

Sub/78/2007

From: Gerard Collins
Standards and Guidelines Unit

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1. Dr Briscoe – *approved 25/01/07*
2. CMO – *approved 26/01/07*
3. Paul Goggins

NEW ARRANGEMENTS FOR REGIONAL CLINICAL AND SOCIAL CARE AUDIT, AND DEVELOPMENT OF CLINICAL GUIDELINES IN NORTHERN IRELAND

Summary

Issue:	Amalgamation of regional clinical and social care audit bodies in Northern Ireland and integration of audit function with the local development of clinical guidelines.
Timing:	Aim is to implement the new arrangements from 1 April 2007.
FOI Implications:	Not disclosable, policy under development.
Presentation:	Unlikely to generate media interest.
Recommendation:	That you approve the new arrangements with effect from 1 April 2007.
Special Advisor's View:	Submission copied to Phil Taylor
Financial Implications:	£375k/£385k/£395k. Financial approval received for amalgamation of existing budgets. DFP approval not required.
Legislative Implications:	None; it is not proposed that the new "amalgamated" group should have a legislative basis.

Introduction

This submission seeks your approval for new arrangements for the future conduct of clinical and social care audit in the HPSS and for the amalgamation of the Regional Multi-professional Audit Group (RMAG) and Northern Ireland Regional Audit Advisory Committee (NIRAAC). We would also wish to further incorporate uni-

professional dental audit arrangements into the new proposals. Approval is also sought for the positioning of the amalgamated body alongside a reconfigured Clinical Resource and Efficiency Support Team (CREST). The proposed new arrangements are designed to strengthen regional audit and bring greater coherence to the audit, and standards and guidelines processes in Northern Ireland.

Background

2. Audit is a process to drive both quality assurance and quality improvement in patient and service user care through systematic review of care against explicit criteria. It is now an accepted and integral part of clinical and social care governance within the NHS. At present in Northern Ireland there are two main bodies, RMAG and NIRAAC, engaged in clinical and social care audit at regional level. These bodies work from their own terms of reference and have their own annual audit programmes.
3. RMAG promotes and coordinates the development of multi-professional audit in Northern Ireland, and advises the Department on issues relating to multi-professional audit including selection of regional topics for audit. The Group also advises on projects which should receive regional funding and on education and training. RMAG operates by funding projects that examine a specific service, programme or policy and by publishing the findings and recommendations from these projects. The Group has been allocated a budget of budget of £277k for 2006/07 by DHSSPS.
4. NIRAAC is a sub-committee of the Northern Ireland Medical and Dental Training Agency. It organises audit of the 25 smaller medical specialties on a regional basis in order to facilitate peer review. The Committee also arranges for clinicians to undertake external peer review of particular problem services in HSS Boards and advises on, and supports, the development of audit across Northern Ireland. NIRAAC operates with a budget of £40k which is used to fund audit activity.

5. CREST is the local clinical guidelines development body. It develops evidence-based good practice guidance in areas where there are concerns about variations in clinical practice and services across Northern Ireland. It operates by inviting healthcare professionals to suggest specific areas for guidelines development and then commissioning small project groups to address agreed topics. The members of the project groups provide their input on a voluntary basis. CREST has a budget £47k provided by DHSSPS to cover the cost of publications, seminars and conferences.
6. CREST has been commissioned by the Department to produce guidelines on high profile issues such as hyponatraemia, use of insulin, and the inter hospital transfer of patients and their records. It is highly regarded by the health service and has produced internationally recognised work in certain areas such as wound management. CREST guidelines are issued as "advisory good practice". They are not generally accompanied by implementation strategies, nor are they formally endorsed by the Department.
7. It was acknowledged in the *Best Practice-Best Care* 2001 consultation document that implementation of proposals for improving the quality of services in the HPSS - such as the establishment of RQIA and the application of NICE and SCIE guidance in Northern Ireland - would impact on the roles of CREST and regional audit. The responses to the consultation supported the retention of CREST and RMAG and their integration into whatever new arrangements were developed for standards and guidelines in Northern Ireland. In light of this, and as part of its strategy to improve the quality of health and social care, the Department commissioned a review of clinical and social care audit in 2004.

Review of regional audit

8. The NI Regional Review of Clinical and Social Audit was tasked with making recommendations to the Department on future arrangements for the support of clinical and social care audit in Northern Ireland to support the agenda set out in *Best Practice-Best Care*. The review, which

reported to the Department in January 2005, found that there was a need for a single regional audit focus, in place of the two current committees – RMAG and NIRAAC. The review concluded that the different roles of the audit groups were unclear, and lead to confusion and fragmentation of effort. It recommended that a single regional audit focus would help to ensure more effective development of multi-professional clinical and social care audit in Northern Ireland. It also recommended the development of a regional audit strategy and improved dissemination of audit results.

