Request for information under the Freedom of Information Act – 2020.521
Released – 31 July 2020

Thank you for your email dated 15 July 2020, requesting information regarding clinical effectiveness and audit provision.

Please find detailed below a summary of your request, together with our response.

Summary of your request:
Please can I request the following:

1. Has your organisation had any 'areas of outstanding practice' documented in CQC inspection reports directly related to Clinical Effectiveness and Audit and what were they?

Our 2019 inspection report notes the proactive audit culture and rates KCHFT as outstanding overall and in terms of effective services because:

- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research were proactively pursued.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to people who used services. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.
- Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver more joined-up care to people who used services.
- Consent practices and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment.

Community health sexual health services was rated outstanding in terms of effectiveness because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. There was a truly holistic approach to assessing, planning and delivering treatment to people who use services. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care, such as the provision of online testing for STI's and chlamydia testing for patients and virtual consultations.
- The service took part in several national audits and followed guidance from the British Association for sexual health and HIV (BASHH) Service standards for comprehensive sexual health services. This guidance was developed on a national basis in combination

with a wide range of experts to promote excellence in the treatment of sexual health and HIV. Contraceptive and family planning services were in place to provide screening and treatment of sexually transmitted infections service. The trust model of integration followed current guidance and provided level three hubs, level two spoke clinics as well as walk in clinics and appointments. Health advisors worked across clinics within their area to develop and continue their skills within both contraceptive and genitourinary medicine, which they benchmarked against other services.

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research were proactively pursued. We saw evidence to show the service regularly reviewed the effectiveness of care and treatment through local and national audits to improve outcomes.
- The service took part in the HIV and Aids reporting system (HARS) providing data to identify HIV diagnosis, numbers of patients accessing care, late HIV diagnosis and demographic and risk distribution. Data showed us that new and rebooked patients were 100% offered HIV screening and 80% of patients agreed to the screening taking place.
- Genitourinary medicine clinic activity dataset (GUMCAD) was a patient level electronic dataset which collects information on diagnoses made and services provided by genitourinary medicine (GUM) clinics and other sexual health services. From January 2012 all level two and level three sexual health services had a mandatory obligation to complete and return this data to Public Health England. The service used a specific electronic system to collate data and this was automatically collated and automatically submitted.
- Patients accessing screening through outreach services had increased across the localities and the targets number of screening chlamydia was better than the trust target.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice. Staff were passionate and had a clear understanding about their role within the sexual health service.
- Since the integration of dual services staff were either dual trained in contraception and GUM or were in the process of completing the competency training. We saw a comprehensive and supportive induction plan for all clinicians. This provided nurses the opportunities to complete key skills training as well as the practical opportunities to support learning.
- Staff were offered sexually transmitted infections training from core to advanced training. All nurses, doctors and some band three staff had completed the British Association of sexual health and HIV microscopy course and competencies were observed. This meant there was a quick turnaround of results which meant patients could start immediate treatment. The level three clinics at The Gate and Clover Street had both recently obtained a microscopy camera to take pictures of slides for training and competencies.

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide excellent care. We found staff, teams and services were committed to working collaboratively and holistically. The service had found innovative and efficient ways to deliver more joined up care to people who use services. Effective care was fully integrated and provided real-time information across teams and services via the sexual health electronic system and data collection for national audits. We observed evidence of multidisciplinary working within team and governance meeting minutes, patient records and through discussions with staff and patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Consent practices and records were actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. We observed staff during all appointments explain and ask for consent before completing any treatment or procedure. During consultations we heard staff asking for continuous consent during screening and treatment. Consent was gained from each patient and this was documented clearly on all the records we reviewed.

Community urgent care service was rated outstanding in terms of effectiveness because:

- Policies and guidance were based on current national guidance. MIU lead nurses had a rolling programme to update all guidance as and when it was coming close to its review date or when National Institute for Health and Care Excellence (NICE) advice changed. The system of review was monitored by the trust's Quality Improvement and Assurance team to ensure all guidance was kept updated.
- Although patients did not spend long periods at the units, water, tea and coffee were available at each of the units we visited. Patients that were there for any protracted length of time could be offered biscuits by the staff.
- There was a holistic approach to assessing, planning and delivering care and treatment to all people who used services.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff used recognised pain assessment tools including those suitable for children. Patients were asked to say whether their pain was mild, moderate or severe and score it between one and ten with one being mild and ten being severe. There were picture charts that could be used for children to express their levels of pain.
- Staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking and peer review are proactively pursued.
- The trust participated in audits to monitor their clinical effectiveness, particularly around delays to treatment in the MIU and the interpretation of x-rays.
- Staff are proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- The service ran a development programme, validated by a local university, to develop junior staff so they could become an emergency nurse practitioner. At the end of the

course the attendees completed an assessment to demonstrate what they had learned. When this programme was completed, additional competencies were signed off and the member of staff was then eligible to apply for a more senior post.

- The service made sure staff were competent for their roles. The trust achieved a 100% appraisal completion rate across all the MIU.
- Senior staff had forged close working relationships with the local mental health trust. This allowed them to coordinate care for patients with mental health issues. This applied to the services for child and adolescent mental health services too.
- There was a range of information available for patients attending the MIU both in the form of leaflets available in waiting rooms and information provided by the clinicians to patients following their consultations. The trust's website also contained information about maintaining a healthy lifestyle.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent**.** Staff made decisions in patients' best interests if they could not consent. Staff completed a form if they needed to treat a patient, in their best interests, and was assessed as lacking capacity to consent. This form included the full reason why they had made the decision and why it was in the patient's best interests.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

2. What resource do you have in your organisation specifically for Clinical Effectiveness and Audit (i.e. wte and banding)

Band 8b – 1 WTE
Band 6 – 1.1 WTE (1x 0.5WTE, 1 x 0.6WTE)
Band 5 – 1.2 WTE (2 x 0.6WTE)
Band 4 – 1 WTE

3. Are these staff within a central Governance or Quality team?

No

4. Do you have a senior medical lead for Clinical Effectiveness and Audit at Associate / Deputy Medical director level

Yes. Medical Director.

5. If answer to 3.iIs Yes,
   a. is this as a standalone or within a wider remit (e.g. Associate medical director of Quality)
   b. How many PAs are allocated to Clinical Effectiveness and Audit

Not applicable