



YEARN: Yorkshire & Humber Effectiveness and Audit Regional Network

Yorkshire Effectiveness and Audit Regional Network (YEARN)

National Clinical Audit Feedback and Escalation Mechanisms

Paper Compiled by YEARN National Audit Sub Group

Contents

	Page
Introduction	2
1. National Audit Programme Compilation and Management	2
2. Best Practice Expectations for National Audits (design and management)	3
3. Escalation Mechanisms - problems relating to National Audits	5
4. Members for YEARN National Audit Sub Group	6
<u>Appendices</u>	
Appendix 1 - Initial Escalation Flow Chart	7
Appendix 2 - Escalation Flow Chart for YEARN members	8

Introduction

The Yorkshire Effectiveness and Audit Regional Network (YEARN) is one of 15 regional clinical audit/effectiveness/improvement networks, and is a member of the National Quality Improvement and Clinical Audit Network (NQICAN). YEARN members include clinical audit/effectiveness/quality improvement staff from a wide range of organisations across the Yorkshire & Humber region.

YEARN members acknowledge the importance of participation in national audits, and the benefits of participation to their respective organisations, such as opportunities to assess whether the care being provided is in line with national recommendations and benchmarking performance against similar organisations.

Participation in multiple national audits requires resource input from organisations however, and encountering issues when attempting to contribute to national audits can lead to resources being stretched.

Feedback from YEARN members in May 2015 highlighted that some issues encountered when participating in national audits were not always satisfactorily addressed when raised through the suggested route. HQIP advise that issues with individual audits should be resolved with the audit provider, and that the HQIP website provides a function to allow participating organisations to provide feedback on individual national audits.

An initial paper from all YEARN stakeholders, who chose to comment on their experiences of participating in national audits and issues encountered, was finalised. Matters were highlighted to the HQIP representative invited to the YEARN network meeting and was discussed at the NQICAN meeting. This paper was also available for sharing with any group or organisation who might wish to review it.

A YEARN Sub-Group was identified to look at matters relating to Quality Account and NCAPOP National Clinical Audits. The purpose of the Sub-Group was to gain a clear understanding of issues YEARN members wish to raise, and develop mechanisms for YEARN to effectively communicate these to HQIP and other national bodies.

Subgroup objectives:

1. Gain a clear overview of the processes and methods used at national decision making level in regards to rationale and choices made for inclusion of clinical audits in the Quality Accounts and NCAPOP programmes.
2. Identify key themes in relation to problems with national audits from group feedback and escalate through appropriate channels.
3. Specify key criteria which YEARN members feel all national audits should meet as a minimum.
4. Identify and develop clear processes to be used by YEARN for escalation of matters arising from national audit projects.

1. National Audit Programme - Compilation and Management

Feedback from YEARN members, and anecdotal discussions at Trust, regional and national levels, raised a number of questions relating to;

- How audits are identified for inclusion on the national programme.
- Who makes decisions regarding inclusion and what criteria these decisions are based upon.
- How audit projects are governed once on the programme.

The following questions have been compiled in order to answer some specific queries from YEARN members regarding national audits on the Quality Account and NCAPOP lists, and to ascertain the processes in place for audits to be included on the national programme.

When this was discussed at the YEARN meeting in May 2015, the HQIP representative agreed to identify a contact in the national team to answer the questions raised.

1. How does HQIP oversee National Audits?
2. Could there be an earlier and synchronised publication of final lists before January of each year?
3. QA list - How do Trusts know what is the final list and by when changes are no longer accepted? Could a timeline for a final list be agreed and set?
4. Why does the QA list not identify each project individually, rather than as one audit with multiple strands (e.g. Diabetes (Adult))?
5. Does each strand of an existing audit from the QA list have to be approved separately to the original audit (e.g. each diabetes subset)?
6. What process do HQIP follow, and criteria / guidance do HQIP review, before allowing audits onto the QA list and NCAPOP programme? Could this be shared with the YEARN group?
7. Is an assessment of the resource impact on participating organisations part of the considerations when deciding if an audit should form part of the national programme, and who determines whether the resource impact is "reasonable"?
8. Who is the designated HQIP point of contact for escalation of issues relating to national audits from the YEARN group?

