

The Healthcare Quality Improvement Partnership presents:

Annual Clinical Audit Awards

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HQIP

Healthcare Quality
Improvement Partnership

Winner: Clinical Audit Programme of the Year

Title: Audit for Improvement - Southampton's Clinical Audit Programme 2008-9
Organisation: Southampton University Hospitals NHS Trust
Project lead: Mr Martin Stephens, Associate Medical Director – Clinical Effectiveness

Project objectives:

The audit programme sought to support the Trust's vision of being hospital of first choice by including audits across each of the priority areas. The programme was based on a set of guidance issued in January 2008 which included a requirement for each of the trust's 15 priority areas in the Trust's Patient Care Improvement Framework to be included, plus NICE guideline audits, also the range of national audits pertinent to our services and additional locally prioritised audits based on risk registers. The Improvement Framework itself was based on patient feedback (Picker and liaison teams) and previous audit work plus known national priorities.

Project outcomes:

Within the overall programme there are several examples of change:

Thromboprophylaxis – a 4th re-audit demonstrated a significant improvement in delivery of correct prophylaxis (80% compared with below 50% before a range of interventions made).

Hand hygiene audit programme – consistent improvement across all divisions.

Access to CT following stroke and following head injury – good performance with some actions for change.

The programme reports back to the effectiveness group on a regular basis and with minor modifications the guidance for 2009-10 has just been issued to sustain an aligned, planned audit programme.

Runner-up: Clinical Audit Programme of the Year

Title: Developing an effective and modern clinical audit programme to support clinical services in delivering improved and innovative services that achieve excellence.

Organisation: Cheshire and Wirral Partnership (CWP) NHS Foundation Trust

Project lead: David Wood, Clinical Governance Manager

Project objectives:

To establish a modern programme that is effective in supporting CWP's clinical services in delivering improved and innovative services that achieve excellence using standards from national guidance/policy, including NICE, Department of Health, National Patient Safety Agency, NHS Litigation Authority, and other national bodies, as well as from trust policies.

Project outcomes:

Each completed audit had an outcome, with recommendations reported locally and corporately so that those delivering care and looking to make improvements were empowered and supported by the trust. All changes implemented were logged for inclusion in the clinical governance annual report to assist with trust-wide benchmarking to sustain improvement across all relevant services.

The programme contained re-audits, where deemed as the best approach to demonstrate sustainable improvement, comprising 30% of the programme. Recommendations were risk rated to support elevation to the most appropriate forum to bring about sustainable improvement. Audit standards and criteria often became routinely monitored items to influence development of proportionate, realistic proposals to deliver step improvements month on month.

Runner-up: Clinical Audit Programme of the Year

Title: University Hospitals Bristol Clinical Audit Programme
Organisation: University Hospitals Bristol NHS Foundation Trust
Project lead: Chris Swonnell, Assistant Director for Audit & Assurance

Project objectives:

During 2007/8 451 clinical audits were registered at United Hospitals Bristol and at any one time as many as 300 projects may be listed as active (276 as at 6th February 2009).

The strategic aims of the clinical audit programme were to:

- deliver demonstrable improvements in patient care
- encourage evidence-based practice
- contribute to the process of continuing clinical education

They looked to deliver a comprehensive clinical audit programme engaging all major clinical specialties and sub-specialties.

Project outcomes:

Progress of the programme is monitored throughout the year by a Clinical Audit Committee. The majority of Committee members are Specialty clinical audit leads (a mixture of consultant medical staff and representatives from the allied health professions). At each meeting the Committee receives four detailed reports as standing items: the first shows the progress of all registered clinical audit activity through the various stages of the audit cycle; the second highlights any clinical sub-specialties without currently registered audits (clinical audit facilitators will then focus attention on these areas); the third is a register of all known national clinical audits (as defined by the respective host organisations) and UH Bristol's participation status in relation to these; and the fourth report lists a range of Key Performance Indicators for the clinical audit programme. These include:

- % of audits in progress which are re-audits (target 25%);
- % of multi-professional audits (target 50%);
- % of projects where a formal report has been produced (target 100%);
- % of projects with an action plan OR where best practice was confirmed (target total 100%);
- % of projects with an approved proposal prior to commencing (target 100%);
- % of audits with patient involvement; and
- % of interface audits.

Winner: Sustained Improvement

Title: Audit to increase the incidence of appropriate and timely recording of outcome measures for young people at Leigh House Hospital.
Organisation: Hampshire Partnership NHS Trust
Project lead: Lauren Knight, Clinical Governance Facilitator

Project objectives:

Leigh House Hospital is a 20 bed inpatient unit for young people aged 12-18. An initial audit was carried out in August 2005 to increase the incidence of recording of outcome measures. Children's Global Assessment Scale (CGAS) Health of the Nation Outcome Score for Children and Adolescents (HONOSCA) and Paddington Complexity Scales (PCS) were completed on admission and discharge. Re-audits were used to sustain the improvement in their use, inform staff of the effectiveness of their interventions and to improve services.

Project outcomes:

The following changes and outcomes have been implemented as a result of the audit:

- Outcome measures sheet redesigned to make it more user friendly
- Prompts added to other admission forms to remind clinicians to record outcome measures
- Addition of CGAS to business sheet to monitor completion in team meetings as is already the case for HONOSCA

Two re-audits completed in November 2006 and March 2008 showed increases in compliance with standards. After each audit, additional actions were put into place to improve compliance.

