

Clinical Effectiveness and Audit Strategy 2022-2025

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Target Audience	This revised strategy applies to all services and is of relevance to all clinical staff, including students and those on research contracts, who have responsibility for providing care to patients and service users.
Subject category:	<p>Please delete all that do not apply (you can select more than one if appropriate):</p> <p>Managerial (non-clinical)</p>
Summary	The aim of this strategy is to develop a robust framework for clinical effectiveness and audit activities which supports the delivery of the Trust's wider strategy for clinical quality and achievement of the Trust's core business objectives.

Commencement of Consultation Date July 2022

Consultation History:

The following Committees, groups or individuals have been consulted in the development of this version of this policy:

Name:	Date:
Clinical Effectiveness Committee	05/07/2022 and 06/09/2022
Associate Director of Clinical Governance	05/07/2022
Clinical Audit Network members	05/07/2022
Divisions via divisional audit leads	July 2022
Medical Director	August 2022
Quality and Assurance Team	August 2022
Quality and Safety Executive	September 2022

Version History

Version No.	Lead	Date Change Implemented	Reason for Change
Version 1	Tracy Millar	12/12/2014	New for BCHC
Version 2	Tracy Millar	16/10/2019	Update of Version 1
Version 3	Tracy Millar		Update of Version 2

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1. Introduction

Vision, values, strategy



[Birmingham Community Healthcare's new vision, values and strategy](#) set out what matters most to us as a specialist provider of community healthcare and are designed to equip us to meet the needs of all the communities we serve. We have set out a common vision, a set of shared values and the strategic objectives that will underpin our work over the next three to four years as we work together to become '[Fit for 2022](#)' and beyond.

Our Vision

Firstly, our vision can be summed up as '**Best Care: Healthy Communities**'. BCHC exists to provide the **Best Care** possible to support the people who use our services, many of whom are among the most vulnerable in our society, to live well in **Healthy Communities**.

This strategy is intended to support teams in delivering the best care to the population served by BCHC. This vision is directly linked to the [Birmingham & Solihull STP's 'Live Healthy; Live Happy'](#) strategy and also supports the objectives of the [Black Country & West Birmingham STP](#). This vision is rooted in the communities we serve and in approach to service delivery based on Birmingham's five localities of approximately 250,000 people and neighbourhoods of approximately 50,000 people. It commits us to working closely with our local partners to do this successfully. It also recognises the importance of the services we deliver on a Black Country and wider regional footprint to the future success of the trust.

Through our [Healthy Communities Strategy](#) we have been thinking about how at BCHC we can make an impact in reducing the inequalities in health outcomes that we see in our city. The City Council's Public Health Team have recently published five [locality health profiles](#) and a series of [community health profiles](#). The locality health profiles provide demographic and health and wellbeing information for our five localities and are also accompanied by district and ward profiles for a closer look at a smaller population. The community health profiles look at the health and wellbeing needs of particular communities across the city and provide a really important source of information about the health of the people we are here to care for.

The four Trust strategic objectives are

- ❖ **delivering safe, high quality care**
working with the people we care for, their families and our partners to deliver the best possible outcomes and experience;
- ❖ **creating a great place to work**
creating a great place to work and learn enabling our colleagues to be the best that they can be;
- ❖ **providing integrated care in communities**
working with our partners to support people to live healthy in their communities;
- ❖ **making good use of resources**
getting the best from our people, technology, information, estates and money.

By fulfilling our strategic objectives, guided by our values, we can achieve our vision.

Justification for Clinical Audit and Effectiveness

This is the Clinical Effectiveness and Audit Strategy for Birmingham Community Healthcare NHS Foundation Trust (BCHC). It aligns to the Trust's Vision, Values and Strategy and the Fit for 2022 Improvement Programme. It also builds on the previous Strategy and reflects the current government directives for Community Trusts as described in the NHS Long Term Plan.

Birmingham Community Healthcare NHS Trust (hereafter known as the Trust) recognises the importance of clinical effectiveness and audit in the wider context as part of the Trust's vision for quality described within the Trust's Clinical Quality Governance Framework and supporting strategies and is committed to supporting delivery of the clinical effectiveness and audit strategy across all services.

This will be delivered by promoting a culture, within context of the Trust's vision and values, which provides high quality, safe, effective care based on best practice standards, achieves the best possible clinical outcomes for patients and recognises the importance of placing care and compassion for patients and their carers at the heart of everything we do. This will be undertaken in the context of the overarching Trust strategy of Fit For 2022.

