



Final Draft

**Education, Training
and Development
Strategy
for Clinical Audit**

2009

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1. Introduction

- 1.1 The Healthcare Quality Improvement Partnership (HQIP) is leading a programme of work to support the reinvigoration of clinical audit which will impact significantly on the quality of care and patient experience.
- 1.2 This detailed strategy and plan is a key part of a framework put in place by HQIP and has been informed by an initial scoping document and high level strategy¹ which was presented to the HQIP in January 2009. Consultation on the high level strategy and work with key stakeholders in clinical audit has also informed the development of this document.

2. Mission and values

- 2.1 The key principles of this education and training strategy and plan are:
- To locate the clinical audit education and training strategy in clinical practice development and the legal and regulatory framework within which staff must operate.
 - To develop a whole-systems approach which includes senior and middle managers and the clinical audit facilitators and technical specialists as well as the practicing clinicians.
 - To use evidence-based robust learning and organisational development mechanisms to design and deliver the education and training strategy
- 2.2 The proposed training and education programmes that fall out of this strategy will be aligned to current NHS policy and reforms.

¹ Healthcare Quality Improvement Partnership. Education and Training Strategy:

2.3 In addition, some thought has been given to how this strategy fits overall within the current policy context. The NHS (England) is giving priority to developing its underpinning quality agenda and in this respect, the following key policies give the context within which clinical audit must develop:

- Organisation Regulation (DH)
- High Quality Care for All ²
- The proposals to update the legal and regulatory framework concerning staff's reaccreditation and validation³.

2.4 At the same time, the Director General – Workforce has initiated a debate about how the service might develop its core values⁴ for the 21st century. Given the new policy context and its emphasis on quality, the fabric of these values might be described in large part in terms of:

- developing a patient-focused service which is safe and up-to-date;
- underpinning working practices with robust continuing practice and professional development; and
- building organisations as efficacious learning systems with robust knowledge management strategies so they build an organisational “memory”.

² High Quality Care for All: NHS Next Stage Review, Professor the Lord Darzi of Denham KBE, 30 June 2008

³ High Quality Workforce: NHS Next Stage Review, DO. 30 June 2008

⁴ Latest work from DOH on renewed NHS values March 2008

- 2.5 The strategy and plan aims to reflect what is important to clinicians and meet the needs of individuals, organisations and patients. Clinicians are likely to take clinical audit more seriously if this is seen as contributing to their needs and part of accredited practice and service improvement programmes which are submissable as part of individuals' reaccreditation and revalidation requirements.
- 2.6 Similarly, Health and Social Care senior managers and their boards are likely to be more sympathetic to clinical audit if it is seen as an effective mechanism to drive systematic practice and service improvements, thus reducing the organisation's risk profile and insurance rating, especially in the high-risk areas.

3. Context

- 3.1 HQIP recognises that clinical audit is not at the present time central to clinical practice. Whilst there is a national programme of audit and clinicians are required to undertake clinical audit as part of their clinical practice, it is not seen as core to clinical improvement by many practitioners and its impact is patchy across the health and social care systems. Audit undertaken is of variable quality and activities inaccurately branded clinical audit.
- 3.2 Commissioners often have limited understanding of the value of clinical audit and there is little incentive for professionals to take up training or leadership roles around clinical audit. This lack of understanding and motivation has consequences for patients and their safety.

- 3.3 Furthermore it recognises that Clinical Audit will only be revitalized if it is led by clinicians in partnership with those who use healthcare services and change is more likely to become embedded in services and become self sustaining as a result.

4. Strategic Intentions

The purpose of this strategy is:

- to determine the knowledge and competences required by healthcare staff to be effective in clinical audit or to use clinical audit as part of broader managerial or clinical roles;
- Subsequently to define a development and commissioning strategy to make the specified learning requirements a reality.

The training, education and development strategy will deliver its objectives through the following strategic aims and principles:

4.1 Integration and mainstreaming of clinical audit:

To ensure that clinical audit continues to be an integral part of and not separate from mainstream training, education and development activity HQIP will:

- Ensure that wherever possible and practical all training and development interventions arising from the Strategy will be integrated into existing training programmes for professionals.

For example: existing induction programmes, academic modules and courses, in house clinical audit training, and leadership programmes.

- HQIP will promote a model of learning about audit which involves the integration of learning opportunities across staff groups involved in clinical audit.

For example: clinical leaders, executives and non executive teams and commissioners to be able to access the same training, education and development opportunities both in terms of curriculum but also shared courses, to obtain a common and consistent understanding of clinical audit.

- HQIP will commission resources and activity in support of this education and training strategy that are aligned to the Training Needs Analysis (TNA) and accessible and available to targeted staff and training providers across the training, education and development community.

For example; training materials, resource packs and programme curriculum content

- HQIP will encourage and support audit training through specialist integrated clinical and clinical audit networks. HQIP will commission training and development programmes and interventions which focus upon and involve clinical audit teams at all levels - national, regional and local.

For example: existing cardiac networks addressing specific clinical audit issues can learn and develop together in a multi agency and multi professional setting and can apply their learning to improving clinical audit across the whole network.

- Funding development of courses which enable members within specific clinical audit programmes to learn together as learning communities.

For example, to support national audit programmes such as stroke sentinel audit, or regional cancer networks to work with local audit staff

- Ensure that all training and development interventions under this strategy (either provided directly or commissioned), and providers seeking accreditation or support from HQIP, incorporate applied learning. The requirement to demonstrate application of learning in practice to be explicit and part of the stated outcomes of the training and development intervention.

For example: evidence of improved clinical outcomes achieved through application of and better understanding of skills in clinical audit.

- HQIP will, through its training, education and development strategy and other initiatives, build a credible stock of clinical audit specialists who, as a collective community of practice, can underpin and lead local service and clinical practice development.

4.2 Evidence based learning

HQIP will strive to ensure that course content about clinical audit inspired by this strategy is grounded in excellence and highest quality in practice. The identified learning goals and content defined in the strategy will be validated, where possible, by the evidence base of research into the proven effectiveness of the quality improvement methods used and their practical and operational validity. Similarly, the methods of teaching used to promote various quality improvement approaches, including audit, should be evidence based.

4.3 Accreditation:

Accreditation is an integral part of the strategic direction of the training, education and development plan. It will be actively pursued as part of HQIP's drive to raise and maintain standards of learning in relation to audit:

- HQIP will develop a policy and implementation plan/work stream around accreditation of learning opportunities which will set out how accreditation of courses and course content will be overseen by HQIP, and how this accreditation process is itself validated
- HQIP will develop a set of standards for accreditation of learning opportunities:
 - HQIP will work with external stakeholders and partners to ensure course content is based on agreed standards and definitions for clinical audit training and development programmes across the learning continuum as specified by the strategy; and delivers the expected learning outcomes.

Accreditation will be used to determine that courses and content meet the approved standard. Potential funding support for courses will be dependent on whether the course content offered meets these standards and the course is accredited.

- This work will link to the criteria for good quality audit

The definition of best practice in audit will be integral to defining whether a course and its content is accredited.

- HQIP will work with its partners and professional bodies to link participation and achievement in training and development activities to:
 - organisational regulatory frameworks
 - professional development requirements
 - revalidation
 - the creation of a process to award and recognise good quality audit

4.4 Quality Improvement

HQIP will ensure that clinical audit knowledge is seated within the broader quality improvement landscape and related closely to other quality improvement tools. The ability to understand and draw from a menu of proven QI approaches to support the changes in clinical practice and care delivery that audit has identified as being necessary.

