

CASC Brochure 18

Your insight into the work, support and help available from the Clinical Audit Support Centre



In 2006, Tracy Ruthven and Stephen Ashmore set up the Clinical Audit Support Centre Ltd (CASC) with the aim of helping healthcare teams improve the care they provide to patients.

However, CASC don't just provide support in clinical audit. As a team we run a range of accredited training courses, support educational events that help keep clinical staff up-to-date, provide help with meeting Care Quality Commission requirements, etc. This brochure is designed to provide a detailed insight into the wider work we undertake.



Clinical Audit
SUPPORT CENTRE

Of course, given that our business is named the Clinical Audit Support Centre, many people rightly associate us with the work we undertake in relation to clinical audit. Many current clinicians and audit and QI professionals have studied for one of our accredited courses:

- Introduction to Clinical Audit
- Advanced Clinical Audit
- Clinical Audit Distance-Learning Course
- Train the Trainer in Clinical Audit

All of our courses are accredited by the Open College Network (West Midlands Region). This means the content and delivery of our courses is rigorously assessed by an independent educational body. All trainers are observed annually. The OCN also visit CASC every year and conduct a root and branch review to ensure we meet their high standards.

Our training record

We first ran our accredited training courses in 2006 and since then we have trained many staff in the process and value of clinical audit. To date, over 500 individuals have submitted coursework and gained a qualification via CASC.

“The course was excellent, led by experienced and approachable tutors. I have learned much and gained more confidence in clinical audit.”

[Learner on Train the Trainer]

In 2014, we conducted a detailed survey of all learners that had previously studied for an audit course and gone on to gain their accreditation through us.

Feedback from our learners was exceptional: 99% of Advanced Clinical Audit course learners stated they would recommend the course to others. The corresponding result for our distance learners and Train the Trainer students was 100%. Further, for the same three courses, 100% of respondents stated that the course represented value for money.

Training options

We try to offer prospective students a range of ways to study for our courses. We regularly run one-day clinical audit training in Leicester and London. Learners can join our distance-learning course at any point during the year. In addition, we can deliver in-house training and make this bespoke to your needs and this often works out as the most cost effective option.

Other audit support via CASC



In addition to training in audit, CASC can also support you in many others ways, as listed:

- Ensure your clinical audit work meets CQC expectations
- Design and deliver bespoke audit tools
- Help you get your audit published
- Manage your clinical audit function

CASC can help you to showcase clinical audit projects that have made a real difference. For example, our Junior Doctor competition was launched in 2010 and this is run annually.

Clinical Audit Awareness Week (#CAAW) takes place every November and is in many ways the centre-piece of the annual clinical audit calendar. Each year CASC provides lots of FREE stuff

#CAAW 2017: how CASC helped out

2017 #CAAW ran from 20-24 November and the CASC team provided lots of useful resources and materials. Although the CASC team do not have a central budget to support #CAAW we helped with lots of free stuff!

Our 'I'm backing clinical audit because...' placard campaign proved a huge hit and led to many clinicians taking part in this and sharing their photos on social media (as shown).



We also supplied a wide range of interactive quizzes to help make local #CAAW events more interesting, fun and memorable for participants and these were very well received.

Our educational resources focusing on how to deliver effective clinical audit also proved popular. For example, our 'tips for effective audit' and 'how to be a change agent' factsheets were in high demand.

As part of #CAAW the CASC team also toured the country to deliver a number of training sessions and keynote talks. We also used #CAAW to announce the winners of our annual junior doctor competitions and shared examples of their award winning audit posters online.

#CAAW 2018: what we have planned

#CAAW 2018 is scheduled to take place from 19-23 November and once again the CASC team will be working with the likes of HQIP and the National Quality Improvement and Clinical Audit Network to help provide lots of materials and resources.

One of the main elements of our work this year will be our 'Clinical Audit strap-line' competition which we hope will help re-invigorate the way that some healthcare staff view audit. Also on offer for 2018:

- Summit meeting for Mental Health and Community staff
- Free training events
- Free Excel tools to enhance your audits
- More interactive quizzes, educational resources than ever before!!!

