Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 October 2017

Title and Author of Paper: Clinical Effectiveness (CE) Strategy update
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Executive Lead: Rajesh Nadkarni

Paper for Debate, Decision or Information:
Information and approval

Key Points to Note:

The Clinical Effectiveness Strategy forms an overarching Clinical Effectiveness framework. The mission for the Clinical Effectiveness strategy is for NTW NHS FT to provide safer, better quality care that enables patients to live better for longer. The overall aim to support this mission is for NTW to demonstrate a significant measurable improvement in the extent to which service users are living better for longer.

Clinical Effectiveness is a seen as a key part of quality in the NHS, along with patient safety and patient experience and is defined as "the extent to which clinical interventions do what they are intended to do – which is to maintain and improve the health of service users, securing the greatest possible health gain from the available resources." In practice this involves being critical about what we do in a clinical context to make sure it is doing what we think it should be, and regularly evaluating the latest evidence and updating practice based on it.

The refreshed CE strategy and implementation plan ensures interdependency with other Trust strategies and developments where there is clear relevance to Clinical Effectiveness, such as Rio electronic record and 'e-prescribing' developments, outcome measurement and Epathways and the Transformation and Physical Health programme. Ensuring sustainable improvement through shared priorities and measurements most objectives of the strategy are being delivered through other work programmes and initiatives within NTW NHS FT, but the strategy also sets further ambitions or more clearly articulated outcomes within the areas covered by the objectives.

Using this collaborative approach optimises the benefits for all service users by rapidly implementing evidence-based practice and measuring, as well as learning from, the outcomes of the care provided by the Trust.

The five central themes of this strategy are:
- All service users and carers will have the outcomes that are important to them measured, reported and tracked over time.
- There is evidence that the culture of the organisation is supporting staff in

delivering clinically effective care.
- Routine measurements demonstrate that evidence–based guidelines, including but not limited to NICE quality standards, will inform care that is given to all service users.
- There is evidence that the infrastructure of NTW NHS FT will support staff to deliver clinically effective care
- Routine measurements demonstrate that the physical health care needs of our service users are consistently recognized, monitored, managed, promoted and improved.

The strategy is supplemented by a detailed implementation plan which is currently undergoing an update in the light of the completion of many of the original actions.

Risks Highlighted to Board: None

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: None

Outcome Required / Recommendations: Strategy approval

Link to Policies and Strategies:

Trust-wide Implementation, Monitoring and Co-ordination of NICE Guidance Policy NTW (C) 27;
Clinical Audit Policy NTW(C) 02
LKS Development Framework,
R&D Strategy

Clinical Effectiveness Strategy

Updated for 2017 to 2022

The Trust's vision is "To be a leader in the delivery of high quality care and a champion for those we serve". The Trust serves the full age range, from children to older people.

The Trust's Quality Goal Three is:

Ensure the right services are in the right place at the right time to meet all your health and wellbeing needs.

Where "right" means:

- Right service – safe, effective and efficient (no harm, optimises outcomes from the service user perspective, evidence-based and avoids waste)

- Right place – equitable (does not vary in quality because of a person's characteristics)

- Right time – timely (reduces waits and harmful delays)

- To meet all your health and wellbeing needs – person-centred (respectful and responsive to individual's needs and values)

The Clinical Effectiveness Strategy forms an over-arching framework that supports the Trust 5 year strategy and aligns with other relevant strategies and programmes within NTW NHS FT, ensuring that there is consistency and not duplication of work across the organisation. This collaborative approach will optimise the benefits for all patients with mental health, learning disability and neurorehabilitative problems, by rapidly implementing evidence-based practice and measuring as well as learning from the outcomes of the care provided by NTW NHS FT.

In order to achieve the Trust vision and strategy, the **mission** for the Clinical Effectiveness strategy is for **NTW NHS FT to provide safer, better quality care that enables patients to live better for longer.** The overall **aim** to support this mission is for **NTW to demonstrate a significant measurable improvement in the extent to which service users are living better for longer.**

This measurable improvement will be evidenced by:
- o Improvements in wellbeing and quality of life measures for NTW service users and carers
- o Reductions in premature mortality (and a narrowed inequality gap in premature mortality) for people living in Northumberland, Tyne and Wear with mental health problems, learning disabilities and neurorehabilitative problems.

