

Challenges and benefits of supporting Trusts in forming an overview of NCA results

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- **Context**
 - The environment into which NCA results arrive
 - The impact this has on the use of NCA results
- **How we respond**
 - King's College Hospital NHS Foundation Trust
 - Kingston Hospital NHS Foundation Trust
- Why there is **the need for a new national system**
- **Challenges to be overcome**

Context: Tough times

- Unprecedented **busyness**...
- ... across the **whole system** – social care, mental health care, primary care, acute care
- Increased **regulatory requirements**
- **Information systems**
- **Cost Improvement Programmes**
- **Uncertainty about the future** for the NHS
- Enormous **turbulence**

Impact on national audits

- National audits are **competing with very many other demands** for attention and time.
- **Fewer staff** to collect data
- Staff **unavailable to attend** traditional forums for reviewing audits and action planning
- Reduced **time available for collecting** clinical audit data
- Reduced **time for reviewing** results and implementing improvements
- **Support teams under threat**, remits changing
- Burn out

However... Trusts do want national clinical audits

- That:
 - Measure **outcomes indicators**
 - Measure **evidence-based** process indicators
 - Are **explicitly linked to NICE and NCEPOD** recommendations
 - Tell us **how we perform** against:
 - Target/expected
 - National average
 - Peer.
 - Help us to identify the **specific quality improvements** required.
- So that:
 - We can **assure ourselves**, from front-line clinician to Board, that, we are providing **the best possible care for our patients**.
- And that:
 - Help us to demonstrate this to the regulators and commissioners.

- The story at King's...

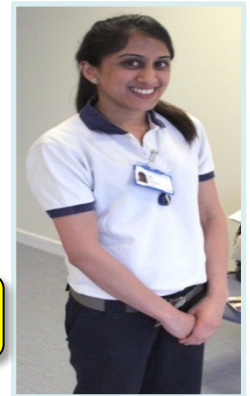


King's provides care to 1.5 million patients...

1 million outpatient appointments a year



20,000 FT members



> 1500 beds

1,700 volunteers



114,000 Inpatient stays a year



2,000 doctors



6 x CCGs



4,000 nurses



13,000 staff

...across 5 main sites in South East London



The size of the national audit challenge... large Trust

In the 2014-15 Quality Account, KCH reported on:

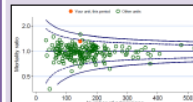
- Participation in **53** national clinical audits and **4** NCEPODs
- Results and key improvement actions for **44** national clinical audits and **9** national registries.

For:

- 2 main hospital sites
- several smaller sites

= 26 pages of the Trust Annual Report

Audit Title	Reporting period	Participation		% of cases submitted
		DH	PRUH	
Lung Cancer	01/01/14 – 31/12/14	Yes	Yes	St Thomas' NHS Foundation Trust (GGTT) Not available at time of report - data collection closes 30 June 2015.
Oesophago-gastric Cancer	01/04/13 – 31/03/14	Yes	Yes	Not available at time of report - data collection closes 27 March 2015.
Prostate Cancer - Clinical Audit	01/04/14 – 31/07/14	Yes	Yes	Not available at time of report - data collection closes 6 March 2015.
Prostate Cancer - Organisational Audit	31/10/13 – 29/11/13	Yes	Yes	Kings = 100%.
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	01/04/14 – 31/03/15	Heart	Yes	Not available at time of report - data collection closes 31 May 2015.
Cardiac Rhythm Management	01/04/14 – 31/03/15	Yes	Yes	Not available at time of report - data collection closes 30 June 2015.
Congenital Heart Disease	01/04/14 – 31/03/15	Yes	N/A	Not available at time of report - data collection closes 4 March 2015. PRUH - service not provided.
ICNARC National Cardiac Arrest Audit	01/04/14 – 31/03/15	Yes	Yes	DH and PRUH = 100%.
National Adult Cardiac Surgery Audit	01/04/14 – 31/03/15	Yes	N/A	Not available at time of report - data collection closes 30 June 2015. PRUH - service not provided.
National Audit of	01/01/14 –	Yes	N/A	Not available at time of report - data collection closes 31 March 2015.