Clinical audit is a vital tool which facilitates improvements in the quality of clinical care within the NHS. The Health and Social Care Act (2010) Regulation 10, CQC Outcome 16 places a requirement for Trusts to 'Assess and monitor the quality of service provision and this includes "gathering information about the safety and quality of their service from all relevant sources including audits' and using 'the findings from clinical and other audits, including those undertaken at a national level to ensure that action is taken to protect people who use the services from risks associated with unsafe care, treatment and support' (CQC 2010, p147).

Recognising the spectrum and range of services we have and in context of national learning from external enquiries/inquiries (the Ockenden Maternity Review, Mazers Report, Mid Staffs, LeDer, Liverpool Community Trusts Review, Winterbourne, the Keogh review) and more local learning (e.g. from Serious Case Reviews / Domestic Homicide Reviews) the importance of clinical audit as an independent quality assurance tool for Trust Boards which enables members to assess and monitor the quality of service provision has been recognised.

Clinical audit and effectiveness are integral elements of the Care Quality Commission's inspection process which emphasises the importance of focusing on patient's interests and ensuring services are safe, effective, caring, responsive to peoples' needs and well led. Ultimately the Trust's audit programme aims to provide assurance in relation to these core domains.

Audit activities and outcomes from completed projects demonstrate the quality of care provided by the organisation is being monitored and improved where necessary.

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

- Provides assurance of compliance with clinical standards
- Identifies and minimises risk, waste and efficiencies
- Improves the quality of care and patient outcomes

The Trust is committed to ensuring that clinical audit delivers these benefits and has adopted a policy on the governance and practice of clinical audit which applies to all staff BCHC Clinical Audit Policy CH 463.

Clinical effectiveness is a key driver of quality improvement through a process of establishing, delivering and evaluating the effectiveness of care provision. Part of this process will provide staff with the opportunities for training and development by the sharing of best practice and by facilitating multidisciplinary and partnership working with patients, public and organisations that share or support our services.

The Trust will continue to develop a framework that identifies, assesses and improves the clinical and cost effectiveness of our services. This will reduce variation of practice and duplication of effort and support excellence in all areas of clinical practice.

The Clinical Effectiveness Committee will be responsible for monitoring the effectiveness and application of evidence-based practice through reporting of clinical audit, clinical outcomes, benchmarking and other agreed initiatives.

The Trust aspires to achieve 'universal participation' by staff in the clinical audit and effectiveness agenda and believes this can most effectively be achieved by fostering a multi-disciplinary approach to audit to maximise opportunities for shared learning and foster a culture of continuous quality improvement.

Achieving the objectives set out in this strategy will ensure that the Trust Clinical Audit Policy is implemented and effective, resulting in sustained improvements to the quality of care provided to people accessing BCHC services.

2. Purpose

The aim of this strategy is to develop a robust framework for clinical effectiveness and audit activities which supports the delivery of the Trust's wider strategy for clinical quality and achievement of the Trust's core business objectives.

The purpose of this document is to:

- i) Describe our clinical effectiveness and audit strategy and seek active personnel or financial support where required.
- ii) Demonstrate how the clinical effectiveness and audit strategy aligns to the Trusts Vision, Values and Strategy and Fit For 2022 Programme.
- iii) Outline and justify the essential steps required to gain Trust-wide support for this ambitious strategy to be achieved.

3. Scope

This strategy will require whole organisation engagement plus external collaboration. It has undergone consultation across corporate services, divisional groups and a selection of external stakeholders.

