National Clinical Audit Advisory Group

What is clinical audit?

Recent policy developments
The last decade has seen significant changes and developments in the structures and approaches to assuring high quality care in the NHS in England. In 2008 these were brought into sharper focus in the Department of Health’s *High Quality Care For All* which identified many of the relevant organisations that had key roles to play and laid out a framework for enhancing greater coordination between them.

Clearly clinical audit has a key role to play. While several of the other approaches and activities are relatively new, clinical audit has featured in the NHS for many years, particularly since 1989 when it became mandatory for all doctors to participate. However, whereas it was the principal contribution to quality assurance until recently, it now faces the challenge of aligning itself with other approaches such as regulation (Monitor; Care Quality Commission), revalidation (royal colleges, GMC, NMC), commissioning (PCTs, SHAs), public information (NHS Choices, Trust Quality Accounts), financial incentives (ACCEA, CQUIN, QOF), and improvement advice (NIII, NCAS).

These developments offer wonderful opportunities for national clinical audit to play a central role given that most of these other activities depend on the high quality data that clinical audit creates. Its also important to ensure that the contribution of local clinical audit in each and every Trust (acute, mental health, primary care) takes its rightful place in the emerging quality assurance framework.

Contribution of clinical audit
To achieve both these aims, NCAAG believes there is a need for a clear definition of clinical audit that reflects the new framework. That requires greater clarity about the different dimensions of quality (safety; effectiveness; humanity; equity) and recognition of the three components of quality management:

- defining what constitutes good quality care (usually described in guidelines, based on scientific evidence and clinical experience)
- assessing the quality of care provided (*clinical audit*; patient experience surveys; critical incident enquiries; qualitative methods)
- improving the quality of care provided (education; performance review; incentives; regulation; redesign; legislation)

While recognising what clinical audit is, it is equally important to recognise what it is not. In this regard it is important to distinguish clinical audit from two other activities with which it is frequently confused, research and service reviews:

- clinical audit aims to assess the extent to which care is consistent with best practice and/or achieves expected outcomes. In contrast, research aims to establish and define what constitutes best practice. Research plays a valuable role in enhancing quality by producing knowledge to inform guidelines of best practice.
• clinical audit differs from service reviews which aim to provide a snapshot
description of the state of a service, usually in one locality (though it may take
a nationwide perspective) and is usually concerned with inputs rather than
processes or outcomes. Such reviews are generally one-off with no attempt to
re-review.

**Definition of clinical audit**
At present the most widely used definition was developed about ten years ago by
National Institute for Clinical Excellence (NICE), the Commission for Health
Improvement (CHI) and the Royal College of Nursing (RCN):

> Clinical audit is a quality improvement process that seeks to improve patient
care and outcomes through systematic review of care against explicit criteria
and the implementation of change.

Inevitably, given the significant changes that have and are taking place in policies and
mechanisms for assuring quality in the NHS, NCAAG feels there is a need to revisit
and modify the definition to reflect the changing world that clinical audit finds itself.
In particular NCAAG has three concerns:

• The focus on assessing only the processes of care and not encompassing
outcome assessment
• The lack of recognition of the wider quality framework and the key role of
clinical audit data in underpinning quality improvement carried out by other
players (eg regulation, commissioning etc)
• That those undertaking clinical audit are required not only to stimulate quality
improvement but also to implement change

In an attempt to address these concerns, NCAAG suggested a new definition of
clinical audit in Spring 2009. In its most recent iteration it states:

> Clinical audit is the assessment of the process (using evidence-based criteria)
and/or the outcome of care (by comparison with others). Its aim is to stimulate
and support national and local quality improvement interventions and,
through re-auditing, to assess the impact of such interventions.

Discussions that NCAAG held in September 2009 with local clinical audit staff and
those responsible for managing national clinical audits has revealed considerable
opposition to any change in the definition. Local staff were unanimously opposed
while those managing national audits were divided, with most opposed but some
welcoming the proposed new definition.

**Recommendation**
While NCAAG remains concerned about the existing definition, it is not
recommending that the Department of Health adopt an alternative one at present as
this risks the co-existence of two definitions which would prove counterproductive to
the key task of reinvigorating clinical audit.

Instead, NCAAG recommends that the existing definition is seen as *permissive rather
than prescriptive*. This will enable those involved in clinical audit, whether local or
national clinical audit, to continue to limit their involvement to assessing quality, disseminating findings, stimulating improvement and, by re-assessing quality, determining the impact of any improvement interventions. Meanwhile those who also wish to engage locally in implementing change to improve quality can continue to do so.

NCAAG will continue to monitor opinions and may re-engage with this issue in the future.

Nick Black
Chair, NCAAG

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