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

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King’s College Hospital NHS Foundation Trust  

and

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Head of Clinical Audit and Effectiveness  
Kingston Hospital NHS Foundation Trust
• **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
- 13,000 staff
- 6 x CCGs
- 114,000 Inpatient stays a year
- 1,700 volunteers
- 20,000 FT members
- > 1500 beds
- 2,000 doctors
- 4,000 nurses
- 20,000 FT members
- 1 million outpatient appointments a year
...across 5 main sites in South East London
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**
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
Undertaken by

- 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

53 NCAs

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

Governance

Clinical Effectiveness Committee
Mortality Monitoring Committee

Patient Outcomes Committee

Quality & Governance Committee

Board

Quality Account

External

Patients, Commissioners, GPs
CQC, Monitor
## NCA Executive Summary

### Context
- The audit has been running since 2003. The NHR began collecting data on:
  - Hip and knee replacement surgery: April 2003
  - Arthritis treatments: April 2000
  - Finger and shoulder replacement: April 2011
- Previous participation by KCH: DHI has participated in the audit since 2003. Multiple QA reports were submitted for each period.
- Presented to CEC by:
  - O'Doherty, P., Feb. 10, Aug. 13, Dec. 15, Sept. 14 and Nov. 16
  - MMC, Mar. 14 (Consultant Outcomes Programme data)

### Key actions arising from previous audit cycles
- See Appendix Two.

### Audit QA against KCH National Clinical Audit Project Standards

#### 1. Audit QA against KCH National Clinical Audit Project Standards

<table>
<thead>
<tr>
<th>Item</th>
<th>Requirements</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Audit plan/audit standards</td>
<td>Modeled on standard clinical audit plan</td>
</tr>
<tr>
<td>2.</td>
<td>Sample and data collection method</td>
<td>Sample size: All patients meeting the inclusion criteria during the audit period</td>
</tr>
<tr>
<td>3.</td>
<td>Data collection and analysis</td>
<td>Hip and knee replacement surgery: 01/04/03 – 31/12/14</td>
</tr>
</tbody>
</table>

### Data collection and analysis
- Hip and knee replacement surgery: 01/04/03 – 31/12/14
- Arthritis: Data from 01/04/03
- Finger and shoulder replacement: 01/01/14 – 31/12/14
- Unit output analysis compared primary procedures performed from 01/04/03 – 31/12/14

### Data collection and analysis

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How data were obtained: NHR 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.</td>
</tr>
<tr>
<td>2</td>
<td>Who collected the data and how was it submitted? Once the NHR form is completed, it is entered into the NHR data entry system by members of the Orthopaedic Department and submitted electronically to the national database.</td>
</tr>
<tr>
<td>3</td>
<td>Data was validated in local before it was returned. Every day a lead surgeon is responsible for ensuring the surgeons to complete an NHR form following surgery. Incomplete forms are returned to the procedure to complete.</td>
</tr>
</tbody>
</table>

### Data validity nationally
- Yes - Volume of activity submitted is compared to HES/DHE data.

### National recommendations

#### 4. Recommendations

<table>
<thead>
<tr>
<th>Item</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Improvement process</td>
</tr>
<tr>
<td>2</td>
<td>The NHR will notify the Chief Executive and the individual surgeon identified, providing a copy of their data to comment on and correct if it is incorrect or inaccurate.</td>
</tr>
<tr>
<td>3</td>
<td>Any issues requiring escalation to CEC Yes No</td>
</tr>
<tr>
<td>4</td>
<td>Does NHR intend to participate in next cycle of the audits? Yes No</td>
</tr>
</tbody>
</table>

### Actions taken in addition to review at next cycle as a result of publication

<table>
<thead>
<tr>
<th>Item</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Urgent issues for Medical director/Head Nurse</td>
</tr>
<tr>
<td>2</td>
<td>Urgent issues for Medical director/Head Nurse:</td>
</tr>
<tr>
<td>3</td>
<td>Schedule for presentation to Mortality Monitoring Committee – urgent:</td>
</tr>
<tr>
<td>4</td>
<td>Schedule for presentation to Mortality Monitoring Committee – part of scheduled division report:</td>
</tr>
<tr>
<td>5</td>
<td>Forward to other Trust committee/group (e.g. polyvascular patients, surgical care quality assurance, infection control, patient safety committee):</td>
</tr>
</tbody>
</table>

### Next data collection and report publication dates

- Audit period: 01/04/03 – 31/12/14
- Data submission deadline: Continuous data collection managed by the Division
- Next report publication date: September 2015
### National Joint Registry, published May-15 (1/6)

<table>
<thead>
<tr>
<th>National Audit</th>
<th>DH rating</th>
<th>PRUH rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Joint Registry – Enhanced Surgeon and Hospital Information (on-line)</strong></td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>Published:</strong> May 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Audit Period:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• PROMS: 01/04/13-31/03/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Patient Outcomes Quality Measure: 01/04/13 – 31/07/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Quality of information provided: 01/04/13 – 31/03/14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Headline results – King's College Hospital Patient Reported Outcomes Measures – Hips and 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>
</tr>
</thead>
<tbody>
<tr>
<td>Oxford hip Score</td>
<td>As Expected</td>
<td>66</td>
<td>22.75</td>
<td>21.34</td>
</tr>
<tr>
<td>EQ-D</td>
<td>As Expected</td>
<td>63</td>
<td>0.499</td>
<td>0.436</td>
</tr>
<tr>
<td>EQ-VAS</td>
<td>As Expected</td>
<td>55</td>
<td>16.21</td>
<td>11.48</td>
</tr>
</tbody>
</table>

