



HQIP

Healthcare Quality
Improvement Partnership

Clinical Audit and Commissioning

HQIP PD CA 003

Martin Ferris

Workshop and Marketplace etiquette

- Authors will be discuss openly the detail of their product
- Authors will listen carefully to ideas and comments
- Delegates will consider the detail of the product privileged information until publication
- Delegates will be honest open and constructive in their contribution
- Delegates invited to complete feedback cards to submit comments and ideas about the content of the products

Overview

- Rationale
- General Points
- Processes
- Programme content
- Confirmation and Approval
- Monitoring
- Reporting

Rationale (1)

- Standard NHS contract
 - Clause 16 (Quality)
 - Clause 19.3 (Governance, transaction records and audit)
 - Clause 30 (Monitoring)
 - Clause 33 (Clinical Quality Review)

Rationale (2)

- Funding already in place to acute trusts
- World Class Commissioning (competency 8)
- “*High Quality Care for All*” (Darzi)
- Improved patient care in the local health community

General Points

- Programme should focus on key areas
- Partnership not dictatorship
- Freedom for providers to conduct own audits (as per SfBH)
- Flexibility (things change!)
- Systematic and agreed processes



Processes

- Identification of programme content
- Engagement
- Confirmation
- Approval
- Implementation



Programme Content

- National
- Regional
- Local

All the above require regular monitoring to maintain awareness of what is required

Current National Drivers

- Standards for Better Health
 - NICE Guidance
 - National Service Frameworks
 - Confidential Enquiries
 - National Clinical Audits
- NHS Litigation Authority
- National Patient Safety Agency
- Department of Health
 - Health and Social Care Act (Hygiene)
 - Suicide



Current Regional Drivers

- CQUINs
- Specific topics set by SHA

Current Local Drivers

- World Class Commissioning (general)
- NHS Operating Framework
- Local CQUINs
- Supporting specific commissioning intentions
- DPH Annual Report
- GP Directly Enhanced Services
- Priorities identified by providers themselves

Confirmation and Approval (1)

- Draft programme shared with key staff in PCT
 - Public health
 - Contract managers
 - Commissioning leads
 - Governance leads
- Programme updated as necessary

Confirmation and Approval (2)

- Draft programme shared with providers:-
 - Validity
 - Relevance
 - Achievable
- Programme updated as necessary

Confirmation and Approval (3)

- Approved by relevant bodies in providers / PCT
 - Professional Executive Committee
 - Lead Committee for Audit / Governance
- Corporate approval

Monitoring

- Regular systematic approach:-
 - Process agreed with contracts / performance managers / providers
 - Quarterly (as per recommendations from Mid Staffs)
 - Agreed template
 - Resolution of problems
 - Management of changes in programme

Reporting

- Agreed frequency
- Agreed content
- For each priority commissioned audit commissioners should have:
 - Evidence of compliance with standards
 - Evidence of action plans if not compliant
- Reports produced for high-level bodies
- Reports on intranet

Development Timeline

| | |
|---------------------|--|
| Ongoing | <ul style="list-style-type: none">■ Identify national priorities |
| November / December | <ul style="list-style-type: none">■ Identify regional priorities■ Identify local priorities■ Develop draft programme |
| January | <ul style="list-style-type: none">■ Share draft with key staff in PCT - amend |
| February / March | <ul style="list-style-type: none">■ Share draft with providers – amend■ Final approval / sign off |

Next Steps

- Comments raised will inform final draft
- Final drafts prepared for mid May
- Editorial Board in June
- Publication on HQIP website in July



What do you think?

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