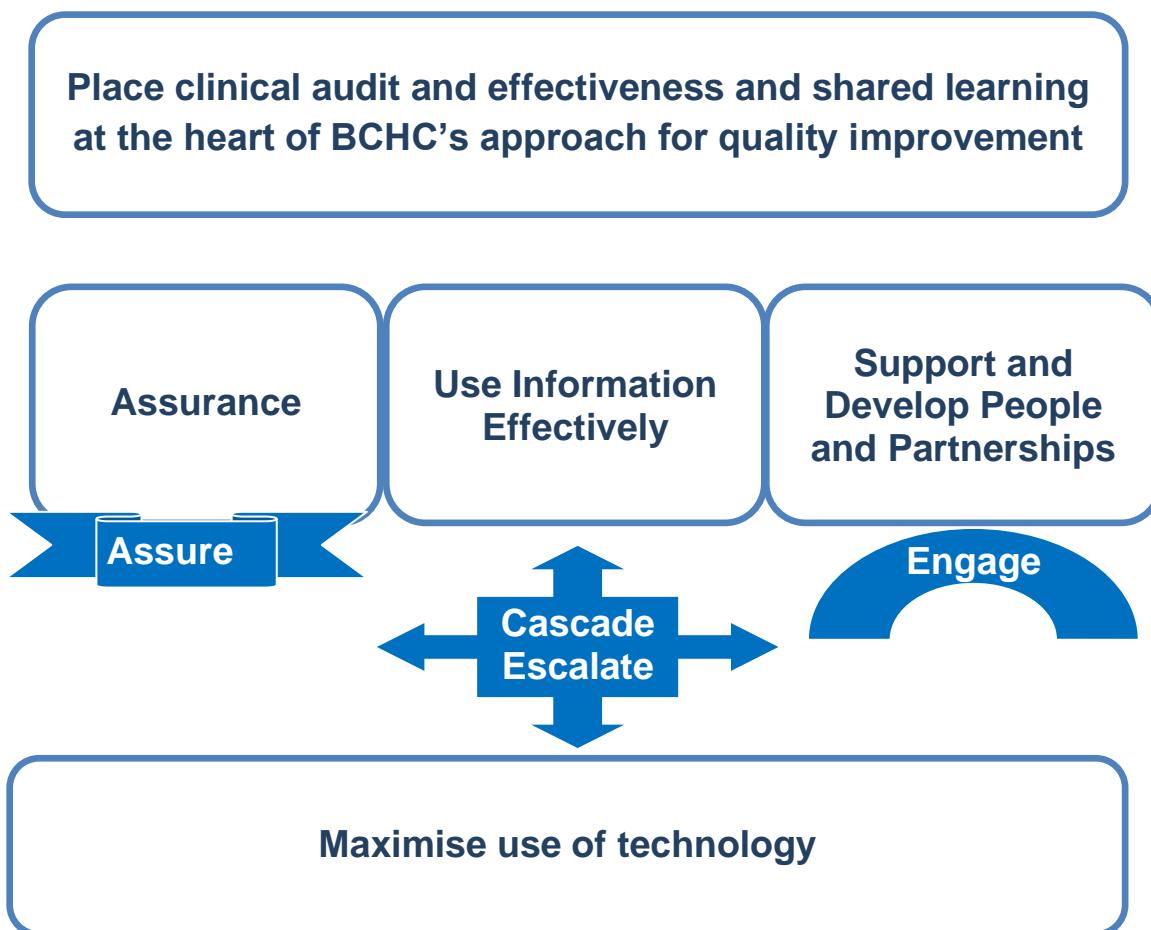
3.1 Strategic Themes

This strategy describes how the clinical effectiveness and audit work-stream will be taken forward across the Trust over the next four years.

The five core strategic themes are:

- ❖ Place clinical audit and effectiveness and shared learning at the heart of BCHCs approach for quality improvement.
- ❖ Assurance – ensure we have a programme which provides intelligence and robust intelligence in relation to the quality of services.
- ❖ Use information effectively
- ❖ Support and develop people and partnerships
- ❖ Maximise use of technology

The strategic themes, accompanying objectives and forward implementation plan are intended to support the implementation of all four Trust strategic objectives in differing ways



5. Core Objectives

Place Clinical Audit and Effectiveness at the heart of BCHCs approach for quality improvement.

- ❖ Share the learning locally and where opportunity presents regionally and nationally.
- ❖ Ensure clinical audits, service evaluations and clinical outcomes based on evidence based practice are used appropriately as some of the tools available to support the Trusts internal approach to ensure patient safety and take forward quality improvements.
- ❖ Develop an approach which gives clear visibility of those quality improvement projects which include an element of clinical audit/service evaluation.
- ❖ Ensure governance processes are followed for registration of all clinical audit and service evaluation activities including re-audits as per Trust Clinical Audit and Service Evaluation Policy.
- ❖ Develop capacity and capability within corporate teams and divisions to maximise use of Smart Survey to support data collection, analysis and reporting of results for clinical audits and service evaluations associated with corporate and divisional