Clinical Audit Awareness Week

Clinical Audit Awareness Week (#CAAW) is an initiative set up by the Healthcare Quality Improvement Partnership. #CAAW first took place in 2013 and the purpose of the week is to raise awareness of the importance and value of clinical audit within healthcare.

As part of #CAAW, HQIP provide a number of helpful resources and encourage local audit teams to run clinical audit tea breaks. In addition, HQIP's Clinical Audit Hero initiative helps to showcase the hard work of those who take part in clinical audit on a regular basis and make a real difference. During #CAAW members of the HQIP team also endeavour to take part in local and regional events, e.g. delivering keynote talks to promote their work.



Showcasing work of junior doctors

In 2010 CASC established the annual clinical audit awards for junior doctors. The rationale behind this undertaking was to provide junior doctors (who are expected to carry out audit projects) with an opportunity to showcase and share their hard work. The competition has been a huge success attracting over 1,000 entries since inception.

In 2013 the competition was extended with the introduction of a new award category for quality improvement projects.

Every year finalists are short-listed from all entries and juniors are invited to Leicester to celebrate their audit and QI work as part of the annual Finals Day that coincides with #CAAW. All winners are invited to record podcasts of their projects and their posters are shared on the CASC website.

Since the competition was established in 2010 the standard of entries has continued to improve and we now have a library of exceptional audits.

Indeed, a number of previous entrants and winners have had their work published in journals such as the *Online Journal of Clinical Audits* and *BMJ Quality*. Dr James Houston (our QI Award winners in 2014) and his peers also won a Health Service Journal Award and Dr Aamir Saifuddin (winner of the Clinical Audit prize in 2014) has since gone on to sharpen his skills working for NHS Improvement.

Supporting all clinical staff

In addition to our annual awards for junior doctors, CASC also periodically run awards for all clinicians. For example, in 2018 our Clinical Audit Award was open to anyone conducting a clinical audit project.

We are particularly proud of the fact that the work we undertake is very diverse and we support professionals working across healthcare and not just those based in hospitals.

Mini case study: NMPs

For over a decade CASC have been working with non-medical prescribers (NMPs) to provide them with key skills and to make sure that they keep up-to-date.

As part of this work we provide monthly educational update sessions (usually held at lunchtimes) in Leicester. We also manage and facilitate an annual conference that features a mix of local and national keynote speakers. Both the annual conference and monthly educational updates gain exceptional feedback from those that attend and the box below provides some examples of recent workshops delivered:

- Improving your inhaler technique
- Prescribing for Patients with Dementia
- Acute Kidney Injury: what you need to know
- Motor Neurone Disease
- Prescribing for Kids
- Pain Relief for Patients
- Medications for Mental Health patients
- Prescribing of Antibiotics
- Heart Failure update
- End of Life Care
- Safeguarding
- Clinical Audit and QI

“Everyone in healthcare has two jobs when they come to work; to do their work and improve it. This is the essence of quality improvement”

[Paul Batalden, Senior Fellow at IHI^]

CASC's work in QI

In recent times there has been a definite shift towards 'quality improvement' within the NHS and this can be seen by the growth of QI related bodies including: NHS Improvement, Academic Health Science Networks, NHS Vanguard, etc.

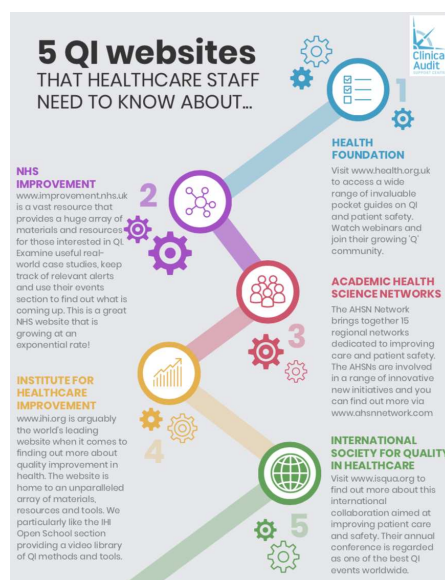
However, QI is not a new concept in healthcare, indeed as the definition from *New Principles of Best Practice in Clinical Audit* states 'clinical audit is a quality improvement process'. Moreover, forward thinking healthcare teams have been using models from industry such as PDSA, LEAN and process mapping for many years.