4.5 Methods and approaches for commissioning and delivery of training, education and development

The majority of training, education and development in relation to audit will be delivered by organisations other than HQIP and commissioned through a robust contracting process. HQIP will retain a potential role in delivery of training through a separate trading arm, if necessary.

4.6 Involvement of users, patients, and carers:

Clinical audit should be undertaken in partnership with patients and service users who, together with carers, need to be reassured of the value and integrity of quality improvement processes in the NHS.

- Learning opportunities commissioned through this strategy will be required to address patient engagement issues.
- HQIP will ensure, through the commissioning process that users and patients are involved in training and development interventions whenever appropriate.
- HQIP will ensure that training content and applied practice includes appropriate guidance on the involvement of users and patients.
 - This will be in line with published guidance from HQIP on the involvement of users and carers in clinical audit.

4.7 The Development of a future professional association for audit and quality improvement practitioners

HQIP will use the accredited learning that this strategy will deliver as the cornerstone for the future development of a professional association of QI staff. Having defined what is expected as the knowledge and practice base for those working in audit, or using audit as part of their broader clinical or managerial role, HQIP will scope how acquisition of these competences can be used to allow a practitioner to become a member or associate of a new professional body which represents their interests and validates their role.

4.8 Management and Review

This strategy will be subject to oversight, management and review by a steering group of suitably qualified people who represent the important interests, supported by HQIP staff. This group will take a lead in overseeing the development of the strategy and ensuring that it is reviewed regularly. This group will also advise on the continuing budget and financial support needed to sustain the programme.

4.9 The Learning Continuum

- HQIP will deliver its strategic intentions through collaborative and partnership working, will seek to be creative and innovative in its approach, and use a range of interventions along the learning continuum.
- HQIP will look at both taught courses and accreditation of prior learning and portfolio routes for professional development and advancement routes.

5. Engaging with clinical audit

- 5.1** A key objective of HQIP is to improve engagement, capacity and competence in clinical audit amongst local practitioners across all relevant disciplines, including the development of local training. Taking a whole systems approach, the education and training plan focuses on two complementary streams.
- 5.2** First it considers the following groups (See table 1 and table 2) and their specific needs to support the development of local efficacious clinical audit practices:

Table 1

Groups engaged in clinical audit

Table 1: Groups engaged in clinical audit

Staff Group	Description
1 Executive and non-executive directors	Chief executives, Executive Directors, Chief Officers (including Social Care), Managing Directors and their Board Teams (including non-executive directors)
2 Clinical leaders	Medical and nursing directors, clinical audit leads, directors of research and education & training, and clinical directors, ward managers, team leaders and matrons. It also includes GPs and clinicians responsible for leading clinical audit activities in other public service sectors and the private sector.
3 Commissioners and Service Commissioning Teams (PCT)	Public health and commissioning specialists, locality commissioning team leaders, and practice-based commissioning managers and facilitators, and commissioning advisors
4 Clinicians	All grades of Medical and nursing staff, therapists and other professional staff aligned to their care groups e.g. care of the elderly, surgical and intensivist services, obstetrics and midwifery services, children's services, mental health services; and functions e.g. pathology, microbiology, and imaging services.
5 Managers of clinical and Care Services: clinical and non clinical managers	Team leaders, business and locality managers, practice managers, development managers, Divisional/Directorate /Service managers and principal officers
6 Middle managers - managers of non clinical services	For example: Assistant Directors; finance, estates, informatics, supplies and procurement managers
7 Elected Governors and Elected Members	For example: within Foundation Trusts and Local Authorities.
8 User, patients and carers	User, patient and carer representatives (and includes members of Foundation Trusts).

- 5.3** A fuller description of each Group is given in Appendix 1.
- 5.4** The plan also considers the development of a complementary education and training strategy to build a credible stock of clinical audit specialists who, as a collective, can underpin and lead local service and clinical practice development. Three main clinical audit roles to develop as an expert resource have been identified as follows:

Table 2

Clinical Audit

Staff Roles

Table 2: Clinical Audit Staff Roles

Clinical Audit Staff Roles	Main role
Clinical Audit Specialists	Lead, orchestrate and coordinate, local clinical audit programmes to ensure they were robust and evidence-based and embedded in Trusts' development strategies and Commissioners' investment priorities. These functions can also be found in other roles such as Quality Improvement.
Clinical Audit Facilitators	Organise and support learning groups in focused clinical audit programmes which have been approved by local Trust Boards as part of their service and organisational development strategies to reduce risk and improve patient care. These functions may also be incorporated in the clinical specialist role.
Clinical data analyst	Coordinate data capture, analyse and present clinical audit data using advanced IT and presentation skills

6 Development of roles and responsibilities:

The roles and responsibilities for clinical audit for each of the Groups and clinical audit staff roles have been drafted and detailed under Table 3. This followed a consultation exercise with members of the Reference Group and will be presented to a wider forum as part of the consultation process. From this process ten key elements of training and development for clinical audit have emerged:

1. Strategy
2. Structure
3. Organisational culture
4. Leadership and engagement
5. Clinical audit programme
6. Understanding and engaging with the clinical audit process, including governance and performance
7. Evidence related to quality improvement in healthcare organisations
8. Carrying out a clinical audit
9. Clinical audit reports
10. Technical support

Table 3

**Roles, responsibilities
and key education,
training and
development needs**

Table 3: Roles, responsibilities and key education, training and development needs

1. Top Executive Teams and Non-Executives
Roles and responsibilities
<p><u>General</u></p> <p>Accountable for setting the overall direction of the Trust and establishing controls to safeguard its values and standards, such as internal audit and risk management procedures (governance). Need to be confident that information is robust so that it can accurately monitor the performance of corporate priorities and that risks are being addressed.</p> <p><u>Specific</u></p> <ul style="list-style-type: none"> • To review governance and performance reports • To set strategy for governance and risk across the Trust • Accountable for ensuring structures and processes are in place for clinical governance • To approve an organisation wide clinical audit programme and undertake formal review of the clinical audit programme to meet the needs of the Trust • To be assured that data quality is good • To challenge and question around governance and performance
Key Education, training and development needs
<ol style="list-style-type: none"> 1. Clinical audit programme: an awareness of how clinical audit can address risk and governance 2. The clinical audit process: awareness of clinical audit issues and an understanding of what constitutes good quality data 3. Clinical audit reports: an ability to read and interpret what clinical audit reports are saying. 4. Evidence related to quality improvement in healthcare organisations: an understanding of the quality improvement agenda both nationally and the local context 5. Structure and technical support: an understanding of their role in ensuring resources and organisational structures are in place to implement and undertake the clinical audit programme 6. Organisational culture: an understanding of how they can create innovation and improvement in the Trust

1. Top Executive Teams and Non-Executives
<p>7. How Boards gain assurance that clinical audit programmes are supported and delivered</p> <p>8. Leadership and engagement: understanding of leadership role in promoting good clinical audit and an understanding of how to involve key stakeholders and in particular patients in clinical audit programmes.</p>
Outcome measures
<ul style="list-style-type: none">• Will display effective leadership and accountability for clinical audit governance and clinical performance in their organisation• Demonstrate an understanding of their collective and individual role and responsibilities regarding clinical audit governance and their role in terms of support to organisation wide clinical governance programme• To be able to approve a clinical audit programme at Board level which meets the needs of the Trust