Assurance

- ❖ Fulfil legislative and statutory/contractual requirements identified as relevant to the clinical effectiveness and audit work-stream.
- ❖ Provide assurance in relation to organisational compliance with relevant CQC Outcomes.
- ❖ Ensure the clinical audit programme contributes to implementation of the Trust's strategic objectives, Fit For 2022 Programme, and clinical strategies.
- ❖ Use clinical audit / service evaluations where appropriate as a control mechanism to minimise risks on the Board Assurance Framework and identified high level clinical risks on the risk register as well as compliance with Trust policies and procedures.
- ❖ Maintain a prioritised audit programme which reflects national priorities and remains responsive to significant issues and concerns of the organisation.
- ❖ Maintain a robust governance framework for clinical effectiveness and audit activities monitoring systems and processes to provide assurance of their effectiveness (clinical audit, NICE and Research and Innovation).
- ❖ Use the outcomes of clinical audits to provide assurance about the effectiveness and quality of services and action taken to improve service quality both internally and to external bodies where required.
- ❖ Oversee Trust strategies for Clinical Effectiveness and Audit, Research and Innovation, NICE, clinical outcomes (including the work of associated sub groups and associated annual reports).
- ❖ Act as a forum for sharing of cross divisional reports on clinical effectiveness and audit activities and associated learning.
- ❖ Assure quality of library provision annually against the Library and Knowledge Services (LKS) Quality and Improvement Outcomes Framework.
- ❖ Provide assurance to people using our services that they are safe and of a high quality.

Use Information Effectively

- ❖ Ensure timely and relevant information about clinical audit and effectiveness activities and outcomes are made available from Board to Ward to support patient safety.
- ❖ Foster close collaboration between the clinical audit department and other teams in the Trust ensuring the objectives in this strategy have a good organisational fit with other planned work programmes for organisational development e.g. patient safety, mortality and deteriorating patient, NICE, R&I, the Library and Learning and Development.
- ❖ Ensure clear processes in place for escalating concerns arising from audit and prioritising the forward audit programme.
- ❖ Promote broad engagement in developing the clinical audit programme and ensure activities focus on agreed priorities for quality making use of local information about quality (e.g. complaints, incidents, identified risks, patient safety/mortality data, patient experience feedback, quality improvement projects).
- ❖ Use audit findings to seek opportunities for improvement in clinical and cost effectiveness.
- ❖ Support the development of an ethos of quality improvement throughout the organisation which ensures action plans are developed, delivered and reviewed
- ❖ Review relevant Care Quality Commission reports, national audit reports, nationally benchmarked data and other key organisations to consider opportunities for learning.
- ❖ Share details of internal clinical audits and service evaluations with R&I to help
- ❖ identify new research ideas.

Supporting and Developing People and Partnerships

- ❖ Seek opportunities to increase capacity within the existing corporate clinical audit team to keep pace with increasing demand for support in terms of national and local audits.
- ❖ Ensure staff have the necessary skills, support and time to participate in clinical audit and develop internal capacity and capability, linking clinical audit to appraisal and medical and nursing revalidation.
- ❖ Promote wider participation by staff with the aspiration of achieving “universal participation” in clinical audit.
- ❖ Oversee the role of the clinical library to ensure clinicians have access to the latest evidence and support e.g. critical appraisal skills
- ❖ Oversee the development of training for the core streams of clinical effectiveness e.g. NICE, R&I, clinical outcomes, clinical audit and use of Smart Survey.
- ❖ Work with services to develop and record/report on clinical outcome measures.
- ❖ Identify opportunities to strategically involve patients, carers and the public in clinical audit and effectiveness activities.
- ❖ Foster strong internal partnership relationships by sharing the organisational learning from clinical audit/service evaluation activities internally e.g. through Learning From Excellence (LFE) and externally e.g. regional and national conferences.
- ❖ Work in partnership with internal and external partners to assess quality of care across care pathways.
- ❖ Actively contribute to regional partnerships such as Safeguarding Boards, Midlands Effectiveness and Audit Network (MEAN), Integrated Care System, STPs and other regional collaboratives.
- ❖ Encourage patient engagement/co production in the clinical audit and effectiveness work programme by fostering links with the Trust’s Patient Experience Group, engaging patients in the PREMS element of national audits and seeking opportunities to further develop engagement locally.
- ❖ Continue to develop the clinical audit training offer to include face to face training and Intranet/Internet resources.

Maximise Use of Technology

- ❖ Make appropriate and innovative use of resources including available technology and staff expertise to support audit and service evaluation activities and demonstrate clinical outcomes.
- ❖ Develop appropriate links with the Informatics team and IT as part of the Digital Strategy to maximise use of electronic patient records to produce data for clinical audit and service evaluation activities.
- ❖ Work with Learning and Development and Professional Education to develop on-line training offer to sit alongside existing face to face training.
- ❖ Consider development of on line competencies to support staff at all levels to develop skills in clinical audit and effectiveness.

5. Duties & Responsibilities

5.1 Chief Executive

The Chief Executive is the Accountable Officer responsible for ensuring the Trust can discharge its legal duty for all aspects of governance and this includes quality and safety.

