

Policy Group: Clinical
Version no.: 2.0
Date of issue: September 2022
Approved by: Executive Team, Quality and Safety Group

Clinical Effectiveness Policy

1. Policy Summary

The purpose of the St Andrew's Clinical Effectiveness policy and supporting procedures is to provide a framework to maintain the delivery of high quality, cost effective healthcare, taking into account national standards and codes of practice in relation to Clinical Effectiveness as set out by a number of bodies, including NHS England (NHSE), the Care Quality Commission (CQC), NHS Improvement (NHSI) and the National Institute for Health and Care Excellence (NICE), as well as any other reputable organisations.

The NHS Executive define Clinical Effectiveness 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. It involves a framework of informing, changing and monitoring practice”

In order to ensure we deliver clinically effective care, as supported by the CQC Key Lines of Enquiry, we must have systems and governance to ensure that:

1. Patients' mental health, physical health and social/ spiritual needs are holistically assessed, individualised and care planned
2. Any treatment that is delivered is in line with a clear clinical model, that itself is derived from best practice guidance (such as NICE), the expertise of staff and patients and relevant benchmarking nationally and internationally. Appendix 1 outlines the standardised approach to clinical model design at St Andrew's, that then drives outcome measures and training needs.
3. That any such treatment (including medicine and psychosocial treatments) is delivered whilst adhering to and respecting the patient's legal rights (as may be stated by Codes of Practice) and the principles of Least Restrictive Practice
4. That staff are appropriately trained to deliver treatment in line with the evidence base, and have appropriate clinical supervision and reflective practice
5. That we measure, analyse and learn from outcomes data (mental, physical, patient experience) in order to improve effectiveness, embedded in a culture and capability of continuous quality improvement. Appendix 2 sets out how the St Andrew's approach to outcomes is embedded within the 4 Recoveries Model.
6. That team working, communication and sharing of best practice and lessons learned is integral to the culture of the organisation. This includes co-production and communication with patients and carers.
7. The Charity makes best use of technology to achieve aims 1-6.

To deliver the above, there are a range of supporting policies and procedures, set out in Section 2. These are delivered and monitored through the ward to board governance framework, as set out in Section 3.

The key elements of the policy are to maintain ongoing improvement and assurance through the evidencing of implementation of best practice through the appropriate systems and infrastructure while learning from the outcomes of care provided, in order to optimise the benefit for our patients. Along with quality assurance, safety, compliance and patient experience, Clinical Effectiveness must be data driven with a clear flow of information reporting from ward to board.

2. **Links to Procedures**

The policy is supported by related policies and procedures describing the process to be followed to ensure effective implementation, delivery and maintenance of key elements, which linked together, will provide assurance of Clinical Effectiveness

- Admissions and Discharge Procedures
- Care Planning Policy Procedure
- Clinical Audit Procedure
- NICE Guidance Procedure
- CPA Procedure
- Clinical Supervision Policy
- Use of Force Policy
- Least Restrictive Practice Policy
- MHA and MCA Policies and Procedures
- Physical Health Policy and Procedures

Policies and procedures available via the Policy A-Z:

[Policies - Policies - A-Z \(sharepoint.com\)](#)

3. **Monitoring and Oversight**

Ward to Board governance structure

Wards and Divisions (first line governance)

Will deliver the principles of this and related policies by developing clinical models, outcome measures and high quality needs assessments and care planning for their patient groups. They will collect and analyse outcome measures, including Patient Experience, and use results, themes and trends for continuous improvement

Divisions can escalate and share themes and issues with:

Quality and Safety Group (Safety, and Compliance and Effectiveness) (second line governance)

Chaired by the Executive Director for Quality and/or the Deputy Medical Director. In addition to divisional reports, QSG will receive reports from other second line groups:

Medicines Management Group

Therapies Advisory Group (TAG)- the main group that oversees clinical models and approves outcomes measures for use in the Charity

Clinical Audit and NICE
CQI report
Physical Healthcare Group
Restrictive Practices Monitoring Group (RPMG)
Mental Health Law Steering Group (MHLSG)
Patient and carer experience report
At request, clinical aspects of IT overseen by the Health Records and IT Steering Group

QSG will make decisions and actions related to clinical effectiveness and escalate and share decisions with:

Quality and Safety Committee (QSC) (third line governance)

This is a Board level sub-committee and will oversee decisions made by the QSG in relation to the policy and its corresponding procedures, will have an oversight of reporting and challenge completion of actions.

The Board – the Executive Director for Quality will have overall accountability for clinical effectiveness to the CEO and Chairman.

4. Diversity and Inclusion

St Andrew's Healthcare is committed to *Inclusive Healthcare*. This means providing patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity, and not tolerating discrimination for any reason

Our goal is to ensure that *Inclusive Healthcare* is reinforced by our values, and is embedded in our day-to-day working practises. All of our policies are analysed in line with these principles to ensure fairness and consistency for all those who use them. If you have any questions on inclusion and diversity please email the inclusion team at DiversityAndInclusion@standrew.co.uk.

5. Training

There is no specific training in relation to this policy. However, there is training offered through Charity and local induction and e-learning for the associated policies and procedures, and these are detailed within those policies and procedures.

6. References to Legislation and Best Practice –

NICE 2022. *NICE | The National Institute for Health and Care Excellence*.

Available at: <https://www.nice.org.uk/>.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS. 2022 *National Clinical Audits | Royal College of Psychiatrists*.

Available at: <https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits>.

NHS England. 2022. *NHS England » Clinical audit*.

Available at: <https://www.england.nhs.uk/clinaudit/>.

Department of Health 2015 MHA Code of Practice

CQC 2018 Key Lines of Enquiry Available at www.cqc.org.uk

7. **How to request a Change or exception to this policy**

Please refer to either the [Policy and Procedure Update Application Link](#)

Or the exception process [Policy and Procedure Exception Application Link](#)

8. **Key changes** - please state key changes from the previous version of the policy

Version Number	Date	Revisions from previous issue
1.0	June 2019	A new overarching policy
2.0	September 2022	Reference to the CE strategy removed as this was ended in 2022 Most of the text rewritten to capture current practice The TAG approved clinical model and 4 Recoveries approach now codified in policy