The background of the entire page is a dense, teal-colored grid of small, square portrait photographs of a wide variety of people from different ethnicities, ages, and genders, representing the diversity of the clinical audit community.

National Office of Clinical Audit STRATEGY 2021-2025

NCCA National Office of
Clinical Audit

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Message from the NOCA Clinical Director and Executive Director

Since its establishment in 2012, the National Office of Clinical Audit's (NOCA's) purpose has been to inform:

- the general public, including service users, about how specific areas of the healthcare system are performing
- healthcare professionals, management and policy-makers of the quality of care being provided compared to recognised standards, and identifies opportunities for improvement.

This purpose continues to shape our approach to the management and promotion of national clinical audit.

NOCA is the now a widely recognised and respected national organisation for its expertise in national clinical audit. This is based on NOCA's proven success designing, implementing and evolving national clinical audit to improve outcomes for patients.

Currently we manage the largest portfolio of national clinical audits and registries across the Irish healthcare system, including audits covering hip and knee replacements; critical care; stroke; heart attack; major trauma; paediatric mortality; in-hospital mortality; and hip fractures.

Additionally, we have advised and contributed to a national review of clinical audit, created General Data Protection Regulation (GDPR) guidance specific to clinical audit, and we are partners in a number of research projects related to the development of audits, including the collection of patient-reported outcomes.

NOCA is publically funded via the HSE, based in the Royal College of Surgeons in Ireland (RCSI) Dublin and governed by an independent Board. NOCA comprises a small agile team of dedicated professionals who work in partnership with healthcare professionals and patient and

public interest representatives. These healthcare professionals and patient and public interest representatives who volunteer to work on our audits are integral to upholding our values of independence, transparency and accountability, integrity, excellence and innovation and partnership.

Our new NOCA Strategy 2021–2025 sets out how we will advance national clinical audit in a constantly changing healthcare system – a system which is facing many challenges, but also provides many opportunities.

This strategy is a result of extensive engagement with various stakeholders across the Irish healthcare system including our audit teams and committees. It is important that we acknowledge the ongoing contribution and commitment to NOCA from all of our partners and we look forward to successfully implement this strategy.



Dr Brian Creedon
Clinical Director
NOCA



Collette Tully
Executive Director
NOCA

A message from our Patient and Public Interest Representative



Since its establishment, NOCA has worked to involve Patient and Public Interest (PPI) representatives on the NOCA Governance Board and all audit committees. At present, two PPI representatives sit on the NOCA Governance Board and on each audit committee. PPI representatives include patients, family members, carers and members of the public who help develop clinical audit in a meaningful and informed manner. NOCA runs workshops and webinars for all PPI representatives in which we listen and learn how to ensure that PPI representatives' voices are heard.

PPI representatives make valuable contributions by sharing their experiences of the healthcare system with NOCA and with others within the healthcare system; their stories demonstrate what works well and what changes need to be made to improve patient-centred care, and their insights into the patient perspective are invaluable and may not otherwise be recognised. Healthcare professionals are increasingly embracing the role of the PPI representative.

Since I joined the NOCA Governance Board in 2017, it has been evident that NOCA is eager to ensure that PPI representatives' inputs are valued; from a personal perspective, I feel safe expressing my opinions, which is crucial for the successful continued involvement of PPI representatives.

As PPI representatives are independent from NOCA, we are in a position to critically analyse and propose changes to how audit outcomes are reported in a transparent manner. Our commentary in the published clinical reports demonstrates our independence and provides the public with assurance that the aim of each audit is to report on care outcomes and include recommendations for quality improvement. A theme coming through from PPI representative workshops is that the recommendations contained in the national clinical audits are actually implemented by the healthcare

providers, and that implementation is evidenced in subsequent reports. PPI representatives will continue to highlight risk areas, promote their publication and seek evidence that the recommendations are implemented within the set time frame, providing assurance to the public and healthcare staff that quality improvement can be monitored through national clinical audits. Understanding of and engagement with PPI representatives has historically been variable across healthcare organisations. There is still more to be done to develop consistent appreciation of the importance of listening to the public's views and enabling them to share in decision-making processes. It is worth investing in good public involvement in order to recruit and retain PPI representatives.

