

## **Regulation of Clinical Audit within the Annual Health Check: An HQIP seminar – 25<sup>th</sup> and 26<sup>th</sup> November 2008**

### **Group exercise responses**

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#### **Background**

On 25<sup>th</sup> and 26<sup>th</sup> November 2008, HQIP Healthcare Quality Improvement Partnership (HQIP) held two seminars aimed at Primary Care, Acute and Specialist Trusts.

These master classes explored the regulatory requirements of clinical audit within Standards for Better Health and the National Priorities. Sessions covered the key questions that will be asked as part of the Healthcare Commission special data collection in relation to the 'Engaging Clinical Audit' national priority and explored criteria used to measure the requirements of providers and commissioners in relation to the new Standards for Better Health Criteria.

These sessions were attended by staff with responsibility for:

- Annual Health Check
- Performance Indicators
- Standards for Better Health
- Clinical Audit

The workshops also featured group exercises to answer specific questions designed to help us understand the current structure around clinical audit and ensure that we offer the right products and communication going forward.

The results of these discussion groups are published here.

## What support can HQIP provide to enable local clinical audit?

### Communication

- what's new – keep informed of developments, news and events both within HQIP and in the wider community
- make information more easily accessible
- continued contact from HQIP with networks
- keep networks communicating - sharing innovations/reducing duplication
- continued improvement in networking
- set up a journal for audits to be published –pressure on junior doctors to do this
- 'early' delivery of HQIP's aims –within 5 years.

### Training

- accredited training for audit staff, facilitators & trainers
- more resources to allow facilitators to train staff/clinicians
- leadership/project management skills to ensure progress of audits
- train the trainer
- off-the-shelf packages for clinicians and how to engage clinicians
- regular updates of training packages
- development opportunities
- nationally standardised training at different levels- basic to advanced
- European/USA/international qualification
- if you have training from other organisations will you be accredited?

### Support

- less national audits – more sharing of local good practice
- links to all national audits
- HQIP to work with SHAs to facilitate local audit (remove wasteful supra-district audits)
- help link audit to quality improvement, practice change (eg SPI) and incident reporting
- links to incident reporting guidelines
- case studies and successful clinical audit to share practice – trust based events like NICE
- influence Royal Colleges – impact locally
- show improvements – resources/funding or influence this with organisations
- examples of good quality audits that have led to change in practice- HQIP could support 'sharing audit tools!'
- guidance for trusts on "grey areas" medicines management and other reviews
- direction – strategy, policy templates
- audits channelled through HQIP 'one stop shop' from other National advisors eg NPSA, NCC.
- National audits – against NICE (3 year programme)
- HQIP to talk to chief executives. Change management
- make trusts visible, as this enables credibility
- engage independent contractors
- raise profile within Trust identifying, clarifying and recommending PAs/consultants and dedicated for clinical audit
- professional body for clinical audit, help with marketing clinical audit
- HQIP funding for regional networks.

### Audit tools

- database of local audit tools and strategies, web based clinical audit systems. Database of audits. Local audits promote value
- kite-marking local audit tools

- eLearning
- network groups – Facebook for audit – provider as well as commissioner. Web forum/blog. Trust boards to detail quality for audit professionals
- templates for audit registers and monitoring
- schemes for clinicians to be seconded into audit
- equality in banding for audit staff – across primary and secondary care
- less focus on quantity – more focus on QUALITY of audit
- dentistry audits.

### **Regulating standards**

- national guidance on audit
- measurable criteria for good audit
- clear definition of clinical audit and other “audits”, including evaluation, research, etc
- standardised job descriptions
- sharing best practice
- work with Royal Colleges to develop structured approach to junior doctor audit – participation doesn’t mean complete the whole cycle!
- matching ‘twinning’ to other trusts
- benchmarking
- eliminate tick box mentality
- clear operating framework/guidance/objectives.

### **What is in your clinical audit strategy?**

#### **What is audit?**

- what audit is/is not
- difference between research and audit
- can it be put into place to entire audit process.

