

Clinical Audit *Today*

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February 2009

Editorial: Time for clinical audit to prove its worth!

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2009 and clinical audit is unquestionably in vogue! After 20 years of being a Cinderella subject the future looks bright. A new Clinical Audit Advisory Group has been established to help co-ordinate clinical audit delivery at a national level and its chair Professor Nick Black speaks positively about the future of audit. Furthermore, HQIP are starting to offer increasing resources to help with the delivery of local audit and in time there will be a forum for those interested in clinical audit to share ideas, insights and innovations. Increasingly, audit is being talked up across the healthcare community with revalidation and commissioning helping push audit into the limelight...

All this is great news... but at the same time a nagging question remains... a 1000 weeks after audit was introduced by the Working for Patients White Paper of 1989, and where are all the brilliant audits that have improved patient care and service delivery? Of course many audits do make a positive difference, but with research by Jamtevd et al stating "the effects [of audit on professional practice] are generally small to moderate" and Principles for Best Practice noting audit has a "mixed success rate", all of the recent investment by the Department of Health must start to deliver outcomes in the shape of truly effective audits.

It is a difficult subject to broach with those of you reading this editorial, but good complete audits that directly improve patient care are rare and not easy to track down. I'd encourage you to take a look on the internet during your next coffee break and imagine you are a patient searching for clinical audit resources. You will find lots of strategies and materials, but tracking down example audits that have made an impact or detailed Trust clinical audit annual reports may prove somewhat more problematic.... and as clinical audit enters its third decade, this is a major concern!

Of course the investment in audit at present is welcomed by us all, but with funding and resourcing will rightly come increased expectations and accountability. The Department of Health will have audit under the microscope over coming years and I suggest they will rightly want to measure outcomes! This isn't unreasonable... after all outcomes are everywhere in healthcare at the moment and with clinicians being encouraged to deliver world class care it is only reasonable to expect clinical audit staff to show that their audits are making a real and measureable difference. In short, reinvigoration of audit is here and clinical audit is riding a wave of popularity at the moment... but be aware, the audit profession must ensure that a tidal wave of high quality audit projects hits the shores in the not too distant future.

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Latest National News

National Clinical Audit Advisory Group (NCAAG)

NCAAG are the strategic group formed in 2008 and chaired by Professor Nick Black. NCAAG have a number of duties, including advising on audit issues as requested by the Department of Health and helping to drive the reinvigoration of national and local clinical audit. Recent news from NCAAG includes the appointment of Dr Sarah Schofield as GP member to the group. Sarah graduated from Leicester University and works in a five partner practice in Southampton. NCAAG last met in mid-September and their meeting included a presentation from Frontline consultants looking at "Mapping Local Clinical Audit". The group also discussed current arrangements for commissioning national audits and agreed that a more responsive two-stage approach should be launched immediately. To keep informed of NCAAG activities, visit www.advisorybodies.doh.gov.uk/ncaag/index.htm

Healthcare Quality Improvement Partnership (HQIP)

As featured in Issue 1 of Clinical Audit Today, HQIP are a consortium made up of the Academy of Medical Royal Colleges, Royal College of Nursing and National Voices. HQIP hosts the contract to manage and develop the NCAPOP and will provide operational support in relation to clinical audit as directed by NCAAG and the Department of Health. Recent news from HQIP includes confirmation by the Charity Commission in December 2008 that HQIP's application to become a charity has been accepted. In response to this, Robin Burgess, HQIP's Chief Executive said "this is exciting news – having charitable status allows us to reinforce our position and attract funding from a wider range of sources to support our work".

In other news, HQIP have announced details of 12 new national audit projects, including asthma care services, essence of care – food and nutrition, inflammatory bowel disease, management of venous leg ulcers, end of life care provided by primary care using after death analysis, prescribing practice for treatment-resistant schizophrenia, quality improvement programme for the pain database, etc.

HQIP have revealed that they are on the search for clinicians to champion the benefits of clinical audit and the consortium have also announced they will be hosting their inaugural Clinical Audit Awards Ceremony at the Working Together in Clinical Audit Conference taking place at the Belfry in April 2009. For more details of how to book on this event, visit the HQIP website.

