

Clinical Audit and Quality Improvement: a wider picture

National Clinical Neurophysiology Audit Conference
Birmingham

Liz Smith
Quality Improvement and Development Team
10th October 2014



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HQIP: who are we?

- HQIP is a not-for profit, professional/patient partnership, aiming to change and improve health care services through the application and promotion of proven and effective quality improvement methods
- HQIP was established in 2008 and is governed by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices

Our vision and values

- HQIP aims to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve our healthcare services
- HQIP is an independent organisation, which works in partnership with patients and healthcare professionals to influence and improve healthcare practice at all levels. We are committed to being open and accountable, and to listen, learn and respond swiftly and appropriately as part of our ongoing cycle of improvement

Our work and how it achieves our vision and values:

- HQIP commissions, manages, supports and promotes national and local programmes of quality improvement. This includes the National and Local clinical audit programmes, the Clinical Outcome Review Programmes and the National Joint Registry on behalf of NHS England and other healthcare departments and organisations. HQIP uses best management and procurement practice to ensure robust results and actionable recommendations

Our work and how it achieves our vision and values:

- HQIP ensures patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects
- HQIP supports healthcare professionals to review and improve their practice by providing education and training programmes, and opportunities to share best practice as part of promoting an integrated approach to quality improvement

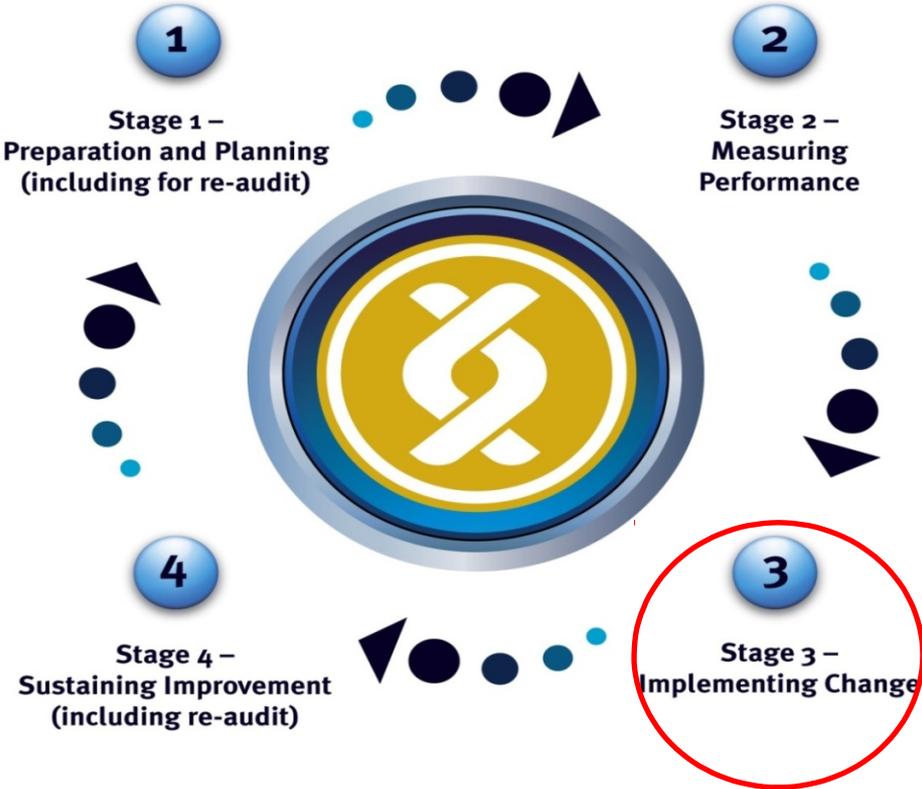
Our people

- Our work is delivered by 4 teams:
 - **CEO** and **Medical Director**
 - A **Core** team: finance, logistics, admin, comms, events
 - An **NCA** team: commissioning, management and development of the NCAPOP including CORP
 - A **Quality Improvement and Development** team: promotes skills in QI including audit
 - An **NJR** team: oversees management and strategy for the National Joint Registry

Quality Improvement and Development Team

- Act as a single point of contact within HQIP for staff in healthcare organisations for advice on local clinical audit issues.
- Provide support for regional clinical audit networks
- Develop and maintain a library of resources, including tools and guidance, and e-learning to help local teams deliver high quality clinical audit and QI methods.
- Run events in support of this guidance and other development topics, including the annual clinical audit conference

