

## **Strategic plan: Re-invigorating Clinical Audit** **April 2008 – March 2011**

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HQIP exists to promote quality improvement in healthcare and social care.

HQIP is currently contracted by the Department of Health to deliver a programme of activity to re-invigorate clinical audit.

This strategic plan sets out how HQIP will deliver against the contract over the three year period for services in England. Services in Wales will be covered under a separate plan.

**What this document seeks to do:** As a strategic plan, this sets out in detail the longer term vision of how HQIP will discharge the contract, breaking the activities into groups of functions around six key themes.

The detail of the specific activity, against timeframes, is contained in the annual business plan. This maps specific pieces of work to realise the high level vision as they occur within a yearly basis. However the annexes to this strategic plan contain major parts of the activity within the programme in Gantt style charts.



## Re-invigorating clinical audit

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## Executive Summary

HQIP aims to bring new coherence and drive to clinical audit through a national contract with the Department of Health to develop and manage the programme of nationally commissioned audits, and the wider programme of audit re-invigoration, which includes national clinical audits, local audit and the National Clinical Audit Forum (NCAF).

1. HQIP will deliver against the contract according to a set of principles which cover the relationship of clinical audit to the wider quality improvement agenda, the definition of clinical audit and what it covers, the relationship to the work of quality improvement bodies, and broader government policy as it relates to clinical standards.
2. HQIP will collaborate and form effective working relationships with bodies such as The National Institute for Health and Clinical Excellence (NICE), the Care Quality Commission (CQC), NHS Improvement, NHS Institute for Innovation and Improvement, and others.
3. HQIP will seek to ensure work on audit relates closely and in a joined up and complementary way to areas of quality improvement.
4. HQIP will work with clinical registers and databases to ensure their use for audits is maximised.
5. HQIP provides secretariat support to the National Clinical Audit Advisory Group (NCAAG), which provides an oversight of, and policy for, the national programme to re-invigorate audit, at both a national and local level. NCAAG selects topics for national audits and tenders for carrying them out.
6. HQIP has responsibility for operational planning and the work programme of the re-invigoration programme.
7. Over the three years of the contract, HQIP will focus on **six** key strategic areas that embrace and address the various aspects of the re-invigoration agenda and discharge the requirements set out in the contract scope of works. These are:
  - The **development of national clinical audit**, including the procurement and contract management of a group of national audits, and influencing and liaising with national audits commissioned elsewhere.
    - Supporting best practice in national audit teams not funded by HQIP
    - Developing audits that support national policy, especially in new areas of activity, and help develop audits from registries and databases

- **Improving audit practice**
    - Development of resources to improve skills and facilitate good audit practice
    - Building links between audit specialists, including regional networks and the National Clinical Audit Forum (NCAF)
    - Promoting involvement in national audits
    - Giving advice to audit teams about audit set up
    - Supporting best practice in national audit teams not funded by HQIP
  - **Developing audit as a profession**

This area involves professionalisation of audit practice. It includes producing a strategy for developing training for audit for clinicians and auditors, including the development of training that meets defined standards and prepares individuals for their role in audit
  - **The promotion of the value of audit as part of individual professional re-certification and validation**

This role involves helping make audit part of the process adopted for recertification, certification, validation and revalidation of professionals working in the NHS and in the future, in social care.
  - **The promotion of clinical audit within service accreditation, commissioning, regulation and performance management, both internally by organisations and of organisations**

This role involves helping ensure clinical audit is taken into consideration in the regulation, commissioning and performance management of services.
  - **Helping support policy development**

HQIP supports NCAAG and other policy organisations to form policy related to clinical audit and to develop their strategy.
8. HQIP will deliver on this contract through four teams: a core central office team that will support all business areas; a team that handles procurement and contract management of national clinical audits; a team that primarily helps develop local audit practice and helps local Trusts meet regulatory standards (this team is responsible for improving audit practice through training, networks and guidance); and a team that supports the development of new national audits, supports registries, including the National Joint Registry (NJR), and policy development generally, including accreditation of services and professional practice, as well as revalidation.

9. HQIP has devised a set of performance indicators (Section C) by which its effectiveness against the contract will be assessed. This includes both activities and outcomes. The headline KPIs are:
  - To improve the quality of the programme of national clinical audits in all its aspects.
  - To develop a way in which participation in audit can be used as part of revalidation of clinicians
  - To ensure that a requirement for audit is fully part of regulatory, accreditation and performance management processes, such as exist
  - To improve the quality of local clinical audit practice, by clinicians and audit specialists
  - To play a constructive and helpful role in policy development and implementation
  - To be regarded as a well run agency with good business practices
10. HQIP has set out a three year projection for funds needed for the re-invigoration agenda against this strategic plan.
11. Annexes cover the strategic direction of the NJR and the work programmes of the teams that support local work and development. There is also an Acronym glossary.

## Introduction

### Principles

These principles underpin the various actions set out within this strategic plan for HQIP's management of the audit contract.

