



The Future Direction of National Clinical Audit in Scotland, 10th January 2008: Summary Report of the Proceedings of the Day

1. Purpose

This report provides a summary of the proceedings and views expressed at a seminar held at the Royal College of Physicians and Surgeons, 10th January 2008. The event was attended by eighty three individuals, clinicians, and representatives from Royal Colleges, Information Services Division (ISD), the Scottish Government, NHS Quality Improvement Scotland (NHS QIS) and the voluntary and independent sectors.

The report sets out the background, the content of the day, emerging views and a proposed future course of action. Full details of the programme, presentations and transcriptions of the discussion groups can be viewed at www.nhshealthquality.org/nhsqis/3995.html.

2. Background

There is widespread agreement that data collected for clinical audit purposes is a rich resource and, if utilised appropriately, can be a very powerful tool to assist in improving services and care. Since 2003, the national clinical audit projects established under the auspices of the government supported Clinical Resource and Audit Group (CRAG) during the 1990's have been managed and directed by ISD. In addition, NHS QIS also fund and manage a range of national projects. The Scottish Clinical Audit Quality Assurance Group (SCAQAG) is the body established to examine the case for continued funding of projects and provide stakeholder governance to ISD.

The need to review the approach to the identification, management and role of national programmes of clinical audit was identified within the action plan associated with 'A National Strategy for Clinical Audit in Scotland' calling for: *the future status of the existing nationally funded clinical audits to be clarified and agreed*. The action plan also identified the specific need for SCAQAG to: *'review its role and propose changes to align its work to the strategy'*

NHS QIS have recently demonstrated that data collected for audit purposes can also have a wider use in supporting initiatives such as the Scottish Patient Safety Alliance and Surgical Profile work. In response to this, NHS QIS and ISD hosted a seminar to which a wide range of stakeholders and interested parties were invited in order to debate the future of national clinical audit in Scotland, to determine its direction, means of support and focus for activity.

3. Proceedings of the day

3.1. The morning session comprised of a number of presentations and was chaired by Sir Graham Teasdale, Chairman of NHS QIS who gave an overview of the evolution of clinical audit in Scotland and purpose of the day.

3.2 Four short presentations representing a sample of nationally funded projects (*Scottish Audit of Surgical Mortality, Scottish Hip Fracture Audit, Scottish Arthroplasty Project, Scottish Intensive Care Society Audit Group*) provided a view of their work in relation to:

- The purpose of the audit
- How the audit process had engaged the clinical community
- What improvements to patient care can be demonstrated as a consequence of the audit
- The future of the audit

3.2. An interactive discussion session was led by Dr Derek McLean, chair SCAQAG who set out his own view about the key issues to be explored. These included:

- The original justification for a 'national' tag as used by CRAG in the early 1990's
- The many good achievements of national audits to date which have primarily focused on surgical and related specialities
- Emphasising that improvements in care are driven and take place locally and that national audits need to support this process
- Asking whether national clinical audits are keeping abreast of changing NHSScotland strategies considering the current emphasis on long term conditions, developing primary/community based services and patient centeredness
- The need for having a clear strategy for on-going audit in relation to vascular disease, stroke, cancer and worn out joints but also to include other key issues including: standards for unscheduled care, administrative and logistics issues, access to GPs, common litigation themes as well as heart failure, obesity and diabetes.
- The need for the NHS to embrace the culture of improvement and move away from one of blame – use experience of other industries
- The need for a national overseeing group to replace SCAQAG. This should ensure an independent voice, be chaired by a lay person of stature and gravitas and have a wide ranging professional membership including lay members.
- Supporting NHS QIS to act as commissioners for national clinical audit with ISD continuing their operational role, new group to be convened by NHS QIS.
- Endorsing two recommendations of the Healthcare Commission in England who have agreed to prepare:
 - a library of accredited /quality assured audits /tools for general/local use
 - provide support for training for clinicians and managers in the skills needed to make improvements in healthcare quality.

3.4 Afternoon Discussion Groups

Delegates discussed four questions:

a. Who should oversee the initiation, monitoring and control of national audits?

Summary comment

There was wide scale agreement that a new national advisory group should be established whose role would be to determine, manage and provide governance to a programme of national clinical audits. The arrangements for responsibility, chairmanship and membership proposed by Dr McLean were supported by the majority of those present. A group that could provide national co-ordination and direction with an emphasis on priority setting would be particularly welcomed by NHS Boards who feel challenged in this area. The need for this group to provide strong leadership was enforced as was the need to separate strategy and governance from delivery. A concern however was voiced about the ability of NHS QIS to provide this role, a view informed by a previous experience although this was not the pervading view with the majority supporting the proposed arrangement.

b. On what basis should National Audits be proposed and prioritised?