Clinical Audit: best practice



Clinical Audit: best practice continued

- **Is:** a clinical activity resourced and supported by organisations
- carried out with expertise provided by clinical audit professionals in line with organisational processes and procedures
- systematic measurement process using national and/or local guidelines, and designed to improve patient care and outcomes
- **Is not:** data collection, research or service evaluation
- monitoring, reporting or other compliance requirement

Clinical audit and the quality of services

- Clinical audit is about reducing variation so that the quality of care is raised to the level of best practice standards
- Care which complies with these standards results in the best clinical outcomes and patient experience
- Clinical audit is only one of many quality improvement methods

Clinical audit and the quality of services

'The quality of care varies. It varies between hospitals and between other care organisations. It varies within those organisations, between services, between wards, between shifts and between individual practitioners'

Hard Truths: the journey to putting patients first

The government's further response to Robert Francis QC's report on the Mid Staffordshire NHS Foundation Trust public inquiry

National drivers

- CQC report - Our new approach to the inspection of NHS acute hospitals: Initial findings from the Wave 1 pilot inspections
- Most services don't know whether they are effective or not. With the notable exceptions of critical care units and maternity, few services appear to be aware of, or to be able to demonstrate, their comparative effectiveness on national clinical audits. There needs to be much better use of data and most services need to be much better at using audits.
- The inspections have shown that we need to carry out more detailed work if we are to assess the question of effectiveness more reliably. In particular we will work closely on this with Royal Colleges and professional societies, and with those responsible for national clinical audits.

National drivers

Statutory and mandatory requirements for clinical audit

<http://hqip.org.uk/statutory-and-mandatory-requirements/>

- Key changes in this edition include information on the NHS Standard Contract 2014/15 and NHS Foundation Trust Annual Reporting Manual 2013/14.
- In addition to the existing requirements for participation in the NCAPOP and acting on the findings of any relevant clinical audits, the new NHS Standard Contract includes explicit conditions which will require all providers of NHS commissioned care:
 - To make national clinical audit data available to support the publication of consultant level outcomes
 - To implement an ongoing, proportionate programme of clinical audit
 - To provide commissioners on request with the findings of any audit

The Francis Report 2010

- **Independent Inquiry** covered January 2005 to March 2009 and was set up to enable those affected by poor care an opportunity to tell their stories.
- ToRs also allowed for the views and experiences of staff to be gathered, and for the inquiry to seek explanations from management and directors.
- Reported in 2010

The Francis Report 2010

Key findings

- **Serious deficiency** in the performance and resourcing of clinical audit in at least some areas of activity. The impression given is that practice and attitudes in relation to this are considerably out of date.
- **Lack of leadership** – “ the trust generally performed poorly on clinical audit. There was no one taking the lead for clinical audit for a year and the trust-wide group did not meet at all during this period”
- **Lack of clinical engagement** – for example - a surgeon stated that the medical lead and head of surgery had no interest in clinical audit and reviews because of lack of time.
- Clinical audit not carried out accordance with **national standards** in **each** area of activity.

The Francis Report 2010

Key findings cont.

- **Limited participation** in national clinical audits – the trust did not participate in many of the national audits run by the specialist societies
- **Inconsistency across trust** – perception was that in some clinical areas there were good clinical audit programmes whilst in others performance was very poor in comparison with the same speciality in other trusts
- **Confusion over role** of clinical audit staff and support
- **Re-audits not carried out**

The Francis Report 2010

Recommendation 5:

The Board should institute a programme of improving the arrangements for audit in all clinical departments and make participation in audit processes in accordance with contemporary standards of practice a requirement for all relevant staff. The Board should review audit processes and outcomes on a regular basis.

[Midstaffs Public Inquiry Website](#)

[Kings Fund Presentation by Robert Francis Lessons from Stafford](#)

The Keogh Review 2013

- Selected as mortality outliers
- Intensive review by experienced teams making extensive use of available data
- *‘Although all 14 trusts face a different set of circumstances, pressures and challenges ahead, this review has also been able to identify some common themes or barriers to delivering high quality care which I believe are highly relevant to wider NHS.’*

[Keogh review final report](#) (16 July 2013)

The Keogh Review 2013

Key themes include

- The capability of hospital boards and leadership to use data to drive quality improvement. More clearly needs to be done to equip boards with the necessary skills to grip the quality agenda.
- Some boards use data simply for reassurance, rather than the forensic, sometimes uncomfortable, pursuit of improvement
- The fact that some hospital trusts are operating in geographical, professional or academic isolation

