

# Scottish National Audit Programme Governance Policy

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| <b>Owner:</b>   | Stuart Baird                    |
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## 1. DOCUMENT CONTROL

### 1.1 Key Personnel

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| <b>Title:</b>    | <b>Scottish National Audit Programme – Governance Policy</b>       |
| <b>Owner:</b>    | <b>Stuart Baird</b>  |
| <b>Approver:</b> | <b>Scottish Government National Audit Programme Board (Health)</b> |

### 1.2 Version History

| <b>Version</b> | <b>Date</b> | <b>Summary of changes</b>  | <b>Changes marked</b> |
|----------------|-------------|--|-----------------------|
| 1.0            | 26.03.2019  | Final document for agreement   | No                    |
| 2.0            | 02.09.2019  | Feedback from COMQI  | No                    |
| 3.0            | 29.10.2019  | Feedback from lessons learned  | No                    |
| 4.0            | 21.07.2020  | Updated to reflect changes to PHS  | No                    |
| 5.0            | 17.02.2021  | Updated to reflect ongoing changes and improvement in governance process | No                    |

### 1.3 Distribution

| <b>Name/Directorate/Organisation</b>            | <b>Date of Issue</b> | <b>Version</b> |
|---|----------------------|----------------|
| All Scottish health board Medical Directors     |                      | 5.0            |
| All SNAP Steering Group Clinical Leads/ Members |                      | 5.0            |
|   |                      |                |

### 1.4 References

| <b>Document title</b>       | <b>Document file path</b>                                       |
|-----------------------------|---|
| SNAP Governance Policy V5.0 | Quality – SHA Team – SNAP – Governance – SNAP Governance Policy |
|                             |   |

## 2. Introduction and background

In order to deliver safe, effective and person centred care for all patients and achieve the best outcomes, we need to support consistent delivery of high quality evidence based care across Scotland reducing variation, death and disability. Ensuring patients continue to be supported to maximise their quality of life, identifying what matters to them and achieving an acceptable outcome which may be different for each individual.

The Scottish National Audit Programme (SNAP) includes the following national audits:

- Scottish Arthroplasty Project (SAP)
- Scottish Electroconvulsive Therapy Accreditation Network (SEAN)
- Scottish Hip Fracture Audit (SHFA)
- Scottish Intensive Care Society Audit Group (SICSAG)
- Scottish Multiple Sclerosis Register (SMSR)
- Scottish Renal Registry (SRR)
- Scottish Stroke Care Audit (SSCA)
- Scottish Trauma Audit Group (STAG)
- Scottish Cardiac Audit Programme (SCAP)
  
- *Scottish Audit of Intracranial Vascular Malformations (SAIVMs) (last survey 2011 and not currently covered by the SNAP Governance Policy.*

A review of Scottish involvement in the Healthcare Quality Improvement Partnership (HQIP) audit programme commissioned by the Scottish Government was completed in 2019. Following this, Scottish Government reviewed the legal and financial arrangements between Scottish Government and HQIP and a decision was made to withdraw the Scottish contributions. This was necessitated by Scotland's inability to reach a mutually agreeable legal basis for contracting with HQIP. The initial proposal had been that the audits included in this group would be governed by this Policy in the future. Work is progressing with some of the audits withdrawn from HQIP to become part of the SNAP which would include being governed by this Policy.

This SNAP Governance Policy describes processes that should be undertaken in all national audits in order to ensure that data are used for early identification of issues/ areas of concern, appropriate action agreed and taken. Regular review of the data locally and nationally will also allow highlighting of good practice and shared learning.

In order to ensure that correct processes are being followed and are having the desired outcomes, most of the national audits monitor and report on agreed national clinical audit standards or Key Performance Indicators (KPIs) after consultation processes (see section 6) and ratified by the Scottish Government National Audit Programme Board (Health) (SBNAPB(H)).

