

Clinical Audit & Effectiveness Strategy (2016-2018)

This strategy sets out how the Clinical Audit & Effectiveness department will support the core values and strategic objectives at the Northern Devon Healthcare NHS Trust (NDHT).

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Initial draft for comment			
1.0	April 2012	Strategy issued	
2.0	November 2015	Initial version for consultation	CAE Manager
2.1	January 2016	Amended version for consultation and approval Final	CAE Manager

For more information on the status of this document, contact:	
Date of Issue	February 2016
Reference	

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1. Executive Summary

- 1.1. This three year strategy covers the aims of the Clinical Audit and Effectiveness department.

2. Links to Trust strategic objectives

- 2.1. This strategy supports the delivery of the following Trust Strategic Objectives:

✓	Highest Quality	✓	Provider of Choice
✓	Sustainable Services	✓	Efficient & Effective

3. Introduction

The Clinical Audit Strategy sets out how the Clinical Audit & Effectiveness department will support the core values and strategic objectives at the Northern Devon Healthcare NHS Trust (NDHT). The Trust is committed to delivering effective clinical audit in all the clinical services it provides. The Trust sees clinical audit as a cornerstone of its arrangements for developing and maintaining high quality patient-centred services.

It is expected that this strategy will build on previous clinical audit strategies and will support and complement the Quality Improvement Strategy and Quality Improvement Framework.

This strategy will complement the strategic aims of the Trust to ensure:

- We will be recognised for delivering care of the highest quality, measured in terms of clinical effectiveness, patient safety and the patient experience.
- We will ensure access to a sustainable range of services that are delivered locally through established partnerships and clinical networks with other organisations.
- We will maximise the benefits derived from an integrated model of health and social care that provides the right care at the right time in the right place at the level of the individual.
- We will recruit and develop a flexible and multi-skilled workforce fully engaged in turning the vision into a reality.
- We will efficiently and effectively run our services; generating surpluses to reinvest for our local community and underpinning all we do with systems and processes which deliver safe, high quality services.
- We will be the local provider of choice; trusted by the public and commissioners to meet their needs.

Our vision is to provide outcomes which equal or exceed standards in the NHS across all services we provide. With Clinical Audit & Effectiveness, teams will be empowered to base their practice on best available evidence.

When carried out in accordance with best practice standards, clinical audit:

- Provides assurance of compliance with clinical standards.
- Improves quality of care and patient outcomes.
- Evaluates performance in order to support the assurance of quality within the Trust.
- Supports the organisation in building quality into systems and processes through seeking views and experiences of staff and service users to inform planning and future direction.
- Identifies and minimises risk, waste and inefficiency, thus providing best value for money.

This strategy is intended to inform and support all staff working at Northern Devon Healthcare NHS Trust and external parties who have an interest and responsibility for contributing to and overseeing the development, direction and delivery of clinical audit and effectiveness activity within the organisation. This will typically include:

- Trust Board Executive Directors
- Trust Board Non-Executive Directors
- Assistant Directors
- Service Leads/Heads
- Clinical and Specialty Leads
- Divisional and service managers
- Quality Assurance Committee
- Patient Safety Operational Group
- Northern Devon Infection Prevention and Control Committee
- Learning from Patient Experience Group
- Drugs and Therapeutics Committee/ Acute Medicines Working Group
- Risk Management Committee
- Trusts Safeguarding Adults Board
- Joint Safeguarding Children's Board
- CAS Group
- Commissioners
- External agencies (e.g. CQC, NHSLA etc.)

4. Aims and Objectives

The aim of this strategy is to use clinical audit and effectiveness as a process to measure clinical quality at all levels within Northern Devon Healthcare NHS Trust and to deliver demonstrable improvement in patient care over the next three years, creating a culture that is committed to learning and continuous organizational development.

The delivery and adherence to the strategy action plan will be monitored and reviewed by the QAC on a quarterly basis with an annual performance report being presented to the Trust Board. This strategy applies to all members of the Trust with responsibility for undertaking clinical audit and those who are responsible for overseeing the direction and development of clinical audit within the Trust. This strategy applies to all those Heads of Department and Service Leads who need to know that their service is compliant or reaching the quality standard required.

The objectives are supported by the operational plan held by Clinical Audit & Effectiveness.