Audit Title	Headline Results and/or actions taken	Rating	
		DH	PRUH
ICNARC Case Mix Programme - Liver Intensive Therapy Unit (LITU)	<p>Published: January 2015 Audit Period: 01/07/14 – 31/03/14 Sample Size: • DH: 100% • PRUH: Service not provided.</p> <p>Current DH mortality performance for the period Jul-14 to Sep-14</p> 	+	-
National Emergency Laparotomy Audit - organisational audit	<p>Published: May 2014 Audit period: 01/06/13-31/10/13 Sample Size: • DH: 100% (1/1) • PRUH: 100% (1/1) National Joint Registry</p> <p>DH performed better than all other London peer Trusts. PRUH had mixed results for this audit which is in line with the national picture.</p> <p>The audit data is currently under detailed review and an action plan will be developed across sites.</p>	+	+
Paracetamol overdose	<p>Published: January 2015</p> <p>DH performed in line with or above the national average for 4/5 measures. DH achieved the CEM standard of 100% for patients receiving N-acetylcysteine (NAC) within 8 hours of ingestion. DH</p>	+	+

The size of the national audit challenge... large Trust

- For each of the **53** national clinical audits and **4** NCEPODs
- Ensure **participation**
- Act on **results**
- Ensure **on-going reporting** through governance structures and processes at all levels of the organisation

- 0.5 wte Band 7
- Clinicians and service managers struggling with competing demands.
- Scarce and over-committed data analysts and administrative staff.

Using national clinical audit data at King's



Key messages:

1. How did we do?
2. Where do we need to improve?

Using national clinical audit data at King's

Operational

Clinical lead/s



Specialty lead/s



Divisional management teams



Trust staff

External

Patients, Commissioners, GPs
CQC, Monitor

Governance

Clinical Effectiveness Committee
Mortality Monitoring Committee



Patient Outcomes Committee



Quality & Governance Committee



Board



Quality Account

National Clinical
Audit Results

NCA Executive Summary



National Clinical Audit Executive Summary		King's College Hospital NHS Foundation Trust
1. Title and publication date Report title: National Joint Registry (NJR) 12th Annual Report Report published: September 2015 National audit required by: Standard NHS Contract and Monitor Professional Body/Audit Supplier: Northgate Solutions Are King's College Hospitals (KCH) results identifiable to the public? Yes. Trust, Local Health Board and unit-level activity and outcomes data is available in a report available via the NJR website (see Link) rather than in the national audit report. KCH audit lead (Denmark Hill (DH), Princess Royal University Hospital (PRUH) and Orpington): Mr Patrick Li, Consultant Orthopaedic Surgeon Lead Committee: Clinical Effectiveness Committee		
2. Context Audit has been running since: Data collection started in 2003. The NJR began collecting data on: <ul style="list-style-type: none"> Hip and knee replacement operations April 2003. Ankle replacements April 2010. Elbow and shoulder replacement April 2012. • Previous participation by KCH: DH has participated in the audit since 2003; whilst PRUH and Orpington have participated in the NJR as part of King's College Hospital since the 1st October 2013. • Presented to CEC: <ul style="list-style-type: none"> CEC: Jun-11, Feb-13, Aug-13, Dec-13, Sep-14 and Jul-15. MMC: Mar-14 (Consultant Outcomes Programme data). Key actions arising from previous audit cycles: See Appendix Two.		
• NICE guidelines/Quality standards measured by the audit: <ul style="list-style-type: none"> Relates to, but does not report on the recommendations made by TA304 - Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip (review of technology appraisal guidance 2 and 44) (2014). • Trust QUIN requirements measured by the audit: None • Confidential enquiry recommendations measured by the audit: None • Trust quality priorities measured by the audit: None • Does the audit include information on mortality (to be fed into MMC)? Yes – see Appendix One.		
3. Audit QA against KCH National Clinical Audit Project Standards Score (see Appendix Three for detail): 5/12		
4. Aim <ul style="list-style-type: none"> To collect information on all hip, knee, ankle, elbow and shoulder replacement operations, to monitor the performance of joint replacement implants and the effectiveness of different types of surgery, improving clinical standards and benefiting patients, clinicians and the orthopaedic sector as a whole. 		
5. Sample and data collection method Sample <ul style="list-style-type: none"> Sample size: All cases meeting the inclusion criteria during the audit period. Number of cases submitted (participation rate %): Case ascertainment 100% (DH: 248 patients, Orpington: 756 patients and PRUH: 127 patients) Inclusion criteria: All hip, knee, ankle, elbow and shoulder joint replacements Audit period: <ul style="list-style-type: none"> Joint replacement activity for hip, knee, ankle, elbow and shoulder: 01/01/14 – 31/12/14 		