#### **Involvement**

- patient and public involvement
- NICE/NSFs/CE/ Safety
- essential people – groups/committees/clinician led groups
- the role (JD) of clinical effectiveness/audit leads in each care group
- stakeholder engagement
- commissioning/provider
- includes patient satisfaction/involvement
- differentiation of audit/research/service involvement
- what national initiatives are being/should be followed - management of national guidance
- demonstrate organisation’s commitment and culture
- tying in clinical audit to service specifications
- vision statement
- plan – training and resources. Improve training
- action planning/ improvements
- 3 year strategy and 1 year action plan. Reference to other strategies/priorities
- goals (eg improve pt. involvement)
- SWOT – far challenges
- “10 steps” to audit
- priorities and aims
- to share the strategy with other trust departments that it might impact on (integration)

- vision of organisation - structures
- identify processes to deliver the aims (programme/priorities/training)
- links with research
- aims and objectives - statement of intent
- standardise patient involvement
- communication
- evaluation
- resources required
- implementation plan- develop audit programme
- process for implementing NICE guidance
- audit registration process
- dissemination of results
- includes an audit forward plan
- improve involvement in clinical audit (protected time)
- improve/develop information re CIA process
- GANT charts of process for audit
- expectation to present audits
- identifying and delivering the organisation's vision
- clinical audit T&R
- "audit of audits" survey of audit culture - Results of "audit of audit"
- review date
- links to SFBH core standards
- links to clinical governance
- forward programme setting
- clinical audit committee T.O.R
- reporting structure.

#### **Ideas**

- a guide for clinicians – 'how to' forms (proposal, action planning, outcomes), strategy, cycle, report writing
- making audits electronic, use of forums, automated proposal/report process, CRs
- using toolkit from 2002 "best practice"
- local quality improvement plans that include 1 audit
- 3 mandatory audits - minimum of 3 audits per year (one of which should included patient and public involvement (not political))
- defining roles and responsibilities at every level
- quarterly reports to trust board
- evaluation and training availability (inc previous figures)
- proforma/proposal form
- reporting mechanisms
- authorisation and prioritisation process - key themes
- key results of measurement indicators.

#### **Questions**

- where we want to be
- what we want to achieve
- who should report to whom
- how do we monitor the strategy (identifying milestones)
- question- do they recommend including effectiveness?
- what the HCC does
- where we are now

- where we want to be in 1-3-5 years time – how do we get there
- NICE Guidance – how process works
- what PCT expects
- what constitutes a good audit.

### Issues

- confusion over organisational split i.e. PCT commissioning/provider split
- information governance/ethics.

### What is your approach to training clinicians at a local level?

#### Ideas for training

- course ideas:
  - o 1 Day event x 2 pa for all in-house health professionals and strategic groups
  - o CD and induction for medical staff (South Essex Partnership Trust)
  - o ½ day interactive teaching session every 2 months for all staff
  - o 1 week training programme/awareness week – voluntary
  - o 6 courses per year/one full day
  - o Bite-size 1 hour chunks
  - o ¼ day trust wide training
  - o educational day/half day every 6 months
- audit programs
- evening meetings to introduce contractors (pharmacists , dentist, etc)
- big issue with insufficient clinical audit support staff to cover training and doing audits and release of staff to audit
- train the trainer – for audit staff
- audit days
- bespoke training across health economy
- FY1 and FY2 (student doctors)
- 1:1 training prior to starting on audit
- active not pro-active
- delivery of training – other trusts
- update is voluntary for clinicians
- heads of service nominate trainees
- part of mandatory training programme for organisation
- ad hoc training provision
- about to share training with council – income generation
- if they do training they commit to an audit project
- training is targeted at specific people
- gap analysis on training required
- monthly courses
- adhoc training sessions
- open door policy
- junior doctor and nursing induction
- PCT protected learning time
- advice of specific projects
- audit champions – each service area
- raise awareness
- encourage attendance at training
- accredited training
- sessions at local groups.