Summary comment

There needs to be a clear statement as to what actually constitutes a 'National Audit' as currently, this is not synonymous with national practice. Different arrangements need to be agreed for proposals that relate to data being used for monitoring rather than improvement purposes accepting that there is always potential for the monitoring process to be used as a means of improvement. A national audit by definition needs to include all (> 90%) Health Boards across Scotland and also have the capacity to include the independent sector if indicated. Clinical indicators should be implemented in key areas to provide a measure of the need for national audit. Proposals should be accepted from all sectors including the independent sector using a template based on key criteria. It was noted that government policy provides an important context for national clinical audit, although clinical audit should be driven by specific problems and evidence rather than policy alone. Some concerns were voiced in relation to politically driven targets, and it was suggested that clinical audit should contribute to the development of national health policy

Priority setting should be undertaken in line with a clearly defined process. A submission template that supports the application of a scoring system should be developed. Based on this scoring system, the national group should have the ability to vote on which projects to support, and for how long. The national group should be provided with information in relation to previous audit activity by subject content and level of board involvement to inform this process. A clear exit strategy should be included from the outset.

c. What criteria should national audits meet to attract support?

Summary comment

Firm and clearly defined criteria are needed. Suggested inclusion criteria included:

- Alignment with national government priorities
- Economic considerations
- Extent of / potential for clinician and patient engagement
- Geographical involvement including the private sector
- Links with existing peer review, national standards
- Current variation/changes in practice
- Previous related audit / other activity
- Involvement of key stakeholders
- Involvement of patient representatives
- Justification for the change / improvement
- Method / efficiency of data collection – i.e. ehealth
- Multi professional
- Innovation – does the audit cover areas that have not been explored
- Exit strategy
- Sustainability
- Impact factor

d. Should audit data be used to support activity other than quality improvement i.e. revalidation?

Summary Comment

There was no clear view as to this. Discussion focused on the need for local Clinical Governance committees to seek assurance that the national data are reviewed locally and used to contribute to improvements in clinical care. The need for national activity to have direct relevance locally was again emphasised. It was raised however, that support/guidance in this might be welcomed by NHS Boards by providing them with a range of tools to support decision making and implementation. There should be a sharper focus on meaningful participation in clinical audit and how data are being used in practice. There was discussion around the voluntary nature of clinical audit (e.g. Scottish Audit of Surgical Mortality) and issues around the release of data from clinical audits under the Freedom of Information legislation. It was suggested that there is a need to protect clinical audit projects, as well as individuals contributing to them, in relation to such legislation. The value of using individual's participation in audit activity however was highlighted as being appropriate for inclusion in job planning/appraisal processes. There was no agreement as to the appropriateness or 'helpfulness' of placing outcomes data for individual clinicians in the public domain – although it was suggested that it is highly appropriate to know if an individual participates in clinical audit. It was also suggested that it would be helpful to present data for clinical teams rather than individuals.

3.5 Closing Key Note

A final key note was given by Dr Aileen Keel, Deputy Chief Medical Officer, Scottish Government Health Department. This summarised the current position of national clinical audit and provided a vision in relation to its future direction. Key aspects of this vision included the need for audit activity to be:

- A by-product of routine clinical care
- Linked to the e-health programme
- Supported by nationally agreed definitions and datasets
- More responsive i.e. using improvement methodologies i.e. PDSA to bring about more rapid cycles of audit
- Nationally and locally planned within programmes
- Representative of healthcare provision across all specialities including policy 'non-priority' areas
- Identifying opportunities for divestment

Dr Keel concluded that the future direction of national clinical audit needs to sit within *'a flexible and fair framework, one that can respond quickly to emerging priorities and healthcare challenge'* and that together with clinical guidelines and standards, national audit has a key role to play in supporting improvements in patient care.

4. Next Steps

Based on the issues identified above;

- a. NHS QIS and ISD will work together to establish and articulate the future direction of national clinical audit in Scotland. This will include establishing a national advisory group. The group, supported by NHS QIS will establish key principles and processes to ensure that national clinical audit activity is:
 - Identified, prioritised, planned and managed using defined and agreed criteria
 - Patient centred
 - Responsive to local needs by providing information and support tools to local systems that will directly support the drive for local quality improvement

**Action: NHS QIS will establish a National Advisory Group by June 2008
Key principles and processes will be established by NAG,
supported by NHS QIS by October 2008**

- b. NHS QIS and ISD will examine their own role and contribution to this direction, setting out how each organisation individually and collectively will interact with the proposed future direction. This vision will be presented to the Boards of each organisation for endorsement.

Action: by June 2008

- c. This summary report will be circulated to key stakeholders inviting comment and views which should be returned to: jeff.hurst@nhs.net by **15th April 2008**.

Action: March 2008