- HQIP will not restrict itself or be too purist in defining audit, so as to exclude activity which will help closely related areas, such as the above.
- Patient involvement in audit is key, and patients must be involved in individual audit governance; and as consultees in audit

### **There are many generic bodies with specialist remits that can be partners to HQIP in what it does**

- For example, UKAS is the national accrediting body for organisations that themselves accredit or review standards
- HQIP could itself seek to become a validating or certifying body, but would still need to be aligned to another body to give credibility to its functions of that type, such as UKAS

### **HQIP will work with organisations to encourage them to include audit in their broader work**

- For example, revalidation of doctors will be led by the GMC, working with Royal Colleges. They will assess a broad range of evidence of fitness to practice. HQIP will work with these organisations about the contribution of audit.
- In relation to competencies for audit staff, HQIP would work with the sector skill council (Skills for Health), to define the competencies required for work in audit
- In relation to training, HQIP will work with a validating body for courses, e.g a University, to agree what would constitute an acceptable level of content for a course it ran, such as a specific course on audit; **or** work with a validating body to determine their requirements for content of all courses run by various academic organisations that could be accredited as meeting their standards for professional training.

### **There is a distinction between clinical audit for clinicians and clinical audit as a discrete profession**

- The development of clinical audit as a profession has been limited because there is no agreed competences list; there is no professional association; there is no

agreed validated training course. HQIP will work to address all these, but will need to work with generic bodies who have a track record of validation or accreditation.

- Various existing professional associations lead on accreditation of services within their discipline, or the revalidation or re-certification of professionals. Our role is to influence their practice.

**HQIP will seek to form good, collaborative and partnership relationships with key organisations like NICE, CQC, the NHS institute for Innovation and Improvement, the Health Foundation, and many others**

- The principle of our work is collaboration with organisations with related roles. We will seek to work in partnership, where possible, with other organisations.

**The role of NCAAG**

NCAAG is the body that advises the Department of Health on the overall strategic direction of the programme to re-invigorate clinical audit, including the national programme of audits and work to improve audit at local level. It has specific operational roles in deciding the topics covered by national clinical audit, the successful tenders against these topics, and decisions about re-funding existing audits. HQIP will support NCAAG in these roles, providing its secretariat.

HQIP has responsibility to devise strategic plans for the re-invigoration of audit and prepare these for NCAAG consideration. HQIP has responsibility to make the strategy operational, and will set out how this will be developed within the overall aims of the contract in the strategic plan. Where required in regard to strategy and policy, it will submit policy papers to NCAAG, for matters which require policy agreement before they are operationalised, both reactively and proactively.

On operational matters, HQIP is accountable to the Department, as contract holder. On the operational delivery of the programme, HQIP will take required actions as set out in this strategy document.

HQIP's role in supporting NCAAG is primarily included in business area 1 but is contained in all six areas, as their responsibility covers each of these.

**The role of HQIP in Wales**

The exact extent to which the range of activities described here apply to HQIP's work in Wales is not defined fully at the present time. HQIP is working with the Welsh Assembly Government to agree a contract that determines which of the activities described here apply in Wales. When this is complete, a specific adaptation of this plan to cover HQIP's work in Wales will be produced.

## **Part 1      How HQIP will deliver change: The six key business areas**

This contract has several elements, set out in the Departmental scope of works:

“The scope of the contract is to develop and manage an integrated National Clinical Audit and Patient Outcomes Programme (NCAPOP), and associated activities. The scope of work will comprise:

1. management of the NCAPOP, including incorporating the National Joint Registry (NJR) and Paediatric Intensive Care Audit Network (PICANet);
2. secretariat to the National Clinical Audit Advisory Group (NCAAG);
3. stakeholder engagement; and
4. support activities for both national and local audit.

The strategic aims of the contract are to:

- a. manage the national audit programme
- b. increase confidence and participation by clinicians in audit; and
- c. contribute to the reinvigoration of clinical audit as envisaged in the White Paper Trust Assurance and Safety; in particular:
  - to identify opportunities to enhance the contribution of audit to improving the quality of care and patient outcomes
  - to improve the availability of high quality audit data to patients, the public, commissioners and other stakeholders; and
  - to reflect the concerns of all stakeholders in the changing landscape of clinical audit. “

The following business areas will deliver these contractual requirements. In drafting this strategic plan, we have grouped activity into six business areas which address the requirements set out immediately above. We say here how these six areas relate to and will deliver against these broad contract aims.

### **1.      National Clinical Audit**

#### ***Commissioning national audits and supporting others***

We will manage effectively, and improve a range of national commissioned audits, including PICANet and the National Joint Registry (NJR), and commission new audits to join this programme. This area of business covers 1 in the scope of works, as well as elements of 2-4.

HQIP will:

- Manage the national commissioned programme
- Ensure the contracts are well run and offer useful and timely results, with good VFM

- Assist NCAAG and other stakeholders to decide on the priorities for new audits
- Promote involvement by local providers in the national programme
- Procure new audit providers through management of the tender process, in line with priorities set by NCAAG
- Develop national audit capacity

The key roles we see as associated with this section of the contract are:

- 1.1 To ensure that the programme delivers effective outcomes
- 1.2 That NCAAG receives an excellent level of secretariat support in respect of its commissioning function for national audits
- 1.3 To ensure that each audit is conducted with the lowest possible cost base and, where possible, achieves economies in expenditure
- 1.4 To ensure a balance programme of audit is commissioned that achieves Departmental and professional priorities for audit, as agreed by NCAAG
- 1.5 To seek to improve the degree that the audit programmes influence clinical practice
- 1.6 That the communications products from each audit are overhauled and improved, notably the return of data to participants within greatly reduced timescales
- 1.7 That the team helps communicate the wishes of stakeholders about the content of audit to potential bidders and provides appropriate advice to potential new audit teams making or thinking of making proposals
- 1.8 To manage Patient identifiable information requirements with contracted audit teams
- 1.9 To ensure that each audit has in place effective governance regimes that include accountability to key stakeholders: professional organisations, DH policy leads etc and balance clinicians with data collection partners
- 1.10 To ensure that patients are fully involved in governance and results are communicated in such a way to inform patient choice and understanding
- 1.11 To take such action as is needed to improve performance of failing audits and to terminate audits which do not respond to remedial action
- 1.12 To provide advice on alternative sources of funding
- 1.13 To channel concerns from local providers and contributors to audit about audit conduct
- 1.14 To produce reports on spend on the current audit programme
- 1.15 To communicate participation in audit and audit outcome data to regulatory and commissioning bodies
- 1.16 To standardise contracts as they are renewed, with additional requirements to meet some of the aims cited above
- 1.17 To provide advice to audit teams on information governance
- 1.18 Where possible, to offer similar advice, in a non-contractual arrangement, to non-NCAPOP national audits.

## **2. Improving audit practice**

### ***Improving skills and competence in audit***

HQIP will encourage and help improve audit practice amongst all professionals in both national and in local audit. It addresses tasks 3 and 4 in the scope of works and strategic aims b and c. (see section 2.39-2.41 in the scope of works).

This business area relates closely to area number 3, concerned with professionalisation of audit practice. This area covers what is required to address section 2.39-2.42 in the scope of works, as well as aspects of stakeholder engagement, 2.33-2.38. It will involve:

#### *Resources/Guidance/Policy*

- 2.1 Developing a range of guidance material for practitioners in local (and national and multi-site) audit, covering all the key topic areas, including patient involvement, the audit cycle, data collection
- 2.2 Developing resources for commissioners in including audit in commissioning practice
- 2.3 Developing guidance to clinicians about engagement in audit
- 2.4 Guidance for providers in becoming compliant with regulation about participation in audit – eg Core Standard c5d
- 2.5 Guidance on software and information governance as a whole, including patient identifiable data
- 2.6 Providing sample, validated audit tools and templates
- 2.7 Regular news updates, RSS feeds and bulletins
- 2.8 Active communication of these resources, through events, and both draw down and promoted on-line resources.

#### *Support*

- 2.9 Development of support on a regional basis through the stimulation of regional audit networks linked into a national structure such as NAGG; focusing on developing regional networks where there are none
- 2.10 Working with SHAs to help focus and support their efforts towards improving clinical quality, notably the quality observatories
- 2.11 Developing advice to those setting up audits. This area will demand additional resources and the strategy will identify the degree to which this requires additional financial support, such as by Trust subscription
- 2.12 Developing NCAF, the national clinical audit forum, as a means of linkage between those interested in audit from different perspectives
- 2.13 Offering seedcorn development funding to emerging new networks which may develop into new national audits.

*Work with clinicians*

- 2.14 Promoting engagement in audit to clinicians, especially among groups currently less engaged; ensuring training courses improve their competence and ability; and developing clinical champions to promote engagement and aptitude in audit. We will work with professional organisations and the Health Foundation on these functions

*Links to national clinical audits*

- 2.15 Addressing issues arising from the national programme, channelling concerns to the central audit teams, troubleshooting local issues with participation and results
- 2.16 Promoting participation in national audits amongst local practitioners

*Audit databases*

- 2.17 Maintaining a database of people involved in audit – clinicians and audit professionals
- 2.18 Maintaining a database of audits, including their data and tools

*Accreditation of audit practice*

- 2.19 Scoping the pros and cons, and then possible stages of a process towards an accreditation of local practice, both in terms of systems, policies and procedures and of audits themselves

HQIP will commission many of the materials listed above from key relevant professionals with expertise. Whilst we will produce material in house, it is likely that the majority of new material is best written by those with experience in audit. HQIP will be involved in editing these resources, and in their promotion and dissemination.

### **3. Development of audit as a profession**

***Professionalising audit***

This area involves professionalisation of audit practice to improve the quality of service provided on local audit and participation in national audit.

This area addresses tasks 3 and 4 in the scope of works. In detail this involves:

*Training*

- 3.1 Development of a strategy for accredited training for audit, including train the trainer courses, marked by clear standards and approved qualifying courses meeting a content requirement
- 3.2 Funding relevant courses or the development of course content
- 3.3 If agreed, defining accreditation criteria for training by working with an appropriate accrediting body
- 3.4 Advertising and promoting course availability

#### *Role definition*

- 3.5 Producing standard templates for clinical audit roles and functions, with suggested salary levels based on Agenda for Change gradings for similar posts
- 3.6 Defining accountabilities and responsibilities of such posts in different settings, such as acute Trusts and PCTs
- 3.7 Defining the competencies required for audit
- 3.8 Defining the ethical and other codes of conduct for audit activity

#### *Networks of audit*

- 3.9 HQIP recognises that professional groups usually have professional networks that energise their work and help drive standards and best practice. As well as through offering support to local professionals, as described in 2 above, including the development of regional networks, HQIP will seek to formalise local and regional networks through ensuring there is an effective national representative body. Currently there is NAGG. HQIP will work with NAGG to seek to make NAGG develop into a national organisation that adequately fulfils the need for a representative body of its members.
- 3.10 NCAF, whilst primarily a vehicle for enabling linkage between people involved in audit, both clinicians and audit professionals, as well as patients, also offers potential to act as a voice for the wider audit community, including those whose profession is audit. We will support the re-vitalised and re-structured NAGG to be one council of interest within a broader NCAF 'council' which can help articulate the voice of audit to the centre in a representative way.

