

**Summary of HQIP responses to ‘Engaging Clinicians in Quality Improvement through National Clinical Audit report (published 8 Oct 2014)**

No.	Recommendations and audiences		HQIP response	
	Recommendation	Target audience	Action taken	Next steps
1	Commissioners should consider developing an overarching strategy that places national clinical audits in the context of a strategic vision for quality improvement.	Commissioners of National Clinical Audit	Scoping of existing and anticipated national QI initiatives forms part of the topic selection and scope development of all new and re-commissioned National Clinical Audits.	We are working with NHS England Domain Directors and the Quality Levers Directorate to develop the future strategic intent for the National Clinical Audit Programme which will align and integrate with the overarching NHSE QI strategy. Led by our medical director, HQIP will explore and further develop our relationships with national and regional organisations supporting healthcare quality improvement seeking opportunities to work together to align, and inform quality improvement activity. This will include NICE, The Care Quality Commission, Monitor, Academic Health Science Networks, NHS Improving Quality, The Health Foundation, Quality Surveillance Groups, CCGs, and the Trust Development Authority
2	When commissioning new national clinical audits and reviewing contracts, consider a balance of data on clinical effectiveness, patient experience and safety.	Commissioners of National Clinical Audit	We recognise these as the three key components of high quality care. However, National Clinical Audit methodology by design primarily drives improvement in clinical effectiveness by reporting how well structure and process measures are achieved against established standards and by comparing outcomes between providers. For topics where patient safety is of particular concern, HQIP commissions four Clinical Outcome Review Programmes which have a rolling programme of topics where a retrospective case note review approach is used.	We will be working with NHS England over the next 6 – 12 months to develop and agree the commissioning intent for patient-reported outcome and experience measures within the Programme.

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3	Workshops or events at HQIP annual conferences would help target audit suppliers and clinicians to share best practice.	Commissioners of National Clinical Audit	<p>Content targeted to audit suppliers and clinicians is included in the programme for the HQIP Annual 2-day conference.</p> <p>HQIP have also commenced a quarterly seminar programme for our audit suppliers, including their clinical leads which facilitates the sharing of best practice and which offers networking opportunities to clinicians and audit suppliers.</p>	<p>In the next 12 months, HQIP plans to develop activities specifically to engage the clinical leads for national audits, taking advantage of virtual mechanisms to link and share experience and best practice, through a bespoke clinical leads network.</p> <p>The new HQIP website launching early 2015 will be modelled to improve clarity and search functions by topic and by audience.</p>
4	Stimulate engagement through a communications strategy that focuses on creating broader awareness of HQIP's remit and reach and the role of national clinical audit for quality improvement.	Commissioners of National Clinical Audit	<p>As outlined in our response to recommendation 1 HQIP has developed a strategy to engage and collaborate with other QI stakeholders to promote the role of national clinical audit in quality improvement. In addition we seek to present and promote the work of HQIP through our website and social media activity and at conferences and events nationally. This includes NHS Expo, Patient Safety Congress, and Royal College conferences.</p> <p>Contractually, all new national clinical audits agree improvement-driven aims and objectives at the start of their work programme, to which all activities should be aligned.</p> <p>HQIP reviews and comments on all national clinical audit reports and press releases to ensure the improvement messages are clearly articulated</p>	<p>We agree that our improvement-driven approach should be reflected effectively in all of our communications, and will continue to seek opportunities to do so.</p> <p>An HQIP communications strategy is in development.</p>

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5	Further work could be done to evaluate the effectiveness of specific mechanisms and drivers (financial incentives, using data for appraisals and clinical excellence awards, workshops) for using national audit for improvement.	Commissioners of National Clinical Audit	<p>The statutory and mandatory requirements for clinical audit are available on the HQIP website and are referenced by national clinical audit and local audit providers to support participation.</p> <p>Where Best Practice Tariffs exist and are aligned with an audit topic, the NCA dataset can include the required data capture. Audits such as the National Hip Fracture Database are able to show evidence of accelerated improvement in care when this approach is used.</p> <p>HQIP analyse feedback on the degree to which care improvement demonstrated by each of the NCAPOP national audits can be attributed to mechanisms and drivers such as those listed. This is undertaken at each commissioning decision point.</p>	<p>The QID team will work with the Academy of Medical Royal Colleges to review and update the guidance on revalidation, focussing on supporting clinician's participation in national audit and their use of national audit data to drive improvement in the quality of care delivery and patient outcomes.</p> <p>The extent to which national clinical audits report how their data is used as a mechanism/lever to drive improvement forms part of the self-assessment known as the 'The Audit of Audits' which has been completed by all National Clinical Audits and will publish in December 2014.</p> <p>We aim to undertake a review of best practice in terms of drivers/levers of QI across the National Clinical Audit and Patient Outcome Programme in 2015/16 to improve our understanding of the specific mechanisms that can support improvement and support shared learning across the programme.</p>
6	Include clear objectives about quality improvement and make these explicit when reporting.	Suppliers of National Clinical Audit	This is now a requirement for all National Clinical Audit contracts, where setting the quality improvement objectives is a key aspect of early scope development.	We will develop a <i>Reporting for Impact</i> guidance document to support report drafting by national audit suppliers. This will complete in early 2015.