In 2018, the Department of Health (DoH) published the *Framework for Public Involvement in Clinical Effectiveness Processes*. This publication recognises the importance and value of PPI representatives in making healthcare decisions. Building upon this work, and in light of observations from Dr Gabriel Scally (who led the Scoping Inquiry into the CervicalCheck Screening Programme) regarding the current arrangement of engaging PPI representatives on a voluntary and unpaid basis, the DoH is now developing a policy to standardise the selection and payment of PPI representatives. This recognition will ensure that service users share in the decision-making and responsibility for influencing and determining policy outcomes. From my experience with NOCA to date, I feel assured that the organisation will embrace this policy.

I look forward to my continued role within NOCA and am eager to see the NOCA Strategy 2021-2025 put into action, as it highlights the key role that PPI representatives play within the organisation.

Brigid Doherty
PPI Representative
NOCA Governance Board

“

“I am delighted to be a PPI representative on the Irish National Audit of Stroke Governance Committee, having been nominated by the Irish Heart Foundation. The voice of PPI representatives is very important to the NOCA Strategy, and in my case, I am grateful for the opportunity to contribute to policy discussions and to provide input on the improvement and developments in relation to stroke care. We must remember that the patient has an integral role to play in the work of NOCA and that their contribution is not only valued, but is seen as being a core aspect of the strategy of NOCA. I am glad that I am able to make a positive contribution to the INAS Governance Committee as PPI representative, and to have my input recognised in discussions and in the summary reports.”

Martin Quinn, Patient and Public Interest Representative, Irish National Audit of Stroke Governance Committee

“Foremost in my mind being a PPI on the Irish National ICU Audit Governance Committee is that my insight as a patient and my contribution to reports and guidelines will enhance the healthcare experience for current and future ICU patients and their families. It is a privilege to be part of the NOCA team, they truly value PPI involvement.”

Barbara Egan, Patient and Public Interest Representative, Irish National ICU Audit Governance Committee

“As a PPI Representative on the Irish Hip Fracture Database Governance Committee, I had numerous opportunities over the last few years to contribute to the work done by this NOCA audit. Apart from attending the committee meetings, I've been involved in various thematic consultations and working groups, while benefiting from peer support and tailored training.”

Bibiana Savin, Patient and Public Interest Representative, Irish Hip Fracture Database Governance Committee

“I am delighted to be part of the Irish Heart Attack Audit, representing the patient & the public interest. Continuous quality improvement is key in our health service and PPI's have an important and necessary voice at the table. All of us who work in whatever capacity in this audit strive for better outcomes for all of those who have a heart attack and I welcome the participation, the work and the recommendations.”

Lucinda McNerney, Patient and Public Interest Representative, Irish Heart Attack Audit Governance Committee
















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About NOCA

NOCA was established in 2012 to support sustainable national clinical audit across the Irish healthcare system. NOCA is funded by the Health Service Executive Office of the Chief Clinical Officer (CCO), governed by an independent voluntary board and operationally supported by the Royal College of Surgeons in Ireland (RCSI).


NOCA defines clinical audit as ‘a clinically led, quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria. When the standards are not met, a process of improvement can be undertaken, re-audited to enhance the quality of care provided to patients.’

NOCA currently manages the largest portfolio of national clinical audits in Ireland, comprising of:

<div>Irish Hip Fracture Database IHFD</div> <div></div> <div></div> <div>IHAA Irish Heart Attack Audit</div> <div></div>	
<div>INAS Irish National Audit of Stroke</div> <div></div> <td><div>ICU Irish National ICU Audit</div><div></div></td>	<div>ICU Irish National ICU Audit</div> <div></div>
<div>ICU Bed Information System (ICU BIS)</div> <div></div> <td><div>INOR Irish National Orthopaedic Register</div><div></div></td>	<div>INOR Irish National Orthopaedic Register</div> <div></div>
<div>IPCCA Irish Paediatric Critical Care Audit</div> <div></div> <td><div>MTA Major Trauma Audit</div><div></div></td>	<div>MTA Major Trauma Audit</div> <div></div>
<div>NAHM National Audit of Hospital Mortality</div> <div></div> <td><div>NPMR National Paediatric Mortality Register</div><div></div></td>	<div>NPMR National Paediatric Mortality Register</div> <div></div>