#### *Possible Accreditation of audit practice*

- 3.11 HQIP will explore options and possibilities for systems of accreditation of audit practice, starting with a definition of standards for use in such systems if agreed at a later point. This potentially might include a system by which audit departments submit a portfolio of their work, setting out their policies, procedures, active audits and their results, and so on, for accreditation or as meeting a defined standard. There will need to be various levels of

development to reach this point before a complete accreditation process might be finalised and agreed.

- 3.12 Accrediting individuals involved in audit. Over time, subject to approval of the training systems, it may be possible to organise a registration system for persons working in audit roles, in partnership with a suitable professional body.

#### **4. The promotion of the value of audit as part of individual professional re-certification and revalidation**

##### ***Promoting inclusion of audit in professional processes***

This area reflects aspects of the section on stakeholder management in the scope of works, sec 2.33-2.38.

This role involves HQIP in promoting clinical audit as a requirement for re-certification and revalidation of professionals working in the NHS, and in the future, in social care. Working with professional groups, notably at first with the Academy of Medical Royal Colleges, and then with the RCN, HQIP will seek to ensure that as proposals for the revalidation of professionals develop, audit is a required criterion for the processes adopted.

This area addresses tasks 3 and 4 in the scope of works.

This area is again developmental and is one in which HQIP's role is dependent on the advice NCAAG gives to the Department, Departmental policy, and the practice of the professional bodies themselves. For example, regardless of whether Government wished to make participation in audit a requirement for revalidation in the short term, the Royal Colleges may wish to make it an expectation prior to the formalisation of these plans.

The tasks involve:

- 4.1 Agreement of a role for HQIP working on audit as part of accreditation/validation through discussion with either individual Royal Colleges, and/or with the Academy of Medical Royal Colleges on behalf of the council of colleges, and with the non-medical Royal Colleges and professional organisations
- 4.2 Through this, establishing a requirement to participate in audit as a requirement for revalidation when this comes, and defining what participation means
- 4.3 Advising the responsible body on exactly what would demonstrate an acceptable level of engagement in audit (including, potentially, using audit to assess performance through comparison) that was useable as part of revalidation processes
- 4.4 Obtaining views from patients groups

- 4.5 Scoping the requirements for managing the assessment of such a system once agreed, in terms of capacity.

## **5. The promotion of audit in service accreditation, commissioning, regulation and performance management**

### ***Placing audit in processes of monitoring of quality***

This area reflects aspects of the section on stakeholder management in the scope of works, sec 2.33-2.38.

The areas above have focused on improving audit through improving skills and competence as part of professional development. This area involves the improvement of audit through regulatory or other control processes.

Assessing service quality is a central process for professionals themselves as part of their internal self-assessment of performance and quality of care; and audit should be used in the assessment of service quality by commissioners, regulators and trust management. As well as promoting the role of audit in such validation or approval systems in use, HQIP will work with bodies responsible for: (a) regulating health and social care, such as HCC and CQC, Monitor; (b) local commissioners; and (c) provider Trust management, to ensure that they assess the degree to which services include audit as part of their practice in an informed manner.

The tasks involve:

The degree to which HQIP carries out these functions individually for local commissioners, as opposed to giving general guidance and information to commissioners as a whole will be dependent on whether PCTs wish to buy this service from HQIP under separate agreement. The general level of support is available to all under the contract with the Department.

Regulators may wish to ensure that much quality review is conducted internally, for example by professional bodies, perhaps through them setting up procedures to assess and accredit team and service practice. They may accept such internally developed processes, where conducted with adequate rigour, as the marker of high quality. Such schemes may also set higher standards than regulators require, as they perhaps may focus on a minimum level rather than the higher one set by professional groups. In either case, HQIP will seek to ensure audit is a measure of quality for accreditation schemes like these.

The detailed tasks therefore involve:

- 5.1 Reviewing protocols and assessment programmes being developed by regulatory bodies or professional bodies and offering advice and information as to how their questions and inspection can be made more insightful and detailed
- 5.2 Supplying data derived from audits about both participation and results from audits that HQIP manages; and working with regulatory bodies to determine how this supply and detail of data can be improved or made more timely
- 5.3 Defining what sort of data would be useful for inspection or regulation
- 5.4 Advising provider Trusts on how they can include audit and other quality work in their regulatory and management functions, through guidance and direct advice
- 5.5 Working with professional bodies to help them devise accreditation systems which measure audit as a quality standard
- 5.6 Offering guidance and advice, both in literature, and potentially also person-to-person, such as to PCT contract managers, or provider Trust management, through local arrangements
- 5.7 Offering guidance to PCTs provider organisations and Trusts on how to meet performance management standards set by regulatory bodies or commissioners
- 5.8 Ensuring that training on audit for regulators and commissioners is included in the training strategy being developed at 3.1 above
- 5.9 Agreeing MOUs with regulators to define mutual roles and expectations
- 5.10 Helping to promote the role of patients in defining review of participation in audit by commissioners etc.