Runner-up: Sustained Improvement

Title: Audit to ensure the appropriate use of seclusion in the Department of Psychiatry, Southampton
Organisation: Hampshire Partnership NHS Trust
Project lead: Julie Davey, Audit & Clinical Governance Facilitator

Project objectives:

The aim of this audit is to ensure the appropriate use of seclusion in line with the Trust's policy and national guidance using the Mental Health Act Code of Practice, NICE guidance and Trust policy.

Project outcomes:

The following changes and outcomes have been implemented as a result of the audit:

- Development of a seclusion pathway
- Increased observation of service users during seclusion
- Reduced injuries to service users during seclusion
- Streamlining of seclusion documentation
- Improved reporting of seclusion
- Revision of the seclusion policy

Runner-up: Sustained Improvement

Title: Audit on the use of appropriate size Laryngeal Mask Airways (LMA)
Organisation: Northampton General Hospital NHS Trust
Project lead: Dr Chris Frerk, Consultant Anaesthetist

Project objectives:

LMAs are supraglottic airway devices filling a niche between the tracheal tube and facemask both in terms of anatomical location and degree of invasiveness. LMA cuff forms an effective seal across the pharynx and protects the trachea from oropharyngeal soiling. A variety of sizes are available. Optimal size selection and cuff volume is critical to the safe and effective use of the LMA. Cuff volume should be adjusted to the minimal required to produce an adequate seal and should never exceed the maximum recommended volume.

This audit was performed to evaluate if appropriate size LMAs were being used in our theatres

Project outcomes:

The following changes and outcomes have been implemented as a result of the audit:

- Multi-disciplinary meeting;
- Available evidence explained;
- Operating Department Practitioners were instructed to hand anaesthetist the recommended size first; and
- Anaesthetist still have the freedom to make their own choice.

The 2nd audit showed significant improvement in response to the recommendations implemented. The 3rd audit completed more than a year after the first showed the achieved change was sustained.

Winner: Patient Involvement in Clinical Audit

Title: Audit of Child Derived Standards of Paediatric Pain Management by their Peers.

Organisation: Alder Hey Children's NHS Foundation Trust

Project lead: Sarah Williams, Clinical Audit Manager

Project objectives:

The aim of the project was to carry out an audit of the Trust's pain management standards by children interviewing their peers and developing a novel methodology for conducting audit involving children. The audit used standards for pain management derived by the children of the trust's Children & Young Peoples Council. The children also derived their own standards based on the pain management standards in the National Service Framework (NSF) for Children, Young People and Maternity Services – Standard for Hospital Services (DoH - 2004).

Project outcomes:

While the majority of patients felt their pain was well managed, the findings pointed to staff not routinely assessing and documenting pain scores. Children were not being made aware of the standards or the pain scoring sheet.

Action has been taken to raise awareness of pain in general around the Trust and develop ways of empowering children and families to ask questions about their pain management.

Re-audit against these pain standards is planned for later in 2009.

Runner-up: Patient Involvement in Clinical Audit

Title: Patient Privacy and Dignity Audit
Organisation: Hampshire Partnership NHS Trust
Project lead: Ruth Lord, Associate Director of Clinical Governance & Quality

Project objectives:

Patient involvement in mental health clinical audits is unusual, possibly because it is difficult for these patients to express views about their care. However, patients state that privacy and dignity is important so an audit was planned which aimed to test if the Trust's policy on this was followed by staff and if it made a difference to patients.

Project outcomes:

Following the audit, all services/wards devised action plans and examples of change include:

- Admissions checklist redesigned to incorporate Essence of Care benchmarks requirements;
- Audit findings used to inform privacy and dignity staff training;
- Information about units/care/complaints included in admission packs and displayed in patient communal areas; and
- Outcomes of the audit fed back to patients via a newsletter.

Runner-up: Patient Involvement in Clinical Audit

Title: Patient survey of services offered by the Breast Cancer Team – Patients In Partnership. A working model of how patients can shape services.

Organisation: Mid Yorkshire Hospitals NHS Trust

Project lead: Sandra Halstead, Senior Sister Cancer / Clinical Audit

Project objectives:

The aim of the audit was to identify the patient's views of the services offered by the Breast Team, Mid Yorkshire Hospitals NHS Trust. These were specified and very much focussed around the services offered, Multi-disciplinary Team, (MDT) links for the patient, the pathway, logistically how cross site care affects the patient and information provision for patients.

Project outcomes:

The patient representative involved in this project was inducted as a Trust volunteer to enable their full participation and they also jointly presented the findings to the MDT. The results were used to inform service delivery and are to be included in planning reconfiguration of services for the breast MDT.

Most of the findings that required changes to practice have been or are being addressed through action planning with clinical and management teams, for example:

- To disseminate audit report and discuss improvements to outpatients with senior outpatient nursing staff;
- To write to appointments manager regarding problem areas highlighted in the report and discuss changes to processes in place to ensure all patients receive the information leaflet before their first appointment;
- To provide approval for monies to improve / provide transport for cross hospital patient management
- To provide a discussion paper and explore with the Consultant Surgeons / Managers possible ways to ensure patients are seen by the same doctor at follow up appointments. Present at the Tumour Site Specific Business Group Meeting; and
- To offer all patients a copy of the letter at which treatment options are discussed; and
- To develop a web site for patients regarding the provision of reconstructive breast surgery.

Re-audit will be ongoing as a rolling programme