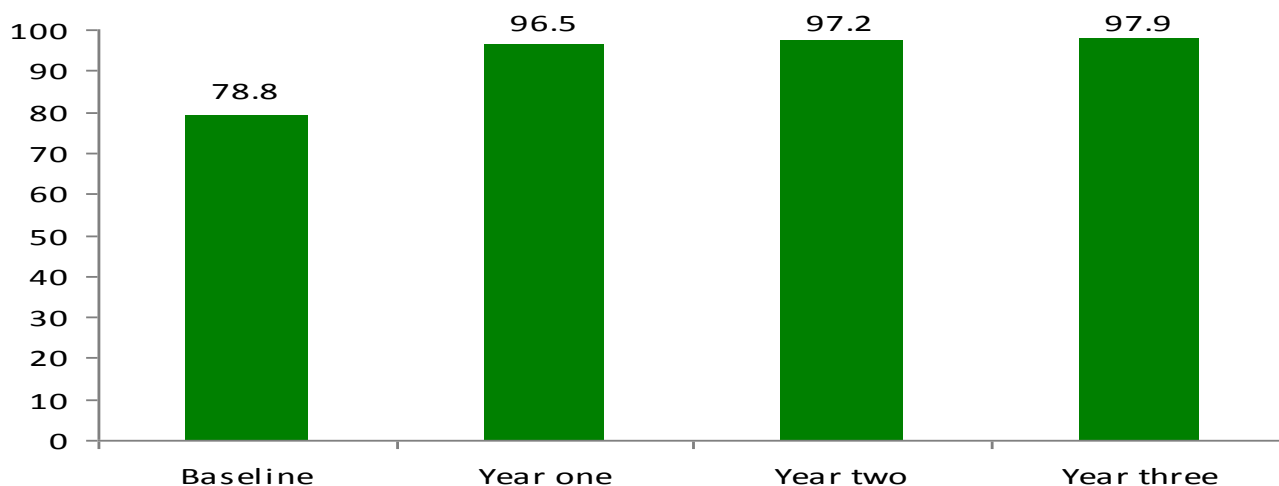


**LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ESSENTIALS OF CARE AUDIT PROGRAMME (ECAP)**  
**REPORT FOR QUARTER 2, 2012-2013**