## **6. Helping form policy and strategy**

This area reflects aspects of the section on stakeholder management in the scope of works, sec 2.33-2.38., but also some aspects of the national programme, eg 2.9, 2.12.

HQIP will support NCAAG, as the body advising central government on policy in respect of audit; but also more widely to other policy making organisations and influential lobby groups who may influence policy, such as:

- Department of Health Medical Directorate
- DH policy makers
- Patients groups and lobby interests
- Clinicians and their professional bodies
- NICE

Arising from development work with these groups, HQIP will table opinions on audit priorities for NCAAG to consider so as to offer advice to the Department.

The National Joint Registry (NJR) is a separate policy body for development of NJR policy and strategy. HQIP will lead the development work of this committee. NJR policy development ideas are set out within the annex 1, along with the support team structure.

Patients should be co-owners of audit practice and policy. HQIP, with NCAAG, will play a significant role in promoting the engagement of patients in defining policy about audit. In 2009 HQIP will produce guidelines in this area with support and involvement from patient groups.

HQIP will work with non-Departmental groups, such as Royal Colleges and societies, as well as leading charities, to clarify the potential of audit to their broader work of service and policy improvement.

HQIP will work with NICE to help it define how standards can be audited. HQIP will work with NICE to facilitate discussion (often involving audit teams themselves and the professional societies involved) on how standards developed by the audits can become approved by NICE as representing the equivalent of national standards they have commissioned (eg DAHNO standards).

In each of these areas HQIP's role may also include:

- Supporting policy makers by helping them link policy aims to operational deliverables
- Bringing together key experts and thinkers to help formulate policy
- Communicating adopted policies through various media
- Helping define and crystallise thinking wherever it remains underdeveloped
- Undertaking developmentary work to advance the implementation of strategy and policy particularly where policy is under-developed

## **Support for NCAAG**

The nature of the relationship with NCAAG is set out in the introduction above. In delivering the programme operationally, HQIP will offer support to NCAAG in all its roles within policy and strategic development related to all of these business areas.

This will include:

- Providing secretariat support for the NCAAG meetings
- Drafting policy papers for NCAAG to consider and help it develop its policy
- Seeking advice and direction from NCAAG on policy areas



- Ensuring that NCAAG reviews and comments on all business and strategic plans
- Supporting NCAAG in its commissioning role in respect of national audits, servicing sub-committees and preparing papers within that process
- Involve NCAAG members in its events and activities to advance audit.

## **NCAF**

NCAF, the national forum for audit, is a mechanism for delivering all of the above areas in some degree, as it will facilitate links between audit staff, clinicians with specific interest, national emerging audit teams and professional disciplines with interest in audit and so on. It will give voice to these groups in helping shape national policy, and make them easy to engage with and get their views.

NCAF will be largely an internet based communications and networking system, but will enable ways of bringing groups together both virtually and actually, if needed, for specific functions.

## Part 2 How HQIP will organise to deliver on this contract

HQIP will have four teams:

- Core
- Local quality improvement
- Contracts and procurement team
- Development, strategy and stakeholder relations

These teams will work closely together and there is an element of matrix working across teams.

Team	1 Core	2 Procurement	3 Local	4 Development
Business area				
1. National audits	X	X		
2. Improving audit practice	X	X	X	X
3. Audit as part of revalidation	X			X
4. Developing audit within commissioning, performance management and regulation	X		X	
5. Improving audit as a profession	X		X	X
6. Helping policy development	X			X

### Team 1 Core

The core central office team services the central running of the organisation, and provides services to the various contract or service delivery teams. This team is responsible for:

- Organisational governance and reporting, internally to the board, and external to regulatory and statutory bodies (charity commission, companies house, Inland Revenue etc)
- Financial management, related to both the core organisation and to its project or contract teams. This role includes preparation of all reports on finance (to contract commissioners, Inland Revenue, Charity Commission etc) on behalf

of projects. This section manages day to day finances and the assets of the organisation

- External communications, both for the organisation and for its projects, working with project staff
- Fundraising, including identification of future new funds and sources
- Human resources
- Office resources and buildings.

**Key external relationships:** NCAAG; HQIP board; regulatory bodies; Providers of services to HQIP (IT, accommodation, consumables, press etc).

## **Team 2 Local Quality Improvement team**

This team leads on promoting audit, including local audit work; participation in national audit by local practitioners, as well as other quality improvement processes at regional and local level. This team is responsible for key business areas 2 and 3 given that most, but not all, of this occurs at local level:

- Promoting the role of Clinical Audit to practitioners across all disciplines, primarily in the NHS but also in related sectors, including social care
- Promoting engagement in the national programme and signposting issues concerning the national audits to the contracts team
- Improving engagement, capacity and competence in audit amongst local practitioners across all relevant disciplines, including by development of local training
- Developing support resources for local audit practitioners
- Developing networks of peer support for audit at regional and local level
- Developing training/ accreditation for audit professionals

**Key external relationships:** NCAAG; SHAs, NAGG and regional forums; PCTs, both as commissioners and in their provider services, Acute Trusts, external providers.