NTW acknowledges that it is not the only agency involved in supporting these improvements (indeed wider societal and economic factors are crucial, as is care provided by primary care, the Local Authorities and other statutory and voluntary agencies).

However, NTW should nevertheless be able to make a significant contribution, including through extensive partnership working.

In practice, for staff working across NTW NHS FT, this means helping you to:

- Provide safer and better care for your patients
- Achieve better outcomes for your patients
- Continually improve how you deliver care for your patients

That is, clinical effectiveness is using the evidence-base and the Transformed service models as a foundation to enable teams and clinicians to achieve better outcomes for their patients (Figure 1).

Figure 1: Working together to help our patients reach a better outcome.

While much progress has been made already during the three years since publication of the original strategy, this update to align with the Trust 5 year strategy supports further work to enhance the solid foundation for achieving this aim. This strategy focuses on the objectives, goals and actions for the next five years that have been agreed by the Clinical Effectiveness Committee, the Quality & Performance Committee, the CDT Quality sub-group and CDT, before being submitted to the Board for approval.

Through the interviews and workshops carried out to develop the original strategy, five objectives were identified that were thought to be ambitious but realistically achievable, and which would ensure significant progress on the road to achieving the ultimate aim.

The Clinical Effectiveness Strategy
Five Key Objectives

Alignment to the Trust Strategic Objectives is indicated below each of the 5 key objectives in blue italics

1. **All service users and carers will have the outcomes that are important to them measured, reported and tracked over time.**

   o *Develop meaningful outcomes, in partnership with service users and carers and in compliance with speciality and national guidance.*
   o *Lead on the development of outcome resource and value measurements*

2. **There is evidence that the culture of the organisation is supporting staff in delivering clinically effective care.**

   o *Modernise and reform services*
   o *Be a sustainable and consistently high performing organisation*
   o *Be a Model Employer, an Employer of Choice and an Employer that makes the best use of the talents of the entire workforce*
   o *Be an influential organisation, which supports and enables social inclusion.*

3. **Routine measurements demonstrate that evidence–based guidelines, including but not limited to NICE quality standards, will inform care that is given to all service users**.

   o *Provide high quality evidence based and safe services, supported by effective integrated governance arrangements*

4. **There is evidence that the infrastructure of NTW NHS FT will support staff to deliver clinically effective care**

   o *Improve clinical and management decision making through the provision and development of effective information*
   o *Provide access to front line teams to access real time, accessible information supporting and driving the value given to service users and carers*

5. **Routine measurements demonstrate that the physical health care needs of our service users are consistently recognized, monitored, managed, promoted and improved.**

   o *Improve and develop physical health monitoring, promotion, treatment skills for staff and service users*

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Detailed Objectives, Goals, Implementation and Metrics

To achieve our key objectives we need to be able to clearly state the measurable goals (success measures) for each of these objectives, what we need to implement to achieve these objectives and the metrics we will use to monitor our progress in the shorter term (structure, process and interim outcome measures with milestones). This updated clinical effectiveness strategy describes the next steps to progress towards our overarching ten-year aim. In most cases the strategy links to other strategies, work programmes and initiatives within NTW NHS FT, but sets further ambitions or more clearly articulated outcomes within the areas covered by the objectives. In terms of initiatives, the strategy presents a 'high-level' summary of those proposed to achieve the objectives but there is a **detailed implementation plan** to underpin this, and this will be monitored by the Clinical Effectiveness Committee and CDT-Q. Trust Quality priorities (as linked to quality goal 3) will continue to be aligned to this strategy.