The National Perinatal Epidemiology Centre (NPEC) aligns its audit governance structures to NOCA audit governance standards for audit governance committees, the monitoring and escalation of outliers and for national reporting. The three national clinical audits managed by NPEC are:

- National Clinical Audit of Perinatal Mortality
- National Audit of Severe Maternal Morbidity
- The Very Low Birth Weight Infants Audit (VLBW) - Vermont Oxford Network (VON).



NATIONAL PERINATAL
EPIDEMIOLOGY CENTRE

NOCA advocates for change at a national level arising from the key findings of our audits. This is done by working with senior decision-makers at both policy and operational levels within the Irish healthcare system. NOCA promotes transparent reporting and publishes national annual reports for each of its audits, as well as providing regular reports to hospitals.

Those who deliver and manage healthcare recognise national clinical audit as a key component to improve healthcare through the systematic collection and analysis of data that assess whether the level of care provided meets the required standards.

The type of data collected relates to the care that

each patient receives and can include information about:

- what care was provided (e.g. medication, procedure(s) performed, rehabilitation)
- processes e.g. timeliness of the care provided (e.g. time to surgery, time to CT scan)
- outcomes (e.g. survival, infection, readmission).

The data provided to NOCA are routinely collected by each service provider as part of a patient’s care. Personal data (such as name and full address) are not provided to NOCA, except in relation to the Irish National Orthopaedic Register for hip and knee implants, where explicit consent is required in order to collect this information to support the identification of patients in case of a product recall.

Uses of NOCA data



IMPROVEMENT



PLANNING



PERFORMANCE ASSURANCE



POLICY DEVELOPMENT



OUTCOME-BASED FUNDING



MANAGEMENT



PUBLIC HEALTH



RESEARCH

Improvement

The main purpose of clinical audit is to improve the quality of care provided to patients and to improve patient outcomes. NOCA provides reports to healthcare teams so that they can see how they are performing against agreed standards of care and how they compare to other similar healthcare providers. This information supports a focus on the areas of care requiring improvement and also provides a structure to support the sharing of learning and good practice among the healthcare community.

NOCA clinical audit data provide a national view of the variation in care in a given area. This information can in turn support:

- the planning of resource allocation across the system
- performance assurance (e.g. supporting the delivery of care to best practice standards)
- policy development (e.g. the need for a trauma network, or a hospital bypass for hip fractures)
- outcomes-based funding (e.g. Best Practice Tariff payments for hip fracture episodes of care meeting required standards)
- management in terms of holding service providers to account based on reliable and transparent data
- the development and dissemination of public health information (e.g. prevention of falls in the home messaging linked to data from the Irish Hip Fracture Database, and farm accident messaging relating to the Major Trauma Audit)
- research to develop new knowledge and treatments.









“The main purpose of clinical audit is to improve the quality of care provided to patients and to improve patient outcomes.”



Development of the Strategy

The NOCA Strategy 2021–2025 has been developed in the spirit of collaboration, with all key stakeholder groups invited to participate in workshops between November 2020 and January 2021. In total, 10 sessions were held, with excellent participation in each stakeholder group. The groups were asked to discuss NOCA’s current strengths and weaknesses and to identify opportunities for ensuring that NOCA continues to grow in a sustainable and impactful way.

Key themes emerging from the stakeholder workshops:

	The importance of patient and public involvement in the development and governance of audits
	Greater focus on quality improvement using audit data
	New audits – the need for a prioritisation and commissioning process
	New audits – across the healthcare system and beyond the acute care stage
	The need to be able to clearly demonstrate the impact of audits
	Improve the time it takes to implement new audits
	Governance structures required to ensure audit recommendations happen
	Burden of data collection for service providers is huge and inefficient with duplication of effort, lack of Individual Health Identifier (IHI), lack of adequate resources and technology



What is the future/what do we need to prepare for?