HQIP have also announced ambitious plans to define quality markers for high quality clinical audit. This work will be carried out during Spring 2009 and will involve HQIP undertaking a mix of desk-based research, focus group workshops and wider consultation to develop a consensus on what constitutes audit quality. HQIP expect to complete this work by late Spring.

On a final note, HQIP have invited bids to develop a range of new national audit tools and products that are aimed at helping local teams to deliver clinical audit. HQIP are looking to commission 20 resources, including an audit strategy, audit report template, etc. In addition, HQIP are keen to listen to ideas from those who would like to develop audit resources and funding up to £15,000 is available to successful applicants. For more information visit www.hqip.org.uk

National Audit Governance Group (NAGG)

NAGG were established in November 2000 and are a group of interested people from several national and regional audit groups. The purpose of the group is to act as a "network of networks" for those in clinical audit, whilst simultaneously providing expertise in audit and sharing resources across the audit community.

There have been a number of key personnel changes at NAGG during the second half of 2008 with Robin Sasaru replacing Martin Ferris as Chair. In addition, Chris Swonnell has been appointed General Secretary and Nicola Porter is the new Finance Officer. The group have also reviewed their governance and membership arrangements and details can be located on their website.

The group have also announced that they are looking to provide a consensus statement on the retention of clinical audit data and reports and they are looking for views from those working in audit to contribute to this debate. For those of you unfamiliar with NAGG more details can be found via www.nagg.nhs.uk

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Looking towards the future: What is in store for Clinical Audit in 2012?

**By Martin Ferris,
NCAAG and NAGG member**

This article is a summary of my presentation at "Clinical Audit 2020 – The Return". As I stated then, what follows is my personal opinion and not that of any organisation for which I work or am affiliated.

The commissioner / provider split within the NHS will see a significant change in clinical audit. So much so, in fact, that clinical audit within commissioning will cease to exist as an entity in its own right and it will be subsumed into a wider remit covering healthcare quality improvement. That doesn't mean that clinical audit isn't important. Specialised knowledge will still be necessary. Rather it places clinical audit into a more comprehensive quality function, reflecting World Class Commissioning and the Darzi Review, where it can be directed and used to maximum effect. Commissioners will have specific expectations of provider organisations that will be laid down within contracts and regularly monitored. Commissioners should expect all providers to take part in national audits that relate to their organisation and to have action plans produced as a result. A greater collaborative approach between providers and with other agencies, e.g. local authority, will be specified and managed as part of normal practice.

There will be an increase in the number of national audits. These audits will be in different clinical areas to those on the current programme, covering many new topics, and initiated because of a real need at trust level. They will be managed more effectively than now, so that participation at local level will become less resource-hungry and they will provide timely and relevant feedback to trusts. Results of national audits will also be made openly available on the internet.

Clinical audit, as we currently understand it, will gain an increased profile within providers. However, change it must. With both commissioners and external assessors expecting more and better targeted audit activity, traditional activities such as allocating scarce resources for supporting doctors in training, retrieving medical records etc, will stop.

Clinicians will be monitored more closely regarding their participation in audit. Not only will this form part of internal appraisals but also will be included in external accreditation, revalidation and recertification. Having evidence of participation in national and local audits will be a key factor for all clinical staff.

Despite the best efforts of a number of champions and the continuing stated desire to do so, patient and carer involvement will not have moved forward significantly unless there is an increased demand from commissioners and / or the centre.



More efficient use of IT will allow for increased audit activity in providers, and give the opportunity to improve the robustness of audits undertaken. Improved systems should allow for easy reporting of progress and activity to commissioners.

With support from national bodies such as Healthcare Quality Improvement Partnership, the clinical audit function and staff within providers will begin to develop as a professional group. For some trusts where clinical audit has not been seen as a priority in the past this will mark a major change. Accreditation of clinical audit departments will have begun whereby they will be expected to meet nationally recognised standards of service and function. Clinical auditors themselves will likewise be expected to have defined knowledge and skills. The first steps of real professionalization will have been taken, hopefully with the creation of a meaningful, representative, national and informed body lobbying for recognition from the centre.