## Tools and resources

- intranet resources – audit results, eLearning
- clinical audit framework – step by step guide
- advertised at induction
- team training when teams want to do an audit
- parts of induction be voted to audit
- support directorate – meetings with clinical staff as required
- package training – support for this, e.g. IT skills, negotiation/ influencing, change management
- “How to...” workbooks. Use of a handbook – given at induction. Leaflets
- training tracker (on live package/software. info on intranet – CA page)
- information sheets on intranet for provider services
- workshop based training
- group audit planning/facilitation
- drop-in clinics, JD induction, workshops
- leaflets at trust induction
- email helpline/helpdesk
- audit pack (EKCAS)
- ensure adequate resources
- eLearning provision

## Examples

### eLearning:

- Isle of Wight Trust (20 min)
- Kingston Hospital Acute Trust (1 hr)

### Taught:

- intro to clinical audit (95 mins)
- work based learning module at Surrey University – 20 credits
- clinical audit with excel (using excel for CA)

## What does your local prioritisation process consider?

- complaints
- NPSA alerts
- risk management standards, Risk scoring
- realistic, measurable, relevance
- achievable change
- clinical issues
- ‘essence of care’
- local guidelines and policies and Local audits (risk, cost, volume)
- commissioning requirements quality schedule
- NICE publications, NICE and PCT quality schedule
- horizon scanning
- national audits and initiatives - national investigation reports, National and Local PCT
- Standards for better health - hygiene code
- 10 areas (above) performance/AHC/concerns
- national confidential enquiries
- national suicide prevention toolkit
- divisional objectives

- NSF's
- ICP's and re-audit
- NM - tariff drugs
- patient involvement and public concern
- high priority
- clinical cost effectiveness
- national inpatient survey
- PROMS
- Coroners' reports
- service user forum etc

## Resources

- Thromboprophylaxis
- new interventional procedures
- audit application form – scoring method/priority
- prioritisation policy used
- risk assessment – against service delivery policies
- PCT strategies – discuss with reps
- discuss with service user reps
- PEC “top 10” NICE guidance list
- hierarchical approach e.g. NICE, National, NSF, Local, FBH, etc
- use expertise and advice at audit
- Is it audit?
- clinician pressure/power
- response to SUI's – complaints
- integrated governance approach
- commissioning concerns – costs etc
- client satisfaction
- SUI (serious untoward incidents)
- risk register
- quality indicators
- national and local
- link to diverse strategies
- benefits to patients
- KPI and PPI (indicators)
- staff and service priorities
- special interest GPs
- champions
- reviews – HLL, RMST, CNST, NHSLA etc
- ICPs
- risk related topics and incident related
- patient safety
- Trust-wide audits
- re-audits
- directorate priority audits and team
- NSF
- regional network audits
- commissioner priority audits
- nursing quality indicators
- commissioned quality indicators
- service user views

- confidential enquiries
- recommendations from external visits
- national must-dos – NICE, NSFs, NHSLA
- local priorities and development plan
- link to trust priorities
- are there standards to measure/explicit criteria
- LEAN management
- areas such as complaints, claims, risks, SUIs, High volume, activities
- care pathways
- outcomes and process
- 'SMART' aims
- patient/service user/carer/public involvement
- national audits and national priorities – child protection, Smoking, MRSA/C diff. etc
- trust priorities
- actions plans following exterior assessment
- new services
- is the audit methodology any good?
- consider/champion protected time for 'other' clinical staff

### **How should commissioners use audit?**

- building relationships in conjunction with service users
- patient and public involvement
- assurance of contract annual results
- inspectorial tool
- request trusts to do audits on areas of concern and follow up on the action plans
- Quality and Safety Committee (or commissioning CG committee) to review findings and recommendations - through the quality schedule (part of the contract) by spot check on part of commissioner
- identify risk areas for investment
- identify areas in need of development
- identify services to commission eg identify gaps or performance poor/good
- improve quality of care and services/service redesign
- encourage cross-Trust working
- to inform standard contract
- informing commissioning decisions
- auditing "like for like" amongst numerous providers
- demonstrate quality to patients/users
- clear objectives/expectations/timelines – no surprises
- increased input into local audit programs
- increased collaboration of service planning
- sensibly and structured, or agreed at beginning of year instead of asking for audit results every 5 minutes (obviously with some flexibility) which aren't on priorities. Trust/PCT discuss and agree
- good practice evidence
- specific/validated CA evidence
- part of contracts/monitoring (explicit/measurable)
- development of forward programmes/prioritisation tools
- advise providers where to target resources
- commission specific audits
- measure quality and continuous improvement – not activity monitoring

- ensure consistent standards
- build audit into commissioning contract
- use Trusts who audit as gold standards
- evidence delivering on quality
- evidence delivering NHS standard contract
- Commission need to develop understanding of audit
- clarification of boundaries e.g. quality performance vs audit
- rationale for undertaking ongoing dialogue
- evidence to support decisions
- allocate resources
- tendering
- demonstrate achievement of contracts
- clear guidance of what needs auditing
- better understanding of public health priorities
- common language – using same data for decision making
- use outcomes to inform commissioning/outcomes
- help with performance
- to help plan referrals and the pathway
- quality in process.