2. Clinical Leaders
Key Roles and Responsibilities
<ul style="list-style-type: none"> • Responsible for leading clinical audit • Set culture for clinical improvement • Set up, maintain, and sustain clinical audit within across Directorates • Ensure that resources for quality improvement and clinical audit are made available • Act as change agents • Understanding of professional requirements with respect to clinical audit
Key education, training and development needs
<p>Clinical leaders need to have the knowledge and skills detailed in Appendix 2 and specially need to have:</p> <ol style="list-style-type: none"> 1. Developed leadership skills and understanding of change management 2. An understanding of quality improvement agenda: in both national and local context: Trust and PCT perspectives. 3. An understanding of political and national agenda around quality improvement and clinical audit. Links to quality drivers: e.g. care quality commissions 4. Awareness of clinical audit issues 5. An understanding of what constitutes good quality audit 6. An understanding of how to involve key stakeholders
Outcome measures
<p>Cohort of clinical leaders who can demonstrate:</p> <ul style="list-style-type: none"> • That they are proactive about supporting and encouraging clinical audits in their area • Their responsibility for assessing need of clinical audit in their areas • Ability to forge and build relationships with corporate departments responsible for clinical audit, quality and governance • They are able to inspire and empower staff to undertake clinical audit • They can enable staff to train and develop competencies to undertake clinical audit activities • They can take responsibility for informing the Board of clinical audit priorities through established channels • Set clinical improvement agenda in their areas • Are able to more effectively take on leadership roles within and across their organisations.

3. Clinicians:
Key Roles and Responsibilities
<ul style="list-style-type: none"> • To understand and be aware of importance of clinical audit and what constitutes good clinical audit • To understand role of clinical audit in improving quality patient care and experience • To undertake good clinical audit as part of clinical audit programme and their clinical practice • To encourage clinical audit as part of clinical improvement • To understand their professional responsibilities with respect to clinical audit • To act as change agents
Key education, training and development needs
<p>Clinicians need to have the knowledge and skills detailed in Appendix 2 and specially need to have:</p> <ol style="list-style-type: none"> 1. Leadership Skills and understanding of change management 2. Understanding of quality improvement agenda; the local context and Trust and PCT perspectives 3. Awareness of clinical audit issues 4. An understanding of what constitutes good quality audit 5. Ability and technical skills to undertake good quality clinical audit 6. Understanding of how to involve key stakeholders
Outcome measures
<p>The intention is to produce a cohort of clinicians both skilled and confident in clinical audit practice and actively involved in promoting and delivering clinical audit programmes as part of the quality improvement agenda. These clinicians will be able to demonstrate:</p> <ul style="list-style-type: none"> • Ability to support and encourage clinical audit in their areas • They can inspire and empower staff and colleagues to undertake clinical audit • They have undertaken relevant training and have developed competencies to undertake good clinical audit activities • participation in the setting of the clinical improvement agenda in their areas • They have undertaken at least one complete clinical audit per year as part of the clinical audit programme

4. Commissioners and Service commissioning Teams:
Key Roles and Responsibilities
<p>Commissioners through the commissioning and contracting process need to be assured that the necessary clinical audit takes place and decide on the measures to monitor quality of service through clinical audit or good management practice</p> <p>To be assured that the necessary clinical audit takes place</p> <p>To decide on the measures to monitor quality of service through clinical audit or good management practice</p>
Key education, training and development needs
<p>Commissioners need to have the knowledge and skills detailed in Appendix 2 and specifically need to have:</p> <ol style="list-style-type: none"> 1. Understanding of role in commissioning clinical audit programmes. 2. Understanding of where clinical audit fits into the commissioning cycle 3. Understanding of where responsibilities lie with regard to clinical audit. 4. An understanding of political and national agenda around quality improvement and clinical audit. Links to quality drivers. 5. Awareness of clinical audit issues 6. An understanding of what constitutes good quality clinical audit; when to ask for it, what to look for and how to use its outputs to inform commissioning decisions 7. How clinical audit is incorporated into SLA and contract monitoring 8. Good and effective partnership working
Outcome measures
<p>Cohort of commissioners who can demonstrate:</p> <ul style="list-style-type: none"> • Their responsibility for commissioning good clinical audit in their areas • Ability to forge and build relationships with providers to ensure good clinical audit, quality and governance • They can take responsibility for informing the Board of clinical audit priorities and practice through established channels • Understand the clinical improvement agenda in their areas and the in the national context • Are able to more effectively take on leadership roles within and across their organisations.

5. Managers of clinical and Care Services: clinical and non clinical managers
<ul style="list-style-type: none"> • To support clinical audit programmes and ensure that these are in line with organisation priorities • Maintain and sustain appropriate systems and processes to enable good clinical audit practice to be undertaken • Ensure that adequate resources are in place for clinical audit activities and practice • Coordinate teams and information exchange across the clinical service • Ensuring effective intervention takes place • Acting as appropriate on findings and recommendations arising from clinical audit practice • Ensuring staff are trained and capable of undertaking clinical audit activities
Key education, training and development needs
<ol style="list-style-type: none"> 1 To understand the clinical audit process and how it can support organisational audit priorities 2 Understanding of how to act on the findings of clinical audit reports 3 Understanding of change processes and how to lead and influence change 4 Understanding of the link between clinical audit and risk management and Governance 5 Ability to create learning culture that promotes continuous improvement 6 Understanding of service improvement methodology and its applications
Outcomes
<p>Cohort of managers of clinical services who can demonstrate</p> <ul style="list-style-type: none"> • an ability to lead and improve services using clinical audit processes • an ability to inspire and empower staff to undertake clinical audit • an ability to work across the organisation to support clinical audit programmes • ability to ensure that quality assurance of clinical audit systems and processes are robust and effective

6. Middle managers : managers of non clinical services
<p>Support to clinical audit teams through the provision of information and resources</p> <p>provision of technical support where appropriate such as HR, financial, IT advice and /or input</p> <p>to make corporate alignment of clinical audit with organisational priorities, sharing best practice and avoiding duplication.</p> <p>Supporting the implementation of clinical audit recommendations and acting as enablers and facilitators in this process</p>
Key education, training and development needs
<ul style="list-style-type: none"> • Understanding of the importance of clinical audit in improving clinical and organisational performance and patient experience • Basic understanding of clinical audit process • Understanding of how to apply advisory, facilitative and enabling skills
Outcomes
<p>Cohort of managers who can demonstrate:</p> <ol style="list-style-type: none"> 1 They are knowledgeable about clinical audit and its role in ensuring clinical governance 2 An ability to contribute to audit with relevant professionals and provide accurate advice 3 An ability to act in a facilitative and enabling manner with respect to clinical audit implementation 4 Have a positive, collaborative and constructive approach to clinical development through the use of clinical audit processes

7. Elected Governors and Elected Local Authority Members:
Roles and responsibilities
<p>Ensuring that clinical audit is integrated into the Governance arrangements of the organisation</p> <p>Understanding of professional regulations and requirements with regard to clinical audit</p> <p>Listening to the views of members and representing theirs where appropriate in clinical audit processes</p> <p>To support and to challenge the leadership of the organisation with respect quality and safety</p> <p>To act as champions of patient/user and carer experience</p>
Key education, training and development needs
<ol style="list-style-type: none"> 1. To understand and be aware of importance of clinical audit and what constitutes good clinical audit 2. To understand role of clinical audit in improving quality patient care and experience 3. Understanding of the findings of clinical audit and ability to interpret clinical audit reports. 4. Assertiveness and interpersonal skills 5. Understanding of corporate and political sensitivities around quality and safety
Outcomes
<p>A cohort of Elected Governors and Members who:</p> <ul style="list-style-type: none"> • Are effective community leaders • Are able to recognise and prioritise the need for clinical audit • Understand the role and importance of clinical audit in service improvement and its links to governance.