5.2 Executive Leads

The Chief Medical Officer is Executive Lead for clinical effectiveness and audit.

The Chief of Nursing and Therapies is Executive Lead for patient safety.

The Chief of Strategy and Partnerships is Executive Lead for quality improvement.

Committees

5.3 Quality and Safety Committee

The Boards overarching accountability for quality and safety is supported by the quality reporting as part of the monthly quality and performance report to the Quality and Safety Committee (QSC). Clinical effectiveness including clinical audit are incorporated within this report. In addition, the Quality and Safety Committee receive a bi-annual clinical audit update.

5.4 Audit Committee

Members are formally notified of the outcomes of reviews carried out as part of the Trust's Internal Audit programme including reviews of the organisations arrangements for clinical audit.

5.5 Quality and Safety Executive

The Quality and Safety Executive, chaired by the Trust's Medical Director, reports to the Quality and Safety Committee. The Quality and Safety Executive receives reports from the Clinical Effectiveness Committee updating on progress against the audit programme and escalating any areas of risk or concern by exception on a monthly and quarterly basis.

5.6 Clinical Effectiveness Committee

The work programme for clinical effectiveness and audit is monitored and supported by the corporate Clinical Effectiveness Committee (CEC) which leads on the implementation and effectiveness of this strategy.

The committee is chaired by the Trust's Responsible Officer and includes the Medical Director, Divisional Medical Directors and Divisional Directors of Nursing and Therapies from each division.

Further details regarding the role of the committee are included in the Trust's Clinical Audit and Service Evaluation Policy. The committee receives quarterly clinical effectiveness reports from each division.

5.7 Divisions' Clinical Effectiveness Groups

Each division has a group responsible for leading on the implementation of the clinical effectiveness and audit work programme and monitoring progress.

5.8 Other committees and working groups

A number of committees and working groups contribute to the clinical effectiveness and audit programme. These include Infection Control, Medicines Management, Safeguarding, NICE, Research and the Clinical Audit Network. In addition to this working groups are in place focusing on topic specific areas including the measurement of clinical outcomes and the use of evidence based clinical guidelines.

The Divisions have a range of governance structures in order to ensure local monitoring of clinical audit and effectiveness activities including the implementation of NICE guidance, clinical outcomes and R&I activities.

6. Definitions

Clinical Audit

The universally accepted definition for both national and local clinical audit as defined by the National Institute for Health and Clinical Excellence (NICE) is:

“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual team or service level and further monitoring is used to confirm improvement in healthcare delivery”

New Principle of best practice in clinical audit (2011)

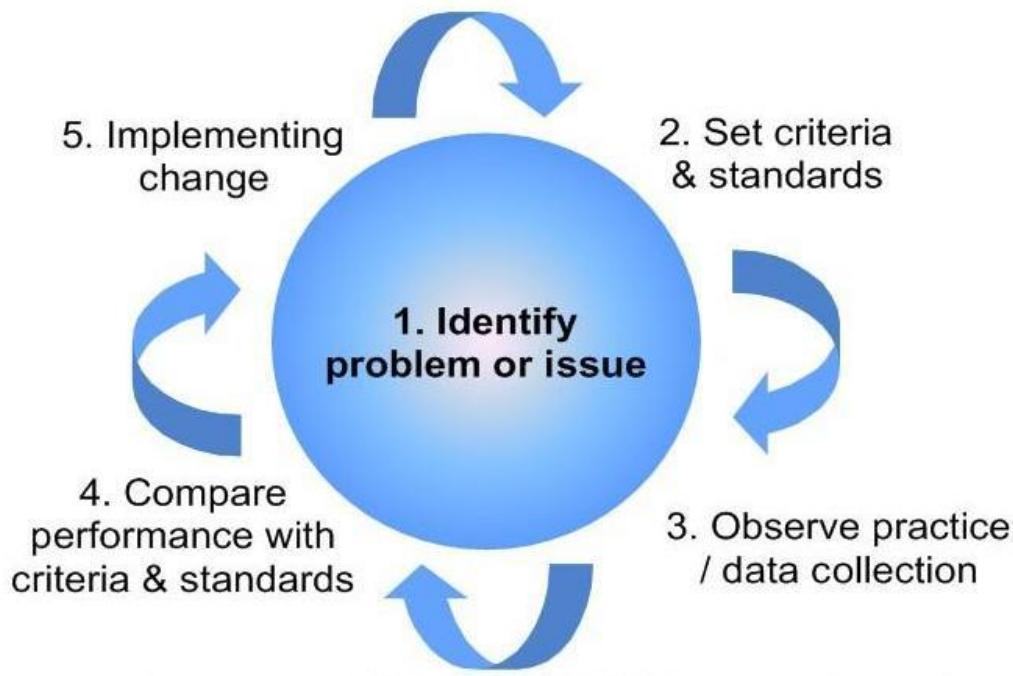
Clinical audit informs us whether we are doing what we should be doing and how well we are doing it. The key to good quality and successful audit is the expectation and implementation of change(s) that have benefits for our patients, promote learning, assist in reflective practice, enable clinicians to act on clinical issues, provide assurance of the care we deliver and also provide information, for managers regarding the quality and safety of service provision.

