

Clinical Audit Update

November 2010

Realising the Potential of Clinical Audit

During the summer of 2010 MIAA undertook a project to assess the effectiveness of Clinical Audit in the North West of England. The aim of the project was to support the further development of clinical audit at local, regional and national levels and to contribute to wider debates and initiatives so as to ensure that the potential of clinical audit, to drive improvement and ensure aspects of quality, are realised.

The project was established to provide a more structured and systematic review of clinical audit across the North West and to explore key issues associated with the development and delivery of clinical audit within and across NHS organisations now and into the future.

Participants included Chief Executive (CE)/ Chief Operating Officers (COO) in Provider organisations (51% response rate) and PCT Commissioners (59% response rate). Clinical Audit Managers supported the detailed review of Clinical Audit (57% response rate). The work was augmented with the views of 18 Non-Executive Directors

This summary document outlines the key findings from the project.

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Few trusts could set out how clinical audit was being used in a systematic way to support wider governance and assurance activities

(Taking it on Trust, Audit Commission, 2009).

Context

Effective clinical audit programmes enable staff to critically review how care is provided, to make changes in their practice and demonstrate, through re-audit, improvements in the way care is delivered. The new standards framework for health and social care (CQC 2009), the requirement for Trusts to publish Quality Accounts, the need for providers to evidence achievement of specific quality measures (CQuIN), a new NHSLA standard, a focus on professional standards of practice (re-validation) - all coupled with wider concerns about how NHS organisations manage risk and ensure quality – have turned the spotlight on clinical audit.

As was noted in recent guidance ('A Simple Guide for NHS Boards and Partners', HQIP, 2010) whilst clinical audit was 'originally...developed as a process by which clinicians reviewed their own practice, it is now recognised as an effective mechanism for improving the quality of care patients receive as a whole. It offers a crucial component of the drive to improve quality and needs to be a strategic priority for boards as part of their governance function'.

However, it is clear from recent reports the value of clinical audit in supporting critical review, promoting learning and driving improvement is not always realised (Francis Inquiry 2010¹). Equally, it has also been apparent that, in some organisations, the

robustness of the systems in place for clinical audit and the nature of the assurances provided have not been subject to 'intelligent and rigorous' scrutiny and are in need of further development to support the wider governance of an organisation (Audit Commission 2009¹).

Methodology

The project adopted a 'mixed methodology' with a series of quantitative surveys (analysed at a high level to identify key themes) followed by a number of targeted interviews with specific organisations who had consented to being part of the second phase.

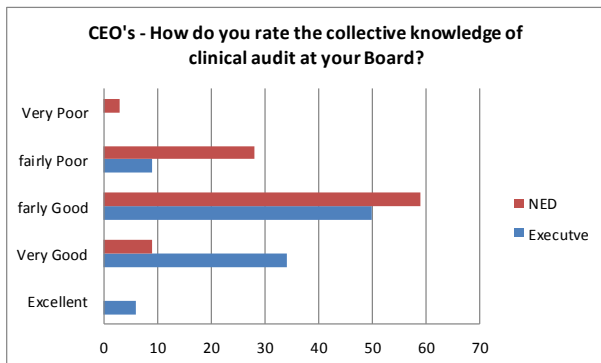
The key areas covered within the surveys were:

- Board knowledge of, and engagement with clinical audit.
- Systems in place through which clinical audit is reported to the Board and/or Audit Committee.
- Nature and roles and responsibilities of the central resource (clinical audit team), including driving improvement.
- Level of clinical audit activity undertaken including national audits, re-audits, NHSLA, and local priorities.
- Mechanisms in place to engage and support clinical staff.
- The role of commissioning organisations with regard to clinical audit.
- Challenges facing clinical audit.
- Developing clinical audit.

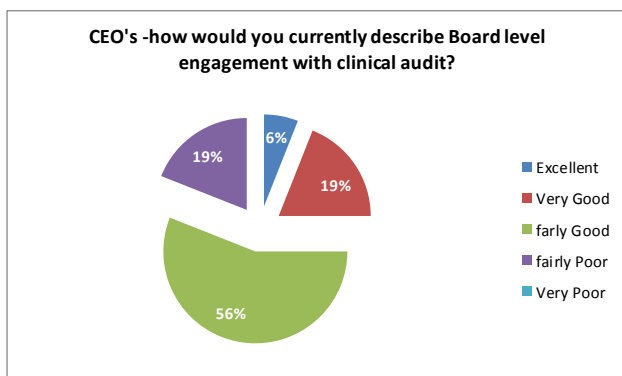
Findings

CEO and COO Views

It is clear from the study that the profile of clinical audit is now high on the Board agenda.



However, variation in the reporting structures and the relative knowledge about clinical audit at Board level raises a series of questions and implications for the governance of clinical audit and the assurances received.



It was clear that there is no 'one best way' to manage clinical audit and therefore local systems have evolved over time. Given the scope and scale of the agenda for some high level committees, there needs to be a clear

framework through which clinical reports, sufficient time for debate and challenge and a clear appreciation of how assurance will be provided to Board.