1. Develop a strong partnership approach across the Trust to support clinical audit and effectiveness activity.
2. To maintain an audit programme and forward plan that reflects organisational need prioritised upon the national clinical audit programme¹, ensuring the timely reporting of outcomes; and a local clinical audit programme based on current best evidence and good practice guidelines, including projects arising from concerns/trends from complaints, adverse or serious incidents and ensures that all activity within the organisation is formally recorded and monitored. The Trust must participate in national audit programmes to quality benchmark services. This data is increasingly used by regulatory bodies, commissioners and patients to benchmark our results/performance with other trusts and other service providers.
3. To promote the activity of Clinical Audit as a tool for monitoring the success/compliance of services or to identify any shortfalls and enable actions to rectify.
4. To ensure NICE guidance in all its forms is disseminated and its implementation is monitored to ensure evidence of clinical effectiveness and implementation/ compliance with best practice guidance. Liaise with the Drugs and Therapeutics Committee (DTC) to ensure effective purpose and engagement in relation to NICE guidance implementation.
5. Link clinical audit to appraisal and revalidation.
6. Develop a robust system for providing appropriate and effective clinical audit status reports to the relevant parties and develop a robust system for non-compliance including, providing monthly exception reports to the Divisional Performance meetings and ensure review is embedded within the division.
7. Develop a process to ensure clinical audit & effectiveness activity in the Trust to ensure there is a central point of information and duplication of activity is avoided.
8. Promote Clinical Audit & Effectiveness expertise to assist staff develop competencies, with support and time to participate in clinical audit.
9. Effectively communicate the outcomes of clinical audit & effectiveness to demonstrate the benefits of clinical audit to internal staff and the public.
10. Develop and foster close collaboration between the CAE Department and Performance team to ensure corporate/trust wide clinical audit reports produce appropriate and effective assurance to the Trust.
11. Establish a coordinated and streamlined approach to patient survey work across the Trust for the CAE Department. In particular consult and collaborate with the Communication and PALS Departments.
12. To ensure organisational compliance with requirements identified within the national quality agenda i.e. CQC, NICE.

¹ HQIP, National Clinical Audit and Patient Outcomes Programme (www.hqip.org.uk)

5. Organisational 'fit'

It is important that clinical audit is not seen as an isolated quality improvement activity but as one of a set of tools which teams and services can use to improve the quality of care that is delivered to service users and their carers. It is also important to consider the links to wider quality and governance frameworks that exist.

It is an expectation that staff employed by NDHCT and involved in providing care for service users/patients will participate in clinical audit on a yearly basis.

Clinical audit (as a body of work) should contribute to the delivery of the Trusts corporate objectives and its overall vision for:

- Clinical governance (the framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish)².
- Corporate assurance (including the Care Quality Commission (CQC) – Essential Standards³, meeting the statutory and mandatory requirements for clinical audit set out in the clinical audit policy.
- Integrated governance (systems, processes and behaviours by which organisations lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients, carers, the wider community and partner organisations)⁴.
- Quality improvement and assurance including quality accounts.
- Patient engagement/involvement either indirectly through the use of patient experience surveys/questionnaires or issues/trends highlighted by patient complaints or directly through participation of identified individuals on project steering/focus groups or patient forums.

For the Trust as a provider organisation, clinical audit activity should reflect commissioners' requirements and aspirations, for example:

- Evidence for commissioning with regards to contractual requirements on locally agreed measures to encourage quality improvement such as Commissioning for Quality and Innovation (CQUIN) targets, which link income to the achievement of local quality improvement goals.

² Scally G, Donaldson LJ. Clinical governance and the drive for quality improvement in the new NHS in England. *BMJ* 1998;317:61–5.

³ Essential Standards of Quality and Safety, Care Quality Commission, March 2010. (<http://www.cqc.org.uk/standards>)

⁴ Deighan M, Bullivant J. Integrated Governance Handbook: A Handbook for Executives and Non-executives in Healthcare Organisations. London: Department of Health; 2006.

Other areas which drive clinical audit in the Trust include:

- Information Governance (IG), which ensures that clinical audit practice, meets the requirements of IG best practice.
- Research and development (R&D); working arrangements exist between the clinical audit and R&D department with open communication to clarify details over projects e.g. where doubt exists about whether a project is audit, research or service evaluation.

The choice of clinical audit topics supports other key streams of governance and quality activity derived from:

- Clinical effectiveness and evidence-based practice.
- Clinical risk management/patient safety topics in response to concerns highlighted by adverse patient safety incidents.
- Complaints and other forms of patient feedback.

Conclusion

This document establishes a firm strategy for the development of the Clinical Audit & Effectiveness function within the Trust, by building on the solid foundation of achievements from a small, but dedicated team of staff.

In order to succeed, this strategy will need the commitment and engagement of staff at all levels throughout the Trust.

6. References

¹ HQIP, National Clinical Audit and Patient Outcomes Programme (www.hqip.org.uk)

² Scally G, Donaldson LJ. Clinical governance and the drive for quality improvement in the new NHS in England. *BMJ* 1998;317:61–5.