In recent years CASC have helped promote the use of many QI techniques, not just clinical audit. To assist those with a particular interest in this wider work we have created our accredited one-day course in Quality Improvement Methods.

QI materials

Furthermore, to help healthcare staff gain a better appreciation of the many quality improvement tools that can be used to measure and improve care and service delivery, we have created lots of new resources. These take the form of mini-guides and posters and the aim is to help interested parties gain a better appreciation of how QI can be used within a clinical setting.

For example, the poster below directs those interested in QI to five helpful websites:



We have also developed a number of mini-guides that help individuals to better understand common QI techniques such as Plan-do-study-act, Model for Improvement, the Pareto Principle, etc. In addition, a number of our publications explain the work of QI gurus such as Edwards Deming, Joseph Juran and Avedis Donabedian.

Real-world example: Junior Doctor QIPs

In 2013, CASC took the decision to extend our annual competition for junior doctors to include their Quality Improvement Projects. This has led to an avalanche of excellent QI projects being submitted. CASC always try to showcase real-world best practice (not just theory of how to do something) and the posters for all previous QI winners are available on the website.

In 2014 the QI Award went to Dr James Houston (pictured) for his ground-breaking Dr Toolbox project that subsequently won a Health Service Journal Award.



Q community

CASC are currently working with a range of teams promoting QI in healthcare. For example, Tracy is a member of the Health Foundation's Q Community and Stephen was asked to join NHS Improvement's SPC Champions.

“The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning”
[2013 Berwick Report]

Support we provide in patient safety

The CASC team are committed to helping healthcare teams improve patient safety. We understand that it is not possible to eliminate error but we very much subscribe to the view held by former Chief Medical Officer, Sir Liam Donaldson who stated *'human error is inevitable, but we have to have a way of ensuring that the bad experience of one patient is used to prevent harm coming to the next patient'*.

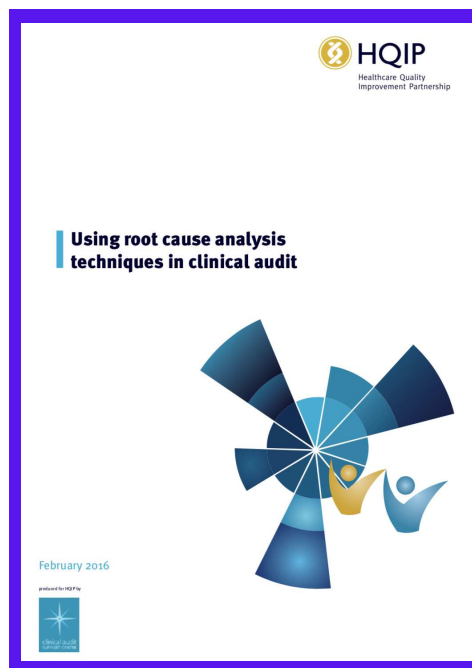
Since 2006, the CASC team have provided a range of accredited courses - most notably Root Cause Analysis and Significant Event Audit - that can help improve patients safety. These are delivered periodically in Leicester but can be made into bespoke in-house workshops.

Further, Tracy has worked as a Freedom to Speak Up Guardian since 2017. As part of this work she has gained first-hand experience of supporting staff that have raised concerns.

Root Cause Analysis

Our accredited training in RCA is well established. We offer a one-day training course that provides those who need to conduct RCA investigations with all the key tools and information that they will require.

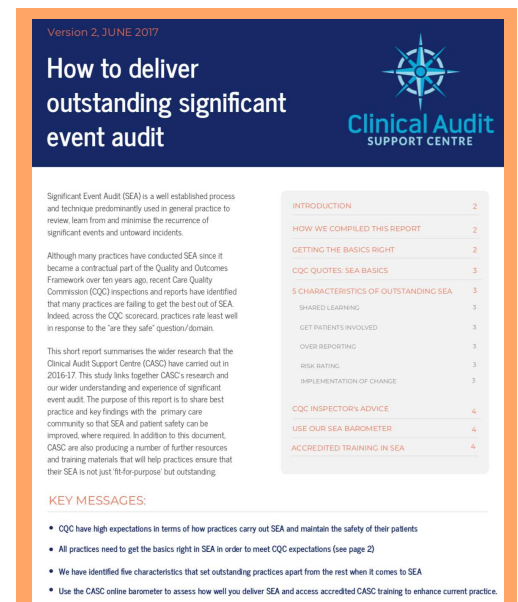
In 2016, the Healthcare Quality Improvement Partnership awarded us the contract to develop an innovative piece of work focusing on how RCA could best be applied to clinical audit. The resultant guide (pictured below) is a useful resource for anyone involved in RCA work.