8. User, patient and carers
Roles and responsibilities
<p>Where appropriate;</p> <p>Inform the clinical audit process from their own experiences and/or those they represent</p> <p>Awareness of clinical audit as an integral part of patient care</p> <p>Understanding of how they can participate in the clinical audit process</p>
Key education, training and development needs
<ol style="list-style-type: none"> 1 Awareness of clinical audit and its value in improving quality of patient care 2. Understanding of the use made of clinical audit data 3. Understanding of how they can participate in the clinical audit process
Outcomes
<p>Patients, users, and carers who are:</p> <ul style="list-style-type: none"> • Able to participate in clinical audit process where appropriate • Able to ensure that the human experience in clinical audit does not get lost • Confident in presenting and influencing • Understand where clinical audit fits into organisational processes and systems

9. Clinical Audit Specialists:
Roles and responsibilities
<p>They seek approval for clinical audit programmes and support groups in focused clinical audit programmes, which have been approved by their local Trust Boards or Senior Executive Team and therefore are part of service and organisational and strategies to reduce risk and improve patient care.</p> <p>They lead, orchestrate and coordinate local clinical audit programmes and additionally to:</p> <ul style="list-style-type: none"> • be responsible for delivering organisations clinical audit programme • facilitate and oversee the clinical audit processes and programmes. • ensure clinical audit programmes are robust and evidence based and embedded in the organisations development strategies and commissioners investment priorities. • Ensure that clinicians and others undertaking clinical audit have the skills to undertake good quality audit and access to training to develop these. • to undertake Clinical Audit depending on the complexity of the audit.
Key education, training and development needs
<p>Clinical Audit Specialists need to obtain and demonstrate the knowledge and skills detailed in Appendix 2 and specially need to have:</p> <ol style="list-style-type: none"> 1 Understanding of national policy with respect to clinical audit and where it fits in quality improvement 2 Ability to develop strategic direction of clinical audit within their organisation 3 An understanding of what constitutes good quality audit and ability to undertake a good quality audit 4 Understanding of how clinical audit links with governance, clinical risk and patient experience 5 How clinical audit links into the organisational development agenda 6 The skills to develop prioritised clinical audit programmes 7 Understanding of robust scientific methodologies 8 Skills in Leadership: an understanding of how to influence and change clinical practice and service delivery as a result of clinical audit 9 Skills in Project Management: how to project management complex processes 10 Advanced presentation skills 11 Menu of training and education in relation to clinical audit for clinicians and on clinicians involved in clinical audit.
Outcome measures
<ul style="list-style-type: none"> • Capable of designing, developing and monitoring clinical audit programmes

9. Clinical Audit Specialists:

- Able to monitor and evaluate clinical audit processes and programmes
- Understanding of evidence based and critical appraisal skills
- Able to train clinicians and others in audit skills
- Able to influence and lead change

10. Clinical Audit Facilitators
Roles and Responsibilities
<p>Clinical Audit facilitators both facilitate and undertake clinical audit (depending on the complexity of the audit). They organise and work to support learning groups in focused clinical audit programmes, which have been approved by their local Trust Boards or Senior Executive Team and therefore are part of service and organisational and strategies to reduce risk and improve patient care.</p> <p>Clinical Audit facilitators also have a key role in training and supporting clinicians and other staff in developing and undertaking basic clinical audit and clinical audit programmes.</p>
Key education, training and development needs
<p>Clinical Audit facilitators need to be skilled and knowledgeable in the following areas:</p> <ol style="list-style-type: none"> 1 Basic understanding of change processes 2 Advanced facilitation skills 3 Awareness of quality improvement agenda of the organisation and basic understanding of the National context. 4 Awareness of clinical audit issues 5 An understanding of what constitutes good quality audit 6 Ability and technical skills to undertake good quality clinical audit 7 Ability to identify areas for service improvement 8 understanding of how to involve key stakeholders 9 ability to train clinicians and others in what constitutes basic clinical audit and how to undertake good clinical audit
Outcome measures
<p>Cohort of clinical audit facilitators who:</p> <ul style="list-style-type: none"> • Are proactive about supporting and encouraging clinical audits in their area • Inspire and empower staff and colleagues to undertake clinical audit • Are trained and have developed competencies to undertake clinical audit activities • Participate in the setting of the clinical improvement agenda in their areas • Confident to train clinicians and others in what constitutes good clinical audit practice and how to undertake good clinical audit. • Confident to undertake good clinical audits.

11. Clinical Data Analysts
Roles and Responsibilities
<p>Experts in data capture software and /or analysis software they provide the appropriate data analysis to support clinical audit processes</p> <p>Put in place data systems to ensure evidence based data is sourced and analysed.</p> <p>Act as a resource to clinical audit teams</p>
Key education, training and development needs
<ol style="list-style-type: none"> 1 Good understanding around data: prospective and retrospective 2 Understanding of different types of data collection methodologies: web based, electronic, and paper based 3 Understanding of data capture and analysis software 4 Strong understanding of statistical knowledge 5 Understanding of information governance 6 Advanced IT skills 7 Ability to develop databases 8 Ability to visually represent complex data 9 Ability to analyse complex data from national audits 10 Understanding of where role fits in clinical audit cycle 11 Ability to select meaningful data items that will measure criteria and standards People skills
Outcome measures
<p>Data analysts need to be able to demonstrate</p> <ul style="list-style-type: none"> • An ability to produce accurate and relevant data to support the clinical audit process • The ability to provide analysis or and appropriate advice concerning the sampling and data collection methods • ability to construct suitable data collection methods and processes • confidence and ability to question clinical audit practice

7. The Learning Continuum

7.1 As stated above all those engaged with clinical Audit will have both common and specific needs for education, training, and development. The TNA shows the range of knowledge required and skills needed across these groups and highlights that there will be a need to tailor interventions to reflect the role, professional level of the individuals and/or groups and the level of responsibility.

For Example: Some groups such as clinical leaders, will need to possess a high level of knowledge of clinical audit issues, be able to demonstrate they have the necessary skills to undertake high quality clinical audit if required, but as important will be their ability to influence the clinical audit agenda, create a culture in their departments and organisations for clinical audit to flourish, and drive service improvement. For these to occur, the understanding and application of leadership and leadership behaviors to enable change and continuous improvement will be needed.

Other groups, such as data analysts will require some knowledge of the clinical audit process but importantly specific skills around the understanding of data analysis and presentation.

8. Range of learning approaches:

There are a range of learning approaches that need to be considered when developing and implementing education, training and development interventions. The spectrum can be described in a number of ways:

- From formal to informal methods of intervention: for example taught courses to individualised coaching;
- From accredited to self assessed interventions, for example, the acquisition of a qualification to self assessment through behavioural change tools,
- From external to organisationally based learning.

Table 4

Continuum of learning approaches.

Table 3 describes the continuum of learning approaches. The type of intervention (examples are given) adopted and ultimately commissioned needs to be capable of achieving the stated outcomes and it should be noted that there are a pros and cons associated with each type of intervention on the spectrum. The outcomes will depend on the needs of individuals, teams, services and organisations. The outcome measures will also be along a spectrum of knowledge, competency, skills, behaviours and attitudes.

Table 3. Continuum of learning approaches.