But, on a personal level, the key development for me will be that I expect to have retired by then!

Good luck to you all!!!

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Re-Audit Revival: the importance of completing the cycle!

Julie Jones and the Basingstoke and North Hampshire Foundation Trust Audit Team

What is Re-audit?

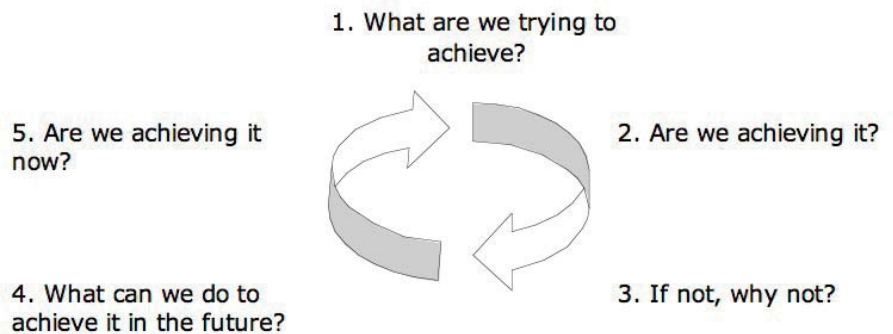
Re-audit (closing the audit loop) is the final and vital step of the clinical audit cycle.

The process involves repeating each stage of the clinical audit cycle using the same methodology (including standards and data collection tool) to compare current practice with that measured in the initial audit. It is important to re-audit to show whether actions implemented from the initial audit have resulted in improvements to patient care or service delivery. Re-audit also demonstrates if standards are continually being met.

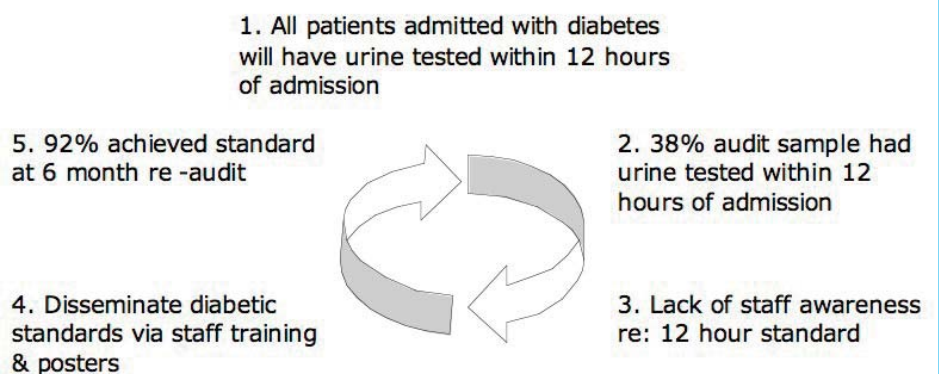
A re-audit should be conducted once you are confident all changes to practice have been implemented. A re-audit is the only way to ensure and demonstrate improvements in the quality of the service. When to re-audit depends on the nature of the changes to be made; ideally a re-audit should be undertaken within one year.

So, why is it that there is little evidence of re-audits being undertaken? The Clinical Audit Support Centre recently requested examples of local, high quality clinical audits from NHS Trusts, for inclusion in the second edition of 'Principles for Best Practice in Clinical Audit' book that they have been commissioned to update. Lots of examples of good clinical audits were received; however, few were fully completed as they had no re-audit stage to demonstrate that improvement had been made to the quality of care.

The Audit Cycle



The Audit Cycle in Practice



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Re-Audit Revival...continued

The Way Forward

The clinical audit team at BNHFT realised the need to revitalise re-audit across the Trust in order to ensure the clinical audit cycle was completed.

Consequently, the team began to tighten up the audit cycle processes within the Trust.

Actions implemented

- The most recent Trust bi-annual clinical audit conference focused on re-audits, with evidence of re-audit being a requirement of submission for verbal and poster presentations.
- To improve awareness, an article on the importance of re-audit was written for the Trust 'Quality Matters' quarterly governance newsletter to all staff.
- Clinical audit training materials and workshops were revised to place more emphasis on the undertaking of re-audits.
- A re-audit email reminder template was devised and sent to project leads to remind them when a re-audit was due.
- Re-audits form a large element of the annual audit planning processes.

