



A strategy for clinical audit

Nick Black, Chair

National Clinical Audit Advisory Group

**National Clinical Audit
Advisory Group**



British Lying-In Hospital 1750

after mothers “gave thanks” on leaving, the Board quizzed them about their stays to elicit complaints.



National Clinical Audit
Advisory Group

 **HQIP**
Healthcare Quality
Improvement Partnership

British Lying-In Hospital 1750

“Patients' disappointment over rancid caudle, bedbugs, and neglect by the female staff led to immediate investigations and remedies, including firing negligent staff found to be guilty or, on the other hand, prohibiting the complainant from receiving future charity if her charges were discovered to be exaggerated or false.”

Clinical audit

- Neglected compared with education and research
- Lack of representation at centre
- Mixed experiences in Trusts
 - Rarely features in Board discussions
 - Given low priority
 - Under-resourced; insufficient support; lack of understanding
 - Disconnected from mainstream management
- New opportunity to address past failings, build on achievements and create a vibrant, exciting and challenging activities

Why now?

- Clinicians and managers: **quality improvement**
- Patients/public: **informed choice**
- PCTs: **commissioning**
- Royal Colleges/GMC/NMC: **revalidation**
- NIHR: **research**
- NHS Litigation Authority: **risk management**
- Healthcare Commission: **regulation**

National Clinical Audit Advisory Group (NCAAG)

National Clinical
Audit & Patient
Outcomes Programme
(NCAPOP)

Local audit
support
- tools
- advice
- training
- support networks

DH National Clinical
Audits
(eg MINAP,
Lung cancer)

