

---

# CLINICAL AUDIT AND EFFECTIVENESS

Half Year Report  
to 30<sup>th</sup> September 2009

---

## Contents

---

<b>Introduction</b>	<b>1</b>
<b>Background</b>	<b>2</b>
<b>Overview/summary of audit activity</b>	<b>3</b>
<b>At a glance</b>	
Clinical Audit and Effectiveness Group	<b>4</b>
National developments	<b>5</b>
National Institute for Health and Clinical Excellence (NICE)	<b>5</b>
National audit	<b>6</b>
Education and training	<b>6</b>
Patient and public involvement	<b>7</b>
Recommendations/goals for coming year	<b>8</b>
Links with other clinical governance groups	<b>8</b>
Links with other organisations	<b>9</b>
<b>Appendices</b>	
Appendix 1	Directorate CAE Programmes Status Report
Appendix 2	Key audit summaries

## Introduction

---

Clinical Audit may be defined as “a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery”.<sup>1</sup>

To put it more succinctly, clinical audit is a quality improvement process using measurable standards to improve patient care and outcomes.

Clinical Effectiveness can be summarized as:

The right person doing;

- the right thing (evidence-based practice)
- in the right way (skills and competence)
- at the right time (providing treatment/services when the patient needs them)
- in the right place (location of treatment/services)
- with the right result (clinical effectiveness/maximising health gain).

## Reference

1. National Institute for Clinical Excellence. *Principles for Best Practice in Clinical Audit*. Abingdon: Radcliffe Medical Press; 2002, p. 1.

## Background

---

Northern Devon Healthcare NHS Trust Clinical Audit and Effectiveness Department (CAED) employs 5 staff in full and part-time roles. All staff have substantial experience of clinical audit and effectiveness, in this Trust and elsewhere. The Team emanates from a range of professional and administrative backgrounds providing a varied mix of skills and experience to Masters level.

Clinical Audit and Effectiveness activity has increased again this year. This demonstrates commitment continually to improve the quality of services provided to patients. In addition increasing numbers of individual projects, continuous data collection and monitoring is happening throughout the Trust. As well as involvement in national cancer projects, ICNARC and MINAP, there is now long-term and continuous commitment to key elements of infection control and the nationally driven Global Trigger Tool. Blood usage, consent, documentation and VTE management are to be added. Departmental staff have been instrumental in devising and setting up these data collection, reporting and monitoring tools.

A comprehensive departmental action plan provides focus for all our responsibilities..

The CAED is committed to raising the profile of clinical audit and effectiveness within the Trust. This year there has been continuing progress in improving the effectiveness of clinical audit activity, ensuring all projects produce meaningful findings and lasting change. In order to improve project planning, we have updated the Clinical Audit project initiation process. The Nomination Form can now be completed and submitted electronically.

The department is making every effort to increase the use of electronic systems of data collection. In particular, spreadsheets for individual clinical audit projects and the introduction of software to process surveys and questionnaires.

All projects continue to be revisited by the CAED to ensure action plans have been implemented.

The key to progress is closer ties with staff via their Specialties and Directorates. CAED staff are now formally linked to all Trust Directorates. As such, we attend relevant meetings and provide training, advice, help and support when required. This has been particularly important when helping staff to develop their clinical audit and effectiveness annual programmes.

We strive during 2009/10 to continue to improve on what we have achieved so far and endeavour to meet new challenges with energy and creativity.

Doug Lowe  
Clinical Audit and Effectiveness Manager

## Overview/summary of audit activity

---

### Clinical audit and effectiveness project statistics for 2009/2010

The annual Specialty clinical audit and effectiveness programmes have been devised to address several requirements. Topics identified for audit projects reflect local concerns as well as national standards such as cancer, cardiac and stroke care. Audit also has to focus on National Service Frameworks and NICE guidance.

Appendix 1 ('Directorate CAE Programmes Status Report') demonstrates the breakdown of projects per Directorate, ongoing or completed between 1st April and 30th September 2009.

### At a glance

---

#### Clinical Audit & Effectiveness Group

The work of the CAED complements that of the Trust Clinical Audit & Effectiveness Group. This Group consists of representatives from all Specialties and professions. These reps liaise with their own colleagues and report back to the Group. The Group itself monitors Trust CAE activity and provides assurance to the Trust Clinical Governance Committee (and thence to the Trust Board).