There are three processes described in this Policy:

1. Annual Review Meetings;
2. Identification and management of outliers and other potentially serious concerns in the Scottish audits; and
3. Consultation process of new key performance/ quality indicators or national clinical audit standards.



### 3. Data Quality and Reporting

The National Clinical Coordinators (CC) manage the majority of the national audits with the support of the central teams, i.e. Regional Coordinators, Quality Assurance Managers, Data Managers/ Support Officers and Information Analysts and ensure accurate and consistent collection of data via electronic submission.

Data quality is ensured by in system validations as well as additional validations being undertaken by analysts once data has been formally submitted to PHS. Data validations continue to be resolved between PHS and Local Audit Coordinators until agreed validations are closed. A supported programme of systematic Case Note Validation is also undertaken by the Quality Assurance Managers and Regional Coordinators to provide assurance that audit data collected are of the highest quality to allow evidence based decisions to be made in respect of care pathways/ diseases being audited.

Annual National Reports/ biannual/ quarterly/ monthly management reports as well as real time dynamic reports using national/ local audit data are produced and either disseminated to key stakeholders or accessed via electronic systems, e.g. Tableau and published in accordance with the SNAP Publication Timetable. The timetable ensures that data contributors have the ability to review the analysis prior to publication, which includes the full investigation of issues and outliers to ensure that the responses can be included within the relevant annual report. The data are also available prior to release to government colleagues to allow them time to brief ministers and Senior Government Officials of the outcomes being reported within the annual report.

#### 4. Annual Review Meetings

The purpose of an annual review meeting is to facilitate a formal assessment of performance against nationally agreed clinical audit standards and/or KPIs, discuss areas where these have not been met and formulate an improvement plan with clearly identified actions and timescales (Appendix 4). It is also essential to celebrate success and share any learning with other regions in order to spread best practice and consistency in performance and treatments.

The SNAP will adopt a programme of annual visits. Depending on the data collected/ reported this may be at regional, health board or individual hospital level and attendees will be multi-specialty and multi-disciplinary/ agency. For example, in the STAG audit, it is proposed that the meetings will be held regionally and will incorporate attendance by various specialties/ disciplines and agencies, for example Scottish Ambulance Service (SAS). External attendees will include a representative from the national audit, the national CC and a Scottish Government colleague or colleague from a partner organisation, e.g. National Services Division (NSD). It is proposed that at this review the colleague from Scottish Government should have direct links with the national clinical audit, for example in SSCA this would be the Scottish Stroke Improvement Lead.

The meeting will be chaired by a colleague from Scottish Government or other partner organisation. Ideally this person would have a clinical background in the specialty being reviewed. An action plan for improvement and implementation timescales will be agreed as determined by the outcomes discussed at the meeting (see template at Appendix 4).

The outcomes of the meeting (highlighting key achievements, areas of concern, agreed actions and timescales) will be shared with the national audit steering group and other relevant parties, e.g. following SSCA annual review meetings the outcomes are fed back to the National Advisory Committee for Stroke (NACS) at Scottish Government immediately after the meeting, i.e. within two weeks of the meeting being held.

The National CC and nominated other, will review the national clinical standard/ KPI compliance reports six months following the annual review meeting to assess progress, in particular to assess if there has been improvement in the areas of concern.

If ongoing/ further concerns are identified, an update is sent to the clinical lead for the regional network/ health board or hospital and relevant others, for example SAS, Scottish Government etc.

A joint visit to the regional network/ health board/ hospital of concern may be arranged in partnership with Scottish Government colleagues. This will involve a further meeting with Clinical Leads and appropriate others and may involve a 'walk through' of the care pathway at one or more specific hospitals to ascertain where the difficulties still remain.

Support from the National CC and nominated other will continue with repeated meetings/ visits for support as necessary until sustained improvement is evidenced in the quarterly/ monthly reports.

If at any point in the process it is felt that the region/ health board/ hospital is not working effectively to make the necessary changes for improvement or refuses to engage in this process, issues will be addressed using the SNAP Governance Policy Escalation Flowchart – Appendix 1.