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7	Consider a more compelling rationale for data collection, highlighting its purpose and how to use the data for local improvement or in systems. Link to evidence-based standards and differentiate data for non-evidence-based targets from descriptive data for contextual information.	Suppliers of National Clinical Audit	<p>New NCA contracts now require that audit providers map data items to the relevant standard so that participants can track the purpose of data collection at an individual data item level.</p> <p>All new contracts require that data extracted is always accessible locally and this local availability should be accompanied by reporting mechanisms which have local utility to support quality improvement.</p>	<p>Members of the QID team will be involved in the contract development and monitoring with a specific remit of integrating mechanisms that further support quality improvement.</p> <p>We will also work with national audit suppliers and clinical commissioning groups to develop regional workshops on using data in specific audits for local improvement.</p>
8	Consider ways to provide real-time feedback to support continuous improvement as well as providing datasets that can be manipulated for local analysis.	Suppliers of National Clinical Audit	See response to item 7.	
9	Support data outputs with opportunities for local clinicians to discuss findings, share best practice, and compare performance and planning for improvement. For example, workshops or events at annual conferences.	Suppliers of National Clinical Audit	Regional events for local clinicians are regularly delivered by the audit providers and are highly valued. Newsletters and peer review processes are also employed by the audits. Examples of action plans are often collected and disseminated, as are case studies of successful improvement.	<p>We will work with NHS England and other partners on the development of QI networks as part of a national QI strategy</p> <p>We will investigate opportunities to increase the number of regional workshops based around specific national audit findings</p> <p>Explore the production of trust specific reports across the programme that includes results on all relevant NCAPOP audits</p> <p>We will continue to actively support the sharing</p>

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				<p>of best practice through our website, social media, networks and events.</p> <p>We will evaluate the impact of linked peer review programmes and explore how audit reports can make it easier for underperforming units to identify those of similar size and case mix who are achieving well.</p> <p>We will build on our existing library of case studies by exploring opportunities to develop central repository examples of effective and innovative improvement activities.</p>
10	<p>Consider formalising the user involvement of clinicians and patients in design and reporting. Consider a dual approach to interpreting data, mainly to:</p> <ul style="list-style-type: none"> <li>ensure data is analysed and presented in meaningful way, with adjustment</li> <li>Support the user population to gain skill sets to interpret the data, identify what needs to be done and implement change. (The</li> </ul>	Commissioners and Suppliers of National Clinical Audit	<p>Clinicians are fully involved in the design and reporting stages in all new and retendered audits.</p> <p>New NCA contracts are explicit on the requirement that service users should be engaged in the audit delivery governance structure in order to provide meaningful impact throughout the lifecycle of the audit.</p> <p>Risk adjusted outcomes are increasingly reported in NCA reports, dependent on the availability of validated adjustment models.</p> <p>HQIP is providing Root Cause Analysis training for clinicians in 2014/15</p> <p>The Consultant Outcomes Programme Style Guide, available on the HQIP website provides comprehensive guidance on reporting outcomes</p>	<p>The QID team will explore the data analysis skill gap in provider organisations in order to develop future training programmes</p> <p>HQIP will identify and disseminate best practice in terms of user involvement through our seminar events, website and social media.</p>

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	shortage of key skills in data analysis available to trust boards and management teams was also highlighted in the Keogh Review.)		with clarity and impact.  HQIP's Patient and Public Involvement Lead provide regular advice and support to audit providers on enabling patients to participate in quality improvement following national audit participation. As well as disseminating examples of best practice both in engagement and reporting.	
11	Explore how to streamline data collection methods and combine processes and systems with consideration to broader informatics work and the context in which national clinical audits sit.	Commissioners and Suppliers of National Clinical Audit	Proposals to streamline data collection and minimise local burden are considered as part of all NCA commissioning at HQIP.  We will continue to do so, and share this responsibility with the HSC IC and the Confidentiality Advisory Committee who also scrutinise data set size and burden.	This will continue to be an HQIP commissioning priority for the future.
12	Consider a range of methods to support the work, including events, networks, and the appropriate allocation of resources. (The benefits of collaborative learning through quality improvement networks were highlighted in the Berwick Review.)	Commissioners and Suppliers of National Clinical Audit	See the response to item 9	See the response to item 9.