- Hip and knee replacement surgery: 01/04/03 – 31/12/14
- Ankles: Data from 01/04/10
- Shoulders: Data from 01/04/12
- Prostheses used in joint replacement surgery for hip, knee, ankle, elbow and shoulder: 01/01/14 – 31/12/14
- Unit outlier analysis covers all primary procedures performed from 01/04/03 – 28/02/15

Data Collection Method – KCH (all sites)

- How data were obtained? NJR forms are available in each theatre where hip and knee replacements are carried out. The surgeon performing the operation is responsible for completing the form.
- Who collected the data and how was it submitted? Once the NJR form is completed it is entered into the NJR data entry system by members of the Orthopaedic Department and submitted electronically to the national team.
- Was the data validated locally before it was returned? Every day a "lead" surgeon is responsible for reminding the surgeons to complete an NJR form following surgery. Incomplete forms are returned to the surgeon to complete.

Was data validated nationally? Yes - Volume of activity submitted is compared to HES/SUS data.

6. National recommendations

7. Improvement process

- The NJR will notify the Chief Executive and the individual surgeons identified, providing a copy of their data to comment on and to correct if it is incomplete or inaccurate.
- The NJR advise that:
 - A notification of a potential outlier status at consultant level should trigger an internal audit of the surgeon's practice to establish reasons for the higher revision rate.
 - A notification of a potential outlier status at unit level should involve a comprehensive review of current practice in the unit.
- The Regional Clinical Co-ordinator for the relevant Strategic Health Authority and the NJR Steering Committee surgeon members will help in the management of a potential outlier. Professional bodies such as the British Orthopaedic Association are also available to provide assistance.

- Any issues requiring escalation to CEC: No
- Does KCH intend to participate in next cycle of the audit: Yes

8. Actions taken in addition to review at next CEC as a result of publication	Yes, no, comments where urgent action needed and dates when committee presentation is needed
Urgent issues for Medical Director/Nursing Director:	No
Schedule for presentation to Mortality Monitoring Committee – urgent:	No
Schedule for presentation to Mortality Monitoring Committee – part of scheduled Division report:	Yes
Forward to other Trust Committee/group: (e.g. Deteriorating Patients Group, Health Care Acquired Infection Operations Committee, Patient Safety Committee)	No

9. Next data collection/ report publication dates

Audit period: 01/01/15 – 31/12/15	Next report publication date: September 2016
Data submission deadline: Continuous data collection managed by the Division	

NCA Headline Data Slide

National Joint Registry, published May-15 (1/6)

King's National Clinical Audit Rating

Symbol	Definition
●	Positive analysis
●	Neutral analysis
●	Negative analysis
●	Not applicable

