

## **How could a new urgency to modernise clinical audit help in the NHS?**

**NHS teams are under pressure. Could modern digital approaches to clinical audit be a quick win to help relieve just some of the burden? Could organisations better understand performance at such busy times? And could compliance with new CQUINs be supported in the process? Mark Pridmore, CaseCapture head of strategy, asks the questions.**

A glance at the mainstream media headlines on almost any day in recent months is enough to get an idea of the demands facing many thousands of people working in the NHS.

Whether they are dealing with growing backlogs, emergency handovers, a workforce crisis, or pressures that remain from flu and Covid, to name just a few challenges, NHS professionals are probably under the most pressure they have ever faced.

Yet 2023 has already been a year where a significant number of people have taken their important time to speak to me about clinical audit, which it appears many want to modernise with urgency.

### **Placing clinical audit on the digital agenda**

One manager I spoke to told me how a team of five people were needed to try to extract insights from spreadsheets used to record clinical audits.

It is probably not an uncommon scenario. Digitisation is a key priority in the NHS for good reasons. For clinical audit – a crucial process used to understand clinical performance and the quality of services provided to patients – the digitisation picture is mixed. A significant amount of healthcare providers rely on spreadsheets, both to generate and interrogate data. This process can be manually intensive – both for frontline teams inputting data, and for anyone trying to understand what the data is telling them.

My recent conversations suggest that many want to change this situation with urgency and more consistently make clinical audit part of the digitisation agenda. They want to follow the example set by colleagues in hospitals where clinical audit is captured through more modern digital tools as standard, tools specifically built for the task like CaseCapture. Many clinicians are already familiar with this platform, as it underpins prominent national audits managed by royal colleges and others.

### **Addressing pressure**

The reasons for change now are significant. People want to help to reduce some of the stresses faced by frontline teams who simply don't have time to manage cumbersome spreadsheets; and to provide those teams with mobile easier to use alternatives. And they want to address the need for quality, reliable and relevant data, in order to highlight where quality improvement is needed, where safety concerns might exist, and where service transformation might progress. In addition, investment in these tools, which are inexpensive, could lead to speedy financial returns whilst helping to release time to care. The argument is compelling as a quick win for helping extremely busy people, and addressing what might sometimes be an overlooked digital opportunity.

NHS organisations carry out many audits. Some are compulsory and help to inform national understanding of specific services. But other locally led audits are about more than meeting data requirements for central bodies. They can show organisations at a local and granular level opportunities to improve their services for the better, to create efficiencies, and to monitor compliance with clinical best practice. As one audit manager recently told me – they are an opportunity to measure things that can make all the difference for patients.

With the right technology supporting easier and more impactful ways of capturing and analysing data, audit could help in other ways too.

## **Help with CQUINs?**

The early weeks of 2023 saw NHS England release new [guidance around Commissioning for Quality and Innovation](#) (CQUIN) indicators and metrics. In the document 17 CQUINs set out priority areas, where NHS England expects to see improvement in the next year. This includes everything from CQUINs designed to reduce pressure ulcers, through to metrics and indicators around malnutrition, or the diagnosis and treatment of lower leg wounds, for example.

CQUINs form part of the method for calculating annual payments for NHS trusts – and so measuring compliance has both clinical and financial implications for healthcare providers.

Data required for performance against some of the CQUINs is already likely to be covered by existing national data reporting requirements. However, NHS England also makes clear that for others, local data is required.

Effective audit systems could help in the collection of data, and potentially could make that data even more valuable locally.

## **Supporting quality care and efficiency**

Clinical audit is fundamentally about delivering efficient and quality healthcare. But the process itself doesn't need to be a burden. The technology exists to make audit easier and more meaningful, especially for the busy people keeping our health service running.