



HQIP

Healthcare Quality
Improvement Partnership

Audit Re-invigoration Contract

Business Plan 2011-12

Summary

This business plan builds on from the three-year strategic plan and effectively carries over that three year plan for this year. It shows when and how activities scoped within that document will be carried out during this financial year prior to any change in the contract after that date.

This plan applies only to England and covers only work on clinical audit.

Contents

1. Management of the nationally commissioned Clinical Audit Programme and the National Joint Registry (NJR);
2. Secretariat to the National Clinical Audit Advisory Group (NCAAG);
3. Stakeholder engagement
4. Support activities to re-invigorate both national and local audit.

Annexes

- A. Timetable for renewals and new audits

1. **Management of the Nationally Commissioned Audit Programme, the National Joint Registry (NJR) and the CORP (Confidential Enquiries programme)**

The National Audit Programme

The timetable for this work, in table form, is in annex A.

Contracting and procurement activity:

At the start of the year within the programme there will be:

- A group of existing audits whose three or one year interim contracts will expire either before or on April 2012, or within nine months after the end of the current HQIP contract (31-3-12). These will require continuing contract management and consideration of whether they are to be renewed, ceased or merged, with subsequent action that will occur (see table in Annex 1);
- A group of audits which were granted continuing funding which will expire after the end of our contract, i.e some time after April 2012 (also in Annex 1). These will require contract management but not a renewal process during the contract.

HQIP will manage both these groups and conduct the required processes to commission any new or replacement audits. We will also invite ideas for new audits, to start later in 2011-12 or in 2012. This means that HQIP will:

- 1.1 Contract manage those audits not coming to an end during the year of this contract, paying full continued attention to managing targets and improving their performance. A full record of contract monitoring will be made available to any future contractor.
- 1.2 Conduct analysis of the current position, and secure agreement on handling those audits due to be renewed or closed on or before April 2012 or during the period immediately after the contract end and for which provision will have to be made before this contract ends. To aid these decisions, we will conduct reviews to a fixed review proforma which we will devise with the Department, and we will advise the Department of the dates by which decisions need to be made to enable us to start and complete these processes before the end of each contract. Depending on decisions reached by the Department, after it takes advice from NCAAG, we will renew these contracts, or start a commissioning process for tender for new providers if required, at some point during the year dependent on timetables given to us. Whenever possible, we will complete these tendering processes, on a nine months timetable by March 31st 2012. This will follow European tendering rules and processes and include a one-stage procurement process unless otherwise agreed. This will include work on reviewing those audits, and taking such action as is needed to re-tender, close or renew those which expire during 2012-13 but for which action will need to have been taken before the end of the 2011-12 financial year (Pain, IDB, Epilepsy 12, Schizophrenia).
- 1.3 Notify the relevant DH policy leads as each stage takes place and be invited to contribute to the drafting of the new specifications for these audits, which HQIP will project manage with the relevant policy leads.

- 1.4 Streamline or merge four audits into two – Hip Fracture and Falls, and the two Stroke audits. We will take over into management, for one year, the Stroke SINAP audit as part of this group and during this year prepare for its merger with the sentinel audit, working closely with key stakeholders.
- 1.5 If audits are renewed during the year without tender, contract manage these up until the end of the contract. If decisions are made to cease funding for specific audits we will manage this process. If contracts are put in place for transfer within the year or in build up to April 2012, and if this needs to be managed throughout the year, we will provide detailed support; as we have done throughout 2010-11.
- 1.6 Collect subscription income from NHS Trusts in respect of the nine audits which are moving to subscription and ensure good communication with these organisations. We will work with the department to identify other audits which can be moved to subscription funding during the year or in subsequent years.
- 1.7 For all audits coming to the end point during the financial year, or being aligned into other audits, ensure that the process of closure or merger is managed properly. We will ensure that there is a management plan for such matters as TUPE, data and record ownership, transfer and security, ownership of Intellectual property, as required, when audit responsibility is transferred to another provider, or access to data and mothballing when not. We will minimise costs during such processes to avoid dual costs wherever possible.
- 1.8 During 2011-12, once funding has been organised and agreed, invite proposals for **audits on new topics to start in 2011-12 that have been suggested from inside and outside Government**. The process will be one-stage unless otherwise agreed; invitation for topics, followed by formal tender. HQIP will invite proposals from a variety of sources and also consult on topics from policy bodies to establish how they will fit with their other policy work. NCAAG will offer advice and then the Department will approve.
- 1.9 Agree a timetable of full and sub-group meetings with NCAAG members to support these processes and to ensure they play their full part in advising the programme (see also secretariat to NCAAG). However we will need the Department to ensure that NCAAG meets on a flexible basis and formulates its advice to the Department in a timely manner to enable us to complete the processes identified above
- 1.10 Supply reports and projections about the use of the project budget throughout the year, to the Department quarterly. We will advise on funds available so that decisions are made on the basis of these and responsibility for overspend committed to is understood. The detailed projections for 11-12 for NCAPOP spend are detailed in the finance reports in 6 below.
- 1.11 Channel the comments of clinicians and audit staff at local level to contractors and seek to manage issues arising as part of contract management.
- 1.12 Closely contract manage the existing providers to ensure they hit their deadlines and targets. We will offer advice on issues where these audits may need help or direction; ensuring they obtain specialist help as required from suitable experts which we will organise.
- 1.13 Offer a series of events to support the conduct of national audits; involving such external experts to advise on specific areas as required.