Awaiting link at HQIP from Mandy (Jan to contact second time) of who we can ask these questions of.

2. Best Practice Expectations for National Audits (design and management) **To take to NQICAN**

HQIP national guidance on clinical audit recommends that individual trusts should operate their own robust internal processes to ensure that all audits being undertaken meet the criteria for clinical audit; this is applicable to local or national audits.

Resources used to provide adequate audit support and management for individual projects are extensive and costly in terms of both money and skills. Where national projects are poorly designed or insufficiently robust in their methodologies it falls to individual trusts to try and manage the drain on resource.

Good project design and timely support from the audit providers will reduce the audit cost burden across the NHS saving clinicians, administrative teams and the tax payer considerable sums of money which could be used elsewhere.

Members felt it valuable to identify what the expectations of YEARN users are in relation to best practice guidance for those who manage national audit projects.

The below key criteria for national audit design were developed based on the themes arising from the feedback from YEARN members. YEARN suggests that every national audit on the national programme should meet the below key criteria as a minimum.

It is intended that the key criteria be escalated to NQICAN, and following this shared with the national bodies responsible for commissioning national audits and compiling the annual national audit programme, with a suggestion that any national audit not meeting the criteria should not form part of the national programme.

All audits should have as a minimum:

- a. Explicit standards and criteria which the audit is to address, with links/rationale to where these have been developed e.g. NICE Guidance or Royal College.
- b. A robust methodology, including defined start, end and data submission dates.
- c. A clear data set.
- d. Exactly what the guidance for inclusion is and what data will take priority for completing the data set. E.g. HES data used to fill gaps where no information is provided or pathology systems will populate data items x, y and z if that data item is not populated by the data sent in the national audit report.
- e. Clear and demonstrable specifications as to where they are using subsidiary information in an audit.
- f. A fit for purpose audit tool / proforma (word and pdf copy) which should exactly match online web tools and spread sheets.
- g. Working systems (or delay the audit start date).
- h. An IT system that is compatible with those used by trusts to collect data OR be able to accept information in another format (front end to manually input data / a template spread sheet).
- i. Reasonable time frames to sign up and participate in the audit.
- j. Agreed time frames for responding to user queries.
- k. Clear supporting information and contacts.
- l. The ability for trusts to download the data they have submitted at any point in time.
- m. Timely reporting once data collection time frame is completed.

All audits should NOT:

- Change the data set, or other core part of the audit, part way through the originally identified audit time frame for submission (including changes to the data collection proforma).

- Start before all systems and documentation have been fully piloted, changes made and systems/processes are working correctly (delay start date if necessary).

3. Escalation Mechanisms - Problems Relating To National Audits

The following escalation process has been developed for YEARN members to use when encountering issues with individual clinical audits.

Initially escalation should be managed within the relationship of user to provider, seeking assistance from the help desk and then project lead for the relevant national audit.

It is important that at Network level feedback is only applicable where:

- Matters affect more than one trust, or have the potential to be more widely applicable to all who may participate.

OR

- Where an individual trust's attempts to follow the nationally advised escalation processes have not received an adequate response.