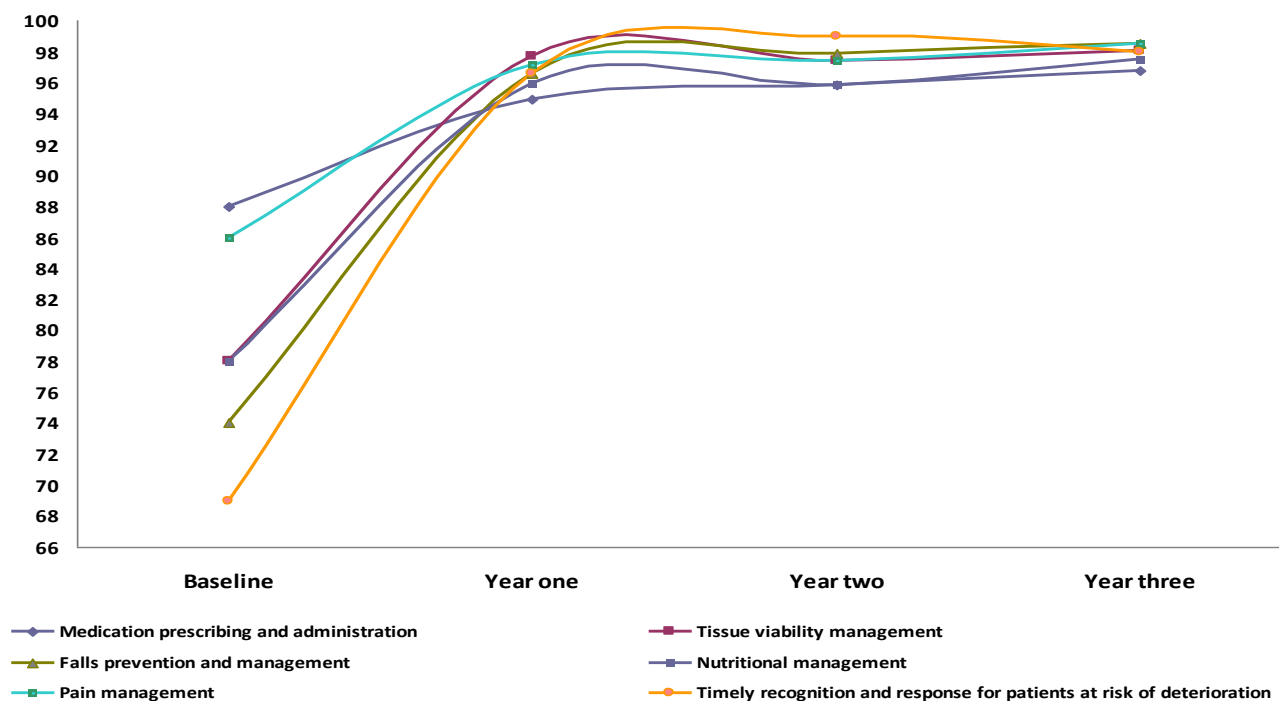
## Background

The ECAP has been fully embedded into routine Trust-wide practice since June 2009<sup>1</sup> and provides the Trust with metric components that contribute to the reliability and confidence in the delivery of high quality care with compassion<sup>2</sup>. Year-on-year ECAP data shows sustained improved performance since baseline measurement.

ECAP annualised, aggregated scores:



ECAP annualised scores by individual audit:



<sup>1</sup> The generic bundle was re-scoped in July 2011 and the Maternity bundle was re-scoped in November 2011.

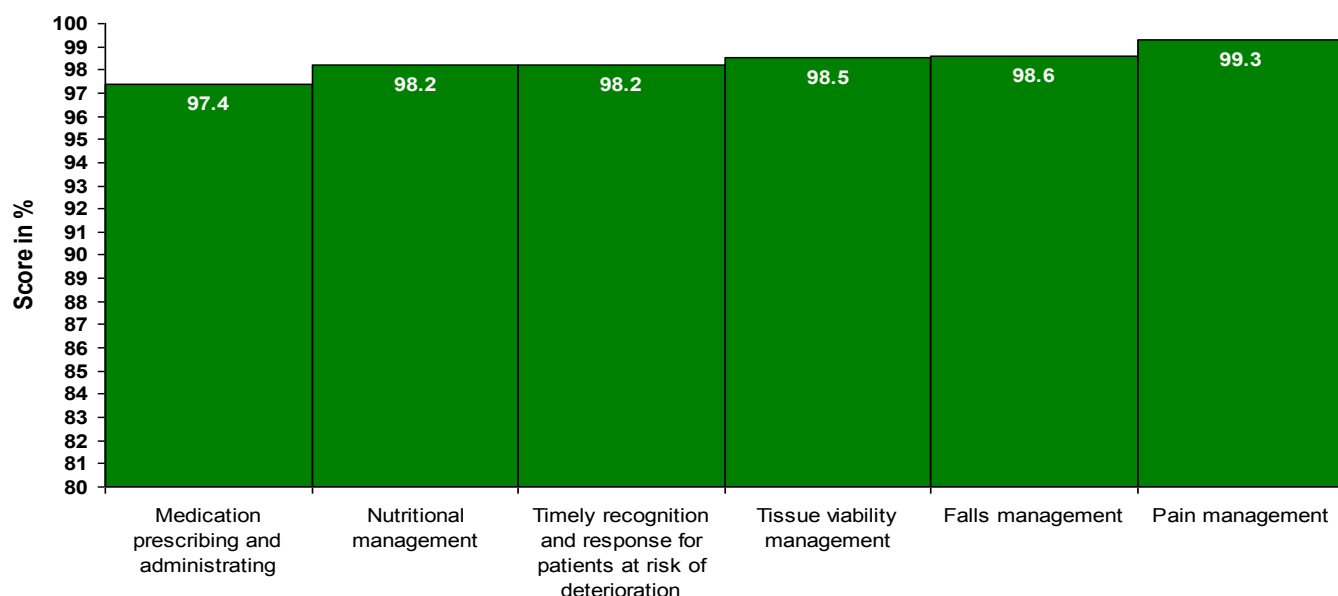
<sup>2</sup> The details explaining the background, methodology, underpinning standards, rationale and respective management indicators of the ECAP are iterated in and referenced to previous reports, as are responsive and effective improvement measures and quality assurance methods for the ECAP.