As demonstrated in figure 1 below, clinical audit is defined as a cycle in which definition of standards, measurement then re-measurement all form one integrated process.

“The touchstone of clinical audit is surely improving quality. Measuring is not enough to justify funding and resourcing the time of local clinicians or audit teams. Continuing to justify their time on audit demands that clinical audit remains conceptualised as a complete cycle of improvement (HQIP).

In their guide for NHS Boards and Partners HQIP assert clinical audit needs to have Board oversight to ensure this cycle is complete and that clinical audit is not solely owned by the immediate clinical team but by management and that would support the Trusts overall strategic objectives and ensure the cost effectiveness of clinical audit activity.

Figure 1. The Audit Cycle



At BCHC we use the 3 yearly clinical audit programme and quarterly progress reports, the clinical audit annual report and feedback at clinical audit days to seek assurance audits are completing the full audit cycle.

Service Evaluation

“Service Evaluation can be defined as a set of procedures to judge a service’s effectiveness or efficiency through systematic assessment of its aims, objectives, activities, outputs, outcomes and costs. It may also be referred to as benchmarking or organisational audit. Whilst benchmarking may be used to compare services, the evaluation will not involve measurement against agreed standards”⁵

In other words, it evaluates any aspects of clinical service and assesses whether the service is ‘doing the right things at the right time with the right people’. Evaluation provides practical information to help determine the value of a development or service and inform judgments about whether it should be continued.

Clinical Effectiveness

Clinical effectiveness is about delivering clinically appropriate care which achieves optimal clinical outcomes for people and which takes into account their individual needs and preferences and within the context of what the service is commissioned to deliver. Clinical effectiveness is aimed at making clinical practice more explicitly evidence based with the goal of improving the effectiveness of clinical practice and service delivery.

Clinical effectiveness is a measure of the extent to which a particular intervention works. The measure on its own is useful, but decisions are enhanced by considering additional factors, such as whether the intervention is appropriate and whether it represents value for money. In the modern health service, clinical practice needs to be refined in the light of

emerging evidence of effectiveness but also has to consider aspects of efficiency and safety from the perspective of the individual patient and carers in the wider community.

Clinical Outcomes utilise a variety of tools to measure the change in a patient/family/carer and are key to evidencing the clinical impact of the services provided for their users. The Clinical Outcomes Framework sets out a structure to support services in the identification of clinical outcomes, and the establishment of a process for collecting and collating the data for individual patients, and for teams and services.

For the Trust it is about having a workforce that is skilled and competent to do the job, with facilities and equipment to support them and with processes and guidance that empowers them to deliver quality care.

7. Processes/Procedure

7.1 External Operating Environment

National Context

7.1.1 Health and Social Care Act

The Health and Social Care Act (2010) Regulation 10 CQC Outcome 16 places a legal requirement for Trusts to 'Assess and monitor the quality of service provision' and this includes:

- 'gathering information about the safety and quality of their service from all relevant sources including audits' and using 'the findings from clinical and other audits, including those undertaken at a national level to ensure that action is taken to protect people who use the services from risks associated with unsafe care, treatment and support' (CQC 2010, p147).

Clinical audit and effectiveness activities and outcomes from completed projects will help to provide assurance that the Trust actively monitors the quality of service provision making improvements where necessary.

7.1.2 Care Quality Commission Standards and Assessment Process

In 2014 the Care Quality Commission launched an assessment process which aims to get to the heart of patients' experiences and look at the quality and safety of care based on the things that matter to people.

The 5 core questions the assessments are intended to answer are whether services are:

- Safe
- Effective.
- Caring.
- Responsive to people's needs.
- Well-led.

The clinical audit and effectiveness programme and outcomes will focus on providing assurance in relation to these key areas.

7.1.3 NHS England

NHS England leads the National Health Service (NHS) in England and has seven regions who support local systems to provide more joined up and sustainable care for patients.