For its workplan, see annex 4

### **Team 3 Contracts and procurement team**

*Developed from the NCAPOP team inherited from the HCC, but taking into account the contract management part of the role needed to manage the NJR.*

This team leads on the processes of managing and setting up all contracts, notably but not exclusively the national clinical audit contracts and the NJR. This is the area covered by key business area 1. This team is responsible for:

- Procurement processes, including all tender and contract documents, EOINs, PIDs, PQQs, Specifications etc
- Contract Definition and negotiation
- Contract Monitoring
- Producing papers for NCAAG in its commissioning role
- Secretariat support for NCAAG as a whole

This team will work closely with the local team in relation to local implementation issues on existing contracts and with the Policy team in the outcomes from handling of poor performance (eg decisions not to renew) and in relation to initial contract specifications.

It is assumed that a part of staff time within this team is devoted to wider HQIP contract matters. External legal opinion on contracts is also built into the operational costs of HQIP as a whole to support this team.

**Key external relationships:** NCAAG; Contract providers; potential contract providers

### **Team 4 Development, strategy and stakeholder team**

*A team leading on development and policy support*

This team leads on liaison with external stakeholders in relation to development, policy and strategy, notably the NCAAG and the NJR steering group, forward planning and strategy; in developing and supporting the NCAF and revalidation and exploring how accreditation of clinical audit may be valuable for professionals and services. This team is responsible for:

- Active relationship management with key national stakeholders – policy leads in DH, key condition groups, national charities
- Support for formulation of policy/strategy re clinical audit improvement by NCAAG and clinical directors and quality improvement generally; ensuring that HQIP activity is congruent with broader quality improvement and policy

- Development and maintenance of the NCAF
- Development and maintenance of links with other bodies with a role in QI eg. the Healthcare Commission and NICE
- Professional revalidation and service accreditation
- Policy support to NJR steering group, and development activity on behalf of NJR – eg expansion to other joint replacements and geographically.
- Work on development of new audit networks and related activity that complements audit

For its workplan, see annex 3.

**Key external relationships:** NCAAG; NJR steering group; DH policy leads; Charity and Society policy leads.

## Part 3 How HQIP will measure its effectiveness

### KPIs

The following are examples of KPIs for HQIP in line with the key business areas cited above to discharge the primary current contract with the Department of Health. We give criteria by which the KPI will be measured, and where not obvious the nature of the evidence that will support its measurement.

If an outcome is defined as the final result of activity in terms of changed and improved practice, then only a few of these KPIs seek to measure the ultimate outcome – improved audit which leads to changes in clinical care. The majority of these KPIs measure process changes - how successful HQIP has been in setting up and achieving change in systems which should be expected to improve audit. Those outcomes which are measures of change in healthcare as a result of audit are marked with an asterisk\*.

In each area a headline KPI is given. Within that are specific PIs which support or evidence the headline, and within each of team is given examples of how the KPI might be evidence. HQIP will not collect data routinely to evidence according to these cited data sources, but they are available to evidence a specific area if needed.

#### **Business area 1: National Clinical Audits**

**Headline KPI:** To improve the quality of the national clinical audits in all their aspects

1.1 To support NCAAG with effective advice and information to approve bids

*Measured by (potential supporting data):*

- 1.1.1 Levels of satisfaction of NCAAG chair and NCAAG members with HQIP support (qualitative views)
- 1.1.2 Levels of satisfaction with process from the Department of Health (qualitative view)

1.2 To commission efficiently and effectively in line with recommended practice

*Measured by:*

- 1.2.1 Assessment by NCAAG members
- 1.2.2 Levels of satisfaction with process and HQIP role within it from prospective and active bidders (qualitative views)
- 1.2.3 Independent review

**Business areas 2 and 3: Improving audit practice/Developing audit as a profession**

**Headline KPI:** To improve the quality of local clinical audit competence, by clinicians and audit specialists

2.1 Develop an effective regional and national network of audit professionals

*Measured by:*

- 2.1.1 Revised structure and governance of NAGG
- 2.1.2 Creation of the National Forum (NCAF)

2.2 Production of a strategy and action plan for training related to audit

*Measured by:*

- 2.2.2 An agreed and approved and distributed plan
- 2.2.3 A broader range of suitable training is available
- 2.2.4 The creation of an agreed, externally validated professional qualification structure for clinical audit

2.3 Defining audit roles and competencies

*Measured by:*

- 2.3.1 An agreed set of competencies/role definitions for audit professionals
- 2.3.2 Agreement of a defined ethical or code of conduct in audit

2.4 Develop and collate the tools, resources, skills, methods and guidance necessary to enable a culture of clinical audit.

*Measured by:*

- 2.4.1 Launch of a detailed and informative HQIP website
- 2.4.2 Placement of a wide range of resources on the website
- 2.4.3 Satisfaction with the resources provided (survey)
- 2.4.4 An active and well received programme of speaking engagements, HQIP owned events and workshops, nationally and locally
- 2.4.5 Develop case studies to demonstrate improvements and share good practice
- 2.4.6 Creation of the National Forum (NCAF)

**Business area 4: The promotion of the value of audit as part of individual professional re-certification and validation**

**Headline KPI:** To help the Academy of Medical Royal Colleges define the way in which participation in audit can be used as part of revalidation of clinical professionals

4.1 To be involved in definitional work with the Academy,

*Measured by:*

4.1.1 Definition of audit as a requirement in all key re-certification/revalidation processes for key professional groups, if adopted by them

**Business area 5: The promotion of the role of audit within service accreditation, commissioning and regulation**

**Headline KPI:** Promoting clinical audit as part of regulatory and performance management processes

5.1 Inclusion of the requirement for audit in national regulatory and such accreditation systems as are already in operation by Royal Colleges etc.