## Purpose

This report provides the overall Trust-wide ECAP results for quarter two of 2012-2013 (July to September 2012 inclusive) with commentary and recommendations based on the findings<sup>3</sup>. Relevant comparative data is shown and details of progressive ECAP development are also set out.

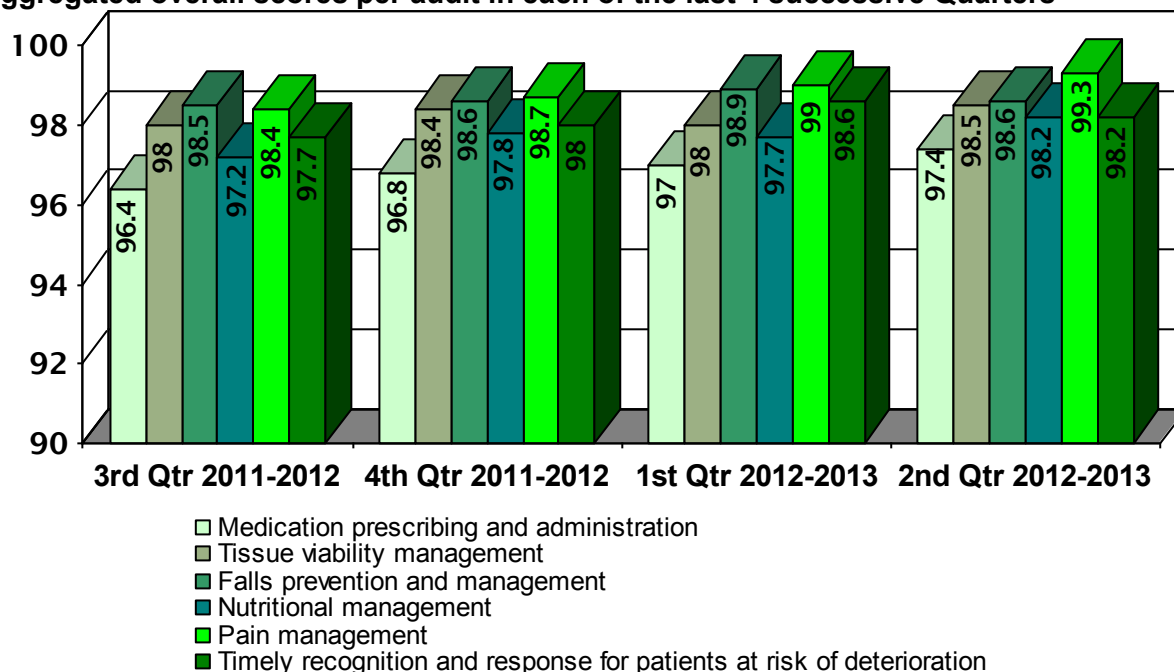
The aggregated overall ECAP scores for each ECAP quality of care delivery audit are green-rated, consistent with similar findings in previous quarters.