Improvements

The Trust holds bi-annual audit conferences which are supported by the Chief Executive and Medical Director. At the conferences a range of speakers give verbal presentations from across all clinical divisions and there are also a large number of poster presentations from many clinical areas. The conferences aim to share best practice across the Trust and to demonstrate improvements in patient care.

Upon reviewing previous conferences, the audit team found that there were few re-audit presentations. Following the teams focus on re-audit, the most recent audit conference held in September 2008 saw a 50% increase in the number of re-audits submitted as verbal and poster presentations. Added to this a subsequent review of the Trust audit database revealed an increase of 62% in re-audits that have been registered within the last year. We aim to increase this even further in 2009.

A further measure of our success in the revival of re-audits was the submission of two posters (Tracheal Tube Cuff Pressures in ITU Re-Audit, and Malnutrition Universal Screening Tool Re-Audit, NICE CG32) to the Clinical Audit 2020 conference, held in Leicester in September 2008. The posters subsequently won 1st and 2nd prizes. The Tracheal Tube Cuff Pressure poster has also been accepted at the next Clinical Audit and Improvement Conference in London, February 2009, which is an added bonus in the quest of the revival of re-audits at BNHFT.



The Clinical Audit Team, BNHFT. Featured in the photo are Diane Maton, Julie Jones and Christine Bagan.



Poster Prize Winners at 'Clinical Audit 2020' in September 2008. Featured in the photo are Dr Gayatri Daniel, Christine Bagan and Julie Jones.

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Initial thoughts on clinical audit

Alistair Bogaars
*Clinical Effectiveness Manager
Islington PCT*

Alistair has recently joined NHS Islington as Clinical Effectiveness Manager, with a remit to promote quality improvement across the PCT. Prior to this he worked for a range of central government departments and agencies, most recently for the Personal Accounts Delivery Authority in Product and Scheme Promotion. Alistair has also worked for Communities and Local Government, the Social Exclusion Task Force at the Cabinet Office and at the Home Office.

I was approached to write this article after attending a number of clinical audit training sessions with Stephen and Tracy, soon after I started as the Clinical Effectiveness Manager at NHS Islington. They asked if I could give my views on clinical audit from the view point of someone entirely new to the NHS and clinical audit.

My background is in central government, where I've worked for a range of Whitehall departments, a number of these roles have related to performance management of Local Authorities through Local Area Agreements. I've also carried out audits, but not 'clinical audits' and yes, there seems to be a difference between the two.

My first impressions of clinical audit were really picked up through interaction with colleagues and the training sessions with Stephen and Tracy, to which I was helpfully guided by my counterpart at Camden PCT, Fiona Sutherland.

I soon picked up through these sessions that following the full audit cycle was quite a rare occurrence, with many audits reaching what they called the 'implementation of necessary changes' stage and not necessarily progressing to the re-audit stage. I of course made a mental note to check this with the clinical audits being carried at my PCT. After some investigation I found that many audits were re-audited on a yearly basis, but not necessarily within the same financial year.

I did however get involved in some audits being carried out by our Commissioners at local acute trusts and I was very impressed with how they have started out, by adhering strongly to the audit cycle. As I've progressed through my role over the past three months, I'm finding out about new audits being carried out across the PCT on an almost weekly basis, which has given me cause for hope.

My aim now is to centralise this data, to share best practice and put in place plans to tackle bad practice where it occurs. This is not only a requirement of the Healthcare Commission Core Standards, but it will also bring us into line for Quality Accounts, which are an NHS Next Stage Review requirement that will need to be published by all trusts from April 2010.

So what have I learnt about audit over the past three months? Well primarily that its well recognised at a national level, that this is an area that needs work, but that there is a lot of good practice going on out there, which needs to be built on as we go



forward. I went to a HQIP event in early January and it was very interesting to see that their primary aim is to re-invigorate clinical audit, at a national and local level. It was also very heartening to see that HQIP have set up a Local Quality Improvement Team that will help support the delivery of clinical audit.