Overarching Aim: NTW to demonstrate a significant measurable improvement in the extent to which service users are living better for longer

How we will know that we have achieved this aim –

- Improvements in wellbeing and quality of life measures for NTW service users and carers

Measured by:

- *Monitoring of Clinician Reported Outcome Measures (CROMs), Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) as well as qualitative data collected from and for NTW service users and carers. Comparing this data between service area teams within NTW NHS FT, as well as providers regionally and nationally.*

- Reductions in premature mortality (and a narrowed inequality gap in premature mortality) for people living in Northumberland, Tyne and Wear with mental health problems, learning disabilities and neurorehabilitative problems

Measured by:

- *Monitoring of mortality trends over the next 10 years, including reasons for mortality, for NTW patients and for people living in Northumberland, Tyne and Wear with mental health problems, learning disabilities and neurorehabilitative problems. Time trend analysis as well as comparisons with populations from other MH NHS Trust providers regionally and nationally.*

Three-year Objectives, Goals, Initiatives and Monitoring metrics

What will success look like	How will we know we have arrived? Success Measures	What actions are we going to take to get there?	What monitoring measures will we use along the way?
1. All service users* and carers will have the outcomes that are important to them measured, reported and tracked over time. *Develop meaningful outcomes, in partnership with service users and carers and in compliance with speciality and national guidance.* *All service users including children and young people, and the outcome measures relevant to them*	Clinical areas will have validated and where possible, nationally recognised outcome measures for their service users. These measures will be consistent with NICE guidance (or guidance from an institution recognized by NICE). Individual staff, service teams and the organization will be able to view their outcomes and where possible compare them to other Mental Health Trusts. Clinical staff understand how to use and interpret outcome measures.	Outcomes will be embedded into the Care Packages and Pathways (CPP) (where CPP has a plan that service areas will develop local outcomes). Additional actions required for services out of scope for clustering. IT will support the development of interfaces that will help both clinicians and service users track their progress using outcomes. Training needs assessment to determine if staff know how to use and interpret outcome measures and provision of training where necessary.	Outcome measures identified for all CPP service areas and available within RiO Outcomes measures also available within Rio for services out of scope for clustering. Service areas will be able to report outcome measures for all patients including relevant PROMs, CROMs and PREMs (in addition to SWEMWBS (PROM) and Family and Friends Test (PREM) that is already being reported routinely). Individual clinicians will know their outcomes and how they compare: ▪ To other clinicians in NTW ▪ To other MH Trusts ▪ National averages Including an analysis of change at trust, team, ward & individual clinician level, on NTW dashboard Staff audit of knowledge and skills (appropriate for all levels of staff) demonstrates

What will success look like	How will we know we have arrived? Success Measures	What actions are we going to take to get there?	What monitoring measures will we use along the way?
			appropriate skills and knowledge +/- need for training in their PDP **(year 1 milestone).**

2. There is evidence that the culture of the organisation is supporting staff in delivering clinically effective care.	Clinical effectiveness (CE) embedded into all streams of work within Trust. CE Committee has membership and involvement from senior leads across multi-disciplinary service areas and support teams across the Trust. Staff are aware of NTW NHS FT's commitment to CE when joining the organisation and at induction information about relevant NICE guidance is included. All staff have appropriate supervision to ensure they are CE and have ongoing support to regularly review practice. Service area teams and clinicians are actively involved with providing clinically effective care, local level clinical auditing and improving care. Lessons learnt / SUIs provide ongoing learning for the clinicians, service area teams and the organisation and lead to improvements in care.	Ensure CE quoted in other relevant strategies and CE Committee actively involved where relevant. Reviewing job descriptions to ensure individual commitment to CE and Trust expectations are clearly stated. Review induction programmes to ensure information from relevant NICE guidance is clearly presented to the target audience Clinical audit programme is supported by service area teams as part of their team development plans, identifying lead responsible for conducting & reporting on the audits as well as rating any risks identified and developing action plans to address these. Supported by routine information from Rio.	CE strategy is referenced on all future strategies and programmes of work within the Trust CE Committee meetings record demonstrable achievement against action plans and there is annual report of progress for Clinical Audit (**year 1 milestone**) Job descriptions contain clear definition of CE and what is expected of the individual member of staff, including their role within the team and the organisation. Induction programmes include dissemination of information from relevant NICE guidance. Evidence of regular appraisal process and CE included in PDPs Service teams have an active programme of audit and evaluation with broad engagement from all staff. Findings from audits are all risk rated and where appropriate have action plans. Evidence of regular multi-disciplinary discussion and/or feedback meetings to disseminate findings and learning from audit. Performance against NICE