**EQIP: aggregated scores by audit for Q2 2012-2013**



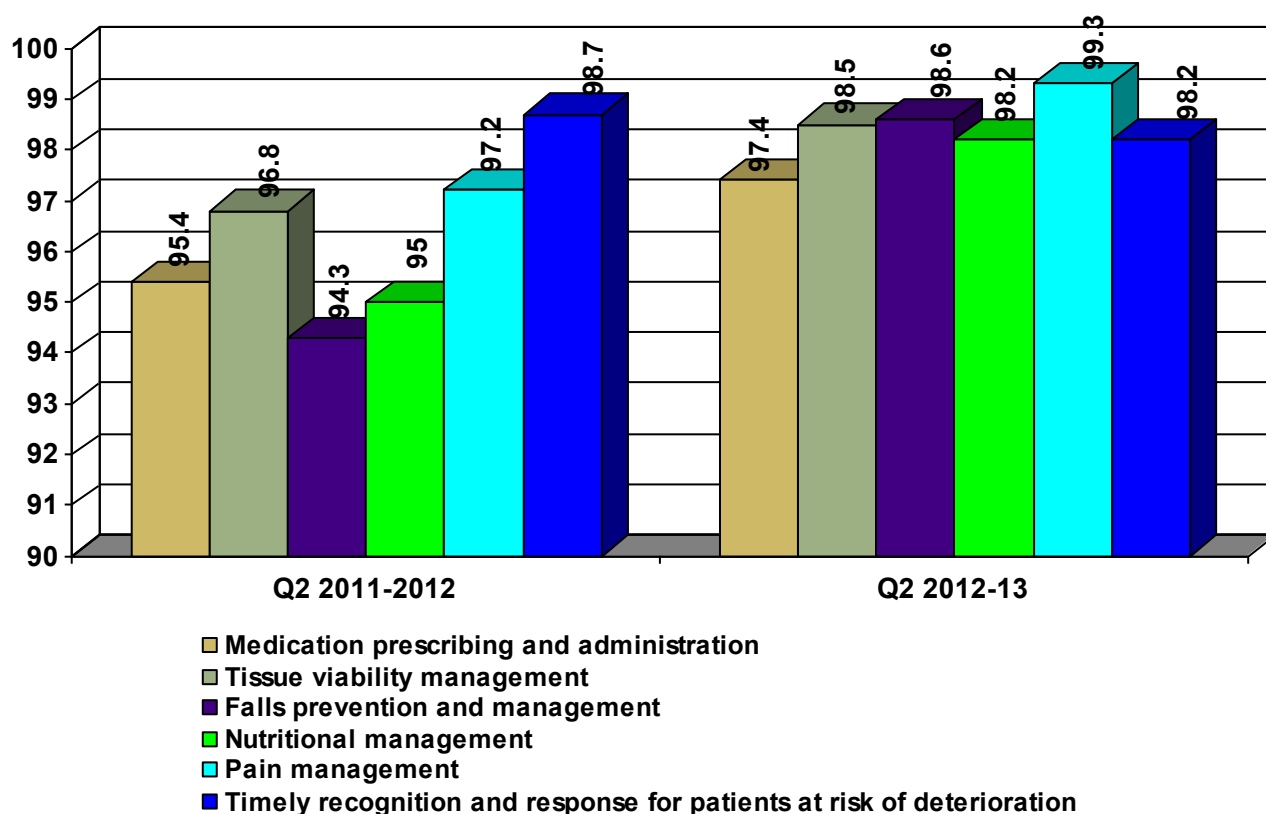
Continued improvement or sustained performance over the last four quarters is demonstrated and quarter 2 data comparison with the previous year evidences significant improvement across 5 of the 6 composite ECAP audits.