National Audit	DH rating	PRUH rating	Headline results – King's College Hospital Patient Reported Outcomes Measures – Hips and Knees																																																																
<p>National Joint Registry – Enhanced Surgeon and Hospital Information [on-line]</p> <p>Published: May 2015</p> <p>Audit Period:</p> <ul style="list-style-type: none">PROMS: 01/04/13-31/03/14Patient Outcomes Quality Measure: 01/04/13 – 31/07/14Quality of information provided: 01/04/13 – 31/03/14			<div>Hips<table><thead><tr><th>Patient Reported Improvement Measure</th><th>This Trust</th><th>Patient Records Analysed</th><th>Trust Avg Health Gain</th><th>National Avg Health Gain</th><th>Worse than Expected</th><th>EXPECTED RANGE</th><th>Better than Expected</th></tr></thead><tbody><tr><td> Oxford hip Score</td><td> As Expected</td><td>66</td><td>22.75</td><td>21.34</td><td></td><td></td><td></td></tr><tr><td> EQ-5D</td><td> As Expected</td><td>63</td><td>0.489</td><td>0.436</td><td></td><td></td><td></td></tr><tr><td> EQ-VAS</td><td> As Expected</td><td>55</td><td>16.21</td><td>11.48</td><td></td><td></td><td></td></tr></tbody></table></div> <div>Knees<table><thead><tr><th>Patient Reported Improvement Measure</th><th>This Trust</th><th>Patient Records Analysed</th><th>Trust Avg Health Gain</th><th>National Avg Health Gain</th><th>Worse than Expected</th><th>EXPECTED RANGE</th><th>Better than Expected</th></tr></thead><tbody><tr><td> Oxford knee Score</td><td> As Expected</td><td>67</td><td>15.17</td><td>16.23</td><td></td><td></td><td></td></tr><tr><td> EQ-5D</td><td> As Expected</td><td>62</td><td>0.299</td><td>0.323</td><td></td><td></td><td></td></tr><tr><td> EQ-VAS</td><td> As Expected</td><td>54</td><td>3.61</td><td>5.66</td><td></td><td></td><td></td></tr></tbody></table></div>	Patient Reported Improvement Measure	This Trust	Patient Records Analysed	Trust Avg Health Gain	National Avg Health Gain	Worse than Expected	EXPECTED RANGE	Better than Expected	Oxford hip Score	As Expected	66	22.75	21.34				EQ-5D	As Expected	63	0.489	0.436				EQ-VAS	As Expected	55	16.21	11.48				Patient Reported Improvement Measure	This Trust	Patient Records Analysed	Trust Avg Health Gain	National Avg Health Gain	Worse than Expected	EXPECTED RANGE	Better than Expected	Oxford knee Score	As Expected	67	15.17	16.23				EQ-5D	As Expected	62	0.299	0.323				EQ-VAS	As Expected	54	3.61	5.66			
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National clinical audit update: Results this quarter

King's National Clinical Audit Rating


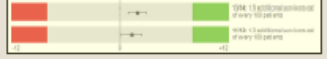
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KCH performance in national audit - latest report	Current performance		King's College Hospital NHS Foundation Trust																																																																	
Performance metrics	DH	PRUH	Latest headline data																																																																	
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National Adult Community Acquired Pneumonia Audit 2014/15 Published: June 2015 Audit Period: 01/12/14 – 31/05/15 Sample Size: - DH: 38 patients - PRUH: 24 patients			Outcomes data reported: <ul style="list-style-type: none">- The median length of stay at King's is similar to the national average - DH = 6 days, PRUH = 4 days, national average = 5 days.- Fewer in-patient deaths were reported across sites compared to the national average - 11% (4 patients) at DH, 4% (1 patient) at PRUH and 18% nationally.- There were more re-admissions within 30 days of discharge at DH compared to the national average; with fewer at PRUH - 29% (11 patients) at DH, 4% (1 patient) at PRUH and 10% nationally.- There were no deaths within 30 days of discharge reported at PRUH; whilst 11% (4 patients) died within 30 days of discharge at DH, compared to 8% nationally. <p>A trust-wide action plan is in development to support further improvement.</p> <p>The audit lists five standards of best practice which have not been included in the performance analysis due to methodological issues. The Trust's Clinical Effectiveness Committee notes that the data required to assess performance against these standards is not provided by the audit supplier. It is therefore not possible to compare local performance to these standards. This issue will be fed back to the national audit supplier.</p>																																																																	