On a final note, I've been asked to think about three key observations that I've made over the past three months. Firstly, I've seen that the use of technology for data collection i.e. tablets and web links are definitely increasing response rates. Secondly, I've noted that the sharing of best practice is crucial for improving quality, whether this is within the trust, between services or by looking at the work of other trusts. Thirdly, I would have to say that the key challenge is in fact influencing sustainable improvements in the way that people work, in an already rapidly changing working environment.

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Refresh: feedback from the CASNET conference

By Marina Odom,
Clinical Audit Manager,
Nottingham City PCT

On the 19th November 2008, the Clinical Audit Support Network (CASnet) held its first clinical audit conference. The event, entitled 'Refresh!' aimed to spark renewed interest and enthusiasm for clinical audit through national speakers and showcasing of clinical audit activity from across the region.

CASNet is a network of people with responsibility for clinical audit who work within the East Midlands and South Yorkshire area. The group was established in the early 1990s and has gradually evolved from a MAAG dominated forum to a multi-disciplinary regional network. During 2008, CASnet secured funding to hold the Refresh! event from the newly formed Healthcare Quality Improvement Partnership's (HQIP). The day was held at Trent Vineyard in Nottingham, chaired and organised by the Clinical Audit Team at Nottingham City PCT, and was attended by 75 delegates from a range of healthcare organisations across the region.

The morning began with 'An Overview of the National Clinical Audit Advisory Group' by Martin Ferris, the clinical audit representative on this Department of Health group, followed by a session on 'Developing Effective Patient Involvement in Clinical Audit' by the Clinical Audit Support Centre Ltd. Phil Higham from NICE gave an interesting presentation on 'NICE audit support - now and the future', and our final speaker of the morning was Robin Burgess, the Chief Executive of HQIP, who spoke about 'The Role of HQIP'.

The afternoon was held as a 'marketplace' in order to showcase clinical audit activity from across the region. These were 6 small group presentations that delegates could choose to attend, including: 'A clinicians perspective on developing a clinical audit project', 'A quality framework for disabled children', 'COPD clinical audit in partnership with the pharmaceutical industry', 'Significant event analysis', 'A did-not-attend audit', and 'Delivering live clinical audit training'. Delegates were also given the opportunity to network and visit the stands and poster presentations from a range of teams and organisations.

The event evaluated very positively with many delegates commented that the day had been very interesting and a good opportunity for networking. Delegates also appreciated the chance to keep track of national initiatives and meet key personnel from NICE, HQIP and NCAAG. Overall, 'Good' or 'Very good' ratings were given by 82% of delegates for the morning speakers and 80% of delegates for the afternoon sessions. We would like to take this opportunity to thank all of those who helped support the event and we are already planning Refresh 2 for early 2010.



Contributing articles to *Clinical Audit Today*

Background: the audience for the journal is intended to be clinical audit and governance staff and practising clinicians and managers with an interest in the subject. *Clinical Audit Today* is not intended to be a high brow, academic publication and we request that your article is written in plain English and focuses on everyday practice.

Length: 500-1000 words.

Illustrations: where appropriate please illustrate your work using charts, tables, photos, etc.

References: where appropriate, references should be included – Vancouver numerical format. Please also include links to relevant websites and resources.

Submitting your article: on the first page include the article title and names of all the authors. Please provide the details of which organisation is submitting the article and an email address of the principal author. Start the article with no more than five key bullet points summarising the article. Submission must be in Arial font 11 and text should be justified throughout. Any heading or sub-headings should appear in bold type.

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frontline

we help you do things better

Mapping local clinical audit – summary of the Frontline report

By Rhona Hotchkiss,
Frontline Consultants

This project to map local clinical audit across the NHS in England and Wales, was conducted between April and August 2008. The brief from the Department of Health was to produce:

- a report of the organisation of current activity at local level
- a report of stakeholder views
- a database of stakeholders who would like to be kept apprised of developments in the NCAPOP programme

The results of the project will inform the work of the new Health Quality Improvement Partnership as they and the Department of Health, seek to 'reinvigorate' clinical audit in line with "Good Doctors, Safer Patients" (DH, 2006) and "Trust Assurance and Safety" (DH 2007).