Given the environmental changes in healthcare since 2016, it is essential that NOCA acknowledges these changes and prepares appropriately for the future. These changes include:

- the Sláintecare objectives to provide integrated care across acute and community settings with a focus on prevention and improved outcomes
- the implementation of the Health Service Executive (HSE) eHealth strategy (electronic health records, Individual Health Identifier (IHI), data warehousing)

- the Department of Health’s (DoH’s) Health Information Strategy
- more public care being provided in private hospitals
- public expenditure and the impact of COVID-19
- increased recognition of the power of the patient/what is important to the patient; patient voice or autonomy
- the increased need for timely data to support evidence-based rapid decision-making
- technology developments (e.g. increased automation, big data, artificial intelligence, increased risk of cyber crime).



OUR VISION

Excellent healthcare for Ireland
shaped by good information



OUR MISSION

Manage a portfolio of high-quality
national clinical audits which inform:

- the general public, including service users, about how specific areas of the healthcare system are performing
- healthcare professionals, management and policy-makers of the quality of care being provided according to recognised standards, and of areas requiring improvement

NOCA National Office of
Clinical Audit

OUR VALUES

Our work and our relationships with stakeholders
will be underpinned by these values



INDEPENDENCE

NOCA is governed by an independent board, which operates as an honest and objective commentator on the quality of healthcare regardless of findings or sources of funding.



TRANSPARENCY AND ACCOUNTABILITY

NOCA's Governance Board and staff are accountable to the general public for our decisions and actions and submit ourselves to whatever scrutiny is appropriate.

The principles of good governance underpin our audits and corporate organisation.



INTEGRITY

We carry out our work and make decisions for the benefit of patients and service users receiving care in the Irish healthcare system.



EXCELLENCE AND INNOVATION

We hold ourselves to the highest standards when developing and managing our audits, while always looking to improve what we do.



PARTNERSHIP

We know that the best solutions come through working with our partners, as there is mutual benefit from sharing our knowledge and experience.

STRATEGIC PILLARS

1 National Clinical Audit Excellence

2 Audit Development

3 Promote National Clinical Audit

STRATEGIC ENABLERS

The success of the NOCA Strategy 2021-2025 will depend on the following enablers, with financial sustainability being at the forefront.



Financial Resources



People



Information Technology



HSE and DoH support



Partnerships



Stakeholder Engagement

Strategic Pillar 1 National Clinical Audit Excellence



NOCA will manage a portfolio of national clinical audits that:

- are designed, managed and governed to best practice standards.
- ensure audit objectives focus on improvement of:
 - patient and service user clinical outcomes (physical and/or mental)
 - processes of care
 - patient and service user reported outcomes relating to quality of life
- are clinically led and work with patient and public interest (PPI) representatives
- include all domains of healthcare such as acute, general practice, mental health, and community care
- include all healthcare providers both public and private where applicable
- provide timely, relevant and easily accessible audit data for healthcare professionals, management, policy-makers, service users, the general public and national government agencies that:
 - demonstrate how the healthcare system is continuously learning and improving
 - make recommendations to improve care
 - show progress on recommendations arising from audits.

WHAT SUCCESS LOOKS LIKE:

The NOCA portfolio of clinical audits has expanded across the healthcare system and is providing data on a quarterly and annual basis across all of its audits. NOCA is routinely reporting on patient-reported outcome measures (PROMs).