The Group meets every two months and this year the agenda has been streamlined to provide a more clinical focus and to concentrate more on external requirements and Trust priorities:

The key documents guiding the Group's work and responsibilities are:

- Its own Terms of Reference
- The Annual Trust CAE Plan
- The Trust CAE Strategy
- Implementation of NICE Guidance Policy
- Procedure for Carrying out New Interventional Procedures
- Protocol –Implementation of Nationally Agreed Best Practice, Guidance and other Reports [for NHSLA Standards 1.5.8 and 1.5.9]

CAEG Membership (September 2009)

<b>Member</b>	<b>Directorate</b>	<b>Specialty represented</b>	<b>CAED Link*</b>
Fionn Bellis A&E Consultant	Medicine and A&E	A&E (inc MIUs)	DL
Lyndon White Podiatry Services Manager	Health & Social Care	AHPs (Dietetics, Podiatry and Therapies)	DL
Guy Rousseau Consultant Anaesthetist	Surgery & Anaesthetics	Anaesthetics	KM
Katie Cross Director of Cancer Services	PASS	Cancer Services	KM
Janet Bragg Lead Nurse Community	Health & Social Care	District Nurses Community	DL
Sue Oliver Modern Matron Bideford Hospital	Health & Social Care	Community Hospitals	DL
John Riddington Young Consultant Otolaryngologist	Surgery & Anaesthetics	ENT/Max Facs	KM
Julia Williamson Senior Nurse Surgery	Nursing & PASS	Essence of Care; Nursing (non-cancer) & PASS	KM
Andrew Kingsley Infection Control Specialist Nurse	Nursing	Infection Control	MM
Stuart Kyle Consultant Rheumatologist	Medicine and A&E	Medicine	DL
Stephen Bennett Consultant Obs & Gynae	Women's Children's & Sexual Health	Obstetrics & Gynaecology	SJ
Karl Whittaker Ophthalmologist	Surgery & Anaesthetics	Ophthalmology	KM
Cheryl Baldwick Consultant Orthopaedic Surgeon	Surgery & Anaesthetics	Orthopaedics	KM
Jonathan Walsh Consultant Paediatrician	Women's Children's & Sexual Health	Paediatrics	SJ
Paul Cooper Director of Pharmacy	Diagnostics	Pharmacy	DL
Sarah James Patient Safety Manager	Nursing	Patient Safety (Critically Injured Group, Patient Safety, Resus team & Tissue Viability)	MM
Jim Rhymer Consultant Radiologist	Diagnostics	Radiology/ Chair	DL
Elizabeth Claydon Consultant in GU Medicine	Women's Children's & Sexual Health	Sexual Health	SJ

Lesley Calcutt Community Palliative Care CNS	Health & Social Care	Specialist Community Teams (Specialist Nurses for Cardiac Rehabilitation, Heart Failure, Lymphoedema and Palliative Care)	DL
Afzaal Ahmad Consultant Surgeon	Surgery & Anaesthetics	General Surgery	KM
Doug Lowe		CAE Manager	

\* SJ = Sally Jefferies, DL = Doug Lowe, KM = Kate McDonnell, MM = Maureen Manser

### **National Developments**

National arrangements for overseeing clinical audit and effectiveness activity have been changed during 2009

The Healthcare Commission's role has been taken over by the Care Quality Commission (CQC).

The Healthcare Quality Improvement Partnership (HQIP) was established during the year. It will have an active role in key aspects of clinical audit and effectiveness. This will include:

- Developing clinical audit staff as accredited professionals,
- Templates and tools for local use.
- Managing the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and a range of new national audits.
- Integrating their activity with the responsibilities of the National Institute for Health and Clinical Excellence (NICE).

One of HQIP's products is a tool for project prioritisation. In the light of this, the categories used within our annual audit programmes will be revised.

### **National Institute for Health and Clinical Excellence (NICE)**

The Clinical Audit and Effectiveness Administrator uses a dedicated database and document templates to administer the Trust's process for the receipt, dissemination and implementation of NICE guidance. The Trust Implementation of NICE Guidance Policy underpins this work.

The CAEG monitors NICE guidance implementation, reporting up to the Clinical Governance Committee. The Trust's Drug and Therapeutics Group assesses NICE drug-related Technology Appraisals. The North and East Devon Effective Practice Committee includes a representative from our Trust. It provides a forum to deliver a co-ordinated approach to implementing clinical effectiveness and prescribing across the primary and secondary care organisations, as one of the key ways to improve the value for money of prescribing, health technologies and other procedures. This includes the implementation of NICE guidance.

This year a Devon NICE Group was established containing clinical audit, effectiveness and governance staff from several organisations. The Group's plans include the undertaking of interface projects around NICE guidance.

## National audit

National clinical audit aims to engage all healthcare professionals across England and Wales in systematic evaluation of their clinical practice against standards and to support and encourage quality improvement.

The National Clinical Audit and Patient Outcomes Programme comprises more than 20 clinical audits. The programme will be extended to other areas that are considered a priority by the National Clinical Audit Advisory Group (NCAAG) and the Department of Health.

The Trust takes part in national audits. To ensure this new projects are added to the Trust audit and effectiveness programme.

