

## **Revitalising clinical audit – national clinical audit summit**

**3<sup>rd</sup> November 2008, Royal College of Physicians, London**

### **Summary**

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On Monday 3<sup>rd</sup> November 2008, The Healthcare Quality Improvement Partnership (HQIP) and National Clinical Audit Advisory Group (NCAAG) hosted their inaugural national clinical audit summit in London: **'Revitalising Clinical Audit'**. The summit introduced and launched the new management arrangements for clinical audit, providing an opportunity for the vision for its future to be debated.

The summit was attended by over 130 delegates, bringing together the teams involved in running audit projects both within and outside of the National Clinical Audit and Patient Outcomes Programme, clinical databases and registers, and representatives from the Royal Colleges and the Department of Health.

The primary purpose of the day was to showcase the new emphasis being placed on clinical audit as part of the centrally driven Departmental drive expressed in the Next Stage Review, which puts quality at the heart of the NHS.

The summit also aimed to enable opportunities for national audits to network, share experience, gain support and express views, as well as to stress that within both HQIP and NCAAG there existed strong organisational and intellectual support for audit, backed by central funding. A new sense of urgency and commitment to the development and reinvigoration of audit underpinned the day.

### **Programme**

The conference was opened by Professor Dame Carol Black, Chairman of the Academy of Medical Royal Colleges, who spoke about the new programme and its initiatives to revitalise clinical audit.

Professor Sir Bruce Keogh, NHS Medical Director, delivered the keynote address, placing audit at the heart of the Darzi review. He stressed how important the collection and sharing of data is in driving quality, and outlined the various steps the Government is taking to implement the Darzi vision.

Professor Nick Black, chairman of NCAAG, gave a resounding speech on the need to raise the profile of audit, as well as on the overall aims of the new programme, including the role of HQIP.

Throughout the summit, delegates were invited to respond to the presentations, ask questions and participate in discussions through:

- a question and answer panel made up of the three speakers above, as well as Janet Davies, Director of Nursing at the Royal College of Nursing
- a series of workshops on the challenges and opportunities ahead for national clinical audit.

Several key themes emerged from these activities that raised serious and challenging issues, including:

- the very real challenges of extending audit to include collecting data from primary care
- sustainability of funding and the challenge of finding continuing funding with minimal cost in collection
- issues of how registers and clinical databases can be supported and their data mined for quality improvement purposes
- difficulties of using audit data as part of regulation
- issues of communicating and dissemination of audit data to clinicians in a way that changes practice
- the handling of outliers
- relationship of audit data, often collected for teams, to the revalidation of individual clinicians
- the need to sell audit to the sceptical, including Trust management, in order to help clinicians engage in audit with appropriate tools, resources, training and support
- reliability of audit data for regulation, including assurance that data is comparable.

The above areas were recognised by participants as presenting a need for long-term development, and ultimately solutions, and there was consensus that a national strategy on quality which included clinical audit needs to action all of these topics.

### **Outputs**

The wide ranging discussion and workshop sessions explored these complex areas in detail, and the outputs will be used to give a clear steer to HQIP and NCAAG of the tasks that need to be undertaken as part of the future strategy on audit.

Group conclusions included the need:

- to develop a wide range of audit support tools, including electronic data records that can be analysed and compared
- to develop some clinical databases into quality improvement mechanisms, through support over time
- to help all national audits make the jump to being strong influencers of local change in clinical practice through the return of real time, useful data
- for regulation and commissioning to back the need for audit.

### **Conclusion**

The agenda is challenging and will take time to achieve. However, the summit met its main objectives and ensured participants went away with a sense that audit is now part of a wider process to drive quality. Within audit there is coherent and strategic thinking, with an organised and informed structure in the shape of HQIP and NCAAG to drive it forward.

Those involved in NCAPOP projects were given the opportunity to share experiences, raise issues, and meet their peers, feeling part of a wider movement to improve audit quality. Projects outside of NCAPOP were shown that support was also available for them, and that they could share the networking opportunities and benefits that the new programme provided.

Above all, the meeting was a unique opportunity to harness the energy and commitment of a significant group of clinicians, policy makers, audit professionals and patient bodies to help shape the future of clinical audit. The addresses, detailed comments made in workshops and discussion in the plenary sessions are all already making their way into the strategic plans of HQIP.