Strategic Pillar 2

Audit Development



Audit development will include the following activities:

→	continually reviewing and improving how we develop and manage our audits to include: <ul style="list-style-type: none"> - minimal data collection/maximum use of data - data validation, reporting, security and governance - collection of other required national data - international benchmarking and research
→	contributing and ensuring alignment, where applicable, to national health care strategies and priorities e.g. data collection, reporting and governance of healthcare data, patient reported outcomes, equity of access/treatment and outcomes, individual health identifier, open data
→	assisting the HSE & DoH to establish a national commissioning process for new national clinical audits
→	providing ongoing input and supporting the HSE National Centre for Clinical Audit (NCCA) in the prioritisation and commissioning of new national clinical audits (e.g. assist with the identification of gaps; carry out feasibility studies to determine the scope, design options and high-level costs of an audit)
→	transforming the NOCA national clinical audit implementation approach to reduce national roll-out time (target: three years from feasibility to full implementation)
→	developing new approaches for audits e.g. ongoing core audits with multiple once-off audits/spotlight
→	carrying out additional research and analysis to provide new insights and learnings for the healthcare system.

WHAT SUCCESS LOOKS LIKE:

The NOCA Audit Development Hub is working on a programme of new audits as well as various audit development projects.

Strategic Pillar 3

Promote National Clinical Audit



The promotion of national clinical audit involves:

→	promoting the use of national clinical audit for quality improvement, evidence-based planning, policy-making and research
→	being a trusted voice in all aspects of national clinical audit and share best practice, including General Data Protection Regulation (GDPR)-compliant data handling
→	promoting the importance of patient and public/service user involvement in the development and management of national clinical audit
→	advocating for the sustainability of national clinical audit (e.g. funding, staffing, legislation)
→	sharing the impact of national clinical audits
→	promoting awareness of national clinical audit across the system by sending the message that quality improvement and clinical audit are part of the job.

WHAT SUCCESS LOOKS LIKE:

- National clinical audit and related quality improvement work is valued and resourced across the healthcare system.
- National Clinical Audit data is routinely used for the management and improvement of the Healthcare System.
- The value and impact of national clinical audits are assessed and published.
- Patient and public/service user involvement is visible across all aspects of NOCAs work.

Strategic Enabler Financial Resources



Currently, NOCA is funded by the HSE Office of the Chief Clinical Officer. In order to ensure NOCA's ability to deliver on its strategic objective, the funding model needs to be reviewed. NOCA will:

- work with the HSE to explore a sustainable funding model that will include annual running costs, audit development and new audits
- review the funding model for clinical leads and data collectors
- implement a cost recovery model for private providers taking part in national clinical audits
- explore other funding sources (e.g. industry, insurers)
- develop a 5-year financial plan/key performance indicators to support the strategy
- review and, where necessary, update financial procedures in order to ensure that the financial and internal control systems remain secure
- Update the NOCA Governance Board's responsibilities to include adequate resourcing for national clinical audit.

WHAT SUCCESS LOOKS LIKE:

- Multiple sources of funding are in place.
- Multi-year funding has been secured.
- There is a funding model in place to commission new audits.

Strategic Enabler People



Due to the specific nature of NOCA's work and technological advances in reporting healthcare data, NOCA requires high-calibre staffing across its functions in order to operate effectively. In order to maximise our resources, NOCA will:

- recruit high-calibre staff with the required skills and experience
- invest in the continued training and development of our staff
- invest in our data analytics team
- establish a new national clinical audit development team
- support and develop our PPI representatives
- provide opportunities for staff to participate in national and international activities
- support staff well-being.

WHAT SUCCESS LOOKS LIKE:

The organisational structure and skill set mix support NOCA's strategic objectives.

Strategic Enabler Information Technology



Information technology (IT) plays an increasing role in the collection, validation and reporting of healthcare data. NOCA requires an IT infrastructure that ensures the secure, efficient collection of data as well as the rapid validation and reporting of these data.

NOCA has inherited a number of legacy IT systems across its audits. NOCA now needs to invest in a range of best-in-class IT systems to support its work. NOCA will:

- recruit appropriate technical staff
- invest in our IT infrastructure in order to maximise efficiency and standardisation and to reduce duplication and control costs; this infrastructure will include:
 - an audit IT system to support the collection, validation and reporting for our audits and automate report production, which will be scalable for new audits
 - interactive reporting dashboards for healthcare professionals and the general public
 - internal IT management systems.
- work with the HSE Office of the Chief Information Officer and the RCSI in the development of our IT infrastructure
- maintain and test the backup and disaster recovery processes in order to ensure that NOCA's data remain protected
- continue annual lessons learned reviews of audit reporting
- develop a new policy for a detailed IT review as part of our 3-year internal audit work programme
- monitor technological developments in the market and respond to the potential impact on NOCA's work.