9. The Department supported the recommendation for a single regional focus for audit through the amalgamation of RMAG and NIRAAC and agreed that a new project should be established to address implementation of the report's recommendations. The Department also agreed that further consideration should be given on how to integrate the work of CREST, in developing local clinical guidelines, with the proposed new arrangements for supporting regional audit.

Taking the recommendations forward

10. The NI Audit and Guidelines Implementation Project was established in July 2006 with representation from CREST, the audit bodies, the Department and RQIA. The aim of the project was to recommend future arrangements to support the development of clinical guidelines and audit in the HPSS – 'to replace the current CREST and audit committees.' It was also tasked with establishing mechanisms to ensure that audit projects and guidelines development deliver real service benefit.

Proposed arrangements

11. The project team has produced an outline of the roles, governance structures, methodology and key tasks for the new group; this is attached

at appendix A. The main points are that:

- the group would be responsible for the promotion of both clinical and social care effectiveness and multi-professional audit;
- it would be governed by a steering group supported by two sub-committees - on audit and on guidelines;
- annual work programmes would be drawn up in line with regional priorities and in agreement with DHSSPS (and HSSA);
- the group would have authority to recommend areas for audit in light of reports, e.g. from RQIA, as well as inviting project suggestions and commissioning at the behest of DHSSPS (and HSSA);
- local guidelines would reflect regional priorities and avoid duplication of the NICE work programme;
- local guidelines would be endorsed by DHSSPS through the established guidelines review process, thereby giving formal status to locally developed clinical guidelines; and
- a regional audit and guidelines strategy would be drawn up.

12. It is proposed to bring together the funding for the new group from existing sources of funding for CREST, NIRAAC, and RMAG. Given the indicative 2007/08 budgets for these bodies this would come to a total of £375k for the first year of operation. At this stage it is not envisaged that the new group would be a physical organisation with premises and full time staff (apart from contracted secretariat support seconded from the HPSS), and it would not have a

legislative basis.

13. These proposals were approved by the Departmental Management Board at its meeting on 25 January 2007. Subject to your approval the next step will be to establish the new group as an operating entity. This will be taken forward on an incremental basis with input from the Department. The first stage will be the amalgamation of RMAG and NIRAAC by 1 April 2007, followed by the integration of CREST, in light of further clarification of the new group's position within Review of Public Administration (RPA) structures. The group will then be tasked with overseeing the completion of residual audit and guidelines projects, and for developing a new work programme for 2007/08 for agreement with DHSSPS.
14. It is proposed to appoint an interim Chair for the Steering Group for 2007/08 and to consider, at a later stage, whether this position should in future be filled by public appointment. For its first year in operation the group will be sponsored by the Department. A final decision on its long term accountability and sponsorship will be taken later in 2007 in light of RPA developments.

Summary and recommendations


15. The amalgamation of NIRAAC and RMAG would strengthen regional audit by establishing greater clarity of purpose and leadership for this activity through the development of a unified regional audit strategy. It would also provide a more appropriate infrastructure for prioritising audit projects and would allow for greater flexibility in terms of responding to urgent priorities. The sharper focus of regional audit on areas of strategic importance, together with a more robust and coherent system for disseminating audit findings and "lessons learned", would also help ensure that clinical and social care audit plays a full part in improving the quality of services.
16. Combining the amalgamated audit function with CREST would facilitate a more strategic approach to guideline development by ensuring that local topic selection is fully informed by (among other things) the findings of regional audit. Amalgamation would also, through associated audit of implementation of

local guidelines, help secure the effective implementation of these guidelines. In addition, the larger "shared" budget for the group would allow for the commissioning of specific pieces of work to expedite the development of guidelines – at present CREST project groups work on an entirely voluntary basis and this inevitably leads to lengthy timetables for the development of guidelines.

17. RMAG, NIRAAC and CREST are involved in gathering, developing and disseminating knowledge to support practitioners in their efforts to improve services across the HPSS. The integration of these functions into a single group would give added weight to this activity. It would also help clarify the linkages between regional audit and NI guidelines development, and the work of RQIA and the new Departmental processes on standards and (NICE) guidelines. Together with RQIA's function of reporting on the quality of care through governance reviews, this would be a further driver in the implementation of quality.
18. It is recommended you approve the amalgamation of NIRAAC and RMAG, and integration of the amalgamated audit function with the work of CREST into a new group to be known as "The Northern Ireland Regional Audit and Guidelines Group". We will work with the Chief Dental Officer to align uni-professional dental audit into these new arrangements. In addition, we will work with all Chief Professional Officers to ensure a multi-professional focus. A press release will be drawn up for approval nearer the "go live" date of 1 April 2007.