### **What support would you like from HQIP to enable achieving compliance?**

- interpret/translate requirements
- CBP for audit training
- advice
- tools and training materials
- continued communication
- good links to non-NHS eg social care
- more of today's type of event
- forum or website with library of information
- someone from HQIP to evaluate team for effectiveness
- encourage more prescriptive instructions from the HCC
- visit Trusts to influence Boards to support audit process
- guidance for size of team needed to support audit activity in various sizes of Trust
- provide central place for Trust action planning and implementation
- influence over Trust boards/strategic committees
- template clinical audit strategy – just approved
- establish clinical audit networks within SHA boundaries to avoid travel
- provide notice of any clinical audit activity, including national audit, to clinical audit departments and not just chief execs/clinical leads
- avoid duplication on regulation
- when NICE guidance is published ensure that there are audit tools and a clinical code available where relevant (acute and primary)
- professional accountability to prevent junior doctor “sign off” for non compliance of audits (e.g. can't progress from F1 to F2 without completion)
- engage with local professional committees to help engage clinicians with audit (LMC)
- visit individual organisations to educate the exec team and run master classes for all staff
- accredited clinical audit training promoting understanding, participation, organisational requirements and issues
- collate data re specific guidelines and national audit
- be our “voice”

- benchmark resources
- professionalism of clinical audit - persuade senior management to resource and support – fencing budget would help
- develop templates – strategy, training professions, evidence portfolio, annual reports, audit database, proposal forms
- access to others with specialist skills to help see things such as database design/change etc.
- chatroom style forum
- make audit ‘attractive’
- allocated/dedicated audit time for clinicians – not just medics
- consistency across counters and professions.

### **How do you use the outputs from national audit?**

- Gap analysis, action plan to make improvements
- report through governance structures
- influence individual practice, feed into appraisal process
- multi-disciplinary approach/involvement
- sharing results and implementing improvements – re-audit locally
- clinical champion to help promote results
- harmonising timeliness of data collection
- report to PCT
- liaise with college leading the audit (eg software, and question design)
- co-ordinated contact about national audits would be helpful
- best practice – audit trust conference
- audit award presentation
- gap analysis to the governor’s committee
- design poster/presentation on national audit
- spin off audits (local)
- inform business cases
- develop strategies and policies
- benchmarking
- modernisation of services
- consultant leads invited to clinical effectiveness group to discuss output and actions – way to cascade output and actions
- working on results as a health economy
- make sure CA managers get the results
- guidance on banding and experimental structures
- clinical audit staff per bed ratio
- action plan & changing practice
- benchmark with other trusts
- violence audit used to change practice at ward level
- laminated cards with traffic lights results of national audits to individual teams – results shared electronically
- quarterly reports of results to board, governance meetings and teams with action plans, and progress against plans
- look at data before uploading to take local action
- use results in training staff
- cancer networks – cancer action plans
- inform commissioning
- business case and development of guidelines
- inform national guidance education

- public health strategies
- inform citywide strategies
- the method for using outputs from national audit should be clearly defined before you start
- to get the chief exec interested in clinical audit
- feed into local audit programme
- use it to quality assure we are achieving SFBH standards
- develop a joint organisational care pathway
- feedback to participating services/responsible groups and develop action plans and feed into lessons learned group
- use results to raise your profile by sharing results
- identify areas for improvement
- quality of audit improves potential for using outcomes
- clinicians use “politically” to obtain resources for their PCT area.