**ECAP: aggregated overall scores per audit in each of the last 4 successive Quarters**



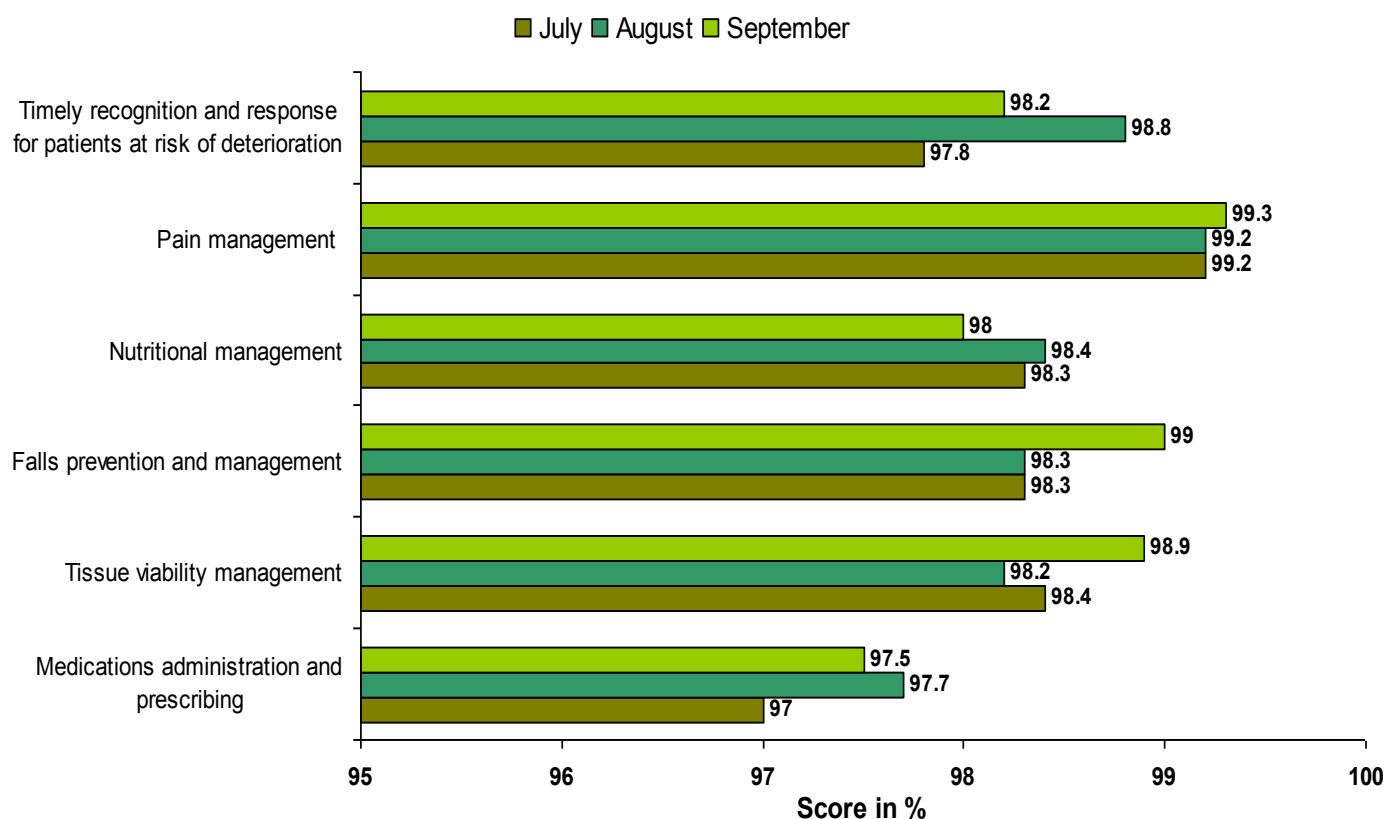
<sup>3</sup> Report compiled 15.10.12 by Ann Jackson, Quality Improvement Co-ordinator, LTHFT. Database interrogated 10.10.12 13.00-15.00.

## Comparative scores: Q2 2011-2012 and Q2 2012-2013



The Trust-wide overall results by constituent month of the quarter reveal that sustained green-rated performance was achieved across all 6 ECAP Quality of Care audits. All overall scores ranged from 97 – 99.3%:

## ECAP: overall scores by audit for the months of Q2 2012 - 2013



Qlikview technology enables precision breakdown of ECAP scores that are reported by staff through their undertaking of each of the six ECAP quality of care delivery audits. All staff with access to the Business Intelligence portal are enabled to access QlikView ECAP data and there is ongoing provision for skills update through on-line and trainer resources. Straightforward analysis (and display) of the on-screen results serves both to provide assurance of staff-assessed optimum care provision (through the achievement of green-rated scores) and/or can inform focused local and Trust-wide improvement measures with the appropriate and rational deployment of resources (if non-green rated scores are incurred).