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			Quality Standards visible on a 'NICE dashboard' within NTW dashboard (development of NICE dashboard is a **Year 1 milestone**) Clinical Supervision training rates on dashboards of all clinical staff (except medical), currently close to target, reported weekly at GBM as part of the performance report. Assurance on training implementation is through Group Q&P. Work with medical colleagues to ensure roll out to medical staff in line with Trust Policy and guidance from RCPsych/GMC; to be included on medical staff dashboards in from 2016/17.
3. Routine measurements demonstrate that evidence–based guidelines (focusing on NICE quality standards, QS) will inform care that is given to all service users. (NB relevant NICE guidance includes early identification and prevention guidance)	Care provided can be mapped via epathways to available NICE guidance providing evidence that the Trust is providing care in line with relevant NICE guidance. The process that is already in place for rapidly reviewing and implementing NICE guidance (NICE Quality Standards (QS), Clinical Guidelines (CGs) & Technical Appraisal Guidance (TAGs) delivers effective action planning.	Embedding evidence-based guidance into CPP with IT support to prompt appropriate action & enable ongoing monitoring of concordance with NICE guidance (see Rio 'e-pathways' functionality) NICE guidance will be reviewed for relevance by the CEC. Ensure appropriate change management techniques are used for implementation Revision of existing Policy to prioritise early action on priority	Concordance with NICE guidance is evidenced in annual quality account report and via performance reviews via epathways (individual, team, service & Group level) (NICE dashboard **year 1 milestone**). Benchmarks are developed for all relevant NICE QS within agreed time frames and performance reported. All new NICE guidance recorded

	Following the review of all new NICE Guidance priority recommendations are delivered within reasonable timescales or, where not, the rationale is agreed and documented by BDG/CDT & CEC.	recommendations as part of review of new NICE guidance with CE Committee providing agreement for action, including justification for where there may be deviations from the published guidance in how the Trust implements it.	that it has been reviewed and, where recorded as relevant, action plan highlighting priority actions and a named lead who has been identified to disseminate content and lead change if required (Revise policy **year 1 milestone**).
	Financial and service planning impact of implementing NICE guidance is undertaken as necessary.

If necessary external NHS and multi-agency input is included as necessary into reviews and implementation of NICE guidance. | Review CEC membership to ensure representation from the financial team, all clinical and support services and the Transforming Services Board Policies for identifying the need for including external NHS and multi-agency input into the review process are agreed. | If required -Evidence of input from financial team, relevant clinical area and if appropriate the TSB for reviewing relevant new NICE guidance.

If required Evidence of external NHS and multi-agency input, where appropriate, into the review process of relevant NICE guidance. |
| 4. There is evidence that the infrastructure of NTW NHS FT will support staff to deliver clinically effective care.

Provide access to front line teams to access real time, accessible information supporting and driving the value given to service users and carers | Frontline staff have rapid access to evidence as well as their outcomes of care:
o Staff can access evidence-based guidelines in real time
o Staff can rapidly access BNF online to make safe prescribing decisions
o Decision support aids are available in RiO and e-prescribing

Trust systems including CE | Improve remote access for staff working in the community Develop RiO functionality and implement e-prescribing
o BNF online access in all clinical areas that prescribe
o Embed NICE guidance – click away
o Decision aids, where available, are included in RiO and in e-prescribing system
(see Rio e-pathways functionality) | Frontline staff from all clinical areas can consistently access evidence within 60 seconds

Reduction in prescription errors (from IR2 data on medication incidents) & unsafe practice (other SUI/near miss incidents). Staff unable to prescribe drugs with MHRA alerts (via e-prescribing system **year 1 milestone**). |