- 1.14 Work closely with the NIGB sub-group to communicate, through various media, their expectations and guidance for how providers obtain section 251 permissions.
- 1.15 Offer an appropriate degree of oversight to the TARN audit which is mandated but not funded, and to any others which fall into this category.
- 1.16 Work with each funded audit to ensure their data are available as required by the Department under their request for transparency in data.
- 1.17 Work with each funded audit to set out within their contracts how they will publish data in a useful way, not just in line with the SRP for release, but also in formats that are useful to patients and other users. We will add the requirement to all audits that they comply with requirements for full transparency of data as required by the Department and issue guidance on compliance with this.
- 1.18 Publish (by May 2011) and maintain our PAR-CAR database of participation and add further batches of audits in groups until it is complete during the year.
- 1.19 Work with national organisations to support their use of the National Audit data and process for their work, such as NICE and CQC, and in relation to their use in quality accounts.

The Development of the programme:

HQIP will:

- 1.20 Continue to engage actively throughout the year with all key relevant bodies to support the development of thinking about audits in the future. We will help groups to develop their ideas for future national audits that might receive funding and help national groups understand the criteria that will need to be met to obtain funding.
- 1.21 Continue to work to develop clinical groups' capacity for bidding and holding contracts, through advice and support; especially to the two new centres at the RCOG and RCA. We will also work with the Information Centre and other IT providers to enable them to play a continuing supporting specialist role to national audits in the future.
- 1.22 Run a conference for national audit leads (including of non-HQIP funded audits) between January and March 2012, and two smaller seminars during the financial year, to address specific issues and improve practice.
- 1.23 Continue to map audits not funded with NCAPOP funding (including those in the QA reporting) and publish their reports on our website.
- 1.24 Produce written guidance on its website on various matters related to audit quality.
- 1.25 Continue to promote patient engagement in audit and set out how patients should be involved in governance, where possible requiring this within contracts and monitoring achievement of better engagement.

The National Joint Registry (NJR)

HQIP will: (subject to subsequent ratification by incoming chair)

- 1.26 Manage the NJR project as a whole, including carrying out all the tasks expected including:
- supporting the NJR steering group and any sub group by acting as secretariat to the group;
 - drawing up the business and developmental plans for the steering group to approve and being responsible for making them operational, carrying out such developmental work as is required, such as to promote and develop the NJR to cover other joint replacements;
 - managing the finances of the NJR, including the reclamation of the levy from manufacturers, ensuring manufacturers recoup the levy from the NHS, and the development of proposals for the allocation of this funding for the aims of the NJR;
 - managing the contracts with providers to collect and manage the NJR data and analyse data and to commission research, using due process, in support of it;
 - managing stakeholder interest in the NJR, including with DH policy leads.
 - developing and implementing the strategic plan, including plans for the spend of funds available from the DH to advance care related to joints that supports, maximises and widens the value of the NJR;
 - Subject to approval from the Department, managing the communications functions of the NJR.

1.27 Specific activities to support the NJR:

HQIP will:

- re-structure the steering group under a new chair as it moves to being a departmental advisory group, ensuring a better mix of suitable stakeholders and interests;
- improve communication and dissemination, subject to implementation of the proposals for communication, notably to: produce specific trust management level reports and improve the communication of the NJR to patients;
- commence the enhanced PROMS study;
- continuously improve data quality;
- incorporate elbow and shoulder joints;
- produce a risk adjustment model;
- undertake such international liaison as will maximise the potential of the NJR
- Improve communication of the NJR project to various audiences.