Source: Clinical Effectiveness Committee minutes

Trust Annual Report



Audit Title	Headline Results and/or actions taken	Rating	
		DH	PRUH
TARN - Online Survival Data Published: Data available on-line (17/02/15)	<p>TARN data demonstrates that more trauma patients admitted to DH are surviving compared to number expected based on severity of injury.</p> <p>TARN data submission at the PRUH will start Q4, 2014/15. Actions taken to enable PRUH participation include the recruitment of two posts at PRUH allocated responsibility for TARN submission, training provided by TARN, local training provided by Data Systems Manager and roll out of Symphony and PIMS at PRUH.</p> <p>Current DH survival data for the period Jan-11 to Dec-14</p>  <p>Current DH survival data for the period 2013/14 and 2011/12</p> 	+	N/A
TARN - Major Trauma Dashboard Published: August 2014 Audit Period: 01/04/14 - 31/05/14 Sample Size: DH: Data not provided by TARN PRUH: PRUH is not a Major Trauma Centre	<p>TARN data demonstrates mixed results for DH against the Major Trauma dashboard criteria compared to the national average. Areas for Improvement include the proportion of patients:</p> <ul style="list-style-type: none"> Transferred to MTC within 2 days of referral request With GCS-9 with definitive airway management within 30 minutes of arrival in ED Directly admitted patients receiving CT scan within 30 minutes of arrival at MTC With an ISS of more than 8 that have a rehabilitation prescription completed <p>The monthly Trauma Performance meeting and Trauma Board review TARN data, review areas of below average performance, monitor performance against actions set for both DH and PRUH and co-ordinate a joint action plan to ensure successful data submission across sites.</p> <p><u>Blood and Transplant</u></p>	-	N/A
Patient Information and Consent Published: November 2014 Audit Period: 13/01/14 - 04/04/14 Sample Size:	<p>DH performed in line with or above the national average for 17/31 criteria and PRUH performed in line with or above the national average for 12/31 criteria.</p> <p>The key areas for improvement across all sites are:</p>	-	-

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Top scores for neonatal units

King's Health Partners

The neonatal units at King's College Hospital are among the best providers of care for newborn babies in the south of London. The units have achieved top scores in the National Neonatal Audit Programme (NNAP), which assesses the quality of care for babies admitted to neonatal intensive care units (NICUs).

The National Neonatal Audit Programme (NNAP) is a national audit of neonatal intensive care units (NICUs) in the UK. It is run by the Royal College of Paediatrics and Child Health (RCPCH) and the Association of Paediatric Intensive Care (APIC). The NNAP is a multi-centre audit that collects data on the care of babies in NICUs across the UK. The data is then analysed to identify areas for improvement and to benchmark performance against national standards.

King's College Hospital is one of the best providers of care for newborn babies in the south of London. The units have achieved top scores in the National Neonatal Audit Programme (NNAP), which assesses the quality of care for babies admitted to neonatal intensive care units (NICUs).

King's has high bowel cancer success rate

Latest national audit show outstanding results for the bowel cancer team and their patients.

The National Bowel Cancer Audit (published July 2013), run by the Association of Coloproctology of Great Britain and Ireland (ACPGBI), demonstrates that significantly more patients treated at King's survive bowel cancer:

King's excels in Parkinson's UK audit

In a national audit carried out by Parkinson's UK, we scored 100% in all four of the key areas.

Organ donations increase at King's

The Potential Donor Audit, published in August 2013, shows how King's has played a key role in increasing the numbers of organs available to patients.

The Potential Donor Audit (PDA) started in 2003 as part of a series of measures to improve organ donation. The main aim of this audit is to determine the potential number of solid organ donors in the UK.

King's specialist stroke units score top marks

King's stroke unit scores well in national audit

Our specialist stroke units have scored highly in the recent Sentinel Stroke National Audit Programme (SSNAP), which scores all stroke units across the country so that they can monitor their progress against national standards.

The unit at Denmark Hill has achieved the highest overall score of all of the units in London and joint-highest nationally while the unit at the PRUH was scored highly for the high standard of its thrombolysis care, and the efficiency of its scanning.

Both units beat the national average on the vast majority of the 44 indicators measuring performance of stroke units across England and Wales. The range of indicators includes measures for thrombolysis care, services for mini stroke patients, good communications between staff and patients, and pathway at discharge.

Top marks for our units include:

- Patients being scanned with 12 hours at 91.3 percent (PRUH) and 92.5 percent (KCH), versus the national average of 83.8 percent;
- Patients receiving thrombolysis within an hour at 80.8 percent (PRUH) and 78.8 percent (KCH), versus the national average of 52.3 percent;
- Patients seeing a specialist stroke consultant within 24 hours at 96.6 percent (PRUH) and 94.5 (KCH), versus the national average of 72.8 percent; and
- Patients seeing a specialist stroke nurse within 24 hours at 94.2 percent (PRUH) and 98 percent (KCH), versus the national average of 86.3 percent.



