

case study: Southampton University Hospitals NHS Trust: a winning clinical audit strategy



Southampton University Hospitals NHS Trust (SUHT), winners of HQIP's 2009 Clinical Audit Programme of the Year, is a large acute teaching trust on the South Coast. They provide care to the local population and specialist services across a much wider area. Their vision is to be the hospital of first choice for patients, GPs and the wider public, as well as for work, learning and research. The clinical audit programme is a key component in delivering this vision, making a real difference to the way they care and the outcomes they achieve.

Framework for improvement

SUHT, like other trusts, has a long history of clinical audit, delivering local projects and engaging in national programmes.

In 2007, a patient care improvement framework was developed that identified top priorities for action across three areas:

- safety
- patient experience
- outcomes.

With this background, the Associate Medical Director for Clinical Effectiveness took on the challenge of aligning the clinical audit programme with the improvement framework – ensuring change for the benefit of patients was delivered across the trust.

Developing the programme

The audit programme sought to support the trust's vision by developing audits across each of the priority areas identified in the patient care improvement framework, as well as by ensuring audits achieved change.

Their objectives were to:

- align the clinical audit programme with trust priorities
- set an expectation that audits achieve change and not simply describe current position
- establish links between clinical audit teams and improvement experts
- include all professions, grades, and specialities
- make a real difference to patient care.



“ The link between clinical audit and our improvement programme has transformed audit from something we have to do, to something we want to do. ”

Jane Hayward,
Director of Organisational Performance, SUHT

Setting standards and planning

SUHT has a clinical audit policy that sets out the definition of audit, the expectations on those that carry out audit and the process to follow for registration, reporting and sharing more widely. In early 2008 a number of changes were incorporated into the guidance, the most major being a clear requirement for each clinical area to develop audits related to the trust's top priorities from the patient care improvement programme, key local risks and NICE guidance, as well as to include relevant national clinical audits.



Trust top clinical priorities, January 2008

Safety	Experience	Outcomes
1. Medication Errors	6. Privacy and Dignity	11. Stroke
2. Falls	7. Communication	12. Heart Failure
3. Surgical Site Infection	8. Information	13. Fractured Neck of Femur
4. Critically Ill Patients	9. Single Sex Accommodation	14. Diabetes
5. Thromboprophylaxis	10. Admission and Discharge Process	15. Heart Attack Centre

Clinical effectiveness leads in each of the care groups then developed local programmes, whilst the clinical audit team developed a programme of trustwide and national audits. These were reviewed by the Clinical Effectiveness Steering Group (CESG) before going before the trust's overarching governance group and being signed off by the Trust Executive Committee.

Delivery

Delivery of the clinical audit program rests with individual audit leads and their teams, but is supported by the central clinical effectiveness team and clinical effectiveness leads in each care group.

The wide range of audits undertaken (215 completed in 2008-09) means that only a devolved model can work effectively. However, the improvement team work alongside clinical teams to assist in achieving changes and also provide training in Lean improvement techniques.

Monitoring

The CESG receives progress reports at six monthly intervals on the clinical audit program. This is in addition to the requirement for audit leads to submit proposal details and report summaries. Clinical effectiveness leads are asked to give an overview of the clinical audit programs in each care group, give examples of changes that have been implemented, and are also encouraged to share any learning points regarding the process.

Celebrating success

To support knowledge sharing, the trust has initiated an annual Clinical Audit and Effectiveness conference which not only features guest and local speakers, but also invites poster and oral presentations from teams on the audits they have undertaken. Prizes are also awarded, including one for best audit from a Primary Care Trust perspective.

An annual Clinical Effectiveness report also includes examples of particular audits that have delivered important changes.

Challenges

Delivering over 200 audits and ensuring all the learning is captured is very difficult.

The trust has made a particular effort to engage junior medical staff in the audit programme and have found that co-operation between the education and clinical audit teams is vital.

For 2009-10 and onwards they plan to take this further forward, offering new F1 and F2 doctors lists of key audits for their projects just before or during their induction week. They also plan to offer a prize specifically for this group as a further incentive.

Delivering change

Within the overall programme there are many examples of audit leading to quality improvement, including:

- Thromboprophylaxis – a 4th re-audit demonstrated a significant improvement in delivery of correct prophylaxis (80%, compared with below 50% before interventions were made).
- Hand hygiene – this audit programme has shown consistent improvement across all divisions.
- Access to CT following stroke and following head injury demonstrated good performance with some actions for change.
- NICE clinical guideline on responding to acutely ill patients recommended the revision of training for staff caring for acutely ill patients, and developing a communication tool for better handover of care.

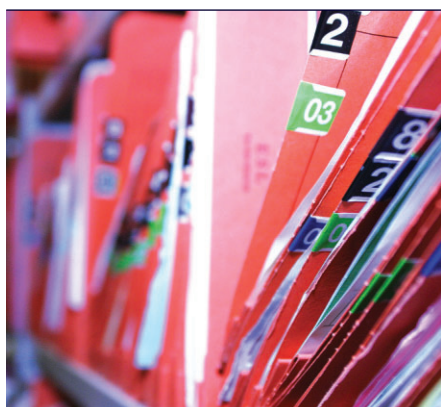
“ Hospitals have put a great deal of effort into clinical audit over the years; at Southampton, focussing on the top priorities and making a real contribution to improvement has put audit at the centre of what we do. ”

Martin Stephens,
Associate Medical Director,
Clinical Effectiveness, SUHT

However, it is also important to reflect on what the overall impact of the trust's approach to audit has been. Aligning the clinical audit programme to priorities has raised the profile of clinical audit and increased its importance. This has been achieved without stifling the specific needs of individual clinicians and their own sub-speciality area.