Karen to send table – in landscape for insertion here

9. Education, Training and Development Needs

- 9.1 The key education, training and development needs (ETD needs) for each Group with a role in clinical audit have been identified through consultation with clinical audit practitioners and advisors and are detailed below.
- 9.2 **Training Needs Analysis:** A training needs analysis (TNA) highlighted the core and specific knowledge needed together with required skills across and for each of the targeted groups and clinical audit staff groups. Following the consultation, these will be used together with the key ETD needs below to inform the approach, content and/or syllabus of the education, training and development interventions across the clinical audit community and individual staff groups. They are detailed in Appendix 2.

10. Evaluation

All programmes will be evaluated in accordance with their outcomes and evaluation arrangements will be incorporated into the commissioning and delivery of training, education and development interventions.

The evaluations will be qualitative and quantitative, formative and summative.

11. Summary and Next steps

This draft strategy has clarified the context in which HQIP will deliver its Education, Training and Development programme and the role that the HQIP will play in its development and implementation.

It also identifies the target groups that are engaged in clinical audit and through a consultative process their roles and responsibilities. It also describes for each group the key education, training and development needs, which have been further developed and mapped against core and specific knowledge and skills required for meaningful engagement with clinical audit.

The ETD programme will be based around nine strategic aims and principles:

Further consultation on the contents of this document will take place over April and May 2009. It will be presented to the Conference on the 30th April and to the Reference Group in May. Following this the final strategic document will be produced and will be presented to the Board in June 2009 for approval.

Following approval by the Board it is intended to go out to tender for a range of ETD interventions with a view to commence contracts by the end of July 2009 and deliver programmes from September 2009.

Appendix 1

Description of groups and clinical audit roles

Staff Group	Description
1. Executive and non-executive directors	Chief executives, Executive Directors, Chief Officers (including Social Care), Managing Directors and their Board Teams (including non-executive directors)
2. Clinical leaders	Medical and nursing directors, clinical audit leads, directors of research and education & training, and clinical directors, ward managers, team leaders and matrons. It also includes GPs and clinicians responsible for leading clinical audit activities in other public service sectors and the private sector.
3. Commissioners and Service Commissioning Teams (PCT)	Public health and commissioning specialists, locality commissioning team leaders, and practice-based commissioning managers and facilitators, and commissioning advisors
4. Clinicians	All grades of Medical and nursing staff, therapists and other professional staff aligned to their care groups e.g. care of the elderly, surgical and intensivist services, obstetrics and midwifery services, children's services, mental health services; and functions e.g. pathology, microbiology, and imaging services.
5. Managers of clinical and Care Services: clinical and non clinical managers	Team leaders, business and locality managers, practice managers, development managers, Divisional/Directorate /Service managers and principal officers
6. Middle managers - managers of non clinical services	For example: Assistant Directors; finance, estates, informatics, supplies and procurement managers
7. Governors and elected members	For example: within Foundation Trusts and Local Authorities.
8. User, patients and carers	User, patient and carer representatives (and includes members of Foundation Trusts).

Appendix 2

Training Needs

**Analysis: based on
knowledge needed and
skills required for
clinical audit**

Training Needs Analysis: based on Knowledge needed and Skills required for clinical audit

Part one: Knowledge

• **The clinical audit process**

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
How quality of care can be defined and measured	√	√	√	√	√	√	√	√	√	√	√
What clinical audit is about	√	√	√	√	√	√	√	√	√	√	√
How clinical audit relates to quality assurance approaches in business and industry				√			√	√			
How the clinical audit process works to drive quality improvement	√	√	√	√	√	√	√	√	√	√	√
What rapid-cycle clinical audit is about and why it is important	√	√	√	√	√	√	√	√	√	√	√
Types of information learned from clinical audits and the how the information should be used				√			√	√			
How clinical audit relates to the following: <ul style="list-style-type: none"> • Evidence-based practice • Quality improvement • Measuring compliance with standards • Patient experience • Clinical risk management • Appraisal and continuing professional development • Pt safety • Accountability for quality and safety of patient care 	√	√	√	√	√	√	√	√	√	√	√
Differences among descriptive studies, surveys, service evaluations, research and clinical audit	√	√	√	√	√	√	√	√	√	√	√
Ethics and clinical audit	√	√	√	√	√	√	√	√	√	√	√
Data protection and clinical audit	√	√	√	√	√	√	√	√	√	√	√

2: Evidence related to quality improvement in healthcare organisations

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
An overview of research evidence related to organisational development and quality improvement in healthcare organisations	√	√	√	√	√	√			√	√	

3: Strategy

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
The differences between organisational strategies that are compliance versus improvement driven	√		√						√	√	
The components of an appropriate and effective strategy to drive quality improvements, including through clinical audit			√	√							
The key components of the organisation's strategy for clinical audit and quality improvement		√	√		√						√
The components of an appropriate and effective strategy for a commissioning organisation to drive quality improvement including through effective use of clinical audit						√					
The differences between organisational strategies that are compliance versus improvement driven									√	√	
The components of an appropriate and effective strategy to drive quality improvement in the organisation, including through effective use of clinical audit									√	√	
Key points in the organisation's strategy, structure and support for clinical audit and quality improvement, i.e. how it is done here							√				

4: Structure

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
The organisational components (directorate, department, committees, etc) that carry responsibility for clinical audit and quality improvement and their responsibilities and accountabilities for achieving improvements in the quality and safety of patient care			√						√	√	
The components in the sphere of accountability (directorate, department, committees, etc) that carry responsibility for clinical audit and quality improvement and their responsibilities and accountabilities for achieving improvements in the quality and safety of patient care	√										
The components in the organisation that exist to support implementation of the organisation's strategy for clinical audit and quality improvement		√			√						
The components in the organisation that carry responsibility for clinical audit and quality improvement, e.g. committees, directorates, etc and their responsibilities and accountabilities for achieving improvements in the quality and safety of patient care									√	√	√
The structure through which clinical audit and quality improvement work is to be directed and overseen by the commissioning organisation						√					√
Key points in the organisation's strategy, structure and support for clinical audit and quality improvement, i.e. how it is done here							√				

5: Organisational culture

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
The nature of the organisation's culture in relation to clinical audit and quality improvement	√	√	√						√	√	
Ways to influence culture in a healthcare organisation and/or service and/or profession	√	√	√		√						
Tools available to measure the quality, patient safety or clinical governance culture or climate of the organisation	√	√	√								
The nature of the culture within the services that make up the sphere of accountability in relation to clinical audit and quality improvement					√				√	√	
The action the organisation is taking, if any, to influence the culture of the organisation in relation to clinical audit and quality improvement											√
The nature of the culture within the provider organisations in relation to clinical audit and quality improvement						√			√	√	√
Ways to influence culture as needed in provider healthcare organisations to strengthen clinical audit and quality improvement programmes						√					√

6: Technical support

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
The nature and amount of the support available in the organisation to support clinical audit and quality improvement and the nature of the competence represented by the support	√		√						√	√	
The nature and amount of the support available to support clinical audit and quality improvement		√			√						
The nature and amount of the support available in the organisation to support clinical audit and quality improvement and who provides the support											√
The nature and amount of the support available within the commissioning organisation to support clinical audit and quality improvement and the nature of the competence represented by the support						√					

