Clinical Audit and Effectiveness Strategy 2016-2019
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1. Introduction

The Trust’s Strategic Aims include the delivery of high quality, safe and effective services, which require a determined and persistent focus on the effectiveness of the care we provide for patients and the outcomes our services achieve.

**Humber Trust Strategic Aims:**

- Deliver high quality, safe and effective services
- Prioritise prevention, early intervention, recovery and rehabilitation
- Integrate health and social care, mental and physical health and well-being and involve patients and carers in managing their care
- Listen to and actively engage our patients and service users and their carers and families in the development, delivery and evaluation of the services we provide.
- Maintain a sustainable business to ensure that we can continue to care in the future

This Clinical Audit and Effectiveness Strategy sets out the Trust’s commitment to deliver:

- high quality care and achieve excellent outcomes
- cost-effective clinical services that ensure care is both effective and sustainable
- The Quality & Clinical Governance Development Plan 2015-16 and beyond
- Commissioning for Quality & Innovation (CQUIN) targets
- The Trust’s Quality Accounts
- The NHS Outcomes Framework
- Regulatory requirements, including those of: the Care Quality Commission, Monitor and the NHS Litigation Authority.

Our Vision for 2016-19 is to develop, provide and audit the outcomes that provide assurance of clinical quality across all the services we provide. This will be achieved by ensuring we implement *the right things, in the right way*; making sure our teams base their practice on the best available evidence.

Where indicated best practice will utilise evidence of cost effectiveness to ensure better use of resources. Evidence of cost effectiveness will be taken from established resources such as National Institute for Health and Care Excellence (NICE) guidance and clinical cost effectiveness trials.

Achieving the best outcomes requires us to provide care that is safe and effective and we want to do this in a way that provides the best possible patient experience. This strategy focuses on the identification and implementation effective care and the use of audit to evaluate practice. We acknowledge the importance of the safety and patient experience and have developed a complementary and interdependent Patient Safety Strategy.

We recognise that we must recruit and retain skilled, competent and trained staff, ensuring their development needs are met to support the development and implementation of evidence-based care. The development of leaders at all levels will help ensure the Trust has individuals in place to actualise improved patient outcomes.
To deliver this strategy we know it is vital to involve those who use our services, those who commission our services and the public in our improvement programme and across all aspects of our clinical effectiveness.

Sustainable improvement occurs when there are agreed priorities, measurement and where there is clear leadership. This strategy sets out the priorities and focus for the next three years; it identifies how success will be measured and the elements required to drive the strategy forward. The five central themes of this strategy are:

1.0 Practice is based on the best available evidence
2.0 Utilisation of clinical audit to improve our services
3.0 Utilisation of outcome measures to inform us, our patients, the public and commissioners on our performance
4.0 Innovation to improve outcomes in a safe and sustainable way
5.0 Organisational Learning from incidents and near misses to improve the quality of our services

2. Practice is based on the best available evidence

NICE quality standards set out the way care should be provided and these standards will increasingly be used to hold our Trust to account for the care we provide. This strategy ensures that we put into practice the evidence set out in NICE guidance. The Trust will continue to evaluate the care we provide against that set out in NICE guidance. The process of audit and evaluation will identify a programme of improvement for services and teams. Where there is evidence of a gap in practice, which depends on investment, we will work closely with our commissioners to support the identification of resources to implement NICE guidance.

In the absence of NICE guidance and quality standards high quality evidence taken from implementation research trials, randomised clinical trials, systematic reviews and meta-analysis will be considered by clinical leaders within teams to ensure care follows best and current practice.

National Confidential Enquires look at broad areas of practice, assess how the NHS is performing and then provide recommendations to ensure improvement. We are committed to submitting data to these, assessing our performance against recommendations and addressing shortfalls.

In supporting these objectives for ‘implementing evidence into practice’ it is vital our staff know how to access information regarding evidence based care and have the appropriate resources to do so. Increasingly we will use technology to support staff and patients in
accessing the information they need requiring collaboration with Library Services, Medicines Information, the Trust's Information, Communication and Education & Training teams.

