Clinical Effectiveness Strategy 2009 – 2012

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**Prepared by:** Clinical Effectiveness Managers

**Endorsed by:** Clinical Governance Committee

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**Date of Issue:**

**Distribution:**
- Non Executive Directors
- Executive Directors
- Associate Medical Directors
- Associate Nursing Directors
- Associate Director Allied Health Professional
- Clinical Directors
- General Managers
- Clinical Governance Committee Members
- General Manager of eHealth
- General Manager Property and Support Services
- Head of Patient Affairs
- Head of Practice Development
- Director of Medical Education
Clinical effectiveness is defined as: “the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice”\(^1\).

Clinical effectiveness and clinical audit are essential components of the Clinical Governance agenda to improve and assure quality. As with all aspects of Clinical Governance, clinical effectiveness is about improving patients’ ‘total experience’ of their healthcare. 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\(^2\).

Clinical effectiveness is about doing the right thing at the right time for the right patient\(^3\) and is concerned with demonstrating improvements in quality and performance:

- **the right thing** (evidence-based practice requires that decisions about health care are based on the best available, current, valid and reliable evidence)
- **in the right way** (developing a workforce that is skilled and competent to deliver the care required)
- **at the right time** (accessible services providing treatment when the patient needs them)
- **in the right place** (location of treatment/services).
- **with the right outcome** (clinical effectiveness/maximising health gain)\(^4\)

Clinical effectiveness is thinking critically about what you do, questioning whether it is having the desired result, and making a change to practice. It is based on evidence of what is effective in order to improve patient care and experience. This can happen at NHS Board, directorate, department or team, or individual level\(^5\).

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3. Royal College of Nursing (1996) What is Clinical Effectiveness?
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Clinical effectiveness is made up of a range of quality improvement activities and initiatives including:

- evidence, guidelines and standards to identify and implement best practice
- quality improvement tools (such as clinical audit, evaluation, rapid cycle improvement) to review and improve treatments and services based on:
  - the views of patients, service users and staff
  - evidence from incidents, near-misses, clinical risks and risk analysis
  - outcomes from treatments or services
  - measurement of performance to assess whether the team/department/organisation is achieving the desired goals
  - identifying areas of care that need further research
- information systems to assess current practice and provide evidence of improvement
- assessment of evidence as to whether services/treatments are cost effective
- development and use of systems and structures that promote learning across the organisation

This is influenced and reinforced through:

- The NHS QIS work programme
- The Scottish Patient Safety Programme
- National audit programmes such as those managed by the Information Services Division of NSS (National Services Scotland) and the Royal Colleges
- The Quality Outcomes Framework
- Other national and regional initiatives, such as Audit Scotland, Health Protection Scotland, HMle, National Patient Safety Agency, etc.
- Scottish Government Health Department
- NHS Lanarkshire clinical priorities identified by the Clinical Governance and Risk Management Boards (Acute and Joint CHP)
- Appropriate elements of the HEAT targets/Local Delivery Plan/Corporate Objectives

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- Specialty NHS Lanarkshire clinical groups, e.g. Clinical Effectiveness Groups and Managed Clinical Networks
- Clinical effectiveness input into the planning and evaluation of new services and service delivery
- Individual initiatives by clinicians

It is recognised that these national and local drivers will have an impact on the strategy for clinical effectiveness, in particular the priorities and resources linked to these. The Work Programme for Clinical Effectiveness has been developed to reflect this.

This strategy is a feeder strategy to the NHS Lanarkshire Clinical Governance Strategy “Strengthening Quality in Lanarkshire”.

This document should be considered in conjunction with the Clinical Effectiveness Work Programme and is linked to other Clinical Governance documents, such as the Risk Management Strategy, Patient Focus and Public Involvement Strategy, Organisational Development Plan, Staff Governance Policies and Information Governance Action Plan.
The NHS Lanarkshire Clinical Governance Strategy sets out a framework for improving the quality of patient care through a range of Quality Goals. The Quality Goal for Clinical Effectiveness and Research states that: “Patients should receive treatment, care and support for health improvement based on the best evidence available”.