Significant Event Audit

Whereas most secondary care teams use RCA to review patient safety incidents, SEA is the established process that has been adopted by primary care teams for many years.

CASC have considerable experience in SEA having previously conducted an evaluation into the quality of SEA reports that was endorsed by the National Patient Safety Agency. More recently we have reviewed hundreds of CQC reports to create our popular report, *How to deliver outstanding SEA*.



CASC offer one-day and half-day accredited training in SEA. We also have our SEA Excel Barometer that enables GP teams to critique the way that they currently deliver SEA.

Freedom to Speak Up Guardians

Freedom to Speak Up Guardians (FTSUG) were advocated by Sir Robert Francis following his report into Stafford. All healthcare teams are expected to identify FTSUGs to help staff raise concerns. We have created a number of factsheets and can offer first-hand advice.

“I never knew the CASC team provided so much for primary care” [GP Senior Partner]

Working with GPs

Both CASC Directors have a long track record of working with staff in primary care to help them improve the service that they provide to their patients.

From 1997 to 2006 Tracy and Stephen managed the work of the Leicestershire Primary Care Audit Group. PCAG were tasked with helping local GPs and community pharmacists to deliver high quality clinical audit. On an annual basis, PCAG also managed the patient survey for over 150 local practices. This providing feedback and data from over 50,000 patients.

Stephen and Tracy both have direct experience of primary care. For example, since 2014 Stephen has served as Chairman or members of his local Patient Participation Group (PPG).

Help & support for primary care teams

Over the years we have worked closely with primary care teams to help them undertake clinical audit and QI projects that have had a positive impact on care and safety. We have expertise in mining data and can help set up bespoke clinical audit projects.

However, over the years the CASC team has also gained a broad skill-set and we provide much wider support for primary care teams than just audit. The table below provides details:

- Delivering effective Significant Event Audit
- Advice on getting the most out of your Freedom to Speak Up Guardians
- How to reduce your DNA rate using simple tips
- Making the most of your Patient Participation Group
- Training in leadership, resilience and presentation skills
- Ensuring your patient surveys have impact

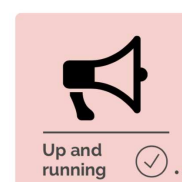
We have experience working with GP teams to help them meet their CQC requirements. For example, SEA and patient safety arrangements often fall short of CQC expectations. We can help GPs deliver outstanding SEA.

We have also worked with individual GP teams and wider groups of practices (e.g. as part of CCG Protected Learning Time events) to facilitate motivational events in conjunction with trainers from the Art of Brilliance.

Real-world example: Reducing DNAs

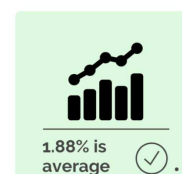
Over the years the CASC team have created a number of tools to try and help practices reduce their DNA rate. This culminated in 2017 with a six-month project involving volunteer practices that was led and managed by CASC.

As part of the project volunteer practices implemented a simple change every month from July to December 2017. Practices measured the impact of the changes using CASC's Excel DNA Tracker.



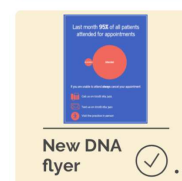
Project update

As August approaches we are now preparing to put in place the second intervention to try and help reduce the number of DNAs. The first intervention for July was a simple one to carry out, merely asking those taking appointment bookings over the phone or in person to ask patients to promise to cancel if they are not able to attend. Here are the details of the next intervention. This involves a little more work which the CASC team will assist you with. However, over the 6 months of this project we are aiming to keep changes practical and non-onerous.