**Hips**

**Expected Range**

### Knees

<table>
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<th>Patient Reported Improvement Measure</th>
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<th>Trust Avg Health Gain</th>
<th>National Avg Health Gain</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>
</tr>
<tr>
<td>EQ-D</td>
<td>As Expected</td>
<td>62</td>
<td>0.312</td>
<td>0.323</td>
</tr>
<tr>
<td>EQ-VAS</td>
<td>As Expected</td>
<td>54</td>
<td>3.61</td>
<td>5.66</td>
</tr>
</tbody>
</table>

**Knees**

**Expected Range**

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**Required by:** Standard NHS Contract and Monitor  
**Audit lead(s):** Mr Patrick Li, Consultant Orthopaedic Surgeon
National clinical audit update: Results this quarter

King's National Clinical Audit Rating

Symbol | Definition
--- | ---
.positive | Positive analysis
.neutral | Neutral analysis
.negative | Negative analysis
.n/a | Not applicable

KCH performance in national audit - latest report

Performance metrics | DH | PRUH | Latest headline data
--- | --- | --- | ---

National Joint Registry – Enhanced Surgeon and Hospital Information [on-line]
Published: May 2015
Audit Period: 01/04/13-31/03/14
Sample Sizes: Not provided. Data relates to DH, PRUH and Orpington patients.

Knees

Patient Reported Improvement Measure | This Trust | Patient Records Analysis | Trust Avg Health Gain | National Avg Health Gain | National Average | Expected Range
--- | --- | --- | --- | --- | --- | ---
Oxford Hip Score | As Expected | 56 | 13.51 | 15.01 | 13.56 | 15.86 | 13.50-15.86
EQ-5D | As Expected | 67 | 0.63 | 0.53 | 0.67 | 0.77 | 0.53-0.77
EQ-VAS | As Expected | 54 | 16.21 | 11.48 | 11.48 | 14.0 | 11.48-14.0

Outcomes data reported:
- 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 readmissions 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.

A trust-wide action plan is in development to support further improvement.

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.

Source: Clinical Effectiveness Committee minutes
Trust Annual Report

King's College Hospital NHS Foundation Trust

Annual Report and Accounts 2014/15

Audit Title

TARN-Online Survival Data
Published: Data available online (1109/12)

TARN data demonstrates that more trauma patients admitted to DH are surviving compared to number expected based on severity of injury.

TARN data submission at the PRUH will start Q4, 2014/15. Actions taken to enable PRUH participation included the recruitment of two posts at PRUH allocated responsibility for TARN submission, training provided by TARN local training provided to Data Systems Manager and IT support from Symmetry and PRUH IT.

Current BHS survival data for the period Jan-13 to Dec-14

Current BHS survival data for the period 2013/14 and 2014/15

Audit Title

TARN-Major Trauma Dashboard
Published: August 2014
Audit Period: 01/04/14 - 31/03/14
Sample Size: D1
Data not provided by TARN PRUH: PRUH is not a Major Trauma Centre

TARN data demonstrates mixed results for CT against the Major Trauma dashboard criteria compared to the national average. Areas for improvement include the proportion of patients transferred to UFTO within 2 days of referral request with GCS-0 with definitive surgery management within 30 minutes of arrival in ED. Directly admitted patients receiving CT scan within 30 minutes of arrival at UFTO with an 100 or more than 0 that have a rehabilitation prescription completed.

The monthly Trauma Performance meeting and Trauma board review TARN data, review areas of below average performance, monitor performance against action set for both LH and PRUH and co-ordinate a joint action plan to ensure successful data submission across sites.

Mortality
Published: November 2014
Audit Period: 01/01/14 – 31/03/14
Sample Size:

The key areas for improvement across all sites are:

Host and Transport

Performance in line with or above the national average for 17 CT scans and PRUH performed in line with or above the national average for 12/21 criteria.
King's has high bowel cancer success rate

Top scores for neonatal unit
King's Health Partners

The neonatal units at King’s College Hospital are among the best providers of care for babies born at or near term and for those requiring intensive care. The National Neonatal Audit Programme (NNAP) is a joint initiative of the Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of Obstetricians and Gynaecologists (RCOG). It is a key mechanism through which audit of neonatal care is undertaken in the UK.

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 in need of transplant.

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 percent (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.
- 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

520 beds and 2,750 staff
The size of the national audit challenge…

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
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
Reporting of NCA results

- **Service Line**
  - Front line staff
- **Clinical Audit Group**
  - Front line staff
- **Clinical Effectiveness Committee**
  - Senior front line and management staff
- **Quality Assurance Committee**
  - NEDs and Exec team

- **Clinical Quality Improvement Committee**
  - Clinical Directors and Exec team
- **QI Working Group**
  - Chaired Medical Director

Results and actions reported to staff

Key results and actions reported to Board
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?