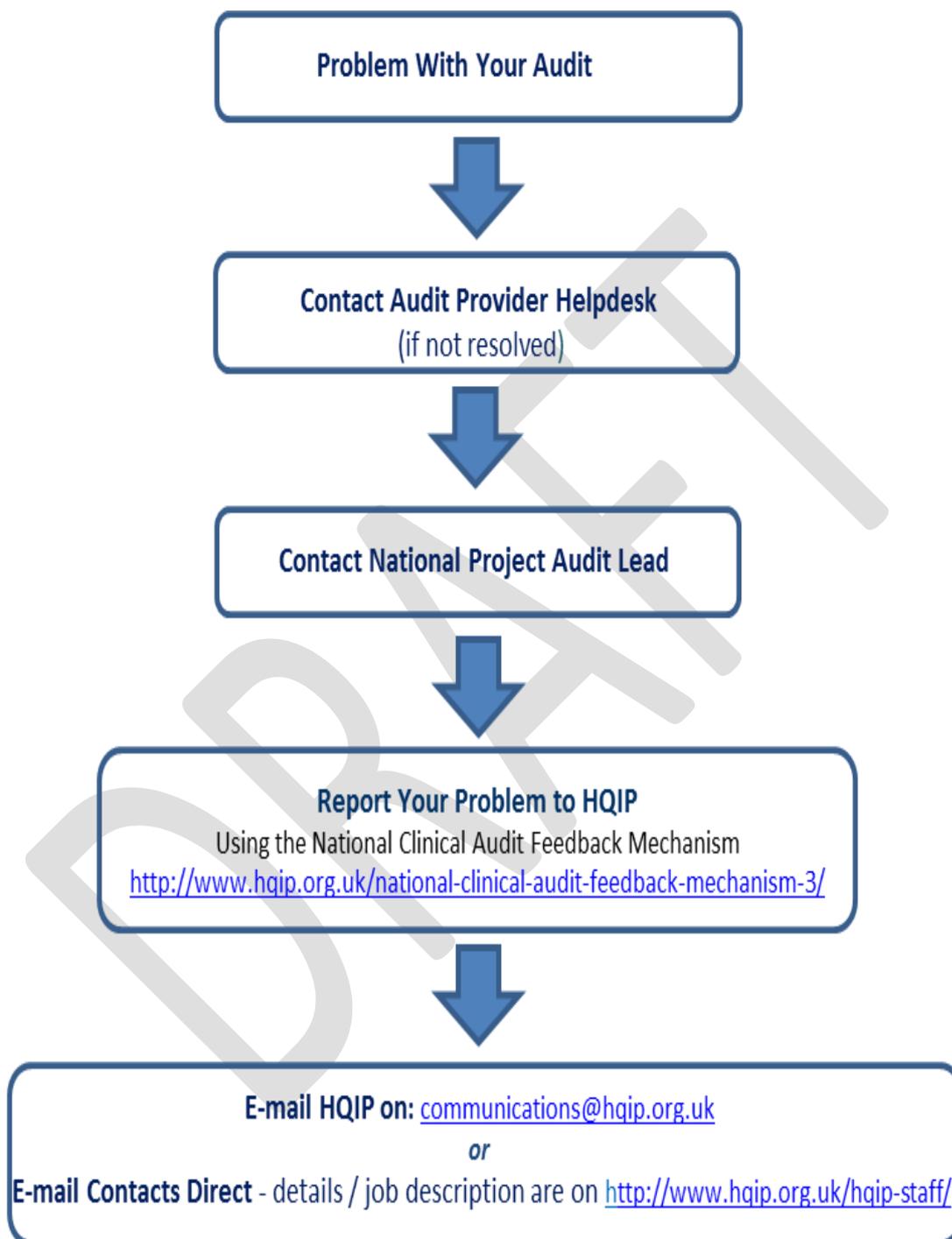
It is recommended that if no response is forthcoming within 5 working days the Audit Project Lead is contacted.

HQIP's suggested route for escalation of issues with national audits can be seen in Appendix 1; Appendix 2 sets out the process for YEARN members to use if escalation through HQIP's suggested route has not led to a satisfactory resolution of the issue.

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HQIP Suggested Escalation Route - Issues with National Audits Add timeframes etc post return of HQIP information



Escalation Process for YEARN members

- i** Individual Trust concern
 - ii** Trust attempt to resolve with national audit body
 - iii** If issue not resolved, Trust raise issue with HQIP through national audit feedback mechanism
 - iv** If no resolution/unsatisfactory resolution of issue for Trust, the Trust to document issue, what already done, any response of national body or HQIP, and submit to YEARN
 - v** NA sub-group to review issue, and gather evidence for next YEARN meeting
- YEARN to review at next meeting and decide whether to escalate issue via HQIP website.
Factors to be considered by YEARN to include:
- vi**
 - is this an issue likely to be encountered by more than one Trust/all carrying out the audit, or Trust specific?
 - is this an issue relating to the organisation, methodology, or data submission of the audit?
 - vii** If decision taken that YEARN should submit feedback to HQIP on the issue, NA sub-group to register feedback via National Clinical Audit Feedback mechanism
 - viii** Tracker kept of feedback to NCAF on HQIP website (including HQIP response)
 - xi** If no response from HQIP by next YEARN meeting, escalate to HQIP representative (and/or named contact at HQIP if we get a name from Mandy)