*Measured by:*

5.1.1 An agreed set of criteria for measuring engagement in audit as part of key regulatory systems, eg CQC, with defined data sets/evidence

5.1.2 Existence of MOUs between HQIP and regulatory bodies

5.1.3 Satisfaction by partners with data supplied, timeliness and relevance

5.1.5 Evidence of improved quality of audit by regulatory bodies

5.1.6 Evidence of practice change as a result of audit\*

5.2 Increasing attention to quality as part of PCT and provider Trust management and commissioning

*Measured by:*

5.2.1 Evidence of increased discussion of audit by Trust and PCTs (survey of public disclosure minutes)

**Business area 6: Helping form policy and strategy**

**Headline KPI:** HQIP plays a constructive and helpful role in policy development and implementation

6.1. Understanding and appreciation of the role of HQIP in promoting audit as part of policy or practice development

*Measured by*

6.1.1 Survey of DH policy leads and clinical directors

6.1.2 Survey of views of NJR and NCAAG members

6.1.3 Survey of other stakeholders



## 7. Organisational KPIs

**Headline KPI:** HQIP is regarded as a well run agency with good business practices

7.1 Organisation of teams with clear accountabilities and responsibilities within HQIP

*Measured by:*

7.1.1 Job descriptions, person specifications; organograms in place and roles understood; performance appraisal system in place based on agreed work objectives; fixing of pay bands against nationally accepted system and process for progression between these

7.1.2 Production of Handbook for all staff, TUPE and non-TUPE

7.2 Organisation of a clear financial and budgeting process and production of adequate quarterly budget reports, with systems marked by effective risk, procedural and asset management and proper audit cycle

7.3 Production of an annual business plan and longer term (three year) strategic plan with proper stakeholder consultation.

7.4 Compliance with regulatory expectations of companies and charity law, and inland revenue

## Part 4 Finance and budgets

HQIP will develop its finances according to the following principles:

1. The production of quarterly reports to the HQIP board and the contract manager at the Department in line with the contract
2. The adoption of a core and project form of reporting within the overall contract but with reporting in line with the original tender for the purposes of the Department
3. Within this, an attempt at apportionment of true costs of each project, including all overheads
4. A defined code for management of the accounts in respect of management of assets, including policy on contingency maintenance, repayment of unused funds, and investment guidelines, including ethical approach; handling of capital assets, delegation policy and so on
5. Publication of summarised accounts on the HQIP website
6. Continuing discussion with the Welsh Assembly Government about exactly what their contribution is for, i.e. for national audits or other re-invigoration work. This will not affect the total, but does affect the apportionment.

### Budget 2008-2011, Re-invigorating audit

- Due to the date of award of the contract, and the commitments already made for national audits being less than the available budget in 2008-9 when the contract was awarded, the full extent of the 2008-9 budget was not possible to spend during 2008-9. During the year however commitments have been entered into to allocate the previously unallocated money, so that during subsequent years all the available budget will be spent, so that there will be no underspend at the end of three years.
- The NJR is shown separately.

#### 1. Projected income available to spend, by year

Income heading	2008-9	2009-10	2010-11
HQIP management fee	802500	776000	821000
National audits	5405000	6600000	6800000
Previously unallocated funds <sup>1</sup>	293000		
Re-invigoration work	500000	400000	400000
Events	143000	80000	80000
Education and training	300000		
NCAAG	80000	55000	50000

<sup>1</sup> This is for support for local networks, multi-site local audits and non-NCAPOP national audits

<b>Transition/set up costs</b>	253500	-	-
<b>Evaluation</b>	100000	-	-
<b>Total</b>	<b>£7877000</b>	<b>£7911000</b>	<b>£8151000</b>

## 2. Projected expenditure and committed expenditure

*Figures shown are net of VAT*

<b>Expenditure heading</b>	<b>2008-9</b>	<b>2009-10</b>	<b>2010-11</b>
<b>Core HQIP management costs</b>	802500	776000	821000
<b>National audits</b>	4720000	6885000	7200000
<b>Support for non-NCAPOP audit</b>		43000	
<b>Support for local audit networks</b>		250000	
<b>Re-invigoration work (local)</b>	200000	600000	500000
<b>Events</b>	80000	143000	80000
<b>Education and training</b>	50000	180000	70000
<b>NCAAG</b>	55000	55000	50000
<b>Evaluation of audit</b>	100000		
<b>Transition</b>	253500	-	-
<b>Total</b>	<b>£6261000</b>	<b>£8932000</b>	<b>£8721000</b>