DNAs: the facts

Although there has been considerable research undertaken on DNAs in general practice, it is hard to find a definitive study that verifies the exact scale of the problem. NHS England recently reported 12 million missed GP appointments per year. Others have put the figure at 14 million missed appointments per year. Interestingly a Practice Index survey of over 70 practices in 2016 found that the average DNA rate was 1.88% of the practice population per month, i.e. on average a practice with 10,000 patients reported 188 DNAs per month.



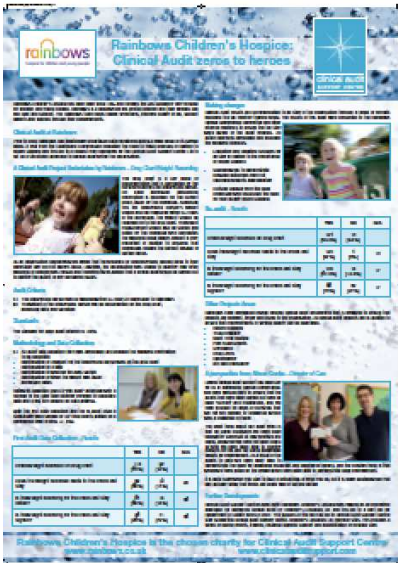
August intervention

The second intervention that we want practices taking part in the study to try is to report the number of DNAs **positively** to patients. Many practices will create posters and pass on information to patients along the lines of 'x many patients did not attend last month'. Evidence indicates that this approach is more likely to increase your DNA rate! With this in mind, CASC have created a new poster which focuses on the number of patients who attended appointments and also explains how to cancel. You need to contact us before the end of July with your attendance rate so that we can create your bespoke posters.

The project has been a great success with practices reporting a reduction in DNAs of >20%. The NHS Improvement Team have commended this work and we will be producing a case study.

CASE STUDY OF OUR WORK

For many years the CASC team have provided support in clinical audit and QI to Rainbows Hospice in Loughborough. They are our business charity and are rated outstanding by the CQC.



Clinical Audit and QI at Rainbows

The CASC team have worked with Rainbows in relation to clinical audit, patient safety and quality improvement. We have agreed a Service Level Agreement with the hospice and this enables CASC to support Rainbows to develop clinical audit projects, publish clinical audits and QI initiatives as well as train staff on the organisations leadership course.

The Service Level Agreement is the most cost effective way for Rainbows to gain support across a variety of initiatives. Projects are developed across the organisation and we have presented work for Together for Short Lives at conferences and as part of their journal publication alongside Clinical Audit for Improvement events.

SEA at Rainbows

In 2014 CASC introduced Significant Event Audit (SEA) to Rainbows. Following training the concept was introduced and used to review incidents. Both positive and negative outcomes were reviewed using the technique with the example process being detailed in a poster (below) at the Patient First 2015 conference.



Rainbows work hard to include parents, carers and where appropriate children and young people in the SEA process. Rainbows have evaluated their SEA work and comments like the one below explain why staff members value this approach:

“Reflecting with colleagues about the incident and considering the impact on those involved”

The SEA process has been evaluated and 100% of staff consider the use of SEA to learn from incidents at a personal and organisational perspective as being good or excellent.

SEA will continue to develop and evolve at Rainbows and non-clinical staff are increasingly getting involved.

Freedom to Speak Up Guardian Role

Since 2017 Tracy has acted as Freedom to Speak Up Guardian at Rainbows. This role links to the recommendations made by Sir Robert Francis in his 2015 report.

The role has developed and involves time on site to walk the floor and meet staff and volunteers. Tracy has also led workshops explaining the value of this work and is now part of a team with two other Freedom to Speak Up Champions. The work in this area has been written up for two national publications.

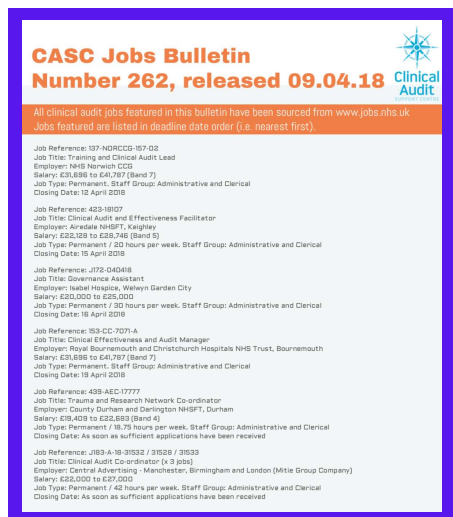
- Cost effective Service level agreement
- Developing clinical audit and QI projects
- Introduced and evolved SEA to manage incidents
- Supporting Freedom to Speak Up

How we keep you up-to-date

Although CASC receive no central funding, we endeavour to produce materials and resources that help keep members of the audit and QI community connected and up-to-date.