If no resolution can be achieved then the issue will be escalated using the SNAP Governance Policy Escalation Flowchart which will involve Healthcare Improvement Scotland (HIS) via the Data Management

Team instigating further investigation, input and agreement of an action plan as per established HIS process for responding to potentially serious concerns.

Only if HIS are unable to resolve the area of concern or the health board continues to refuse to engage with this process will the concern be escalated to Scottish Government by HIS via the Health and Social Care Directorate.

## 5. Identification and management of outliers and other potentially serious concerns in the Scottish National Audit Programme

This may include outliers in standardised mortality analysis or analysis of other measures, e.g. Cumulative Sum Control (CUSUM) alerts, national clinical audit standards/ KPIs or outcomes.

### Step 1: Alert triggered by pre-determined criteria

#### Pre-determined criteria:

- Hospital that is between 2 and 3 Standard Deviations (SDs) from the Scottish mean: health board alerted by SNAP with a recommendation for clinical review which may require further investigation;
- Hospital that is more than 3 SDs from the Scottish mean: health board alerted by SNAP with a requirement for a full investigative process as outlined below; and
- Hospital issue identified: health board alerted by SNAP with a requirement for a formal response to the issue including any action plan etc.

#### Actions:

1. National audit steering/ governance group members should be informed as soon as preliminary data are available and a teleconference arranged following step 2, action 2; and
2. The Medical Director and health board Clinical Lead in the relevant site will be informed of the trigger and investigative process that should be followed.

### Step 2: Consideration of data undertaken by audit

#### Actions:

1. QA of the data, patient inclusion and data completeness will be checked and analysis will be re-checked;
2. Performance of the hospital against the national clinical audit standards or KPIs over the previous twelve months will be reviewed;
3. Appropriate analysis will be carried out following discussion with the audit steering/ governance group; this could include reviewing all deaths, patients highlighted for clinical review, or those with a predicted survival of less than 25% who subsequently lived or more than 75% who were expected to live however died; and
4. Information Analyst time from the national audit will be available for requests from the health board following engagement with the local Clinical Lead.

### Step 3: If possible cause for concern, SNAP will write to the Medical Director annually, or as required

1. The Medical Director will receive one letter informing them of the outlier(s), KPI/ standard attainment concerns and any other issues identified within the health board for the whole SNAP and will arrange for a:
  - 1.1 Clinical review of outliers at 2-3 standard deviations from the Scottish mean and agree any required remedial actions (if appropriate).
  - 1.2 Formal investigation of outliers over 3 standard deviations from the Scottish mean with a formal report (appendix 3) and action plan (appendix 4) submitted on the agreed SNAP



Governance Investigation template to the appropriate Steering Group for agreement and endorsement.

Health board engagement as a minimum should include:

- Medical Director;
- Clinical Audit Lead; and will also include:
- Chair of the national audit/ register; and
- National Clinical Coordinator who will forward communication to Local Audit Coordinators and local audit leads/ others closely involved in the audit within the health board.

**NB:** this is not an exhaustive list and those required to engage will vary depending on the nature/ specialty of the national audit concerned and can be agreed during initial contact with the Medical Director.

#### **Step 4: Audit staff support clinical staff with review of data in order to investigate triggers/ issues**

The local Clinical Audit Lead's knowledge and experience of the audit may be variable and this will affect the support required. The suggested approach should include:

1. Share national clinical standard/ KPI review and discuss the health board's understanding of the data point. This may require site visits;
2. Understand how the health board is using the data for improvement (data sharing/ Morbidity & Mortality meetings/ QI initiatives/ local projects etc.);
3. Request for follow up Investigation Report within agreed timeframe (Appendix 2 - SNAP Governance Policy Investigation Report Template);
4. Request for Investigation Report follow-up action plan (Appendix 3 - SNAP Governance Policy Action Plan Template) that will be delivered through the health board governance processes;
5. Audit steering/ governance group review report findings and action plan and agree if the response is satisfactory and will result in the required improvement;
6. Depending on the outcome of the above, further information/ independent investigation and/ or a follow-up site visit may be requested either by the national audit or by the health board e.g. within SICSAG this may include involvement of the Scottish Intensive Care Society;
7. There should be consideration at this stage if the SNAP Governance Policy Escalation Flowchart (Appendix 1) should be invoked, for example, if it is felt that the health board is not engaging in this investigative process; and
8. Further analyses should be carried out as indicated – usually after six months to allow time for change to be implemented. The Audit Steering Group/ Clinical Lead will also be responsible for following up and reviewing actions to ensure that progress is being made.

#### **Step 5: External review**

If no resolution can be achieved following Step 4 above the SNAP Governance Policy Escalation Flowchart (Appendix 1) will be implemented and the health board informed. This will involve Healthcare Improvement Scotland (HIS) via the Data Management Team instigating further investigation, input and agreement of an action plan as per established HIS process for responding to potentially serious concerns.

### Step 6: Final report/ communication

HIS will create a final report outlining the findings of their investigation, highlighting any ongoing concerns and ratify the action plan confirming that it will achieve the required improvements.

This should be shared with:

- SNAP governance team;
- Health board Medical Director;
- Chair of the national audit/ local health board Clinical Audit Lead/ National Clinical Coordinator;
- Scottish Government Health & Social Care Directorate;
- Other appropriate groups, e.g. Scottish Trauma Network, Scottish Intensive Care Society; and
- Sharing Intelligence for Health & Care Group.

### Step 7: Formal escalation to Scottish Government

Only if HIS are unable to resolve the issue or the health board continues to refuse to engage with this process will the concern be formally escalated for resolution to the Scottish Government by HIS via the Health and Social Care Directorate.

## 6. Consultation Process for Key Performance/ Quality Indicators or National Clinical Audit Standards

### 6.1 Background

It is important that prior to the introduction of new or updated clinical audit Key Performance Indicators (KPIs), Quality Indicators (QIs) or national clinical audit standards (from here on in referred to as clinical audit standards) that they have been formulated by the appropriate clinical specialists constructed from evidence based research and/ or professional judgement and clinical experience and expertise.

Clinical audit standards should be stretching in order to drive improvement however, they should also remain realistic and take cognisance of any service limitations when first introduced and thus set performance expectation.

### 6.2 Consultation

Consultation of new or updated clinical audit standards is intended to ensure that the widest group of clinicians, service managers, professionals and subject matter experts (although the list is not exhaustive) have been afforded the opportunity to comment and influence the above from a professional perspective only. The process is not intended to provide the opportunity to influence clinical audit standards for personal gain or indeed to bring standards down to the lowest level of attainment due to constraints in service provision.

### 6.3 Who to Consult With

Once the clinical audit standards have been written and approved by the relevant Audit Steering Group they must demonstrate that they have created the opportunity for the following groups to comment on the proposals, as relevant:

- Clinical Audit Leads;
- Consultants, Surgeons, Physicians or other relevant clinicians;
- Scottish Executive Nurse Directors (SEND);
- Scottish Associate Medical Directors (SAMD);
- Allied Health Professionals;
- Royal Colleges; and
- Professional Societies.

Whilst this list is not exhaustive this is the minimum groups who are expected to be given the opportunity to provide comment, for example each individual national audit should consider other bodies that they would require to consult on specific clinical audit standards.

Once the consultation process has been completed the relevant Audit Steering Group is required to consider all comments and suggestions provided, judge the merit of the comments and assess whether or not they should result in a change to any of the clinical audit standards. If they are not considered appropriate, then the reasons for rejection of the comments must be formally recorded and any evidence to support the decision of the Audit Steering Group evidenced.

The SGNAPB(H) group at Scottish Government must ratify all clinical audit standards prior to implementation. They must be satisfied that they are evidence based and that there has been wide and stretching engagement with the clinical community etc. as defined above.