The following table illustrates the red-rated ECAP scores incurred across quarter 2 by question, audit bundle and individual clinical area:

Red-rated ECAP individual question score by audit, month and clinical area across Q2 2012 – 2013				
Q No	Medication administration and prescribing audit questions	Month	Clinical area (bundle)	Score in % (Improvement Plan submitted?)
2a	[previously established need] Is the allergy and allergic reaction accurately described on the prescription chart?	July	Adlington (generic)	55.6 (Yes)
3	For all this person's current prescribed medications covering the last 48 hours, are ALL boxes, for each medication prescribed, signed/completed against prescribed medication that should have been given?	July	Adlington (generic)	64.3 (Yes)
4	With respect to this person's prescribed medications, are there occasions in the last 48 hours where boxes have been left blank, without an omission code and unsigned?	July	Adlington (generic)	64.3 (Yes)
1	Does this person's prescription chart indicate their correct name, NHS number, date of birth and the current ward?	July	CrCU (generic)	87.5 (Yes)
2a	[previously established need] Is the allergy and allergic reaction accurately described on the prescription chart?	July	CrCU (generic)	50 (Yes)
4	With respect to this person's prescribed medications, are there occasions in the last 48 hours where boxes have been left blank, without an omission code and unsigned?	July	CrCU (generic)	87.5 (Yes)
3	For all this person's current prescribed medications covering the last 48 hours, are ALL boxes, for each medication prescribed, signed/completed against prescribed medication that should have been given?	Aug	Maternity (generic)	75 (No)
4	With respect to this person's prescribed medications, are there occasions in the last 48 hours where boxes have been left blank, without an omission code and unsigned?	Aug	Maternity (generic)	75 (No)
2a	[previously established need] Is the allergy and allergic reaction accurately described on the prescription chart?	Aug	MAUr (generic)	25 (No)
3	For all this person's current prescribed medications covering the last 48 hours, are ALL boxes, for each medication prescribed, signed/completed against prescribed medication that should have been given?	Aug	MAUr (generic)	77.8 (No)
4	With respect to this person's prescribed medications, are there occasions in the last 48 hours where boxes have been left blank, without an omission code and unsigned?	Aug	MAUr (generic)	88.9 (No)
3	For all this person's current prescribed medications covering the last 48 hours, are ALL boxes, for each medication prescribed, signed/completed against prescribed medication that should have been given?	Sep	Rookwood B (generic)	75 (Yes)

**Red-rated ECAP individual question score by audit, month and clinical area across Q2 2012 – 2013**

<b>Q No</b>	<b>Medication administration and prescribing audit questions</b>	<b>Month</b>	<b>Clinical area (bundle)</b>	<b>Score in % (Improvement Plan submitted?)</b>
4	With respect to this person's prescribed medications, are there occasions in the last 48 hours where boxes have been left blank, without an omission code and unsigned?	Sep	Rookwood B (generic)	<b>75 (Yes)</b>
1	Does this person's prescription chart indicate their correct name, NHS number, date of birth and the current ward?	Sep	Ward 14 (generic)	<b>86.7 (No)</b>
4	With respect to this person's prescribed medications, are there occasions in the last 48 hours where boxes have been left blank, without an omission code and unsigned?	Sep	Ward 14 (generic)	<b>60 (No)</b>
<b>Q No</b>	<b>Tissue viability management audit questions</b>	<b>Month</b>	<b>Clinical area (bundle)</b>	<b>Score in % (Improvement Plan submitted?)</b>
1	Does this person have a tissue viability score undertaken within 6 hours of their admission or transfer to your clinical area?	July	Adlington (generic)	<b>60 (Yes)</b>
3	Does this person have an up-to-date, written tissue viability risk prevention/care management plan (including updated risk assessment score) that is dated, signed, and has the current clinical area, the person's NHS/hospital number and date of birth indicated?	July	Adlington (generic)	<b>73.3 (Yes)</b>
1	Does this person have a tissue viability score undertaken within 6 hours of their admission or transfer to your clinical area?	July	CrCU (generic)	<b>16.7 (Yes)</b>
9	Does this person have a fit-for-purpose pressure-relieving seating device?	July	CrCU (generic)	<b>0 (Yes)</b>
1	Does this person have a tissue viability assessment completed?	Aug	DC ward 1 (generic)	<b>80 (Yes)</b>
3	Is the tissue viability assessment signed?	Aug	DC ward 1 (generic)	<b>75 (Yes)</b>
8a	Patient demographic	Aug	DC ward 1 (generic)	<b>80 (Yes)</b>
8b	Patient demographic	Aug	DC ward 1 (generic)	<b>80 (Yes)</b>
8c	Patient demographic	Aug	DC ward 1 (generic)	<b>80 (Yes)</b>
8d	Date of risk assessment indicated?	Aug	DC ward 1 (generic)	<b>80 (Yes)</b>
10	Is this person comfortable with their positioning?	Sep	Ward 3 (generic)	<b>0 (No)</b>