2.1 Objectives:

- Ensure that NICE guidelines are appropriately reviewed and implemented into clinical practice
- Assess our performance and compliance against existing NICE guidance using NICE baseline and audit tools. Where NICE standards are not defined unique clinical audits protocols and standards will be developed to assess clinical performance, which capture the patient experience
- Meet or requirements of NICE quality standards and report on these on a regular basis.
- Ensure the workforce has the skills to access evidence required for their practice and the resources to do so.
- Contribute to all National Confidential Enquiries (NCE) where these are relevant to the care we provide.
- Ensure that trust guidelines are fit for purpose – including, Clinical Care Pathways, Medicines Information, prescribing guidelines, using patient experience to inform practice development

2.2 Monitoring our progress:

- A sub group of the Clinical Audit and Effectiveness Committee will be formed to oversee the implementation of NICE guidance. An action plan will track the implementation of guidance
- The use of the Quality Visits and clinical audit plan, which will include NICE Quality Standards, will assess the implementation of NICE guidance
- Training needs will be identified through the review of NICE guidance and inform training plans for Care Groups
- Care Groups and services will identify leads for NICE guidance to ensure the relevant programme of NICE guidance is cascaded and implemented

3. Use the clinical audit programme to improve our services

Clinical audit is a way to find out if the care we are providing is in line with recognised standards. We aim to expand a programme of clinical audits across the services to include the use of NICE quality standards and Care Quality Commission (CQC), Key Lines of Enquiries (2015). We will use the themes emerging from serious incidents, adverse events and recorded complaints to fully inform this programme of clinical audit.

The results of our clinical audits will inform those who use our services, and those who commission our services, where we are meeting standards, and where improvements plans are required. The aim is to allow quality improvement to take place where it will be most helpful to the improvement of outcomes for patients.

3.1 Objectives:
• Regularly review and refresh the Trust’s audit policy to ensure the policy meets the requirements for clinical audit registration, review and dissemination
• Ensure there is a programme of clinical audit reviewed on an annual basis adopted across all the services within the organisation that focuses on NICE quality standards, CQC Key lines of Enquiry or local priorities drawn from serious incidents, adverse events or recorded complaints.
• Identify and deliver the relevant clinical audits from the National Clinical Audit and Patient Outcomes Programme
• Develop and initiate a programme of “Quality Visits” across the services of the Trust which utilises clinical audit and service evaluation to identify areas of best practices and elements for improvement and development
• Support the evaluation of clinical audit action plans to ensure improvements are addressed systematically
• Support the Integrated Governance and Audit Committee in scrutinising the Clinical Audit Programme to ensure improvements we make are sustained
• Provide assurance on clinical performance where we are meeting standards

3.2 Monitoring our progress:

• A sub group of the Clinical Audit and Effectiveness Committee will be formed to oversee the implementation of the Annual Clinical Audit Plan. An action plan will track the progress of the Clinical Audit plan
• Care Groups and services will identify leads for Clinical Audit to ensure the relevant audits are implemented.
• The recommendations from clinical audits will be used by the Care Groups to develop service models and interventions

4. Use outcome measures to inform us, our patients, the public and commissioners on our performance

At a time of accountability information regarding clinical outcomes plays an important role in clinical decision-making. Routine use of outcome tools allows services across the Trust to assess trends in groups of patients or specific interventions/care pathways. NICE guidance for specific clinical conditions provides information on the use of validated tools to support the measurement of clinical outcomes. If appropriately embedded into practice outcome tools and methods will produce information that enhances the quality of care.

What are healthcare outcomes?

“What healthcare outcomes measure the end result of what happens to patients as a consequence of their encounter(s) with the healthcare system”

(Krousel-Wood, 1999)

1 Validity is the extent to which an instrument measures what it is supposed to measure and performs as it is designed to perform.
Integrating the use of clinical outcome tools within the development of clinical care pathways for common clinical conditions for which we provide care will allow the Trust to:

- focus on the delivery of evidence-based care
- define the agreed standards of care for staff and trainees
- inform patients and their carers regarding choices of treatments available
- support consistency in the delivery of care
- use outcome tools to measure the effectiveness of these interventions.

A development programme of clinical care pathways that utilises outcome tools will support the integration of NICE guidelines and clinical audit.

To support these objectives it will be required to work with our staff on how to best implement and record clinical outcomes, which requires collaboration with our Performance Management Teams, Information Technology Services and Education & Training teams.

4.1 Objectives:

- Use NICE guidance together with clinical information to develop a programme of clinical care pathways for common clinical conditions for each Care Group. Each clinical care pathway will outline clinical standards, the measurement of clinical outcomes, patient experience and the methods for collection and recording of care.
- Ensure that the development of clinical care pathways actively involves the participation of patients and carers in their development
- Clinical care pathways will be used to benchmark clinical practice that will be measured through the clinical audit cycle

4.2 Monitoring our progress:

- The sub-group of the Clinical Audit and Effectiveness Committee will report on the uptake of clinical outcome tools
- Clinical pathways will define the outcome tools that are used to monitoring clinical outcomes
- Clinical audits will use metrics from clinical outcome to measure change scores in patient groups receiving care and interventions

5. Innovate to improve outcomes in a safe and sustainable way

Innovation and the introduction of new interventions and technologies are key drivers for quality improvements that will include the safe introduction of new devices, procedures and protocols. To ensure our practice is current and developing in accordance with the future needs of our patients there is a need to look elsewhere within the NHS and research to identify innovation that will help transform care. There is emerging evidence that those Trusts involved in research achieve improved outcomes for patients throughout the organisation through the adoption of a learning and developing culture to innovative practice.