The story at Kingston....



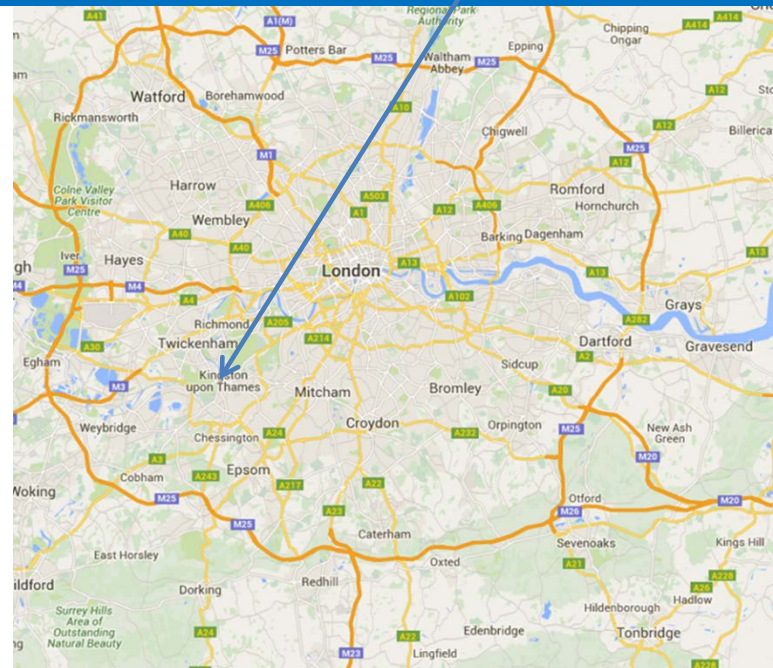
Kingston Hospital – some statistics

- District general hospital supporting around 350,000 people in Kingston, Richmond, Roehampton, Putney and East Elmbridge.
- First acute Trust in South West London to gain Foundation Trust status when we were authorised in May 2013.



520 beds and 2,750 staff

- Main site is Kingston Hospital but outpatients clinics in the community, at Raynes Park, Surbiton, Queen Mary's Roehampton and Teddington.
- Three divisions - Emergency Services, Clinical Support Services and Specialist Services



The size of the national audit challenge... medium Trust

In the 2014-15 Quality Account, Kingston Hospital reported on:

- Participation in **29** national clinical audits (plus **7** more due to start) and all applicable NCEPODs
- Results and key improvement actions for **25** national clinical audits
- **133** completed local clinical audits

Appendix C: Actions to be taken following completed national clinical audits

National audit reports published in 2014/15	Date Report Issued	Report discussed during 2014/15	Actions Identified
Acute Care			
Emergency use of oxygen	Apr 2014	Yes	Oxygen policy revised and staff trained. Oxygen 'Awareness week' taking place in May 2015.
Severe sepsis and septic shock	Dec 2014	Yes	Various in line with Sepsis 'Sign Up to Safety' project, including review of guidelines and treatment goals.
Moderate or severe asthma in children	Jan 2015	Yes	Review of working practices has led to changes including ensuring routine blood pressure and peak flow measurement in triage. Triage streaming model altered.
Paracetamol overdose	Jan 2015	Awaiting discussion	
Adult critical care case mix programme (ICNARC)	Jan 2015	Yes	Recently joined this national audit. Quarterly reports being reviewed by ITU team.
Pleural procedures	Feb 2015	Due for presentation Jun 15	