7: Clinical audit programme

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
The components of an appropriate and effective clinical audit programme	√	√			√	√			√	√	
What a clinical audit programme should look like	√	√	√		√				√	√	
How to know if the programme includes all clinical services provided within the organisation			√								√
That the organisation and all the clinical services need to have documented clinical audit programmes											
Tools and techniques to use to help a clinical service devise an appropriate clinical audit programme									√	√	
How to work with colleagues to develop a clinical audit programme for the clinical service and/or professional group		√									
Times when it is appropriate for a commissioning organisation to intervene with a provider organisation concerning clinical audit findings or shortcomings in the quality or safety of patient care						√					√
Circumstances when a commissioner should request a clinical audit, e.g. appropriateness of referrals, lengthy delays in a service, complaints on satisfaction, etc						√					
What a clinical audit programme is									√		
How patients provide input into clinical audit							√		√		
When patients can make contributions to clinical audits, for example, about acceptability or outcome measures that reflect the patient experience							√		√		

8: Carrying out clinical audit

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
How to design and carry out a clinical audit		√			√	√			√	√	
Carry out or advise clinical staff on how to carry out clinical audits									√	√	
Support the carrying out of clinical audits as needed											√
The nature of information needed in a clinical audit database									√	√	√
How to develop a database									√	√	
How the organisation's clinical audit database works											√

9: Clinical audit reports

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
The components of a clinical audit report, whether for an individual clinical audit or an annual report (for the services in the sphere of accountability)	√	√	√		√	√		√	√	√	
How to interpret data on the quality or safety of patient care appropriately, including data presented using statistical process control (SPC) tools	√		√		√	√		√	√	√	
How to interpret reports related to clinical audit, including reports that present data using SPC tools						√					
How to identify shortcomings in patient care from existing reports	√	√	√		√	√	√	√			
The nature of actions that may need to be taken by senior clinical leaders in response to findings of clinical audits or quality improvement activities	√										
The nature of actions that may need to be taken by commissioners in response to findings of clinical audits or quality improvement activities						√					
How to present data on the quality or safety of patient care appropriately, particularly using SPC tools		√									
What an individual clinical audit report should look like											√

10: Leadership and engagement

	CL S	C	E x	M C S	M M	Co m	Pts	G o v	C A S	C A F	C A T
What makes up evidence of effective leadership and engagement	√		√								
What makes up evidence of effective leadership and engagement by a senior clinical leader	√		√								
What makes up evidence of effective leadership and engagement for quality improvement by a commissioning organisation						√					
What makes up evidence of effective leadership and engagement by a clinician	√	√									
What makes up evidence of effective leadership and engagement by a middle manager of a clinical service					√						
What makes up evidence of effective leadership and engagement by clinical audit specialist staff									√		
What makes up evidence of effective leadership and engagement by clinical audit facilitators										√	
What makes up evidence of effective leadership and engagement by the clinical audit staff											√
Behaviours and attitudes that facilitate clinical staff acceptance of the need to carry out robust clinical audits									√	√	
Behaviours and attitudes that facilitate clinical staff wanting to work with the clinical audit staff											√
What makes up evidence of effective leadership and engagement of patients, governors and members							√				

Part 2: Skills

Group	Skills
Clinical leaders	<ul style="list-style-type: none"> • Clinical audit process <p>Recognise valid measures of aspects of quality, including clinical effectiveness, patient safety and patient experience-related measures</p> <p>Challenge the use of measures of quality that are not likely to be sensitive or specific</p> <p>Recognise the difference between a good and a not-so-good clinical audit and act on the awareness by questioning not-so-good clinical audit practice</p> <p>Explain rapid-cycle improvement to others and strongly encourage them to follow the approach</p> <p>Ensure that there is effective and accurate analysis of various governance and assurance-related activities and identify opportunities for clinical audit and improvement, particularly those that involve more than one part of the organisation or more than one profession</p> <p>Recognise and direct opportunities to relate clinical audit to other activities</p> <p>Recognise the differences between descriptive studies, surveys, service evaluations, research and clinical audit, explain them to others and guide others to carry out the most appropriate activity</p> <p>Ensure that there are robust audit approval and oversight systems in place, communicated to relevant staff and implemented for all the activities</p> <p>Recognise the differences between clinical audit and monitoring of the quality or safety of patient care, explain them to others and guide others to carry out the most appropriate activity</p> <p>Ensure that ethics issues related to clinical audit are identified and handled properly within the sphere of accountability</p> <p>Ensure that data protection issues related to clinical audit are identified and handled properly within the sphere of accountability</p>

Group	Skills
	<ul style="list-style-type: none"> • Clinical audit process
Clinicians	<p>Develop valid measures of aspects of quality, including clinical effectiveness, patient safety and patient experience-related measures</p> <p>Develop measures of quality that are likely to be sensitive and specific</p> <p>Recognise the difference between a good and a not-so-good clinical audit and design and advise colleagues to design an effective clinical audit</p> <p>Implement the rapid-cycle improvement approach</p> <p>Recognise and carry out opportunities to relate clinical audit to other activities</p> <p>Recognise the differences between descriptive studies, surveys, service evaluations, research and clinical audit, explain them to others and guide others to carry out the most appropriate activity</p> <p>Implement the organisation's approval systems for each of the activities</p> <p>Recognise the differences between clinical audit and monitoring of the quality or safety of patient care and explain decisions made about the activity to others as needed</p> <p>Ensure that ethics issues related to clinical audit are identified and handled properly in accordance with the organisation's policy</p> <p>Ensure that data protection issues related to clinical audit are identified and handled properly in accordance with the organisation's policy</p>
Executive and non-executive directors	<p>Recognise valid measures of aspects of quality, including clinical effectiveness, patient safety and patient experience-related measures</p> <p>Recognise the difference between a good and a not-so-good clinical audit and act on the awareness by questioning not-so-good clinical audit practice</p> <p>Recognise when a clinical audit is not being carried out according to the rapid-cycle approach</p> <p>Recognise opportunities to relate clinical audit to other activities</p>

Group	Skills
	<ul style="list-style-type: none"> • Clinical audit process
Managers of clinical services	To be completed
Middle managers (non-clinical services)	<p>? Recognise valid measures of aspects of quality, including clinical effectiveness, patient safety and patient experience-related measures</p> <p>Develop measures of quality that are likely to be sensitive and specific and challenge the use of measures that are not likely to be sensitive or specific</p> <p>Recognise the difference between a good and a not-so-good clinical audit and act on the awareness by questioning not-so-good clinical audit practice</p> <p>Lead staff in implementing the rapid-cycle improvement approach</p> <p>Analyse reports of various governance and assurance-related activities and identify opportunities for clinical audit and improvement in the clinical service</p> <p>Recognise and direct carrying out of opportunities to relate clinical audit to other activities</p> <p>Recognise the differences between descriptive studies, surveys, research and clinical audit, explain them to others and guide others to carry out the most appropriate activity</p> <p>Recognise the differences between clinical audit and monitoring of the quality or safety of patient care, explain them to others and guide others to carry out the most appropriate activity</p> <p>Ensure that ethics issues related to clinical audit are identified and handled properly in accordance with the organisation's policy</p> <p>Ensure that data protection issues related to clinical audit are identified and handled properly in accordance with the organisation's policy</p>