5.1 Objectives:
• Develop a network that utilises expertise and findings from Academic Health Science Networks (AHSN), Collaboration for Leadership in Applied Health Research and Care (CLAHRC), NHS providers and research institutions to help identify future best practice that meets the needs of our patients
• With Clinical Care Groups and Clinical Networks to review the process and procedures for the safe introduction innovative practice and devices
• Work closely with the Research & Development Team to ensure services are research ready and able to participate in clinical research and best practice projects that will assist in the translation of research into practice.

5.2 Monitoring our progress:

• The Clinical Audit and Effectiveness Committee will report on the engagement of the Academy for Health Improvement, Academic Health Science Networks (AHSN) and Collaboration for Leadership in Applied Health Research and Care (CLAHRC) across our services
• The Clinical Audit and Effectiveness Committee and the Research and Development Committee will jointly report on the implementation of Research across the trust

6. Organisational Learning from incidents and near misses to improve the quality of our services

Responding appropriately to findings from incidents, errors and near misses is an essential element of quality improvement. The review of risks is a priority for our organisation and overseen by the weekly Clinical Risk Management Group (CRMG). CRMG provides a high level of scrutiny and oversight of incidents and the Organisational Learning Report (OLR) to ensure learning and change occurs as a result of incidents, errors and near misses. Whilst the Patient Safety Strategy 2016-2018 is aimed at reducing incidents information gleaned from Serious Incidents, Significant Event Analysis and reports to our risk management system (i.e. Datix) provides an opportunity for us to learn from and develop the quality of our interventions, services and processes.

6.1 Objectives:

5.1 Programmes of audit and review will be developed to support organisational learning arising from serious incident, significant event analysis, errors and near misses.
5.2 Findings from audits and reviews will be used to support Clinical Care Groups and Clinical Networks in identifying clinical and service priorities.

6.2 Monitoring our progress:

• Completion of the OLR action plans will be monitored and reported to CRMG and QPaS
• Recommendations from specific audits and reviews (i.e. Mortality Review) will be reviewed and action plans will be developed where needed. These action plans will be monitored for completion and reported on.

7. Underpinning activity

To achieve the four themes described above we need to ensure we have appropriate policies, systems of recording and reporting on our performance, providing education and training to staff to assure the Board and external agencies that systems work effectively. The Clinical Audit and Effectiveness Committee will oversee this Strategy and report progress through Quality and Patient Safety Committee (QPAS).

• Maintain up to date supporting policies and processes to meet the Trust’s needs and regulatory requirements
• Collate evidence to provide assurance for QPAS and ultimately for the Trust Board and for commissioners and the public we serve
• Share good practice using internal and external systems of communication to reach staff and patient groups, the Trust Board and commissioners and the public we serve

8. Priorities and Plan for 2016-17

Each year work streams will be determined by a combination of data and information. The objectives identified within this strategy reflect national priorities and those priorities for quality improvement and patient safety set by the organisation through the Quality and Patient Safety Committee (QPAS) and evidenced in the Quality Improvement Annual Plan. The QPAS is jointly chaired by the Director of Nursing and Medical Director, which ensures the objectives and priorities set out in this clinical audit and effectiveness strategy are approved at the highest level within the organisation.

Each work stream will have an identified lead, an annual work plan of action with key indicators to measure their successful delivery.

8.1 Review and implement an improvement plan related to the review of NICE Guidance which includes;
• A gap analysis of NICE Guidance
• A review of evidence relating to the adoption of NICE guidance (i.e. Clinical audits, care pathways, procedures, protocols, etc)
• Development of a monthly multi-disciplinary process which reviews the receipt of all new NICE guidance and identifies action and work plans required to evidence compliance with new guidance. This process will also monitor the progress of action and work plans
• The continued development of a programme of clinical care pathways most relevant to the needs of the patients in the four care groups. These care pathways will include the adoption of clinical outcome measures

8.2 Develop and implement an annual programme of clinical audit across the four care groups which target priority clinical conditions or clinical settings and focus on the
use of NICE Quality Standards and Care Quality Commission Key lines of enquiry, this will include;

- Strengthening the review process to ensure that all actions identified in clinical audits are followed through and improvements achieved.
- Programme of “Quality Visits” across clinical services within the Mental Health Care Group.
- The publication of Annual Clinical Audit Report and Annual Clinical Audit Conference where findings are shared with staff and patient groups, the Trust Board and commissioners and the public we serve.
- A programme of reviewing deaths, “Mortality Review” will be undertaken to establish themes and learning to inform the development of services and practice.