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13	<p>Strengthen communication strategies for HQIP and NCA providers to improve engagement, stimulation and recognition of good practice. Consider collaboration on development of a communications and engagement strategy with input from clinical, QI and local audit leads. It should focus on:</p> <ul style="list-style-type: none"> <li>• dialogue with clinical leads, commissioners and medical directors as well as media</li> <li>• the role of national clinical audits and using data for local improvement</li> <li>• celebrating improvements and providing support to manage local and national media</li> </ul>	Commissioners and Suppliers of National Clinical Audit	All NCAPOP audits are required to submit their communications plans to HQIP for consideration and comment.	HQIP aims to review and evaluate the communications plans with a view to achieving an overarching communication and engagement strategy as proposed in this report.

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14	Support clinical audit teams and clinicians to undertake national clinical audit work with a greater focus on ensuring adequate skills and resources, particularly time, are available.	Provider Organisations	Regional training has been provided for clinical audit support staff and clinicians on local improvement using national audit data and there are a number of case studies available on our website demonstrating how improvements have been made to local care using national audit results.	Regional training for clinicians on how to use root cause analysis to interrogate national audit data will take place over December 2014 and January 2015 HQIP will develop training programmes and tools to enhance skills required in national audit data driven improvements through an eLearning programme for boards, clinicians and support staff
15	Support clinicians and audit staff to develop skills in collection, interpretation and presentation of data, as well as quality improvement, change management, and clinical leadership.			
16	Ensure appropriate processes are in place to use national clinical audit proactively in improvement as well as reactively. Compare processes of using national clinical audits to trusts known to be performing well.	Provider Organisations	These processes are addressed in <i>The Good Governance Guide</i> and <i>Board Guide</i> , both available on the HQIP website.  Workshops on achieving local improvement following national clinical audit were successfully delivered earlier this year.	In 2015/16 HQIP will employ a clinical fellow to investigate how HQIP can provide information to Trusts and the CQC on individual Trust level participation and results for the range of audits they participated in across the NCAPOP. This would allow us to extend our understanding of how NCA data can be used proactively on a regular basis by Trusts, commissioners and regulators.

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17	Encourage trusts to share best management practice and integrate it within their quality agenda.	Provider Organisations	See response to item 9.	See response to item 9.
18	Clinicians should have greater ownership of and engagement with NCAs. These may be fostered by increasing understanding of local and national approaches to improve quality and role of audit in the broader development of knowledge and skills for measurement and improvement of quality from undergraduate training onwards.	Front Line Staff	Audit providers are encouraged to tailor communications from the start to specific audiences and be clear on the expectations and benefits for participants. Ownership is supported through establishing appropriate clinical leadership of the audit, clear improvement objectives that resonate with local as well as national priorities, as well as appropriate tools to improve local utility of the data.	A feasibility study into the provision of QI training as part of undergraduate clinical training will be undertaken in 2014/15. This study will help us to develop standards and describe levels of education and training requirements for clinicians throughout their career. The final guidance document will also provide advice and guidance on non-clinical roles within healthcare provider and commissioning organisations.
19	Clinicians should explore available resources to support them in using national clinical audit for improvement including publications, events, and meetings. They should use forums to learn from and share good practice with colleagues both within their organisations	Front Line Staff	See the response 9	We will explore developing an area of the website that provides information and contact details for relevant clinical networks that provide support and tools for quality improvement through national audit and peer review.

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	and across others.			
20	Clinicians, audit staff, and managers need to integrate more to take ownership of and engage with audit. Relationships between the medical director, clinical audit teams, and clinical leads are particularly important	Front Line Staff	Supportive information on this is included in <a href="#">Clinical Audit: A simple guides for boards and their partners</a> and the <a href="#">Good Governance Handbook</a> .  HQIP's annual Clinical Audit Awareness Week which is designed to support Trusts in promoting their clinical audit work programmes.	HQIP's outlier and escalation policy is currently being updated for NCAs including consultant outcome reporting and will further clarify how teams and individuals should work together when concerns around care quality are identified.