Linking audit to quality has meant identifying an area of concern quickly leads to a means of making improvement. Where the methodology is appropriate, the improvement team use audits to establish baseline performance data and then reaudit to check aims have been achieved.

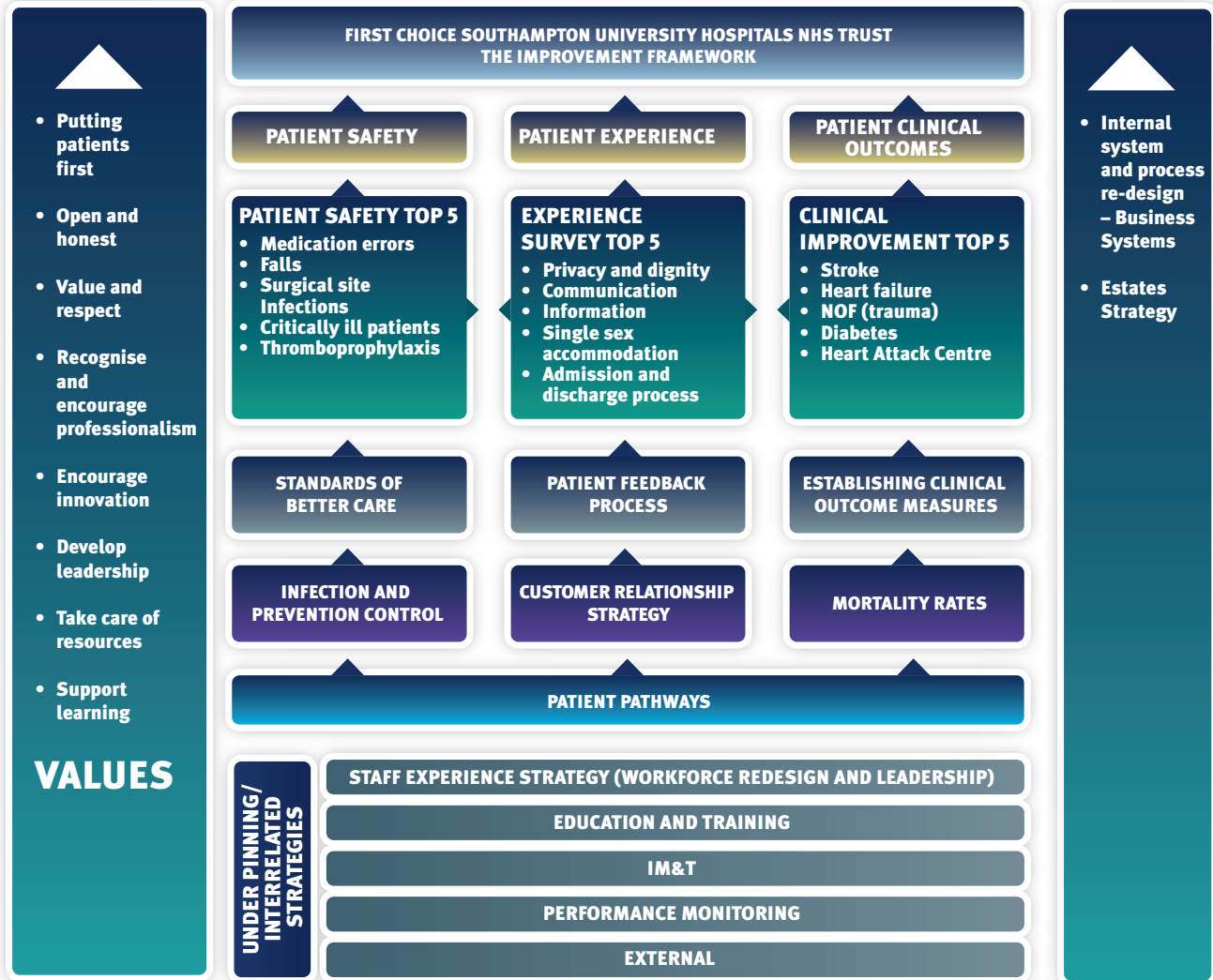
Patient involvement in clinical audit is a regular feature of the programme, as is working with primary care.



“ For me, what was exciting about our audit programme was that we could see a direct link between the audits being undertaken and our top priorities for improvement. Clinical audit was becoming a mainstream driver for our 2020 vision. I was very proud when the work was acknowledged by HQIP. ”

Mark Hackett,
Chief Executive, SUHT

The Patient Care Improvement Framework 2008

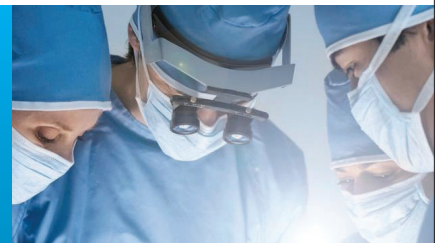


Southampton **NHS**

University Hospitals NHS Trust

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Clinical Audit Programme 2008-9



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