The Clinical Effectiveness Strategy aims to achieve this goal by:

- developing a culture where clinical effectiveness is seen as being integral to the day-to-day provision of clinical care
- establishing greater integration and whole system working between primary and acute care and development of an integrated work programme
- setting out the structures and processes necessary to deliver and monitor clinical effectiveness throughout the organisation and to demonstrate a positive effect on clinical care
- ensuring that a system is in place to review, prioritise, implement and monitor national guidance, standards and policy ensuring that best practice is disseminated and under performance is addressed
- ensuring that the Board is assured of robust arrangements for the management of clinical effectiveness activity through review of existing reporting arrangements

Specific elements of the Quality Goals will be implemented via:

- The Clinical Effectiveness Work Programme
- High quality clinical audit
- Monitoring against QIS Standards

Compliance with the Quality Goals will be monitored via:

- Compliance with Clinical Quality Indicators
- Compliance with QIS and other Clinical Standards

Every clinician in NHS Lanarkshire is individually responsible for ensuring that his or her practice is evidence based.

The Clinical Governance Steering Group, a subgroup of the Clinical Governance Committee chaired by the Board Medical Director, is responsible for setting and overseeing the Clinical Effectiveness Work Programme and Strategy.

The Joint Community Health Partnership Clinical Governance and Risk Management Board and the Acute Clinical Board are accountable to the Clinical Governance Steering Group and will be responsible for prioritising activity against the Strategy and Work Programme.

The Joint Community Health Partnership Clinical Governance & Risk Management Board and the Acute Clinical Board will be supported by a range of “action” groups which will provide closer monitoring of activity, ensuring actions are progressed and will review practice. Some of the groups exist and others will be established.

The Joint CHP Clinical Governance & Risk Management Board and Acute Clinical Board will be reassured all the groups within the structure are functioning well due to:

- All groups having appropriate membership and terms of reference
- Regular review (self assessment) of groups and actions taken if the group is not functioning
- Development of a Committee reporting template for exception reporting from subgroups

The Clinical Effectiveness Team are accountable to the Acute Clinical Board and the Joint CHP Clinical Governance & Risk Management Board in terms of regular reporting of progress against the Clinical Effectiveness Work Programme and Strategy.

The Clinical Effectiveness Team is responsible for providing support for development, implementation, monitoring and review of the Clinical Effectiveness Work Programme and Strategy.

This involves working closely with clinical staff and management to address clinical effectiveness issues that are raised by external bodies, e.g. NHS Quality Improvement Scotland/the Scottish Patient Safety Programme, or which support local service requirements. Support is also provided for audit and evaluation of local and regional Managed Clinical Networks.
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Organisational Structure and Scheme of Delegation

LANARKSHIRE NHS BOARD

Corporate Management Team

Area Clinical Forum

Clinical Governance Committee

Information Governance Steering Group

Clinical Governance Steering Group

Risk Management Steering Group

Patient Safety Leadership Group

Joint CHP CG&RM Board

Acute Clinical Board

Lanarkshire Infection Control Committee

Sub Structure
Groups at Locality, Service and Acute Hospital Level
(with responsibility for clinical governance, risk management, patient safety, infection control, links to modernisation groups)

**KEY**

- Reports to
- Informs and informed by
- Reports risk issues via Acute Divisional and CHP Management Teams
- Risk Management Steering Group also reports into the Audit Committee and Staff Governance Committee for non clinical risks
- Lanarkshire Infection Control Committee also reports into the Area Control of Communicable Diseases Committee
Engagement Process
To enable wide consideration of the draft Clinical Effectiveness Strategy, an engagement programme will be devised. Feedback from this will inform the final Strategy.

Board Approval
The final Strategy will be considered by the Clinical Governance Committee for endorsement.