GERARD COLLINS

Safety, Quality and Standards (SQS) Directorate



cc;

Secretary
Board Members
Directors
Nuala McArdle
Philip Maguire

NI AUDIT AND GUIDELINES IMPLEMENTATION PROJECT

PROPOSED REMIT, ORGANISATION AND OPERATIONAL ARRANGEMENTS FOR NEW GUIDELINES AND AUDIT GROUP

Roles and Functions

The new Northern Ireland Regional Audit and Guidelines Group will be responsible for the promotion of both clinical and social care effectiveness and multi-professional audit in the HPSS. In agreement with the DHSSPS, it will develop and review clinical and social care guidelines where required and support the development of audit practice in the HPSS.

Guidelines Development

In relation to clinical and social care guidelines development, the Group will consider, in association with relevant stakeholders, the particular areas in which guidelines are required to improve the quality of health and social services. It will consider topic proposals through an agreed new topic selection and review process.

In line with regional priorities and in agreement with the Department, it will establish and manage an annual guidelines development programme, which will take account of existing and planned NICE (and other) guidelines. *[Further work is being carried out on the process for topic selection to ensure it takes account of regional priorities, and the work programmes of NICE and other national bodies]*. A degree of flexibility will need to be retained to be able to respond to urgent regional priorities, especially those arising from major policy initiatives or serious service failures. Guidelines produced by the group will be considered by the DHSSPS for endorsement and subsequent implementation throughout the HPSS.

The "bottom up" approach adopted by CREST, whereby healthcare professionals could suggest topics for development into guidelines, was one of the strengths of the local guidelines process. This arrangement will be retained but with topic suggestions assessed formally against standardised criteria that includes the topic's

link/contribution to regional priorities and its potential for multi-professional involvement.

The Group will commission the guidelines and oversee their production and dissemination, taking account of the resources available to the Group. It will ensure that such guidelines incorporate best practice, including implementation and audit tools, and will promote best practice across the HPSS. It will also keep previously issued guidelines under review. [*CREST did not have a formal review process and some of the older CREST guidelines have had to be removed from its website*].

All guidance will use a standardised approach to guidelines development, e.g. Guidelines 50 SIGN, and will have an audit tool as part of a costed implementation plan. In this way, the work of the new regional audit programme will be linked to the outputs of the new NI guidelines programme.

Multi-professional Audit

The Group will support the development and future direction of multi-professional audit in the HPSS. In line with regional priorities and in agreement with the Department and relevant stakeholders, it will establish an annual regional audit programme aligned to the CREST guidelines group. It will establish a regional audit programme for implementation across the HPSS. It will also continue to encourage HPSS professionals to identify areas where regional audits are necessary (in some cases it may undertake and lead regional audits). A degree of flexibility will need to be retained to be able to respond to urgent priorities.

Where NICE guidelines have an audit template, audit would be carried out at local Trust/Commissioning Group level, unless the topic was deemed to be strategically important by the Department or HSSA, in which case it may become part of the regional audit work programme.

The Group will facilitate the sharing of best practice and the dissemination of audit results. It will make recommendations on audit development and will promote the sharing of good audit practice across the HPSS. It will review the results of regional audits and advise the DHSSPS and HSSA of important issues including the level of

participation throughout the HPSS. The results of regional audit will be made known to RQIA as one element of clinical and social care governance.

At its inception it was envisaged that RMAG would develop a database of audit projects and examples of good practice to be shared between professions. A regional database was initially established, however, not all Trusts agreed to submit data to the system and there were a number of technical problems with the database. As a result, the system is no longer used. The new Group will consider new mechanisms for sharing good practice, most likely through an enhanced website.

Governance arrangements

STRATEGIC STEERING GROUP	
Chair	
12 Members	
Audit Sub-Committee	Guidelines Sub-Committee
Chair	Chair
Membership comprised of existing RMAG & NIRAAC committees	Membership comprised of existing CREST group

Membership of the Strategic Group

- 1 member DHSSPS
- 3 members HSSA (including Social Services, Primary Care and LCG)
- 5 members New Trusts under RPA
- 2 members Patient Client Council (one member from the voluntary sector)
- 1 member RQIA

Representation to be equitably, geographically and professionally balanced.

The Chairmen of the Strategic Group, the Audit Sub-Committee and the Guidelines Sub-committee will be sought and appointed through an equitable process by the

DHSSPS or HSSA, pending determination of the roles and functions of each under RPA.

The Chair of the Strategic Group should also have the discretion to nominate two other health and social care professionals to balance the composition of the membership.

Key strategic tasks for Group

- i. Provide strategic leadership on guidelines and audit in Northern Ireland.
- ii. Develop a regional strategy for guidelines and audit to ensure that these activities deliver service improvement.
- iii. Establish NI guidelines and clinical/social care audit clearly within the overall NI framework for clinical and social care governance.
- iv. Define roles and relationships between different organisations involved in audit and guidelines throughout Northern Ireland.
- v. Promote maximum staff participation in high quality audit and guideline implementation.
- vi. Promote standardization of audit training across NI.
- vii. Promote establishment of a minimum staffing level for support staff in clinical and social care audit and guidelines, and the development of a career structure.