**Red-rated ECAP individual question score by audit, month and clinical area across Q2 2012 – 2013**

<b>Q No</b>	<b>Falls prevention and management audit questions</b>	<b>Month</b>	<b>Clinical area (bundle)</b>	<b>Score in % (Improvement Plan submitted?)</b>
3	Does this person have an up-to-date, written falls risk prevention/care management plan (including updated risk assessment score) that is dated, signed and has the current clinical area, the person's NHS/hospital number and date of birth indicated?	July	Adlington (generic)	<b>86.7 (Yes)</b>
6	Does this person have fit-for-purpose mobility aids?	July	Adlington (generic)	<b>62.5 (Yes)</b>
8	Has referral to practitioners providing supportive interventions been made for this person?	July	Adlington (generic)	<b>50 (Yes)</b>
12	Does this person feel safe in their positioning or when mobilising?	July	Adlington (generic)	<b>73.3 (Yes)</b>
1	Does this person have written recorded falls assessment undertaken on admission or transfer to your clinical area within the timescales in accordance with Trust policy or the plan of care for the person?	Aug	Winstanley/Rawcliffe (generic)	<b>72.7 (Yes)</b>
3	Does this person have an up-to-date, written falls risk prevention/care management plan (including updated risk assessment score) that is dated, signed and has the current clinical area, the person's NHS/hospital number and date of birth indicated?	Aug	Winstanley/Rawcliffe (generic)	<b>72.7 (Yes)</b>
<b>Q No</b>	<b>Nutritional management audit questions</b>	<b>Month</b>	<b>Clinical area (bundle)</b>	<b>Score in % (Improvement Plan submitted?)</b>
1	Does this person have a written recorded nutritional assessment undertaken within 24 hours of admission to your area that is fully documented?	July	Adlington (generic)	<b>78.6 (Yes)</b>
4	Does this person have an up-to-date, written nutritional risk prevention/care management plan (including up-to-date risk assessment score) that is dated, signed and has the current clinical area and the person's NHS/hospital number and date of birth indicated?	July	Adlington (generic)	<b>71.4 (Yes)</b>
11	[previously established need] Has referral to a dietitian been made for this person?	July	Adlington (generic)	<b>66.7 (Yes)</b>
1	Does this person have a written recorded nutritional assessment undertaken within 24 hours of admission to your area that is fully documented?	July	Rookwood A (generic)	<b>66.7 (Yes)</b>
4	Does this person have an up-to-date, written nutritional risk prevention/care management plan (including up-to-date risk assessment score) that is dated, signed and has the current clinical area and the person's NHS/hospital number and date of birth indicated?	July	Rookwood A (generic)	<b>58.3 (Yes)</b>

Red-rated ECAP individual question score by audit, month and clinical area across Q2 2012 – 2013				
Q No	Pain management audit questions	Month	Clinical area (bundle)	Score in % (Improvement Plan submitted?)
3	Does this person have an up-to-date, written pain risk prevention/care management plan (including updated pain assessment score) that is dated, timed and have the clinical area, person's NHS/hospital number and date of birth indicated?	July	Adlington (generic)	66.7 (No)
5	Are pain management interventions evidenced in this person's care plan/pathway/prescription chart?	July	Adlington (generic)	73.3 (No)
6	Over the past 48 hours, are there 24 hour accumulative balances accurately recorded on all this person's fluid balance charts?	July	Adlington (generic)	66.7 (No)
2	Is there written evidence that this person is receiving an EWS assessment every time their vital signs observations are carried out?	July	CCUc (generic)	66.7 (Yes)
3	Does this person have an up-to-date, written pain risk prevention/care management plan (including updated pain assessment score) that is dated, timed and have the clinical area, person's NHS/hospital number and date of birth indicated?	July	CCUc (generic)	66.7 (Yes)
Q No	Timely recognition and response for patients at risk of deterioration audit questions	Month	Clinical area (bundle)	Score in % (Improvement Plan submitted?)
4	On the last 4 occasions where EWS has been calculated, have the vital signs been repeated within 75 minutes where the EWS has been 3 or higher?	Sep	Rookwood B (generic)	50 (No)
6	Over the past 48hours, are there 24-hour accumulative balances accurately recorded on all this person's fluid balance charts?	Sep	Rookwood B (generic)	75 (No)