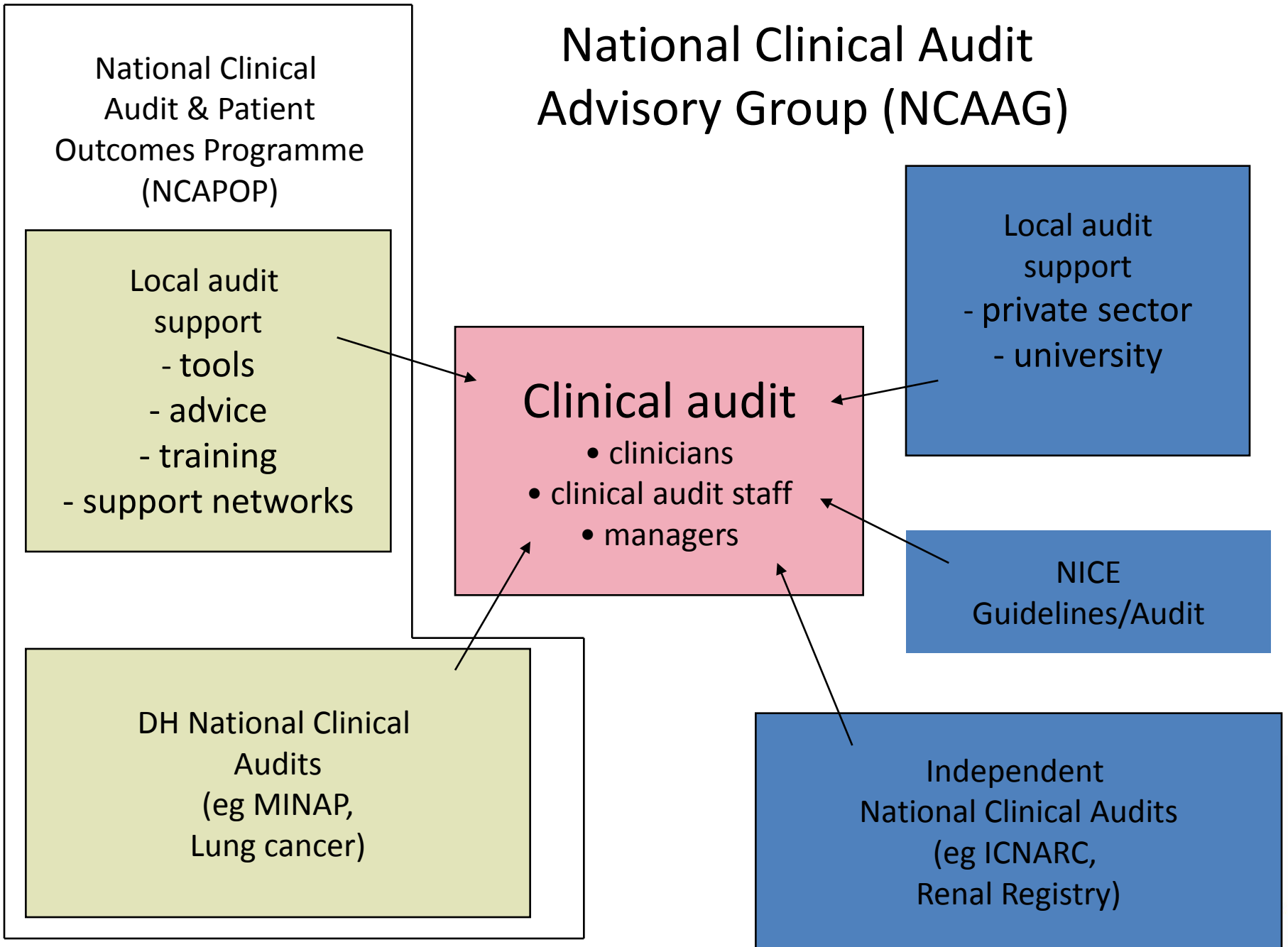
Clinical audit

- clinicians
- clinical audit staff
- managers

Local audit
support
- private sector
- university

NICE
Guidelines/Audit

Independent
National Clinical Audits
(eg ICNARC,
Renal Registry)



National Clinical Audit Advisory Group (NCAAG)

- Devise policy and strategy for clinical audit in England
- Advise the Department of Health and National Quality Board
- Steer the National Clinical Audit & Patient Outcomes Programme (NCAPOP)

www.advisorybodies.doh.gov.uk/ncaag

**National Clinical Audit
Advisory Group**



NCAAG - members

- **Chair** Nick Black
- **Hospital doctor** Mick Peake
- **Lay** Andrew Middleton
- **Nurse** Geraldine Walters
- **Researcher** Pauline Ong
- **Social care** Terry Butler
- **Voluntary sector provider** Boo Armstrong
- **Clinical audit** Martin Ferris
- **Regulator** Danny Keenan
- **Manager** Mark Gritten
- **Statistician** Jan van der Meulen
- **General practitioner** Sarah Schofield

**National Clinical Audit
Advisory Group**

National Clinical Audit & Patient Outcomes Programme

- DH contracted with *Healthcare Quality Improvement Partnership*
 - New company established by AMRC, RCN & LTCA
 - Director: Robin Burgess
 - Staff: NCA management, communications, local audit, administration
 - Budget 2008-9: £6.2m
- Manage the DH-funded National Clinical Audits
- Develop tools, advice and information to support local clinical audit
- Establish widespread engagement through National Clinical Audit Forum

Strategy: national clinical audits

- Prioritisation of topics: develop explicit criteria
 - Quality of national clinical audits: develop explicit criteria
 - methodology; outputs/uses; governance
 - Standard advice to NCAs
 - data confidentiality and ethics approval
 - managing outlier providers
 - data security; linkage
 - alternative funding sources
 - Responsive funding (alongside commissioning) for new audits
 - Create a portfolio of national audit successes
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Strategy: local clinical audits

- Listening and learning about local needs
 - Participating in local and regional meetings
 - Commissioned an enquiry: reported Sept 2008
- Development of tools and learning resources
- Facilitate networks for sharing ideas and experiences
- Assist development of audit staff qualifications; staff organisation
- Portfolio of local audit successes
- National meeting – 29/30 April 2009

Strategy: National Clinical Audit Forum

- Inclusive membership (clinicians, audit staff, managers, patients)
- Probably web-based plus meetings (regional; topics)
- Influence NCAPOP and NCAAG
- Act as sounding board for policy ideas
- Share experiences and knowledge
- Facilitate links between local & national clinical audits

**National Clinical Audit
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Some challenges...

- Establishing better links
 - CfH, patient choice, revalidation, research, commissioning etc
- Matching local and national needs and priorities
- Balance between effectiveness and humanity (patient experience)
- Auditing long-term conditions
 - Bridging and engaging secondary, primary and social care
- Relationship to patient safety
 - Confidential enquiries; incident reporting

And some more challenges...

- Education and training of healthcare professionals
- Involvement of private and voluntary providers
- Methodological R&D
 - PROMs
 - Risk adjustment models
 - Auditing rare conditions/interventions
- Gaining more funding for clinical audit
 - National level
 - Local level

Reasons to be cheerful

- Widespread goodwill and support
 - DH, providers, commissioners, Royal Colleges, public, politicians, clinicians, regulators...
- Swimming with the tide...Next Stage Review
- Lots of experience and achievements nationally and locally to build on



Panel response to questions

**National Clinical Audit
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Panel response to questions

Professor Dame Carol Black: Academy of
Medical Royal Colleges

Professor Nick Black: NCAAG

Janet Davies: Royal College of Nursing

Professor Sir Bruce Keogh: NHS

Mr David Pink: National Voices

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 **HQIP**
Healthcare Quality
Improvement Partnership



Tea & Coffee

Platt Room

1100 - 1130

**National Clinical Audit
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Session 2

- 1130 – 1230 **Challenges for national clinical audits**
1. How can audits move from central grant funding to sustainable funding? - **Dorchester Library**
 2. The technical and professional issues involved in identifying and managing outliers - **Seligman Theatre**
 3. Multi-disciplinary/team based audits – addressing the barriers - **Sloane Room**
 4. Can registries complement national audit?
Censors Room

1230 – 1300 **Plenary feedback – Seligman Theatre**

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