WHAT SUCCESS LOOKS LIKE:

- Our IT system can be used for all in-house audits with excellent point-of-entry data validation and interactive dashboards for reporting.
- NOCA has implemented a secure, best-in-class infrastructure based on cloud servers.

Strategic Enabler HSE and DoH Support



The support of the HSE and the DoH is critical to NOCA's success. NOCA works closely with the HSE with regard to matters relevant to its remit (including funding, the development of the national audit portfolio, and reviews and annual reports) while ensuring that NOCA's independence is preserved at all times. NOCA also interacts with the DoH with regard to annual reports and legislative developments impacting on clinical audit. In turn, NOCA acknowledges its obligations to the HSE and the DoH. NOCA will nurture the strength of these relationships through the following activities:

- agreeing and signing an annual agreement with the HSE to include oversight arrangements and an annual work plan
- attending formal update meetings with the relevant HSE unit on a quarterly basis in relation to the annual agreement with the relevant HSE unit
- advise and support the DoH on national clinical audit matters as required including policy and relevant legislation
- advise and support the HSE on national clinical audit matters as required
- provide an annual update to the HSE Management, HSE Board and or relevant subcommittee(s)
- Provide regular updates to the DoH.

WHAT SUCCESS LOOKS LIKE:

HSE, the DoH and NOCA work together to resource and develop national clinical audit so that it supports the delivery of improved healthcare across the system.

Strategic Enabler Partnerships



NOCA is one of many organisations overseeing national clinical audits both in Ireland and internationally. NOCA will actively work with various partners to share our knowledge and expertise with regard to clinical audit across the following key areas:

- participate in HSE and DoH national committees, steering and working groups advising on:
 - commissioning of national clinical audits and registers
 - development and implementation of national clinical audits and registers
 - national strategy for healthcare data
 - eHealth Ireland strategy
 - information governance
 - clinical guideline development
 - policy changes
 - national reviews
- establishing academic research and education partnerships
- working with international clinical audit organisations exploring common issues, regulation, technology advances and international benchmarking.

WHAT SUCCESS LOOKS LIKE:

NOCA's expertise is included at a national level wherever expertise is required in relation to national clinical audit, spanning audit design and implementation; information governance, including data collection, validation, reporting, GDPR compliance, and security; audit governance; research; and IT infrastructure.

Strategic Enabler Stakeholder Engagement



In addition to the specific organisations previously identified, NOCA recognises a much wider range of stakeholders that play an important part in the success of our work. This includes patient and service user representative groups, professional bodies, universities and training bodies, regulators, other national government agencies, and the wider general public. NOCA recognises the importance of stakeholder engagement and is committed to a policy of engagement on matters of interest to these stakeholders. This engagement will be supported by the following activities:

- meetings with various stakeholder groups to discuss matters of mutual interest
- annual conferences
- patient and service user consultations
- public reporting of our work through annual reports and other publications
- use of social media and other platforms to communicate with stakeholders.

WHAT SUCCESS LOOKS LIKE:

- **NOCA is known across the healthcare system as the trusted home of national clinical audit.**
- **Public awareness of NOCA audits has increased.**



Strategic Planning and Implementation

The strategy will shape the annual work plans of NOCA. The NOCA Executive Director will be responsible for the management of these work plans as well as the completion of a horizon scan every six months. The Executive Director will also carry an in-depth review at the end of 2022 and 2024.

The NOCA Governance Board will have oversight of the implementation of the strategy. The Executive Director will provide updates at each board meeting.

THE STRATEGY
WILL SHAPE
THE ANNUAL
WORK PLANS
OF NOCA



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