Dissemination
A communication plan will be developed to ensure appropriate dissemination of the final Strategy.

Implementation
The Clinical Effectiveness Work Programme and revised Clinical Governance structure will provide the framework for implementation of the Strategy.

The delivery of the Strategy will be undertaken through:
- Provision of specialist advice and practical support to divisional multi-disciplinary groups, Managed Clinical Networks and other clinical groupings to enable them to meet all of their responsibilities with regards to clinical effectiveness
- Supporting NHS QIS reviews including preparation of self-assessments and co-ordination of visits, and other QIS related activities
- Supporting implementation and monitoring of progress with the Scottish Patient Safety Programme
- Supporting the implementation and monitoring of improvements in HAI
- Dissemination, implementation and monitoring of standards, guidelines, best practice statements
- Audit and evaluation of Managed Clinical Networks
- Reporting:
  - nationally, e.g. cancer waiting times, National STEMI audit, and
  - locally, e.g. Quarterly Performance Reviews, HAI monitoring
  - outcomes, practice changes and patient benefits derived from clinical audit activities
○ Registration and monitoring of NHS Lanarkshire audit activity
○ Supporting local and national audits:
  ○ Provision of specialist advice on appropriate audit methodology including data to be collected to enable predetermined standards to be monitored
  ○ Extraction of clinical data from existing systems, e.g. clinical systems, paper records
  ○ Design of data collection tools (e.g. structured clinical casesheets, audit forms, surveys, etc.) and development of software solutions for data entry, storage and retrieval of data.
  ○ Quality assurance/validation and analysis of audit data
  ○ Development of structured outcome reports and dissemination of reports to support decision-making operationally and strategically
  ○ Presentation of audit results at local and national meetings

The above will be progressed through the Clinical Effectiveness Work Programme.
Internal

Overall evaluation of progress against the Clinical Effectiveness Strategy and Work Programme will occur through the development of Key Performance Indicators to be regularly reported to the Board and via submission on an annual basis of the Clinical Governance Annual Report to the Clinical Governance Committee.

At an operational level progress will be evaluated through the committee and reporting structure as described in Section 3 Responsibility and Accountability.

NHS Lanarkshire’s Audit Committee monitors the effectiveness of the systems of internal control by commissioning internal audits and reviews and the monitoring of response to any action plans arising from the reports. This will include reviews of the processes and structures in place for clinical effectiveness.

External

NHS Lanarkshire will participate in the monitoring of clinical governance by NHS Quality Improvement Scotland and produce an action plan to implement any actions required following review. Monitoring of this action plan is the responsibility of the Clinical Governance Committee.

Reviews which have clinical governance implications may also be undertaken by public bodies such as Audit Scotland, Health & Safety Executive, Mental Welfare Commission, Her Majesty’s Inspectorate of Education and the Scottish Government (e.g. Improvement Support Team).

The Clinical Governance Committee will seek to maximise the value of these reviews to NHS Lanarkshire.
It is the aim of NHS Lanarkshire to ensure that clinical effectiveness is promoted as being relevant to all NHS Lanarkshire employed staff and other stakeholders, and is integral to all aspects of service planning and delivery.

We will communicate the Clinical Effectiveness Strategy via the Clinical Governance and Operational Management Structures as detailed above. Additionally, a copy will be featured on NHS Lanarkshire’s intranet.

Information on clinical effectiveness will be shared internally by using:
- The Pulse
- Weekly electronic staff briefs
- Intranet
- The Clinical Governance Annual Report
- Clinical governance and operational management structures

Information on clinical effectiveness will be shared externally by using:
- NHS Lanarkshire website

NHS Lanarkshire will provide accurate, timeous information, as required in response to media and other enquiries and Freedom of Information requests.
References

Department of Health (1996) Promoting Clinical Effectiveness
Royal College of Nursing (1996) What is Clinical Effectiveness?
Worcestershire Mental Health Partnership NHS Trust Clinical Effectiveness Strategy (2008)