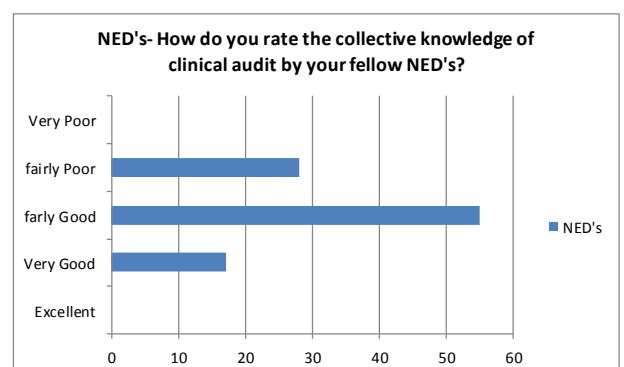
It was apparent from the study that CEOs are aware of some of the challenges facing the delivery of the clinical audit programme, in particular the need for clinical staff to pro-actively own and deliver action plans and improvements.

In light of this, when asked how the effectiveness of clinical audit could be improved, respondents identified the following areas:

- Enhanced Clinical Engagement
- Embedding clinical audit within organizational risk management processes
- Further professional development of clinical audit staff

NED Perspective

Respondents indicated that further work is needed to support board members (and particularly NEDs) with regards to clinical audit.

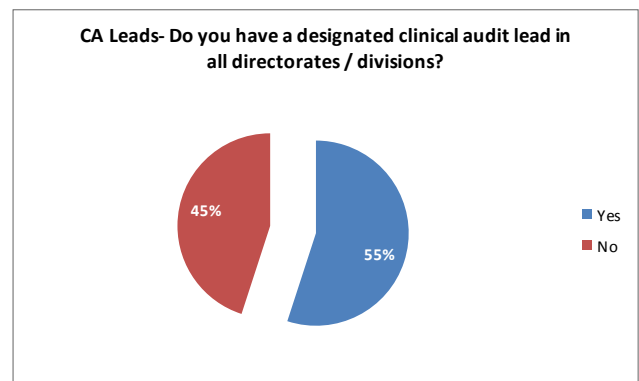


Given that recent guidance has identified that “clinical audit needs to be a strategic priority for boards” (HQIP 2010) then this is an area which merits further attention. It is not the suggestion that boards become engrossed in the fine detail of clinical audit, but boards will want to be assured that clinical audits are prioritised, professionally undertaken and completed, produce results that are shared and acted upon and that improvements are made and sustained.

Clinical Audit in Practice

The responses from Clinical Audit Managers considered how clinical audit support is structured, the volume and management of clinical audit activity, the reporting of clinical audit and consideration of local challenges. All but one organisation (from 29 respondents) reported that they had a central clinical audit team, responsible for providing coordinated clinical audit support across their organisation. However, Executive responsibility for the clinical audit team/function varied.

For day to day operational management of the team, responsibility at Executive level for the team may not be a critical factor. However, this may not be the case when thinking about issues such as clinical engagement and the perceived role and value of audit within and across clinical teams.



Another key issue identified was the number of planned audits that were either never completed or subject to re-audit.

If clinical audit programmes and projects are not seen as central to ensuring standards of care and improving quality, and the activity and outcomes monitored, then it will not be seen as a priority area. Similarly, local feedback and robust reporting will only occur if people are held to account (individually and collectively).

Conclusions

It is apparent that clinical audit is going to be the focus of even greater scrutiny following publication of the new NHSLA standard for Clinical Audit in 2010 and the requirements of Quality Accounts, CQC registration and CQUIN payments. Organisations ‘will need to demonstrate ownership of the processes and strategies to achieve the standards and evidence’ and need to be confident that the systems and resources in place are able to demonstrate quality in their care and deliver targeted improvement.

Clinical Audit in the North West

It is evident that significant resource is being invested in clinical audit with Boards becoming more focused and engaged. A number of organisations have established extensive audit programmes however it is not always clear what improvements in care are being delivered. If clinical audit is to measure up there are a number of areas requiring enhancement:

- Board and Audit Committee knowledge and oversight
- Scope and quality of audit programmes
- Clinical engagement
- Professional development for CA teams
- Linking clinical audit to risk and assurance
- Improved use of internal audit methods to strengthen assurance
- Intelligent reporting of audits
- Governance of audit locally (Maturity Matrix) & accountabilities
- Involvement of wider range of stakeholders (commissioners / patients)
- Anticipating audit 'futures'

How we can help

MIAA is committed to supporting organisations through innovative solutions and would be pleased to discuss with you the issues highlighted in this paper and the opportunities to enhance the effectiveness of clinical audit within your organisation.

Contact Information

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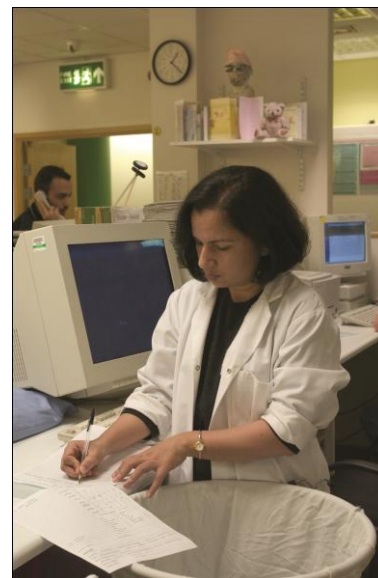
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