1.28 Clinical Outcome Review Programme - CORP (Confidential Enquiries)

Subject to confirmation of the governance and funding of the programme, HQIP will take over the commissioning and oversight of this programme. This will involve the commissioning of a new maternal and newborn enquiry, and the organisation of four advisory groups, containing representatives from the four devolved administrations, to determine policy matters for the four groups of enquiries, including topic selection.

HQIP will set up and service the meetings of the advisory groups. HQIP will apply contract management processes for the three appointed contractors, ensuring they start work effectively and achieve their milestones during the year.

2. Secretariat to the National Clinical Audit Advisory Group (NCAAG)

- 2.1 HQIP will provide high quality support for NCAAG. We will prepare and distribute papers for each NCAAG meeting as requested by the chair; working with the individual chairs to plan the meeting agendas of commissioning sub-groups, and produce such supporting papers as are required; and provide the organisational and secretarial support required for each meeting.
- 2.2 HQIP will process the expenses of NCAAG members promptly.

3. Stakeholder engagement

The key stakeholder groups are:

- The Department of Health, including National Clinical Directors and Programme Leads
- The National Clinical Audit Advisory Group (NCAAG)
- The NJR steering group
- Professional organisations, by discipline and by condition
- Other national organisations – NICE, CQC, Monitor, etc
- Clinicians at local level
- Patient organisations as representatives of patients as a whole
- Clinical audit technicians and their representative groups
- The audit community
- Provider organisations
- The media, especially the specialist press
- International healthcare quality bodies

HQIP's roles in stakeholder engagement include providing high quality briefing and information; active communication; consulting on policy and practice; involving people in governance and developing shared products and initiatives:

- 3.1 The primary stakeholders for the contract are the Department of Health. NCAAG provides the Department with policy support and advice on strategic direction. HQIP will manage these key stakeholder relations through the regular liaison meetings with Departmental officials and by timely submission of papers and emergent thinking. HQIP will attend NCAAG meetings. On request HQIP will submit or produce such other papers as are required or attend such additional meetings as invited to explain and report on our work.
- 3.2 HQIP will communicate details of all planned and actual procurement under 1 above with relevant leads in DH, including national clinical directors, asking for comment on new ideas for audit, and ideas proposed through invitation; and on proposals submitted against invitations.

- 3.3 HQIP will work proactively with organisations and networks (Royal Colleges and professional societies etc) that show interest in national audit, including new centres at UCL, RCA and RCOG, to help them develop proposals in line with the funding criteria, and to support smaller multi-site audit (see 3.5).
- 3.4 HQIP will proactively seek to develop interest in topic areas which have limited development of audit to date. During 2011-12, HQIP will continue to work with the Royal College of General Practitioners on the programme to increase GP engagement in audit, including via commissioning. We will also continue to work with the other professions to develop audit within their disciplines.
- 3.5 HQIP will roll-out phase 4 of the multi-site audit fund.
- 3.6 HQIP will work closely with all professional groups as partners in the promotion of audit amongst their members. This may include offering support and encouragement, and potentially funding of resources that could form part of our resources suite. This will include resources for GPs to develop toolkits that will support GP audit; and to improve record keeping, working with the RCP. We will support other efforts by professional bodies to promote audit amongst their members.
- 3.7 HQIP will work closely with the Academy, in their role as a member of HQIP. This will include their continuing work on revalidation, which is being completed for the Department, to ensure it takes full account of clinical audit.
- 3.8 Through these roles, HQIP will work to improve clinician engagement in audit, bringing together the various resources that will support clinicians and branding this work so that clinicians are motivated and engaged. We will work through professional bodies in this.
- 3.9 HQIP will similarly promote clinical audit to managers and commissioners through such groups as the NHS Confederation and the Institute of Healthcare Management, and working with Monitor and others; we will continue to improve understanding of audit for NHS Trust non-executive directors, especially through promotion of guidance for Boards.
- 3.10 HQIP will continue to engage and maintain close contacts with patient organisations in development of this strategy, notably National Voices as a member organisation of HQIP, and DH leads. This will be manifested in the issue of successive waves of guidance on patient involvement and the development of models of better engagement.
- 3.11 HQIP will continue to liaise closely with those key national organisations with whom we have related roles, as listed above, to devise mutual work programmes that have potential and are complementary. These organisations include NICE to measure use of their audit tools and to promote these, and in their development of Quality Standards and how audit can support these to be measured. Another will be the Care Quality Commission (CQC) team to refine the way they use audit data in the regulatory role and assist them to redraft and further refine the standards related to audit for the 2011-12 year.
- 3.12 HQIP will meet regularly with NAGG and maintain excellent dialogue with all the regional networks. We will consult with them actively on policy matters, especially about the moves to professionalise audit practice through training and setting competences and standards to

ensure these initiatives are welcome and supported. We will use the available funding to support network development.