Their regional teams are responsible for the quality, financial and operational performance of all NHS organisations in their region, drawing on the expertise and support of our corporate teams to improve services for patients and support local transformation. They also support the identity and development of [integrated care systems](#).

On an annual basis NHS England publish NHS Operational and Planning Guidance which sets out priorities for the year ahead. The 2022/23 priorities reconfirm the ongoing need to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic. While the future pattern of COVID-19 transmission and the resulting demands on the NHS remain uncertain, we know we need to continue to increase our capacity and resilience to meet the full range of people's health and care needs.

The Trust Board is responsible for overseeing the quality of care delivered across all its services and assuring itself that quality and good health outcomes are achieved.

As part of this there is an expectation that Foundation Trusts achieve a Good or Outstanding CQC rating.

As part of the quality framework for the Trust it is important clinical audit information is triangulated with other sources of information relating to safety, effectiveness and patient experience. This is undertaken through the reporting structure from the Division's Clinical Effectiveness Groups to corporate CEC through the QSE and QSC.

7.1.4 Contractual

As part of the NHS contract Trusts are required to participate in those national audits and confidential enquiries that form part of the NCAPOP and NCEPOD programmes.

7.1.5 Quality Report

All Trusts are required to produce an annual Quality Report which is an annual public report from NHS providers which keeps staff and the public informed about the quality of services they deliver. Our Quality Report outlines our commitment to continual improvement in service provision and to being accountable to stakeholders including patients, the public, and commissioners. As part of the Trust's annual Quality Report there is a requirement to formally report on participation in the NCAPOP and NCEPOD programmes. Trusts are asked to confirm which national audit reports have been reviewed internally and identify actions taken in response to the report recommendations.

7.1.6 National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Demonstration of compliance with the guidance can be provided by undertaking clinical audit. The Trust continues to undertake clinical audits to measure compliance around NICE guidance. Additional information relating to these is reported quarterly to the Trust's Clinical Effectiveness Committee.

Regional Context

7.1.7 Clinical Quality and Innovation (CQUINs)

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

A number of audits are included in the Trust's CQUIN scheme. Quarterly progress reports are provided to commissioners as part of the Trust's monitoring and assurance processes.

7.2 Internal Operating Environment

7.2.1 Links to the Trust's Strategic Objectives

This strategy has links to the Trust's Strategic Objectives in the following areas

 The logo features the text "Safe, High Quality Care" in white on a green background. To the right is a white icon of two hands holding a heart.	Working with the people we care for, their families and our partners to deliver the best possible outcomes and experience; All clinical effectiveness and audit activities will align to this objective. Direct links are identified as part of the prioritisation matrix used to prioritise clinical effectiveness and audit programme activities.
 The logo features the text "A Great Place to Work" in white on a pink background. To the right is a white icon of two people forming a heart shape.	Creating a great place to work and learn enabling our colleagues to be the best that they can be; Active engagement in clinical audit and service evaluations and involvement in clinical outcomes projects are great ways to engage staff in making simple changes that lead to service improvements.
 The logo features the text "Integrated Care in Communities" in white on a blue background. To the right is a white icon of a city skyline.	Working with our partners to support people to live healthy in their communities; Providing evidenced based analysis of integrated care remains a challenge to the NHS as a whole. New developments as part of emergent STPs provide potential for cross-divisional, cross-organisational collaboration and co-creation in new areas.

Making Good Use of Resources



Getting the best from our people, technology, information, estates and money.

Clinical audit and service evaluation has the potential to assist with streamlining resources of staff/equipment/process by evidence-based improvements or cost savings.

7.2.2 Links to the Trust's Quality Priorities

The Clinical Effectiveness and Audit Strategy is intended to support the implementation of the Trust's overarching Quality Strategy and Quality Priorities on a year on year basis.

A number of local clinical audits focus on clinical outcomes for patients and at a local level a number of the Trust's services use existing outcomes tools. During 2022-25 we will continue to learn from and build on work undertaken to date.

7.3 Circulation of the Strategy

This Strategy will be circulated to all Divisional Directors and Associate Directors, Executive and Non Executive Directors and Divisional lead persons with specific management responsibility clinical audit and effectiveness and Divisional Management teams, with clear instructions for cascading to staff. The Strategy will also be available via the Intranet. The strategy will also be made available, on request to key stakeholders including

- Patients / service users
- Commissioners
- Members of the public
- Ministers and the Department of Health
- Partnership organisations including key suppliers and stakeholders
- Other healthcare organisations

8. Implementation

A Clinical Effectiveness and Audit Operational Delivery Plan will be developed that frames the Clinical Effectiveness Committee work programme and implementation of the plan will be monitored by the Trust's Clinical Effectiveness Committee. Updates will be provided in relation to progress against the Fit For 2022 Programme.