## Education and training

The CAED has to provide relevant CAE training for all staff undertaking projects. We address this responsibility in several ways:

- ✓ Learning and Development Statutory and Essential Training Matrix on Tarkanet
- ✓ Contacting all new junior medical staff at the start of the February and August takes
- ✓ Contributing to the junior medical staff induction CD
- ✓ Providing relevant information and tools on Tarkanet
- ✓ In September 2009 all CAEG members were provided with the HQIP publication 'Criteria and Indicators of Best Practice in Clinical Audit'
- ✓ All new CAEG members are inducted by the CAE Manager, outlining their roles and responsibilities and providing them with all relevant material
- ✓ Identifying training needs on the Clinical Audit Project Nomination Form (which have to be used to register all local projects)
- ✓ All Trust patient questionnaires and surveys have to be submitted to Kate McDonnell in the CAED. She works with the relevant staff on these projects, thus providing them with training in the process
- ✓ The CAEG has a standing agenda item on clinician training as a reminder that this is available from the CAED for individuals and groups.
- ✓ Individual CAED staff are available to work with clinicians all the way through a specific project – from initial planning to the final action planning.
- ✓ CAED help and advice is also available for staff who want only partial practical help (or none at all).

:

Type of education/training	Total number	Staff groups
Presentations of CAE projects	8	Medicine Directorate (multidisciplinary) Orthopaedics (multidisciplinary)

		Rheumatology (multidisciplinary) Surgery and Anaesthetics Directorate (multidisciplinary)
Formal training sessions by CAED staff	3	Surgery and Anaesthetics Directorate (multidisciplinary) Surgery junior doctors
Meetings where advice provided by CAED staff	19	Diabetes Specialist Nurse District Nurses EBME Manager Infection Control Specialist Nurse Integrated Health and Social Care Directorate senior staff Junior doctor Patient Safety Manager Pharmacists Physiotherapists SCBU – nurse and Manager (acting) Specialist Nursing Community Teams Therapists

## Patient and public involvement

Patient feedback continues to be an expanding area of the Clinical Audit and Effectiveness programme. Clinicians are seeking to measure not just patient satisfaction with services but also their perception of the outcome of their treatment.

Validated outcome measures are useful tools to enable follow up beyond Out-patient attendances. In the first half of this year two projects completed in Orthopaedic Surgery have used this method to benchmark their outcomes of surgery at up to 2 years post-op.

National strategies and guidelines are increasingly including patient feedback in their recommended quality measures. These standards are guiding the design of our local surveys to provide assurance of best practice and drive improvements.

At the present time there are around forty active projects measuring service user experience, with more planned for the second half of the year.

## **Recommendations/goals for coming year**

We are looking forward to better and closer links with clinicians and managers. Key responsibilities for staff involved in clinical audit and effectiveness activity will be:

- Ensure our activity provides for external accreditation requirements.
- Ensure all clinician professions are represented on the CAEG.
- Establish processes to ensure that incident reporting trends and high risk entries on the Trust Risk Register (including SUIs and independent reviews) feed into the relevant clinical audit and effectiveness programmes.
- Incorporate all relevant National Patient Safety Agency reports/directives into annual programmes
- Use Tarkanet to provide a range of clinical audit and effectiveness tools.
- To address the increasing amount of clinical audit activity and provide clinicians with additional audit-related skills,
- A wider use of computer systems to reduce the use of paper-based data collection.
- Electronic tools will be developed to enable clinicians to do regular monitoring of key processes.
- Continue to monitor and review action plans and ensure re-audits are incorporated into audit programmes.

## **Links with other governance groups**

As part of the Trust CAE activity assurance process, the CAEG reports to the Trust Clinical Governance Committee (and thence to the Trust Board). The Chairman of the CAEG sits on the CGC, reporting to and from the CAEG (the CAE Manager deputises for him in his absence).

A key development this year has been closer involvement of CAED staff with the Clinical Directorates. Each member of the CAED is formally linked to the Directorates, providing training, advice and support (particularly in the development of Specialty CAE programmes).

As part of these 'link' responsibilities, CAED staff attend Specialty/Directorate CAE and CG meetings and events.

The following Trust-wide groups also have individual representation from the CAED:

Cancer Care Committee  
Essence of Care  
Infection Prevention and Control Committee  
Learning from Patient and Staff Experience Group  
Patient and Carer Involvement Group  
Patient Safety Improvement Group

## **Links with other organisations**

Paul Cooper, Director of Pharmacy, represents that Specialty on CAEG. He reports back to the Group relevant information from the North and East Devon Effective Practice Committee

The CAE Manager is a member of the Devon NICE Group, which contains clinical effectiveness representatives from all health organisations in North and East Devon.

## **Trust Clinical Audit and Effectiveness Activity**

Appendix 1 contains a summary of projects begun or ongoing during this period. In addition there were 76 separate small-scale documentation audits undertaken.

### **Appendix 1: Directorate CAE Programmes Status Report**

**Appendix 2: Key audit summaries [consisting of project recommendations/action plans and the outcomes of actions plans subsequently reviewed]**