Group	Skills
	7. Clinical audit process
Commissioners	<p>Recognise valid measures of aspects of quality, including clinical effectiveness, patient safety, and patient experience-related measures</p> <p>Challenge the use of measures of quality that are not likely to be sensitive or specific</p> <p>Recognise the difference between a good and a not-so-good clinical audit and act appropriately on the awareness</p> <p>Set an expectation of rapid-cycle clinical audit in negotiations with providers</p> <p>Analyse information related to various governance and assurance-related activities and identify opportunities for improvement or the need for further analysis or action among provider organisations</p> <p>Recognise the differences between descriptive studies, surveys, research and clinical audit and guide others to carry out the most appropriate activity</p> <p>Recognise the differences between clinical audit and monitoring of the quality or safety of patient care and guide others to carry out the most appropriate activity</p> <p>Know that there are ethics issues related to clinical audit and that provider organisations have systems in place to recognize and handle the issues</p> <p>Know that there are data protection issues related to clinical audit and that provider organisations have systems in place to recognize and handle the issues</p>

Group	Skills
	8. Evidence related to clinical quality
Clinical leaders	<p>Recognise the implications of the evidence for the healthcare organisation</p> <p>Make efforts to implement evidence-based practice in relation to clinical audit and quality improvement</p>
Clinicians	<p>Recognise the implications of the evidence for the clinical service and/or profession</p> <p>Make efforts to implement evidence-based practice in relation to clinical audit and quality improvement</p>
Executive and non-executive directors	Recognise the implications of the evidence base for the healthcare organisation and contribute to decision-making on the potential implementation of the evidence base in the organisation
Managers of clinical services	To be completed
Middle managers (clinical and non-clinical)	? Make efforts to implement evidence-based practice in relation to clinical audit and quality improvement
Commissioners	<p>Recognise the implications of the evidence for the healthcare organisations from which services are being commissioned</p> <p>Encourage the implementation of evidence-based practice in relation to clinical audit and quality improvement</p>

Group	Skills
	9. Strategy
Clinical leaders	<p>Develop or contribute to the development of an organisational strategy for improvement (in addition to compliance) of the quality and safety of patient care</p> <p>Ensure that the organisation's strategy to drive quality and safety improvement is:</p> <ol style="list-style-type: none"> 2. Communicated to all staff in the sphere of accountability, e.g. directorate, nursing service, etc 3. Implemented throughout the sphere of accountability 4. Reported on effectively on a timely basis
Clinicians	Know about and contribute to the implementation of the organisation's strategy to drive quality and safety improvement in the clinical service and/or profession
Executive and non-executive directors	<p>Analyse the organisation's current strategy for clinical audit and quality improvement</p> <p>Focus or guide the organisation's strategy to emphasise improvements that benefit patients, while maintaining essential compliance measurement</p>
Managers of clinical services	To be developed
Middle managers (clinical and non-clinical)	<p>? Ensure that the organisation's strategy to drive quality and safety improvement is:</p> <ol style="list-style-type: none"> 5. Communicated to all staff in the sphere of accountability, department, ward, etc 6. Implemented throughout the sphere of accountability 7. Reported on effectively as required
Commissioners	<p>Ensure that the commissioning organisation's strategy to drive quality and safety improvement is:</p> <ol style="list-style-type: none"> 8. Explained to provider organisations 9. Supported through the actions of the commissioner

Group	Skills
	10. Structure
Clinical leaders	<p>Analyse terms of reference of existing components in the organisation's structure for explicit responsibilities and accountabilities for achieving improvements in the quality and safety of patient care and make changes in terms of reference as needed</p> <p>Direct or guide the available structure to drive implementation of the strategy to focus on improvements that benefit patients</p> <p>Change or recommend changes in the organisational structure to drive the implementation of the quality and safety improvement strategy</p>
Clinicians	Use effectively the components of the available structure in the organisation to focus on improvements that benefit patients, e.g., clinical audit staff, committees, managers, etc
Executive and non-executive directors	<p>Direct or guide the organisation's structure to drive implementation of the strategy that focuses on improvements that benefit patients</p> <p>Analyse terms of reference of existing components in the organisation's structure for explicit responsibilities and accountabilities for achieving improvements in the quality and safety of patient care and make changes in terms of reference as needed to enhance the drive for improvement</p>
Managers of clinical services	?
Middle managers (clinical and non-clinical)	?Use effectively the components of the available structure to focus on improvements that benefit patients
Commissioners	Direct or guide the available structure to drive implementation of the strategy to focus on improvements that benefit patients

Group	Skills
	11. Organisational culture
Clinical leaders	<p>Influence the culture of the clinical staff to focus on delivering improvements in the quality and safety of patient care</p> <p>Be responsive to patient care issues raised by clinical teams that are outside the authority of the team to resolve</p> <p>Measure the organisation's culture of quality and/or safety and take action to develop the organisation's culture as needed</p>
Clinicians	Influence the culture in the clinical service and/or profession to focus on delivering improvements in the quality and safety of patient care
Executive and non-executive directors	<p>Influence the culture of the clinical staff to focus on delivering improvements in the quality and safety of patient care</p> <p>Be responsive to patient care issues raised by clinical directorates that are outside the authority of the directorate to resolve</p> <p>Consider if application of the tools in the organisation would make a contribution to improving the organisational culture in relation to quality improvement, patient safety or clinical governance</p>
Managers of clinical services	?
Middle managers (clinical and non-clinical)	<p>?Influence the culture in the clinical service to focus on delivering improvements in the quality and safety of patient care</p> <p>Be responsive to patient care issues raised by clinical teams that are outside the authority of the team to resolve</p>
Commissioners	Influence the culture of provider organisations to focus on delivering improvements in the quality and safety of patient care

Group	Skills
	12. Technical support
Clinical leaders	<p>Ensure that the number and technical competence of staff is sufficient to achieve the organisation's strategy for clinical audit and quality improvement in the sphere of accountability</p> <p>Ensure that the processes in place in the sphere of accountability for supporting clinical audit and quality improvement are robust</p>
Clinicians	Make effective use of the support available to support clinical audit and quality improvement
Executive and non-executive directors	<p>Ensure that the number and technical competence of staff is sufficient to achieve the organisation's strategy for clinical audit and quality improvement, both across the organisation and in individual directorates or departments</p> <p>Ensure that the processes in place in the organisation for supporting clinical audit and quality improvement are robust</p>
Managers of clinical services	?
Middle managers (clinical and non-clinical)	?Make effective use of the support available to support clinical audit and quality improvement
Commissioners	<p>Ensure that the number and technical competence of support staff is sufficient to achieve the commissioning organisation's strategy for clinical audit and quality improvement</p> <p>Ensure that the processes in place in the commissioning organisation for supporting clinical audit and quality improvement are robust</p>

Group	Skills
	13. Clinical audit programme
Clinical leaders	<p>Endorse clinical audit programmes developed within specialties or spheres of accountability</p> <p>Intervene if a clinical specialty has not developed a clinical audit programme</p> <p>Oversee the implementation and effectiveness of the programme in leading to measured improvements in the quality or safety of patient care</p> <p>Intervene when it becomes clear that the clinical audit process is not being done or is not effective in leading to improvements in the quality or safety of patient care in services that are within the sphere of accountability</p>
Clinicians	<p>Work together collaboratively with colleagues to develop a clinical audit programme</p> <p>Work together collaboratively with colleagues when it becomes clear that a clinical audit programme is not being developed or when the clinical audit process is not being done or is not effective in leading to improvements in the quality or safety of patient care</p>
Executive and non-executive directors	<p>Ensure that all clinical directorates and specialties have developed a clinical audit programme</p> <p>Oversee at a high level the implementation and effectiveness of the programme in leading to measured improvements in the quality or safety of patient care</p> <p>Ensure that interventions are taken when it becomes clear that the clinical audit process is not being done or is not effective in leading to improvements in the quality or safety of patient care</p>
Managers of clinical services	?
Middle managers (clinical and non-clinical)	<p>?Help to develop clinical audit programmes in relevant clinical services</p> <p>Help a clinical team when it becomes clear that a clinical audit programme is not being developed or that the clinical audit process is not being done or is not effective in leading to improvements in the quality or safety of patient care</p>
Commissioners	<p>Review clinical audit programmes developed by providers to ensure coverage by all commissioned services</p> <p>Oversee the effectiveness of the programme in leading to measured improvements in the quality or safety of patient care</p> <p>Intervene when it becomes clear that the clinical audit process is not being done or is not effective in leading to improvements in the quality or safety of patient care in commissioned services</p>