The Keogh Review 2013

Ambition 2

- **The boards and leadership of provider and commissioning organisations will be confidently and competently using data and other intelligence for the forensic pursuit of quality improvement. They, along with patients and the public, will have rapid access to accurate, insightful and easy to use data about quality at service line level.**
- All those who helped pull together the data packs produced for this review must continue this collaboration to produce **a common, streamlined and easily accessible data set on quality** which can then be used by providers, commissioners, regulators and members of the public in their respective roles. The National Quality Board would be well placed to oversee this work.

The Berwick Report

A promise to learn- a commitment to act **Improving the Safety of Patients in England**

National Advisory Group on the Safety of Patients in England

- *‘Our job has been to study the various accounts of Mid Staffordshire, as well as the recommendations of Robert Francis and others, to distil for Government and the NHS the lessons learned, and to specify the changes that are needed.’*
- Advisory group chaired by Don Berwick, President Emeritus and Senior Fellow of the Institute for Healthcare Improvement

The Berwick Report (August 2013)

The Berwick Report

- **The most important single change in the NHS in response to this report would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end.**
- Give the people of the NHS career-long help to learn, master and apply modern methods for quality control, quality improvement and quality planning.
- Rules, standards, regulations and enforcement have a place in the pursuit of quality, but they pale in potential compared to the power of pervasive and constant learning.

The Berwick Report

- **All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities**
- Recognise that the most valuable information is about risks and things that have gone wrong
- Give help to learn, master and apply modern improvement methods
- Use data accurately, even where uncomfortable, to support healthcare and continual improvement

The Berwick Report

- **Most health care organisations at present have very little capacity to analyse, monitor, or learn from safety and quality information. This gap is costly, and should be closed.**
- Commissioners should increase funding for NHS organisations to analyse and effectively use safety and quality information.
- **The current NHS regulatory system is bewildering in its complexity and prone to both overlaps of remit and gaps between different agencies. It should be simplified.**
- An in-depth, independent review of structures and the regulatory system should be completed by the end of 2017, once current proposed changes have been operational for three years

The Berwick Report

'NHS Staff and clinicians must participate actively in the improvement of systems of care, and acquire the skills to do so'

Don Berwick

- Participating in audit means more than collecting data – the cycle must be completed
- There is a real demand for training

The way forward...

- **Clinical audit must take its place in an integrated view of healthcare quality management and service improvement**
- We will need to help in the development of skills:
 - For commissioners
 - For trust boards and the senior leaders in other healthcare providers
 - For clinicians, of all grades and from all specialties
 - For healthcare managers
 - For clinical audit staff

Creating the right environment

✓ Key documents:

- Clinical audit policy – the rules of the game
- Clinical audit strategy – how you are going to win the game
- Clinical audit programme – the fixture list

<http://hqip.org.uk/clinical-audit-resources-3/#prog>

✓ Organisation and committees

- Roles and responsibilities
- Discussion and reporting

✓ Motivation

- Trust engagement
- Organisational engagement
- Clinical engagement

HQIP resources

- **Guidance documents - extensive catalogue**

-  Guides for clinicians, boards, clinical audit lead role
-  Clinical Audit governance
-  Data Quality, Quality Improvement
-  PPE

<http://hqip.org.uk/clinical-audit-resources-3/#doctors>

E-learning

-  Intermediate level clinical audit training for clinicians (RCPCH)
-  Transforming Clinical Audit Data into Quality Improvements (HQQ)
-  Introduction to Clinical Audit for NEDs (MIAA)
-  Public and patient engagement

Summary



Clinical audit is a tried and tested way of driving improvements in clinical services



There are strong national and local drivers which require trusts to have the systems, processes and support in place to create the environment where these duties and needs can be fulfilled.



Commissioners, patients and the public want to know that their local trust provides good quality services, and clinical audit can provide the evidence



All healthcare professionals need to evidence that the care they give and services they provide are safe and effective and that all patients and service users have the best possible experience

Keeping in touch

HQIP, 6th Floor, Tenter House, 45 Moorfields,
London EC2 9AE
020 7997 7370

www.hqip.org.uk

Fortnightly e-bulletin ✓

All major networking platforms

Liz.Smith@hqip.org.uk