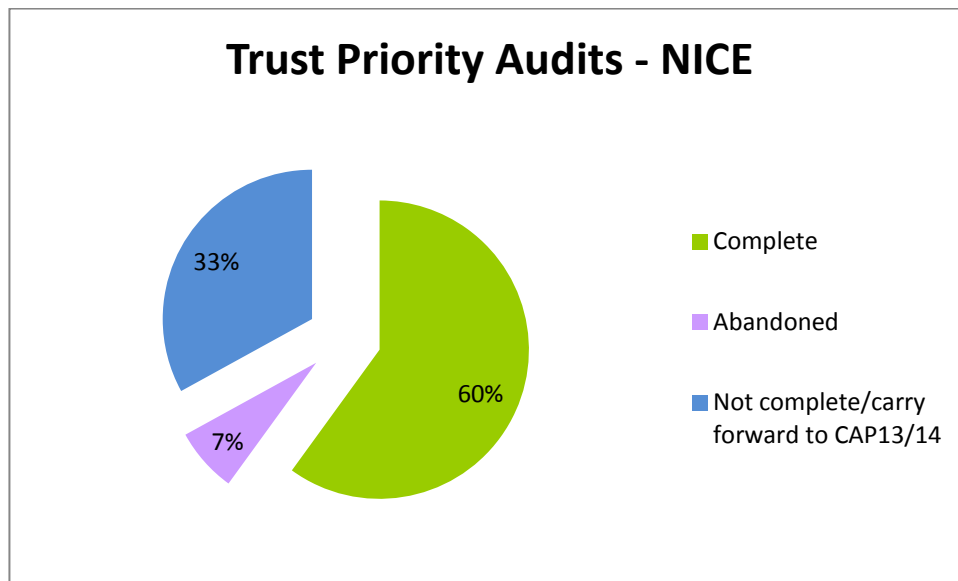
- Identified at risk within 4 hrs
- Care plan to minimise falls
- Cot sides assessment
- Further assessment of discharge process

The outputs from the monthly ward health checks will be included in the monthly safety and quality report to the Board from April 2013.

2.3 NICE Guidelines

One of the key priority areas for the Trust is how it measures and monitors compliance with NICE guidelines.

Included in the audit plan for 2012/13 were specific aspects of NICE guidance to be audited. The chart below summarises the position against NICE audits for 2012/13.



Progress has been made with completing NICE audits (18 in total), with a number of audits requiring carry forward to 13/14 (10 in total).

Measuring NICE compliance is a key priority for the Trust in 2013/14. From April a summary of the Trust's compliance will be included in the quarterly report to the Trust Board. In April the Clinical Policy Group will be agreeing the priority areas of guidance which will be focussed on as part of the 2013/14, which will be monitored by the Clinical Business Units.

3. OUTCOMES FROM THE CLINICAL AUDIT PLAN 2012/13

The Trust has adopted the model used by Northumbria NHS FT, which is to summarise the results of the audit, improvement required and whether the risk is high, medium or low.

Appendix 1 summarises the outcome from the completed audits included in this report.

4. OBJECTIVES FOR 2013/14

Progress has been made on improving clinical audit and effectiveness across the Trust, however this must continue to be built on with the development of the clinical governance arrangements in the business units.

The key areas of priority for 13/14 are summarised below:

Corporate

- 4.1 The policies for clinical audit and implementation of NICE are reviewed against Northumbria to ensure clinical standards and audit are measured and acted on in the same way.
- 4.2 Reporting on progress against delivery of the clinical audit plan and compliance with NICE guidelines will be a quarterly item reported to the Board.
- 4.3 Noncompliance with the policies will be escalated to SMT for resolution.
- 4.4 The clinical audit facilitators will produce regular reports for their business units on progress against the agreed plan and the completion of action plans.

Clinical Business Units

- 4.5 Delivery of the clinical audit plan and associated NICE guidance will be monitored by the clinical governance group defined by the Business Unit Board.
- 4.6 The service improvement plans resulting from the clinical audits will be formally reported to the specialty and business units to ensure changes in practice are made.
- 4.7 Arrangements for compliance with all national audits are put in place and monitored by the business unit.
- 4.8 Clinical leads are identified from the business units for clinical audit and effectiveness.

5. RECOMMENDATION

That the Board APPROVES the end of year position against the 2012/13 clinical audit plan and the objectives for 2013/14 highlighted in section four of the report.

Appendices

Appendix 1 – Outputs from Clinical Audit Plan 2012/13