Group	Skills
	14. Carrying out clinical audits
Clinicians	Design and carry out a clinical audit that is intended to confirm or lead to improvement of the quality of a service
Managers of clinical services	?
Middle managers (clinical and non-clinical)	?Design and carry out a clinical audit that is intended to confirm or lead to improvement of the quality of a clinical service
Commissioners	Design and carry out a clinical audit that meets the needs of a commissioner to confirm or lead to improvement of the quality of a contracted service

Group	Skills
	15. Clinical audit reports
Clinical leaders	<p>Interpret a clinical audit report appropriately and draw appropriate conclusions about the quality or safety of patient care provided and the effectiveness of resolution of problems identified</p> <p>Interpret the presentation of data in a clinical audit report</p> <p>Interpret data presented using statistical process control (SPC) tools accurately and completely</p> <p>Identify questions about clinical practice raised by the presentation of data about clinical practice</p> <p>Identify shortcomings in patient care or services that cut across more than one department or service and act to lead resolution of the shortcomings</p> <p>Act on findings of clinical audits or other quality improvement activities that are outside the scope of authority of specialties, wards, etc</p> <p>Report to senior management and the board, as appropriate, actions needed to achieve improvements in the quality or safety of patient care that are outside the scope of authority of the senior clinical leader</p>
Clinicians	<p>Write a clinical audit report consistent with guidance available in the organisation</p> <p>Analyse and present data in a clinical audit report using appropriate statistical tools</p> <p>Use SPC tools appropriately</p> <p>Ensure that the data presentation represents accurately the true findings of a clinical audit</p> <p>Identify shortcomings in patient care or services and act to lead or influence resolution of the shortcomings</p> <p>Support colleagues in acting on findings of clinical audits or other quality improvement activities</p> <p>Report to management, as appropriate, actions needed to achieve improvements in the quality or safety of patient care that are outside the scope of authority of a clinical team</p>
Group	Skills
	• Clinical audit reports
Executive and non-executive directors	<p>Interpret a clinical audit report appropriately and draw appropriate conclusions about the quality or safety of patient care provided and the effectiveness of resolution of problems identified</p> <p>Interpret the presentation of data in a clinical audit report accurately and completely</p>

	<p>Interpret data presented using statistical process control (SPC) tools accurately and completely</p> <p>Identify questions about clinical practice raised by the presentation of data about clinical practice</p> <p>Identify shortcomings in patient care or services that cut across more than one department or directorate and ensure that there is effective leadership to resolve the shortcomings</p>
Managers of clinical services	?
Middle managers (clinical and non-clinical)	<p>? Interpret a clinical audit report appropriately and draw appropriate conclusions about the quality or safety of patient care provided and the effectiveness of resolution of problems identified</p> <p>Interpret the presentation of data in a clinical audit report, including interpreting SPC charts correctly</p> <p>Identify shortcomings in patient care or services that cut across more than one department or service and act to lead resolution of the shortcomings</p> <p>Support clinical teams in acting on findings of clinical audits or other quality improvement activities</p> <p>Report to senior management, as appropriate, actions needed to achieve improvements in the quality or safety of patient care that are outside the scope of authority of a clinical team</p>
Commissioners	<p>Interpret a clinical audit report appropriately and draw appropriate conclusions about the quality or safety of patient care provided and the effectiveness of resolution of problems identified</p> <p>Interpret the presentation of data in a clinical audit report</p> <p>Interpret the evidence and conclusions presented in clinical audit reports appropriately</p> <p>Identify shortcomings in patient care or services that are outside the control of the provider organisation and act to lead resolution of the shortcomings</p> <p>Act on findings of clinical audits or other quality improvement activities that are outside the scope of provider organisations</p>

Group	Skills
	<ul style="list-style-type: none"> • Leadership and engagement
Clinical leaders	<p>Act effectively in engaging staff working in the sphere of accountability in clinical audit and quality improvement</p> <p>Serve as a role model for resolving problems that impede the provision of high quality safe patient care</p> <p>Be perceived as actively leading the directorate, department, service in its efforts to implement the organisation's quality improvement strategy and to improve the quality and safety of patient care</p> <p>Be seen to respond to staff about issues related to the quality or safety of patient care when situations are reported to the senior clinical leader</p>
Clinicians	<p>Act effectively in engaging colleagues in clinical audit and quality improvement</p> <p>Lead discussion with colleagues on the design, conduct or action on clinical audits</p> <p>Serve as a role model for resolving problems that impede the provision of high quality safe patient care</p> <p>Be perceived as actively leading or influencing efforts to implement improvements in the quality and safety of patient care</p>
Executive and non-executive directors	<p>Act effectively in engaging staff working in the organisation in clinical audit and quality improvement</p> <p>Serve as a role model for resolving problems that impede the provision of high quality safe patient care</p> <p>Be perceived as actively leading the organisation in its efforts to improve the quality and safety of patient care</p> <p>Be seen to respond about issues related to the quality or safety of patient care when situations are reported to the director</p>
Managers of clinical services	<p>?</p>
Middle managers (clinical and non-clinical)	<p>?Act effectively in engaging staff working in the sphere of accountability in clinical audit and quality improvement</p> <p>Lead discussion with clinicians on the design, conduct or action on clinical audits</p> <p>Serve as a role model for resolving problems that impede the provision of high quality safe patient care</p> <p>Be perceived as actively leading the services involved in its efforts to implement the organisation's quality improvement strategy and to improve the quality and safety of patient care</p> <p>Be seen to respond to staff about issues related to the quality or safety of patient care when situations are reported</p>

Group	Skills
	16. Leadership and engagement
Commissioners	<p>Act effectively in engaging provider organisations in clinical audit and quality improvement</p> <p>Serve as a role model for resolving problems that impede the provision of high quality safe patient care</p> <p>Be perceived as actively leading the implementation of the commissioning organisation's quality improvement strategy</p> <p>Be seen to respond about issues related to the quality or safety of patient care when situations are reported to the commissioning organisation</p>

Appendix 3

Glossary of Terms

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Glossary of Terms

HQIP	Healthcare Quality Improvement Partnership
ETD	Education, training and development needs
TNA	Training Needs Analysis

Appendix 4

Reference documents

Reference Documents

Department of Health

High Quality Care for All: NHS Next Stage Review, Professor the Lord Darzi of Denham KBE, 30 June 2008

High Quality Workforce: NHS Next Stage Review, DO. 30 June 2008

Latest work from DOH on renewed NHS values March 2008

Healthcare Quality Improvement Partnership

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Strategic Plan 2008 - 2011

Clinical Audit Scope of work 29 October 2007

Summary of round table discussion for HQIP and Health Foundation and NHS Education of Scotland 10 November 2008

Health Foundation

Quality Improvement Training Examples and Evidence

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HQIP

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