Our improved results service now allows each monthly data set to be easily viewed by staff in a local, directorate and Trust-wide format. By far, staff most frequently report green-rated scores that highlight strengths in quality care provision and in some cases illustrate optimum performance (of 100%)<sup>4</sup>.

At the same time, any non-green rated scores incurred by clinical areas are also highlighted and for which local responsive improvement plans are required to be actioned and evaluated for effectiveness in redress. An Improvement Plan is also integral to each of the ECAP audits and the tables in this report illustrate whether or not there was compliance with this requirement.

The tables in this report highlight occurrence, re-occurrence and frequency of red-rated practice criteria across quarter 2. A demonstrable lack of improvement towards satisfactory scores<sup>5</sup> or audit returns would trigger an accountable intra-directorate response. No clinical areas incurred three consecutive red-rated scores or successively failed to return audit bundles over quarter 2<sup>6</sup>.

<sup>4</sup> In addition, each clinical area displays their individual area drilled-down question scores on Performance Boards.

<sup>5</sup> Usually 3 or more consecutive red ratings with respect to ECAP scores.

<sup>6</sup> Staff can monitor their compliance through our "Alert and Track®" facility.

## ECAP development

- Our revised ECAP data stream, now available through Qlikview technology has increased the scope of results accessibility. Further development will have a positive impact on our reporting mechanisms and in improving responsiveness – for example incorporating Directorate results into composite Division access at a glance; and enabling the audit submission status to be accessed through the ECAP BI portal.
- Our dynamically-evolving, bespoke intranet site continues to be refreshed and developed in line with staff need, providing comprehensive access to relevant ECAP resource materials and results. Feedback from staff is both encouraged and welcomed in further development.
- Provision of staff access to regular, formally-recorded, centralised ECAP training is facilitated as an ongoing requirement throughout the year<sup>7</sup> but the first recourse to meet local training needs is through auditor-lead cascade training in clinical areas.
- It is envisaged that Q2a of the ECAP Medications, prescribing and administration audit will be devolved to the Medical Indicators ECAP once that initiative is fully underway.
- There is ample evidence that re-scoping of ECAP bundles proves universally relevant and acceptable to routine practice in a given area and that implementation improves the efficiency of data collection more directly attributable to patient outcomes. Collaborative consultation was productive in re-scoping both the generic and maternity ECAP bundles in 2011. The re-scoping of the ECAP bundle that is currently used in our Child Health areas (ward 8 and NNU) has not progressed to fruition over this quarter and the initiative has rolled into the next quarter.
- A generic Day Case ECAP bundle will be designed following the embedding of the Day Case Integrated Care Pathway documentation into routine practice across the Trust.

## Recommendations

1. That staff in individual clinical areas focus on implementing effective practice-improvement measures that are not green-rated through Performance Board meetings whilst sustaining and optimizing green-rated performance.
2. That the requirement for forwarding Improvement Plans integral to the ECAP audits is adhered to, where needed and that the content of the Improvement Plans provides adequate detail of specific interventions that will have a positive impact.
3. Trust-wide, a particular focus should be retained on raising compliance in the medications administration and prescribing audit, particularly with respect to eliminating/reducing unexplained medication omissions and in accurately recording the description of patients' allergies.
4. Directorate leads have previously indicated that periodic cross-auditing augmented by regular spot checks by Matrons and other lead clinicians would provide quality assurance measures validating ECAP data collection. Directorates are reminded to evidence that these mechanisms continue to be in practice over the next quarter year.

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<sup>7</sup> Training dates have been widely marketed and are available via our intranet site.