For over ten years we have published our monthly electronic newsletter that provides details of what is happening in the world of clinical audit and QI. We have published over 100 copies of our e-News and you request your copy by emailing us.

We have also produced our Clinical Audit Jobs Bulletin for many years and this is now approaching 300 issues. This is published on our website at the start of every week and we use the data to create our annual report on audit vacancies.



Whenever possible we also try to provide information in a variety of formats so do check the website to listen to podcasts and watch short films/videos.



CASC 'State of Clinical Audit' survey

Since 2010 we have surveyed the clinical audit community every December in order to gauge how those working in the sector feel towards national audits, local audit, key bodies, etc.

The survey has proved very popular and over 1,000 responses have been received since we set up this work. Results are made widely available and presented to NQICAN. Historically, Sir Nick Black (ex-Chairman of the National Advisory Group for Clinical Audit and Enquiries) always presented results from the survey as part of his talk at the annual clinical audit conference in London.

In recent years the survey has attracted over 200 respondents and provided important insights into how those working in audit feel. We are proud to be the only team regularly surveying the clinical audit community.



To help keep connected with the Clinical Audit and QI community we use Twitter on a daily basis as it is clear that many people in our sector increasingly use social media. The best way to keep track of our tweets is to follow us via [@cascleicester](https://twitter.com/cascleicester). We are aware that not everyone is familiar with Twitter and so we have created a simple guide that explains how to set up a Twitter account, create your profile and get started.

Free events

From time-to-time we run free events to help provide a forum for important discussions. For example in 2017 we ran two one-day summits for staff working in Mental Health and Community Trusts (pictured). In 2018 we ran free significant event audit training for care homes.

On a final note, we'd like to tell you a little more about our team. CASC was set up in 2006 by Tracy and Stephen who previously worked together in the NHS from 1997 to 2006. Our philosophy has always been that 'small is beautiful' and therefore we have kept the core team to a minimum. However, we do work closely with a wider group of trusted experts and consultants upon who's support we draw on when necessary.

Tracy and Stephen both commenced their NHS careers as trainee clinical auditors and have now accumulated over 20 years of experience working in healthcare. Both have worked in a wide range of settings and gained a significant number of skills. Details of some of Stephen Ashmore's experience and achievements are listed below:

- ex-Treasurer of National Primary Care Audit Group
- ex-Member of National Governance and Audit Group
- Leicester University Certificate in Clinical Audit (1999)
- Patient Participation Group Chair/Member since 2014
- QI Hikers certificate - NHS England Initiative (2016)
- SPC Champion - NHS Improvement initiative (2018)



Some of Tracy Ruthven's experience and achievements are listed below:

- Masters in Quality in Healthcare from Birmingham University (2006)
- Leicester University Certificate in Clinical Audit (1998)
- Member of the Q Community (Health Foundation initiative)
- Holds various City and Guilds Teaching qualifications
- Magistrate since 2016
- Freedom to Speak Up Guardian since 2017

Tracy and Stephen are frequently asked to deliver keynote presentations at national conferences and their work is frequently appears in respected journals and publications. Both contributed significantly to *New Principles of Best Practice in Clinical Audit*.

Other people we work with

As noted we are a small team, but we often collaborate with other experts. Over the years we have established a strong relationship with the Healthcare Quality Improvement Partnership. Our web-designer, Graham Copekoga works for Cambridge University and we often work in partnership with Andy Cope and his Art of Brilliance team. We collaborate with the National Quality Improvement and Clinical Audit Network, the regional audit networks and many other established NHS bodies.

Contact us

We will always do our best to help or to signpost you to others that are better placed to assist you. The best ways to contact us are:
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E> info@clinicalauditsupport.com