Monitoring and Improving Quality through Clinical Audit

2\textsuperscript{nd} July, 2013
To examine the operation of the commissioning, supervisory and regulatory organisations and other agencies, including the culture and systems of those organisations in relation to their monitoring role at Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009 and to examine why problems at the Trust were not identified sooner, and appropriate action taken.
‘It seems quite extraordinary that the general acceptance of the importance of clinical governance, and in particular clinical audit, which had been recognised nationally from the time of the Bristol Royal Infirmary Public Inquiry report in 2000, if not before, had failed to permeate sufficiently into Stafford to result in a functioning, effective system by 2009’

Francis Inquiry Report 2013 section 2.352

- When audits were carried out, there was no robust mechanism to ensure that changes were implemented.
- When re-audits were required, they were often not undertaken.
- The trust did not participate in many of the national audits
Recommendation 5:

The Board should institute a programme of improving the arrangements for audit in all clinical departments and make participation in audit processes in accordance with contemporary standards of practice a requirement for all relevant staff. The Board should review audit processes and outcomes on a regular basis.

Midstaffs Public Inquiry Website

Kings Fund Presentation by Robert Francis Lessons from Stafford
Quality Improvement

• ‘Clinical audit is a quality improvement cycle ….

• Improvement requires change
  – You need to have confidence in the validity of your audit
    HQIP Guide to Ensuring Data Quality in Clinical Audits
  – Root cause analysis to decide what changes to make
    e-learning 'Transforming Clinical Audit Data into Quality Improvements'
  – The skills to initiate and implement changes
    • HQIP workshops on action planning and change management
Quality Monitoring

- But how do you know that changes have produced improvements?

‘the evidence strongly suggests that the whole clinical floors project was planned and implemented without due regard for the staff’s legitimate concerns and without monitoring of the scheme once in operation.’

*Francis Inquiry Report 2010 section D para 61*

- Clinical audit and other forms of quality monitoring have a key role to play in service re-design, and should be integrated into plans from the outset

- Other methodologies are available
  - PDSA cycles, run charts, clinical dashboards, service evaluation, PROMs, patient level costing, etc.
Local demands for a public inquiry - Stafford in 2010
Going public

The march to save Stafford Hospital, 20th April 2013
NHS England planning guidance 2012/13:

‘The Healthcare Quality Improvement Partnership (HQIP) will develop methodologies for case mix comparison and, in conjunction with NHS Choices, publish activity, clinical quality measures and survival rates from national clinical audits for every consultant practising by summer 2013 in the following specialities:

- Adult cardiac surgery;
- Interventional cardiology;
- Vascular surgery;
- Orthopaedic surgery;
- Bariatric surgery;
- Colorectal surgery;
- Upper gastro-intestinal surgery;
- Urological surgery;
- Head and neck surgery;
- Thyroid and endocrine surgery.
Everyone Counts

- Detailed plans have been made by the relevant specialist societies, subject to review by HQIP and the Outcomes Publication Advisory Group

- Key decisions:
  - What sort of mortality to publish
  - Other outcomes/quality measures
  - Risk adjustment methodology
  - Data cleaning & analysis methods
  - Exclusions/Inclusions
  - Audit period (must be contemporary)
  - Format of presentation
  - Outlier policy/process
Everyone counts

• Consultants must give consent for their data to be published
• Activity and mortality rates for the ten specialities will be published on either specialist society or audit websites
• Publication must include narrative
  – to explain analysis, all decisions made by societies, idiosyncrasies of data
• NHS Choices and individual trusts should link to the data
• From 2014/15, reporting is likely to form part of NHS Standard Contract

HQIP 'Everyone Counts' web pages
The way forward?

• Clinical audit must take its place in an integrated view of healthcare quality management and service improvement

• Developing the skills:
  – For commissioners
  – For trust boards and the senior leaders in other healthcare providers
  – For clinicians, of all grades and from all specialties
  – For healthcare managers
  – For clinical audit staff
The way forward?

‘If there is one lesson to be learnt, I suggest it is that people must always come before numbers. It is the individual experiences that lie behind statistics and benchmarks and action plans that really matter, and that is what must never be forgotten when policies are being made and implemented.’ **Robert Francis QC**

- HQIP has an established Patient Network
  [HQIP Patient Network web page](#)

- We have produced a range of guidance on patient and public engagement in clinical audit
  [HQIP PPI Guidance](#)