- 3.13 HQIP will operate and continue to promote National Clinical Audit Forum (NCAF) widely. The NCAF will give an opportunity for further stakeholder liaison.
- 3.14 Our mailing list and newsletter will reach 4000 separate recipients each quarter with communication about audit. Those on the list will also be able to sign up for on-line updates.
- 3.15 HQIP will be active in promoting audit in any setting we can find an audience. This could include, for example, conferences, as invited speakers, or as chairs or attenders of events. These events offer wide opportunities for networking and communication and consultation with key stakeholders, especially in professional and patient groups. We will also use the specialist healthcare media to communicate and manage stakeholder relations.
- 3.16 Our suite of audit resources will serve to engage stakeholders – see below.

4. Support activities for both national and local audit.

We have set out in our strategic plan how we will advance audit through six key business areas, all of which impact on this aim, but amongst which ii. to v. have most impact:

- i. The National Audit Programme
- ii. Improving audit practice**
- iii. The promotion of the value of audit as part of individual professional re-certification and validation**
- iv. The promotion of the role of audit within service accreditation, commissioning and regulation**
- v. The development of audit as a profession and a professional skill for clinicians**
- vi. (Helping form policy and strategy)

We have set out in our strategic plan that the key activities we will carry out to achieve ii. and v. above are events, resources, skills (including for clinicians) and training (audit staff and clinicians). In addition, ii., iv., and v. will be also achieved through the development and support of the organisational context in which audit takes place. During 2011-12 the activity we will carry out under headings ii. to v., and to a specific timetable, is set out below. The six primary audiences for this work are:

- local audit staff
- clinicians
- commissioners – including GPs
- NHS boards and governing bodies
- patients
- sponsors

Events:

- 4.1 HQIP will run a third national conference for local practitioners in audit in Manchester in Autumn 2011. This event will be free but organisations will have to pay for accommodation. This will provide stimulus to local audit professionals, be an opportunity for knowledge and skills transfer and consultation.

Resources:

- 4.2 HQIP will continue to develop and actively maintain a website with a diversity of free to access resources.

HQIP will release and widely promote an extended programme of resources to support national and local audit, and develop skill in conducting audit, throughout the year. This list will include these resources (excludes training resources but includes guides about training):

- audit for junior doctors
- clinical leads in audit
- a suggested curriculum for audit training
- a set of voluntary standards for training in audit
- patient involvement prompts
- managing clinical effectiveness
- integrated governance guide
- revised commissioning guide

- 4.3 HQIP will finish development of a downloadable generic software tool to support local audit (CAKE), in early summer 2011 for use in local, multisite and even national audits, consulting extensively throughout its development. This tool will offer great functionality to local auditors and to multi-site audits. It will enable benchmarking of audit of NICE guidelines and standards more easily, and facilitate the RCP record keeping audit, and we are working with NICE and RCP on this aspect.

The professionalisation of audit, including training:

- 4.4 HQIP will complete work on the second phase of its education and training strategy in the year. As part of the strategy, HQIP will issue the voluntary standards for training for those working in audit that courses should deliver against and content requirements for courses at specific levels. We will commission course material (including e-learning) against this education and training strategy for junior doctors, on the action stage of audit, for Non-Executive Directors (NEDS), for internal auditors and for GPs, and fund development of courses that show how they meet the curriculum standards. Our guidance for clinical leads will be relevant to all clinicians in management roles, not just doctors.

Other work on the quality of audit

- 4.5 HQIP will continue to support local networks, including with small scale funding for expenses.
- 4.6 HQIP will continue to work with NAGG to enable them to support and represent local networks.

Helping audit to happen:

- 4.7 HQIP will offer seed-corn development funding to emergent multi-site audits, according to a bidding process, up to a maximum value of £30,000 over three years per audit topic.
- 4.8 HQIP will operate the NCAF and offer support to new networks that emerge from this facility.
- 4.9 HQIP will complete its mapping of smaller registers and make this available on our website; and provide a small amount of funding support to advertised criteria.