Following ratification the procedural document's author/lead will ensure (in discussion with the Committee's Secretary) that the document is forwarded to the Quality Assurance Team. The Quality Assurance Team will make final checks, amend the footer and forward to the Library for uploading to the intranet. Once uploaded to the intranet the Library will inform the Communication Team to ensure notification appears in the next Staff E-Newsletter.

9. Duty of Candour

The Trust recognises it has a duty of candour under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. Under this duty it has a responsibility to be open and transparent with patients, families and carers in relation to their care and treatment and has specific requirements when things go wrong. This will include informing people about any clinical incident, providing reasonable support, providing truthful information and an apology when things go wrong. If an incident occurs which involve a breach of the requirements of this policy, staff and managers should consider following the guidance set out in the Being Open incorporating Duty of Candour Policy available on the trust intranet site.

10. Implications

Training Implications

This strategy has training implications in relation to the development of appropriate and targeted training for staff in relation to developing skills related to evidence based practice e.g. how to conduct literature searches, critical appraisal skills, R&I, clinical audit. In addition the recommendations made following completion of specific clinical audit projects may identify topic specific training needs.

Financial Implications

This strategy has no direct financial implications, however, ensuring the delivery of high quality care including active participation in audits at a national level may require additional funds and this will be addressed via usual business processes by the appropriate manager. Elements of the strategy for example provision of the Trust's contribution to the NCAPOP programme, software user licences, training materials and events/conferences will have associated funding requirements and this will be referenced in the accompanying implementation plan.

Legal Implications

This strategy has no direct legal implications however does reflect the legislative duty placed on Trusts to participate to participate in the NCAPOP and NCEPOD programme as part of the NHS Multilateral Contract and have a clear programme of clinical audit activities in place as required under the Health and Social Care Act 2010.

11. Monitoring & Audit

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Progression of the core objectives identified within the clinical audit and effectiveness strategy.	CEC members	Operational delivery plan.	Quarterly	An operational delivery plan will be developed to accompany this policy. Progress reports to be provided to CEC quarterly and progress against the plan will be identified in the clinical audit annual report.	CEC	Progress reports against the Operational Delivery Plan.

12. References

Links to Other Policies, Strategies and Procedures

BCHC Improving Together: Quality Improvement Strategy
Community Engagement Strategy
Clinical Audit and Service Evaluation Policy
Clinical Quality and Safety Governance Framework
Dissemination, Implementation and Monitoring of NICE Guidance and Quality Standards Policy
Equality, Diversity and Human Rights Policy
Infection Prevention Control and Decontamination Strategy
Digital Strategy
Learning and Development and Clinical Education Strategy
Library Strategy
Medicines Optimisation Strategy
Nominated Clinical Audit Leads of National Audits – Standard Operating Procedure
Palliative and End of Life Care Strategy
Procedure for the Development and Annual Review of BCHC's three year clinical audit programme
Research and Innovation Strategy
Risk Management Strategy
Safeguarding Strategy

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Internal

BCHC Improving Together: Quality Improvement Strategy
Fit For 2022 Improvement Programme
Clinical Quality Governance Framework
Infection Prevention Control and Decontamination Strategy
Clinical Library Strategy
Medicines Optimisation Strategy
Dissemination, Implementation and Monitoring of NICE Guidance and Quality Standards Policy
Engagement Strategy
Nominated Clinical Audit Leads of National Audits – Standard Operating Procedure
Research and Innovation Strategy
Risk Management Strategy
Safeguarding Adults Strategy
Safeguarding Children Strategy

17. Abbreviations

BAF	Board Assurance Framework
BCHC	Birmingham Community Healthcare NHS Trust
CEC	Clinical Effectiveness Committee
CEGs	Clinical Effectiveness Groups
CQC	Care Quality Commission
CQUINs	Clinical Quality and Innovation
E&HRA	Equality and Human Rights Act
HQIP	Healthcare Quality Improvement Partnership
IT	Information Technology
LeDer	Learning Disability Mortality Review
LfE	Learning From Excellence
LKS	Library and Knowledge Services
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Inquiry into Patient Outcome and Death
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PREMS	Patient Reported Experience Measures
Q&SAT	Quality & Standards Assurance Team
QSC	Quality and Safety Committee
QSE	Quality and Safety Executive
R&I	Research & Innovation
STPs	Sustainability and Transformation Partnerships

Appendix 1: Committee Structure

