CASE STUDY
Influencing
Organisational Change

HQIP
Healthcare Quality
Improvement Partnership

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WINNER: Clinical Audit Heroes Awards 2023

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Project overview

This project set out to use data from the National Clinical Audit Benchmarking (NCAB) site to provide the Trust with a single place to access and evaluate national audit and registry data 24/7. It then supported informed decisions on which clinical standards need to improve or to celebrate outstanding or good patient outcomes with our clinical audit community.

Aimed at the clinical teams supporting national audits, governance staff and CUH's internal governance structure, it supported shared learning and provided assurance towards patient care. However, as the project progressed, this work assimilated into governance forums, as it provided clear progress on patient outcomes and trends of patient care, including the recent impact of COVID-19 on national submissions.

> ❝ *We were impressed by how the project encouraged the engagement of the audit community with National Clinical Audits (NCAs), by focusing on the improvement of care and treatment for the benefit of patients. Of particular note was how centralising NCA results improved clinicians' access to results, freeing up time to care and improving transparency across specialties.*❞
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> **Clinical Audit Heroes Awards Judging panel**

The concept started as a simple view of Trust data against national submissions, asking did the Trust achieve better, the same or worse than the national standard? It was well received. The Patient Outcomes Team had strong knowledge of Excel and so they gathered internal consensus both within the team and the audit community to identify the most beneficial data for clinical teams leading to three main objectives:
1. Centralised access to results
2. Standardised reporting
3. Self-service dashboards.

This formed the current design of the database, which included:
1. A master database houses detailed data in one format for all projects.
2. Four dashboards direct users to the correct level of assurance:

   a. Organisational - high-level data
   b. Divisional (aka speciality)
   c. Annually reporting projects
   d. Monthly reporting projects.

Regardless of quantitative or qualitative data, Excel automatically collates the data into various graph types located on each dashboard. The user uses filters to change which data they see to support assurance and to celebrate or monitor outcomes.

This includes trend analysis across years but also tracks CUH's compliance against national peers and the national standard, so changes and growth can be tracked - creating further learning and discussion such as liaising with peers in other Trusts if a team is performing better than the national aggregate in spite of us all striving towards the national standard. We can then ask 'what differences in practice are there?'.

Outcomes

1. Centralising the access to NCA results improved clinicians' access to results, releasing time to care and improving transparency across specialities.
2. Standardised reports on NCA performance improved efficient monitoring in peer groups and within the quality governance framework. It also allows immediate answers to questions about outcomes and performance.
3. Using data live to support the quality governance framework generated evidence-based discussions and focussed actions to improve clinical care rather than 'ticking the box', providing instant assurance to senior teams in the divisions and trust-wide.

Measuring success

Clinicians have commented on how valuable they find this resource as the data drive targeted improvement, transparency and learning that can be shared through governance channels and informal collaboration between individuals and teams.

The improved data presentation also assures the quality of our patient's care to the divisional senior teams and the Executives and the Board. NCAB provides compliance data for regulatory oversight, improvement programmes and triangulation with safety and quality data. We have seen much better engagement of the audit community with National Clinical Audits (NCAs) as the focus is now on the improvement of care and treatment for the benefit of our patients rather than the discussion of the results.

Impact and learning

The transparency of data generated improved collaboration and even friendly competition. This has opened discussion both internally and nationally as we can look at alternate practices provided by our peers to listen, learn and implement change.

Further information: Please contact the team at cuh.patientoutcomes@nhs.net or 01223 216087 with any questions. Cambridge University Hospitals, Addenbrookes and Rosie website.