### **Which committee is responsible for clinical audit?**

- clinical effectiveness steering group - TEC
- quality and risk committee - Acute
- patient quality and safety group - Acute
- clinical governance quality forum - PCT provider
- directorate governance groups
- clinical governance committee
- clinical audit group - Commissioning
- clinical audit advisory group - PCT provider
- clinical audit and effectiveness committee
- clinical cabinet
- clinical audit and governance integrated
- CA and Res. Steering group (Ambulance)
- CG and risk committee
- Divisional group
- should be at trust board level! In reality CAC's/CGC's/Divisional GC's directorate
- clinical standards and patient safety group
- clinical audit and standards committee (CAPC)
- clinical and social care effectiveness and trust audit committee
- quality committee – review action plans/implementation of recommendations/receive national reports
- assurance committee
- governance group – accountable to board/provides information.
- Audit sub group reports to integrated governance assures governance committee which reports/assures board
- lead clinicians group – details considered and feeds into governance committee
- annual reports – same groups produce
- standards for better health implementation
- drugs and therapeutics committee
- health quality and standards committee
- escalation of significant audit, issues through governance structure
- provider governance committee
- research and audit panel
- local (topic specific) groups
- divisional/directorate groups
- service users

- NICE effectiveness manager
- EOC benchmarking group
- some prioritise, some sign off, some make decisions/action plan.

### **National audits**

- dates are needed for forward planning
- have all national audit information in one place, eg national database
- cross referenced against HCC/C&C
- guidance on challenging national audits (must dos)
- feedback is needed sooner
- HQIP should help influence good quality design
- extra resources are needed
- Dr Foster links with data – prevents duplication
- accredit audits
- deadlines and clarity
- don't change the goalposts or methodology half way through
- data collection – gold standard (vse MDs)
- local clinical audit involvement
- do not call data collection audit
- HQIP should be responsible for all national audits
- don't run all data collection over same period - communicate with others who produce national clinical audit (7 between Oct- Dec)
- inclusion of community services – all health communities, district nurses etc
- make them audit not monitoring –background support required is huge, notes pulling, data collection, data entry
- give regard for resources
- ensure methodology and software are fit for purpose and Trust friendly
- communicate changes in data set
- phasing national audits to avoid over burden and better interface with NCEPOD/National reviews/SABs
- communication with IT teams re data capture
- use SUS data.

### **Open suggestions**

- how various new bodies connect
- need to target level 1 clinicians to sell the value and benefit of current/future audits
- publish relevant priorities of the various national audits
- what are the consequences of not taking part?
- better targeting of information to relevant people
- Place information on national requirements in journals for clinicians
- give advanced warning and notification
- set up local networks
- provide variation in banding
- publish competencies
- use of statistics guidelines
- national qualification
- standard basic job descriptions for audit
- list of training courses available

- audit requirements of different professions
- design a free, downloadable audit database
- free sharing of information
- support for local audit – eg online audit tools
- participant list for audits
- focus on local audit and core clinical audit standards in assessment
- web based forum – for knowledge sharing etc
- make this a regular event – annual
- stop introducing and changing acronyms
- PCTs – can't involve doctors unless paid to come
- don't use clinical audit just as performance management tool – have quality at centre
- coordination and better guidance around national audits – eg what is compulsory
- prioritisation of quality over quantity
- lack of audit staff resources - often single staff for whole PCTs
- template audit management database for each trust to use
  - o preferably linked to proposal forms, audit reports
  - o would allow better consistency/benchmarking
- agree standard proposal form
- measurements to be known earlier in the year
- deliver on promises
- push for resource contracts (care trusts, providers) ie part of tariff
- targeted resources for providers (PCT)
- better clinical audit training at medical school, OT, midwifery etc
- make clinical audit a recognised profession and career pathway
- clarify differences between audit and research and survey
- provide a better window for uploading data
- timely feedback (time for improvement to include standards)
- clear information on how to join audit
- consistency in terminology
- need more notice of what is going to be collected in national audit
- choose and book national audit - when will it be done?
- guidance for independent contractors
- multidisciplinary teams to derive national audits i.e. include mental health
- set of standards needed for national audits at setting up and running them
- HCC – more mandatory audits
- define compliance and roll new targets over to next year to give trust's time
- self assessment tool
- realistically priced audit conferences
- guidance on basic training needed for role
- priority 3 year plan