Clinical audit providing assurance		Yes	Awaited
National audit The paediatric epilepsy (Epilepsy 12) national audit provided assurance of comprehensive clinical care, including clinical examination, tests and investigations, treatment and the provision of information on lifestyle. Kingston Hospital scored above the national average for the majority of the criteria assessed. One issue raised at the time of the audit was the lack of an Epilepsy Nurse Specialist; the Paediatric Department have since recruited to this post.	Local clinical audit The National Institute for Health and Care Excellence (NICE) produce guidance with which hospitals are expected to comply. A clinical audit carried out to assess our practice compared to the NICE guidelines for pre-operative assessment and tests showed compliance with the guidance. The audit also revealed tests were not being repeated unnecessarily when the patient was admitted to hospital.	Yes	Education of junior doctors regarding consent. Improve distribution of blood transfusion information leaflets to patients.
		Yes	No actions identified.
		Yes	Awaited
		Yes	Further local in depth review of specific cases and post-arrests.
		Yes	Awaited
		Yes	Appointment of an Inflammatory Bowel Disease Nurse Specialist
Clinical audit driving improvement		Yes	Awaited
National audit Kingston Hospital's results from the National Care of the Dying audit showed that more needed to be done to improve the experience of patients who die whilst they are in hospital. A wide-ranging action plan was developed after the national audit findings were published. This includes actions on staffing, training, recording of clinical information and communicating with relatives. A survey of bereaved relatives is now being undertaken to enable improved communication and support. Targeted re-audits of prescribing to ensure patients are comfortable in their last days and of nursing documentation to ensure holistic care have demonstrated improvements.	Local clinical audit The hospital's Pharmacy team undertake a number of clinical audits each year to ensure that drugs are being satisfactorily prescribed and administered. Two audits which were repeated during 2014/15 on two antibiotics (co-amoxiclav and gentamicin) showed improvements following actions that had previously been taken. Improvements included better targeted prescribing of co-amoxiclav and better dosing control for gentamicin, thus improving patient care.	Results sent to Diabetes lead	Awaited

National clinical audit process at Kingston

Review
NCAPOP
programme

- National audits assigned to Lead Consultant and put on Trust Audit Programme. Clinical Audit team allocates national audit projects to each F1 and F2 Junior doctor

Trust takes part
in national audit

- Data collected by Service Line staff and/or junior doctors, with process and data entry supported by Clinical Audit staff

Service Line
reviews report

- Once report is published, Clinical Audit Facilitator prepares a summary and sends to Lead Consultant. Summary includes assessment of position against national average.
- National audit results discussed at Service Line governance meeting, results risk assessed and action plan for improvement developed.

Trust reviews
results and
RAG rating

- Results, action plan and RAG rating included in Clinical Audit quarterly report and reviewed by Clinical Audit Group, Clinical Effectiveness Committee, and Quality Assurance Committee, chaired by NED

Quality
improvement

- Results RAG rated 'red' (risk assessed) reported to Clinical Quality Improvement Committee
- National audits requiring larger scale improvement referred to Quality Improvement Working Group for project management support

The crux of the national audit challenge...

- Identifying the things that really matter...
- ... for clinicians, operational managers, Executives, Non-Executive Directors, all Trust staff, commissioners, patients, GPs, CQC and Monitor...
- ... in a way that we can all easily identify the key messages...
- ... and use them to drive improvement in outcomes and care for our patients.

Benefits of new system for Trusts

- A **quick reference point** for reviewing current NCA information
- **Agreed key performance indicators** which Trusts can use for benchmarking
- **Reduce the amount of local analysis** by providing a focus on the key indicators
- Clearly identify the **areas where improvements are needed**.
- **Further raise profile** of NCAs with Trust Boards and clinicians
- Help **improve consistency of NCA data**, both output from NCA providers and use within Trusts, and reporting timescales
- **Provide CQC with consistent, up-to-date NCA information** and standardise approach to the review of NCAs within inspections
- **Reduce the burden on Trusts** of providing data for CQC pre-inspection reports
- **Support openness** – information more accessible to the public and NHS staff; easier to use in corporate communications

Challenges from a Trust perspective

- Chosen metrics must have **clinician buy-in**
- **Not all NCAs will be included** and at first acute trust focused
- Keeping the **online database up to date** will require significant input from HQIP
- **Risk that Trusts focus only on the KPI aspects of NCAs**, to detriment of whole picture
- Will provide a picture of Trust performance based on only a **small number of indicators**
- **KPI data could be taken out of context** – Trusts must be able to provide commentary for the public
 - Challenging to build this into an IT system and ensure that Trusts are engaged
 - Challenging for Trusts to find resource to review and update

Summary

- Times are tough – anything that helps is great
- Challenging to get it right
- Success more likely through continued communication and collaboration
- We all want to get it right.

Thank you

Any questions?