Improving clinician involvement and quality of audit work by clinicians as part of revalidation:

- 4.10 All our work for clinicians addresses this issue. Specifically we will continue to offer support to schemes which provide individual clinicians assessment of their audit work, such as the RCP PCAT and RCGP peer review schemes. Activity identified above in stakeholder engagement will also achieve this task, and of course education courses and resources will be aimed at audit staff and clinicians alike.
- 4.11 HQIP will seek to deliver specific work on development of new clinical leaders in audit by working with various providers of clinical leadership programmes to deliver audit specific learning and networking; through activities involving our expanded network of clinical champions, and new clinician forums at regional level, to be piloted in the North East.
- 4.12 HQIP will continue to work with key bodies to promote audit in sectors where it needs greater development, such as amongst GPs and in Nursing, and through encouraging medical specialties to promote audit amongst their members.

Activity to promote audit as part of provider management, commissioning and regulation etc:

- 4.13 HQIP will continue to meet regularly with the regulator, CQC, to help shape the way they use audit data in regulation (see also 4.3 above) and work with Monitor to ensure audit is considered as part of their processes.
- 4.14 We will issue training resources for GP commissioners in partnership with the RCGP; we will publish a new version of the Integrated governance handbook, in partnership with the GGI and others; we will publish a revised version of our commissioners guidance we will produce e-learning resources, as above, for Internal auditors and NEDS.

Annex 1 Audits by end date: before 31-12-12, in groups by affinity

	Contract End Dates	Notes
Cancer Bowel	31/03/2012	
Cancer Head and Neck	31/03/2012	
Cancer Lungs	31/03/2012	
Paediatric Intensive Care Audit (PICANet)	31/03/2012	
Continence Care Audit	31/03/2012	
Carotid Interventions Audit	31/03/2012	
Heart Rhythm Management	31/03/2012	Currently only 1 year extension from 1/4/2011 - 31/03/2012 with no committed funding beyond that.
Food and Nutrition Audit (FAN)	15/11/2011	Current contract 1 year development until 15.11.2011 with view to tender/extend.
Dementia Audit	31/12/2011	To be given one year extension
Psychological Therapies Audit	31/10/2011	
Sentinel Stroke Audit	31/03/2012	To be combined with SINAP
SINAP (this will novate to HQIP; plan is to extend to 31/03/2012 and then merge with Sentinel Stroke	31/03/2012	
Falls and Bones Health Audit	31/03/2012	Tendered as a merger with Hip Fracture Database
National Hip Fracture Database	31/03/2012	Tendered together with Falls and Bone Health
Epilepsy 12 Audit	31/09/2012	
Inflammatory Bowel Disease (IBD)	31/08/2012	
Pain Database Audit	31/08/2012	
National Audit of Schizophrenia (NAS)	31/12/2012	

Audits not due to expire until 31-3-2014 or later

Neonatal audit	31-03-2014	
Adult Cardiac Surgery	31/03/2014	
Congenital Heart Disease (including paediatric surgery)	31/03/2014	
Coronary Interventions	31/03/2014	
Myocardial Ischaemia (MINAP)	31/03/2014	
Cardiac Ambulance Services	31/03/2014	
Oesophageal Cancer	31/12/2014	
Heart Failure	31/03/2014	
Diabetes Audits – adult and paediatric	31/12/2014	
Heavy Menstrual Bleeding	31/01/2014	

Annex 2a

Timetable: National Commissioned audit programme

Process	April 2011	May	June	July	August	Sept	Oct	Nov	Dec 2011	Jan 2011	Feb	March 2012
Audits given one year funding in 2011-12 which are subject to a tender process during the year (eg cancer)			Date to be finalised with NCAAG	Ongoing process subject to decisions								Decisions made at March NCAAG meeting if launched in June
Audits in management, due to expire after Dec 2012 (eg Diabetes, Cardiac))	Ongoing contract management											End of year report on progress to NCAAG
Audits due to finish in April 2012 or shortly after managed/renewed/merged/ closed down effectively	Ongoing		Papers presented to NCAAG			Papers presented to NCAAG			Papers presented to NCAAG			Papers presented for handover if unsuccessful in bidding for contract
New audit topic proposals invited and bids assessed	Started at end March and completed by May		Papers for June NCAAG	Bidders supported to develop proposals into working projects throughout the year								