³ Essential Standards of Quality and Safety, Care Quality Commission, March 2010. (<http://www.cqc.org.uk/standards>)

⁴ Deighan M, Bullivant J. *Integrated Governance Handbook: A Handbook for Executives and Non-executives in Healthcare Organisations*. London: Department of Health; 2006.

7. Associated documents

7.1. Associated Policies with this strategy:

- [Clinical Audit & Effectiveness Policy](#)
- [NICE Guidance Implementation Policy](#)

APPENDIX A - ACTION PLAN

	Objective	Action	Lead	Timeframe
1	To develop a strong partnership approach across the Trust to support clinical audit and effectiveness activity.	Continue to develop working relationships within Divisions to strengthen partnership/collaborative working.	Clinical Audit & Effectiveness Manager	Ongoing
2	To maintain an audit programme and forward plan that reflects organisational need prioritised upon the national clinical audit programme , ensuring the timely reporting of outcomes; and a local clinical audit programme based on current best evidence and good practice guidelines, including projects arising from concerns/trends from complaints, adverse or serious incidents. The Trust must participate in national audit programmes to quality benchmark services. This data is increasingly used by regulatory bodies, commissioners and patients to benchmark our results/performance with other trusts and other service providers.	To develop a robust pro-active plan built upon national audit, national agendas, lessons learnt and best practice.	Clinical Audit & Effectiveness Manager	Apr-16
3	To promote the activity of Clinical Audit as a tool for monitoring the success/compliance of services or to identify any shortfalls and enable actions to rectify.	Publicise the Clinical Audit team and the requirement that all audits are registered with the CAE team.	Clinical Audit & Effectiveness Manager	Apr-16
4	To ensure NICE guidance in all its forms is disseminated and its implementation is monitored to ensure evidence of clinical effectiveness and implementation/ compliance with best practice guidance. Liaise with the Drugs and Therapeutics Committee (DTC) to ensure effective purpose and engagement in relation to NICE guidance implementation.	Continuous review of new NICE guidance issued, ensuring compliance where relevant is evidenced.	CAE Team	Ongoing
5	To link clinical audit to medical staff appraisal and revalidation.	Liaise with Medical Director to ensure there is a process in place to link clinical audit activity to appraisal and validation.	Clinical Audit & Effectiveness Manager	Aug-16

6	Develop a robust system for providing appropriate and effective clinical audit status reports to the relevant parties and develop a robust system for non-compliance including, providing monthly exception reports to the Divisional Performance meetings and ensure review is embedded within the division.	Obtain feedback from divisions to ensure reporting is acted upon and is fit for purpose. Attend Divisional Performance meetings to ensure Clinical Audit forms part of the agenda and liaise with Divisions to ensure it is embedded within working practice.	Clinical Audit & Effectiveness Manager	Nov-16
7	To ensure there is a central point of audit activity in order to avoid duplication.	Publicise the Clinical Audit team and the requirement that all audits are registered with the CAE team.	Clinical Audit & Effectiveness Manager	Apr-16
8	To promote Clinical Audit & Effectiveness expertise, and assist staff to develop competencies, with support and time to participate in clinical audit.	Publicise the Clinical Audit team and the service they provide. CAE team to provide support and training for staff.	Clinical Audit & Effectiveness Manager	Apr-16
9	To effectively communicate the outcomes of clinical audit & effectiveness, to demonstrate the benefits of clinical audit to internal staff and the public.	Produce an annual report of Clinical Audit activity, hold celebration days/events for successful projects/audits.	Clinical Audit & Effectiveness Manager	Jun-16
10	To develop and foster close collaboration between the CAE Department and Performance team to ensure corporate/trust wide clinical audit reports produce appropriate and effective assurance to the Trust.	Liaise with Performance to ensure reporting is acted upon and is fit for purpose.	Clinical Audit & Effectiveness Manager	Jul-16
11	To establish a coordinated and streamlined approach to patient survey work across the Trust. In particular consult and collaborate with the Communication and PALS Departments.	Work in collaboration with the PALS and Communications departments to ensure a streamlined approach and awareness of potential cross over.	Clinical Audit & Effectiveness Manager	Aug-16
12	To ensure organisational compliance with requirements identified within the national quality agenda i.e. CQC, NICE.	Continuous horizon scanning for national requirements.	CAE team	Ongoing

APPENDIX C - EQUALITY IMPACT ASSESSMENT SCREENING FORM

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			X	
Disability			X	
Gender			X	
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			X	
Pregnancy			X	
Maternity and Breastfeeding			X	
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	