A literature search was conducted, looking at: pointers to success in local audit; experiences and challenges in conducting clinical audit; best practice in structuring and resourcing clinical audit and sustaining successful clinical audit programmes over the longer term. We found a lack of explicit pointers to success for clinical audit at local level but some evidence that local ownership and collaboration can make a difference. We also found evidence that patient/public involvement in clinical audit is not well developed, both through a lack of 'know-how' and

because decisions on how, when and why clinical audits are undertaken are largely made by medical staff.

Using a combination of interviews with local audit and managerial staff, interviews with other stakeholders, such as those leading national audit projects, and a questionnaire distributed to all trusts for completion by audit staff, we are able to make the following observations:

- the majority of trusts (87% of questionnaire respondents) are able to describe structures for audit at Trust level including planning and support at board level
- there are increasing requests to participate in audit originating at local and national level
- there is a clear belief amongst audit personnel that more staff at all levels are needed to cope with the increasing number of audit projects
- not enough is known locally about the use of audit data for improvement, with less than half of questionnaire respondents able to quantify this for their organisation
- clinical audit data is not widely used in clinician appraisal
- the use of clinical audit activity and data in commissioning, is not widespread

- the systematic use of re-audit to check that changes in practice have occurred is not common
- although there is some excellent practice in relation to patient and public involvement in clinical audit, many trusts are struggling to do this in a meaningful way
- participation in national audit is becoming increasingly common especially in relation to acute activity, but there seems to be a lack of central co-ordination, prioritisation and some poor practice around criteria, methodologies and feedback
- there were some fairly consistent requests for more accredited training opportunities and for networking, the latter perhaps to be facilitated by SHAs
- there were no significant differences noted between Foundation Trusts and other organisations, or between organisations in Wales and England

The full report and recommendations is available from HQIP. The report also includes a useful appendices of recent publications and websites that were reviewed as part of initiative.

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Call for Papers ISQua International Conference 2009



The International Society for Quality in Health Care invites abstract proposals for brief paper and poster presentations for ISQua's 26th International Conference on Quality and Health in Dublin from the 11th to 14th of October 2009.

With the theme of "Designing for Quality" this multidisciplinary healthcare quality programme will be of value to a wide range of professionals, and not exclusively within healthcare. ISQua's 26th International Conference topics will be applicable to countries all over the world. A truly "Global" programme is being planned.

We look forward to bringing you an excellent ISQua Conference programme and welcoming you to Dublin.

Ceid Mile Failte!

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For full Call for Papers details and for online submission instructions, go to: www.isqua.org

email: isqua@isqua.org

Check regular updates on ISQua's website www.isqua.org



Bruce Barraclough
ISQua President



John O'Brien
Executive Chair for Conference

Signposting

Clinical Audit Today would like to draw your attention to the following events that are taking place later in 2009.

TARN conference – 18/19th March (Midland Hotel, Manchester)

The Trauma Audit and Research Network and the National Neurotrauma Symposium is free to audit co-ordinators at TARN hospitals and there is a substantial discount for non-members. Speakers include Sir Bruce Keogh and Professor Karim Brohl. For more information visit www.tarn.ac.uk/Content.aspx?c=531

Working together to reinvigorate clinical audit - 29th/30th April (The Belfry, Sutton Coldfield)

HQIP are holding a free event that will incorporate the inaugural clinical audit awards. Speakers include Nick Black, Sir Bruce Keogh and Danny Keenan. Places are limited to one per Trust and registration forms can be obtained via the HQIP website – www.hqip.org.uk

Clinical Audit 2020 – 16th September 2009 (Athena Centre, Leicester)

The Clinical Audit Support Centre's third 2020 conference will take place in September. The day will include a number of inspirational speakers including Professor Mike Pringle and Róisín Boland (ISQua CEO). There will be short update sessions from HQIP, NCAAG, NAGG and NPSA. Delegates are invited to take part in the second annual poster competition. The early-bird delegate rate is £150 plus VAT and is available until the end of June. Email info@clinicalauditsupport.com for more details.

If you are holding an event in 2009 and would like this featured in a forthcoming issue of the journal, please send details to info@clinicalauditsupport.com