8.3 Review and strengthen the education and training programme to support the development and implementation of evidence-based care and clinical audit within services and team; this will include:

- Identification of training needs amongst staff groups to support the programme of improvement and review of the existing training programme to support the acquisition of appropriate skills.
- Identification of skilled and trained staff within the Nursing and Quality Directorate and Clinical Care Groups who will support services and teams in the development evidence-based practice and clinical audit.
- Review access to evidence-based resources for staff to support the attainment of appropriate information and literature that enhances critical thinking and critical appraisal of care.
- Identification of protected time for learning and continued professional development across all teams and services that prompts the development and adoption of evidence-based practice.

8.4 Ensure that outcome measurement is integrated into IT systems to ensure metrics can be utilised by staff to inform practice.

9. Responsibility for delivery of the Strategy

The Medical Director and the Director of Nursing have overall executive responsibility, on behalf of the Board, for the delivery of this strategy on behalf of the Trust Board. The Medical Director and Chair of the Clinical Audit and Effectiveness Committee and Deputy Director of Nursing and Quality have designated responsibility for overseeing each aspect of the key themes identified within the strategy to ensure that they are delivered and monitoring performance.

The Trust’s Clinical Audit & Effectiveness team has responsibility for:

- Overseeing the audit programme and in particular the trust wide audits.
- Maintaining data bases for NCE, NICE, and others as required.
- Distribution of key documents such as new NCE reports.
- Appointing clinical leads for NCE, NICE quality standards, NICE guidance.
- The Clinical Audit and Effectiveness Committee meeting.
- The annual Clinical Audit and Effectiveness report and conference.
- Maintaining and monitoring policies pertaining to Clinical Audit and Effectiveness.
- Provision of expert advice related to Clinical Audit and Effectiveness.
The **Chief Operating Officer** and **Care Group Directors** have responsibility for ensuring that action is taken against the work streams, setting ‘local’ priorities, delivering local audit programme and ensuring relevant NCE, NICE guidance and NICE quality standards are met.

**Clinical Care Group Directors and Associate Medical Directors** are key in supporting communication of this strategy and will support the Care Groups in ensuring Clinical Networks address clinical audit, effectiveness and outcomes.

Members of the Clinical Networks will act as champions for clinical audit and effectiveness activity, scrutinise audit proposals and ensure audit cycles are completed; they will work with the Clinical Audit and Effectiveness Team to ensure outcome measures are utilised.

The **Chief Pharmacist** has a particular role in ensuring NICE technology appraisals for medicines are considered and implemented.

**10. Implementation & Monitoring**

The Clinical Audit and Effectiveness Committee (CAEC), which reports to the Quality and Patient Safety Committee is responsible for the delivery of this strategy and ensures leads are identified and timescales are monitored. The CAEC has a monthly sub-group, NICE and Clinical Audit Review Group, which monitors progress of clinical audit and NICE guidance implementation. Quarterly reports related to Clinical Effectiveness are incorporated in the Director of Nurse’s Report to the Board, which will include progress on this strategy.

**11. Related strategies**

This strategy should be read in conjunction with the suite of new strategies that have been developed aimed at the delivery high quality, safe and effective care across our organisation, these include:

- Patient and Carer Experience Strategy 2016-2018
- Patient Safety Strategy 2016 – 2018
- Research Strategy 2015 - 2017

**12. Summary**

This document is one of a suite of new strategies which supports the delivery of evidence-based care to underpin safe and effective care for those who use our services. The strategy supports the continued programme of improvement which is led by the Quality and Patient Safety Committee. This Strategy will be reviewed and refreshed in quarter 4 2018/19 when progress will be measured and new priorities established. The delivery of the strategy across all our services relies on the commitment and efforts of all within teams, care groups and the wider organisation. Working together to deliver this shared vision of clinical audit and effectiveness provides the best opportunity to ensure those we care for receive the right care, in the right way by the right people. We must remember delivering care is not enough; we must aspire to do deliver the best possible care each and every time.