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	librarian provide 'decision support' including prompts to appropriate action, and warnings of unsafe or ineffective action. Greater use of RiO and quality dashboard to view individual or service team performance in terms of activity and outcomes. Training and skills development has appropriate ongoing clinical supervision to embed knowledge and skills into clinical work.	Further developments to RiO and e-prescribing will introduce decision support, RiO reports for clinical areas are refined and/or developed to provide easy to access information for tracking activity and outcomes. All clinical staff have appropriate clinical supervisors that take an active role in supervising clinical work throughout the year. Staff use reflective learning regularly.	Staff consistently refer to NICE guidance and decision support aids via web-enabled links (usage monitoring). RiO specifications, software documentation, staff feedback and evaluation of RiO changes Evidence that relevant staff are able to generate reports and interpret information presented. Appraisal documents performance against PDP and notes if agreed training. has taken place. Establish mandated training metrics monitored via dashboard Evidence of reflective learning for applying training to clinical work via clinical supervision audits (**yr 1 milestone**)
5. Routine measurements demonstrate that the physical health care needs of our service users are consistently recognized, monitored, and managed , promoted and improved	Closing the inequality gap in physical health needs of our patients by demonstrating we are providing evidence-based care to improve patient outcomes. Physical health will be assessed for all patients, especially patients starting medications known to have physical health side effects.	Monitoring of physical health will be incorporated into care plans. Trust wide guidance will inform about core measures but additional measures may be required based on individual service user needs. In addition to the new physical health monitoring form on Rio, further improve how Physical Health is recorded and displayed in RiO so that	All care plans identify what physical health is being monitored according to Trust guidelines. Positive clinician feedback about ability to enter and access Physical Health measurements. Better recognition and more

	Proactive approaches to improving physical health will include routine recording of smoking status, alcohol dependence, body mass index and physical activity levels.

Monitoring will demonstrate that risk factors for service users are improving over time. | clinicians can easily identify if patients have worsening physical health and/or developed side effects from medications. Make appropriate links to the new e-prescribing system.

Treatment and/or timely referral for treatment for physical health problems will be part of the care pathway. | timely intervention to address side effects from medications.

Evidence of recording lifestyle factors and use of interventions including referral to smoking cessation, alcohol addiction support, weight management or exercise services where appropriate. Performance will be available on dashboard, drawn from physical health monitoring form on Rio (part of national; CQUIN **year 1 milestone**)

Evidence of referral to other relevant specialist physical health areas (from physical health dashboard as above **year 1 milestone**.

Clinical audit reports on physical health will feed into development plans. Monitoring and reporting against care plan standards as well as rating any risks identified and developing action plans to address these. (See appendix for SMT-approved 'enhanced clinical audit process' paper). |

Risk Assessment

Risk	Assessment (Low / Medium / High)	Rationale
Strategic	Low	The strategy supports achievement of the Trust vision and all seven strategic objectives.
	Medium	Failure to systematically address the Trust's strategic approach to Clinical Effectiveness will impact on the Trust's ability to achieve its vision of 'matching the best services in the world'.
Financial	Medium	The successful implementation of the strategy would provide evidence that the Trust provides high quality care with demonstrable performance and outcome measures.
	Medium	The successful implementation of the strategy would support the Trust's ability to consistently achieve targets set by the National CQUIN Scheme and local CQUIN goals and indicators.
	High	Failure to implement the strategy puts the Trust at greater risk of not delivering high quality and safe care, resulting in sub-optimal outcomes and potential harm to service users that may incur costs for investigation of complaints or potentially serious untoward incidents.
Reputational	Low	The successful implementation of the strategy would enhance NTW NHS FT's reputation as a centre of excellence.
	Medium	Conversely, failure to address the Trust's limited ability to demonstrate it is Clinically Effective and consistently follows NICE guidance is likely to affect recruitment to future posts.
National Policy	High	The strategy supports implementation of "No Health without Mental Health" which highlights the importance for the Trust to demonstrate their services improve mental health outcomes for individuals and families. Evidence of these outcomes is required for the NHS and Adult Social Care Outcomes Framework
	High	The strategy support the provision of safer care for all service users by embedding the recommendations of the Francis II Report in how we plan, deliver and monitor care.
Operational	Medium	Potentially beneficial impact on recruitment through an improved Trust reputation as a clinically effective centre of excellence.