## The NJR Budget

	<b>2008-9</b>	<b>2009-10</b>	<b>2010-2011</b>	<b>Over three years</b>
<b>NJR costs</b>				
<b>NJR operations</b>	1,700,000	3,000,000	3,200,000	
<b>NJR admin</b>	215,000	180,000	180,000	
<b>Totals</b>	<b>£1,877,000</b>	<b>£3,180,000</b>	<b>£3,380,000</b>	<b>£8,437,000</b>
<b>NJR Income</b>	<b>£2,800,000</b>	<b>£3,000,000</b>	<b>£3,100,000</b>	<b>£8,900,000</b>
		<b>£885,000</b>	<b>£705,000</b>	
<b>Allocated Carry over</b>	<b>£885,000</b>	<b>£705,000</b>	<b>£425,000</b>	

## 3. Notes

- The figures supplied are notional; we cannot predict actual NCAPOP and NJR spend fully at this time – audits fail; audits don't start on time, and so on. What is proposed here is a general way of allocating the resources over the lifespan of the project, showing that whilst initially there appears to be more limited programme activity against budget, over the three years this will be rectified and the programme will catch up. In similar fashion, the budget available for future years may change given financial pressure on government as a whole. This is an indicative budget showing flow over time.

2. On the management side of the budget, there is much less variability or variance on spend against budget after year 1. On its management contract for 2008-9 HQIP is projected to underspend in 2008-9. This is caused by inevitable delay at contract start up on recruitment. This will not be repeated in subsequent years of the contract.
3. The combined DH and Welsh Assembly Government allocations towards to the national audit programme are less than will be spent in 2008-9 – the inherited programme having only made commitments which are less than the available funds when the programme was inherited, not leaving enough time to catch up against the allocation during the year. However considerable allocation against this underspend will be made before the end of the 2008-9 financial year. So in 2009-10 the programme will commit unspent funds from 08-9 on new audits, commissioned prior to the end of the year. So whilst there will be a carry over, this will be on committed funds. By the end of the 3 year period, expenditure across the period will be equal with income available.
4. The NJR also will not spend all receipts during 2008-9 – this has always been the case when it was managed by the Department directly. However it will allocate unspent receipts against its development programme for use in subsequent years. In later years we also expect income to rise, through new joint income in new areas, but activity will rise in proportion. Thus there will be full allocation of all funds raised by the NJR against its development plan, year by year.
5. NCAAG does not cost as much to run as was budgeted. DH will need to decide how to handle that small underspend. In subsequent years a more realistic allocation is shown.

#### **4. HQIP Projected allocated spend in 2009-10 (management contract):**

HQIP proposes to allocate the funding available under this contract as follows:

<b>Team/Activity area</b>	<b>Staff</b>	<b>(Share of core staff costs charged to projects)</b>	<b>Share of actual office costs apportioned to projects</b>	<b>Other activity</b>	<b>Total 'spend' by project</b>	<b>Total actual external spend</b>
Core	£ 239k	-	£181k		£420k	£420k
Local audit	£162k	£50k	£ 75k	£113k	£400k	£350k
Contracts and procurement	£212k	-	£102k		£314k	£314k
Development (inc NJR support)	£194k (includes 52k spend)	£50k (charge to NJR)	£75k (charge to NJR)		£319k	£269k

	from NJR)					
Events (national and local)				£80k	£80k	£ 80k
NCAAG				£80k	£80k	£ 80k
<b>Total variable (not including audit spend)</b>	<b>£807k (Y)</b>	<b>(£100k)</b>	<b>£433k (z)</b>	<b>£273k</b>	<b>£1613k</b>	<b>A £1513k</b>
<b>Funded by:</b>						
Business plan budget <b>excluding</b> costs of running NJR in 09-10	£776k + 400k (local) + 160k (events and NCAAG)					<b>B 1336k</b>
Charge against NJR	£177k					<b>C 177k</b>
<b>Total spend</b>						<b>B+ C = £1513 (A)</b>
<b>Total Income</b>	£776k management, £400k local, £80k NCAAG, £80k events, £177k charge to NJR <b>(D)</b>					<b>D = A</b>

**Note 1:** the costs chargeable against the HQIP management budget for 2009-10 (£776k) are £283k for non-staffing costs, and £493k for staff costs. These figures are embedded in the table above within the staff costs column and the office costs column, alongside the charge to the NJR and the additional income for local re-ignition work.

**Note2 ;** there is no projected underspend on the management and activity budgets (re-ignition etc) in 2009-10.

### 5. NJR budget 2009-10

<b>Spend</b>		<b>Income</b>	<b>Surplus</b>
Contract costs	1,450,000		
Development	1,400,000		
Proms	150,000		
Management	180,000		
<b>Total</b>	<b>3,180,000</b>	<b>£3,000,000 + £885k carry over from 08-09</b>	
<b>Surplus</b>			<b>£705k</b>

## **Annex 1**

**Annex 1 the NJR strategic plan : to be attached when complete,  
February 2009.**













**Annex 4 Glossary**

CQC	Care Quality Commission
GMC	General Medical Council
HCC	Healthcare Commission
HES	Hospital Episode statistics
NAGG	National audit governance group
NCAAG	National Clinical Audit Advisory Group
NCAF	National Clinical Audit Forum
NCAPOP	National Clinical Audit and Patient Outcome Programme
NICE	The National Institute for Health and Clinical Excellence
NJR	National Joint Registry
PCT	Primary Care Trust
PROMs	Patient Related Outcome Measures
QOF	Quality and outcomes framework
SHA	Strategic Health Authority
UKAS	United Kingdom Accreditation Service