No Conflicts of Interest
Who are HQIP?

**Our vision:** enabling those who commission, deliver and receive healthcare to measure and improve services

**Our values:** independent, working in partnership with patients and health professionals to improve practice

**Our history:** established in 2008, governed by the AoMRC, National Voices and RCN

**Budget:** €: 15.5 Million
Why have a National Clinical Audit Programme?

- It is a way to find out if healthcare is being provided in line with standards
- It lets care providers, clinicians and commissioners, and patients, know how their services are doing
- It identifies where there could be improvements.

“National” adds Benchmarking which is one of its most important tools.
What do we do:
Commissioners for the following:

- **Clinical Effectiveness:**
  - Quality Assurance
  - Quality Improvement

In addition, we assure the programme

- Metrics are designed round NICE and other guidance
- We seek out variation which the Service can address

**Patient Involvement is at the heart of all that we do**
HQIP work programme in 2020

Cancer Audits:
- Upper GI Cancer
- Lower GI Cancer
- Breast Cancer
- Urology; Prostate

Children and Women's Health:
- National Neonatal Audit Programme
- National Maternity and Neonatal Audit
- Paediatric Intensive Care Audit (PICANet)
- National Epilepsy 12
- National Paediatric Diabetes Audit

Acute:
- Adult Intensive Care Audit (ICNARC)
- Trauma Audit (TARN)
- Sentinel Stroke National Audit
- Asthma and COPD Audit
- Emergency Laparotomy Audit
- Early Inflammatory Disease
- National Vascular Registry

Cardiac Audits:
- Adult cardiac surgery
- Coronary angioplasty
- Heart Rhythm (Pacemakers, ICDs, Defibrillators)
- Heart Failure
- Heart Attack
- Cardiac Congenital Heart Disease
- TAVI

Mental Health:
- Psychosis
- Anxiety Depression

Older People:
- Hip Fracture Database
- Falls and Fragility Audit
- Dementia
- End of Life Care

Diabetes:
- Core Audit (Community)
- Inpatient Audit
- Inpatient Harms
- Footcare Audit
- Pregnancy and Diabetes

Joint replacements:
- Monitoring implant, hospital, surgeon performance:
- Holds 2m+ records:
  - Hips, knees, ankles, elbows, shoulders

National Joint Registry

Children and Women's Health:
- National Neonatal Audit Programme
- National Maternity and Neonatal Audit
- Paediatric Intensive Care Audit (PICANet)
- National Epilepsy 12
- National Paediatric Diabetes Audit
National Clinical Audit

Compliance:

Assurance and Improvement
Compliance:

Assurance and Improvement
Surgery to Resect Colonic Cancer

National Clinical Audit

Observed 90day mortality

Risk Adjusted 90day mortality
National Clinical Audit

Compliance:

Assurance and Improvement
# National Clinical Audit

## Manchester Royal Infirmary
Central Manchester University Hospitals NHS Foundation Trust

### National Audit of Dementia

<table>
<thead>
<tr>
<th>Metric</th>
<th>CQC Key Question</th>
<th>2017 Report</th>
<th>National Aggregate (England)</th>
<th>National Standard</th>
<th>Comparison to other sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 carers</td>
<td>Percentage of carers rating overall care received by the person cared for in hospital as Excellent or Very Good</td>
<td>Caring</td>
<td>80.00%</td>
<td>68.90%</td>
<td>N/A</td>
</tr>
<tr>
<td>110 staff</td>
<td>Percentage of staff responding &quot;always&quot; or &quot;most of the time&quot; to the question &quot;Is your ward/ service able to respond to the needs of people with dementia as they arise?&quot;</td>
<td>Responsive</td>
<td>78.80%</td>
<td>77.70%</td>
<td>N/A</td>
</tr>
<tr>
<td>55 casenotes</td>
<td>Mental state assessment carried out upon or during admission for recent changes or fluctuation in behaviour that may indicate the presence of delirium</td>
<td>Effective</td>
<td>20.00%</td>
<td>44.90%</td>
<td>N/A</td>
</tr>
<tr>
<td>39 casenotes</td>
<td>Multi-disciplinary team involvement in discussion of discharge</td>
<td>Effective</td>
<td>71.80%</td>
<td>81.90%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Produced by HQIP in partnership with the Care Quality Commission*

KW ONLY

<table>
<thead>
<tr>
<th>KEY ONLY</th>
<th>BOTTOM 25%</th>
<th>HOSPITAL</th>
<th>TOP 25%</th>
</tr>
</thead>
</table>

Anticipated next update is 11/2016

16/12/20
On the day of the audit in 2019, NaDIA found high levels of:

- Medication errors – almost 1 in 3 of the inpatient drug charts surveyed had at least one medication error.
- Insulin errors – two fifths of inpatient drug charts for insulin-treated inpatients had one or more insulin error.
- Hospital-acquired diabetic ketoacidosis (DKA): on the day of the audit, 3.6 per cent of inpatients with type 1 diabetes had developed in-hospital DKA at any point during their hospital stay.
- Capillary blood glucose (CBG) levels not being recorded at all recommended stages of the perioperative pathway.

75% 0%
National Clinical Audit

Reporting to Different Audiences:
- Clinicians
- The Service
- Patients/The Public
- Commissioners

All need something different
Therefore different outputs needed:
- Annual reports with annexed information
- Snapshots (NCAB)
- Plain English Reports
- Workshops
- Infographics
National Clinical Audit

• The Future and Tensions (and the influence of COVID-19):
  
• The Burden of Data Collection
  – We must strive to move to having the relevant data collected routinely

• Obtaining real time data with real time feedback
  – How to handle assurance with such quick data
Professor Danny Keenan
danny.keenan@hqip.org.uk
Medical Director
Healthcare Quality Improvement Partnership

Thank You

https://www.hqip.org.uk/a-z-of-nca/#.XY9QxC2ZPMI

https://ncab.hqip.org.uk/