**Clinical Effectiveness Plan |** 2018 - 2021

*Creating a culture of continuous improvement and learning.*

## Acknowledgements

Our continued thanks go to our patients, their carers, our staff, the public and our patient representatives for their involvement in the development of this strategy and in our journey of continuous improvement.
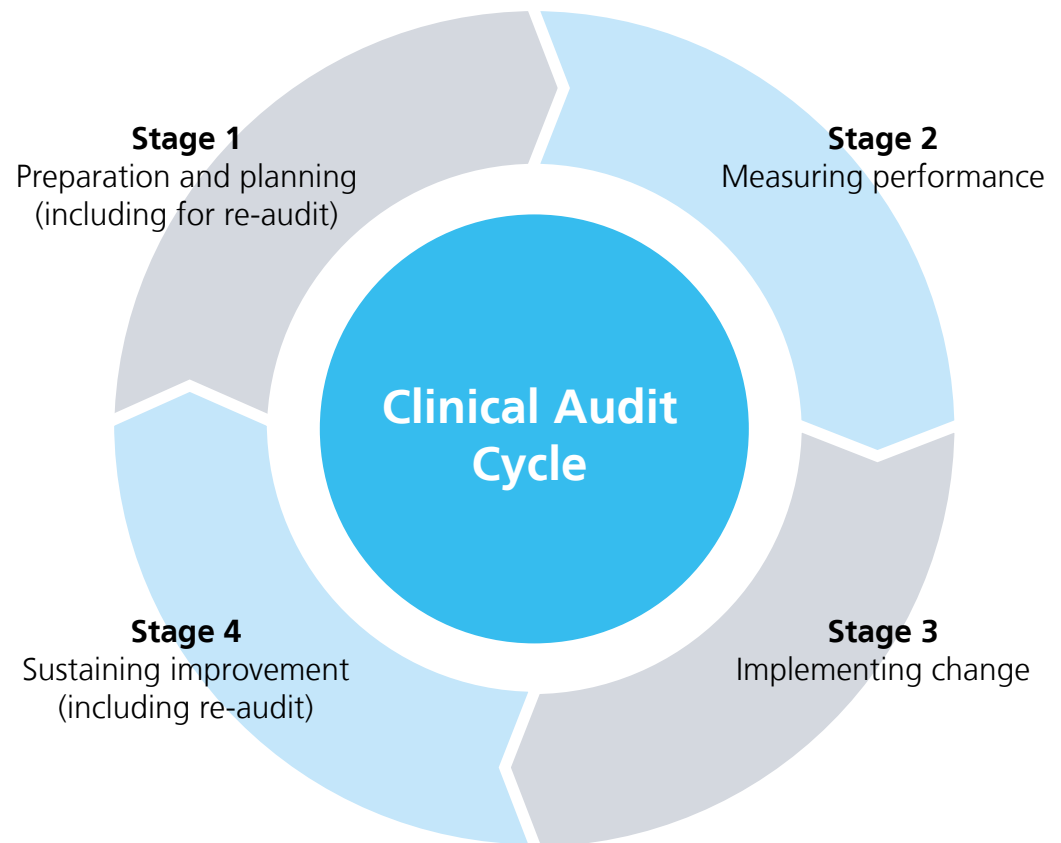
# Contents

# Purpose of the Clinical Effectiveness Plan

The purpose of this plan for clinical effectiveness is to articulate our ambitions for how the Trust will improve its clinical effectiveness over the next three years, with the aim of providing patients with the best possible clinical outcomes for their individual circumstances.

## What is Clinical Effectiveness?

Clinical Effectiveness is an umbrella term describing a range of activities that support clinicians and healthcare professionals to examine and improve the quality of care. Clinical audit is the best known example, but clinical effectiveness stretches beyond this to include the implementation of nationally agreed guidance as well as agreed standards/clinical performance indicators reflecting 'best practice'.

Clinical Effectiveness is "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" *(Department of Health (1996) Promoting Clinical Effectiveness).*

**Clinical Audit Cycle**

**Stage 1**
Preparation and planning
(including for re-audit)

**Stage 2**
Measuring performance

**Stage 3**
Implementing change

**Stage 4**
Sustaining improvement
(including re-audit)

## Aims of this plan:

The aim of this Clinical Effectiveness Plan is to provide patients with the best possible clinical outcomes for their individual circumstances. We will do this by;

• adhering to evidence, guidelines and standards to identify and implement best practice

• using 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 he desired goals

– identifying areas of care that need further research

– contributing to the portfolio of clinical research studies available for patients

– 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

# Delivering our ambition

**Pledge 1:** We will do the right thing for patients by ensuring decisions about health care are based on the best available, current, valid and reliable evidence.

## DO WHAT WE SAY WE WILL DO

Our aim is to ensure that clinical care is delivered in accordance with patients' preferences, and in line with the best available clinical evidence, Royal College guidelines, recommendations arising from national confidential enquiries and by working in partnership with our regional academic partners to facilitate research into practice and evidenced based care/commissioning.

### OBJECTIVES

We will;

- Implement recommendations arising from national confidential enquiries, where relevant to the Trust.

- Participate in all relevant national clinical audits that we are eligible to participate in.

- Consider all published national audit reports and have produced a management summary and action plan, where relevant, for all national audit published reports.

- Complete an annual programme of local clinical audit.

- Ensure NICE guidance is implemented where possible and embedded into every day clinical practice by considering the relevance and implementation of relevant NICE guidance. We will do this by completing  NICE assessments, with an exception/ risk report for all partially and non-compliant guidance.

- Implement recommendations from the Getting it Right First Time Programme (GIRFT), where possible, and relevant.

- Be one of the best Trusts in England delivering emergency laparotomies. (Measured through the National emergency laparotomy audit.)

- Progress our Research and Development strategy for 2018 -2021, increasing opportunities for participation in clinical research.

**Pledge 2:** We will work in the right way by developing a workforce that is skilled and competent to deliver the care required.

### WORK TOGETHER, CELEBRATE TOGETHER

We already have a highly skilled workforce, committed to delivering compassionate, high quality individual care, but we know that there is more we can and must do to deliver even higher quality care to patients. In response to some of our challenges, key initiatives have already begun that include developing a cultural change programme of 'collective leadership' through the 4ward Pulse programme. It is also important to recognise the difficulties we face recruiting to specialist areas/ roles, set in a national context of a limited supply of professionals working in the health sector.

**OBJECTIVES**

We will;

- Implement the priority clinical standards for seven day hospital services

- Develop closer links with our regional academic partners to improve the training and education of our staff

- Develop clinical research careers, and ensure the workforce are aware of their role and that of their department in research.
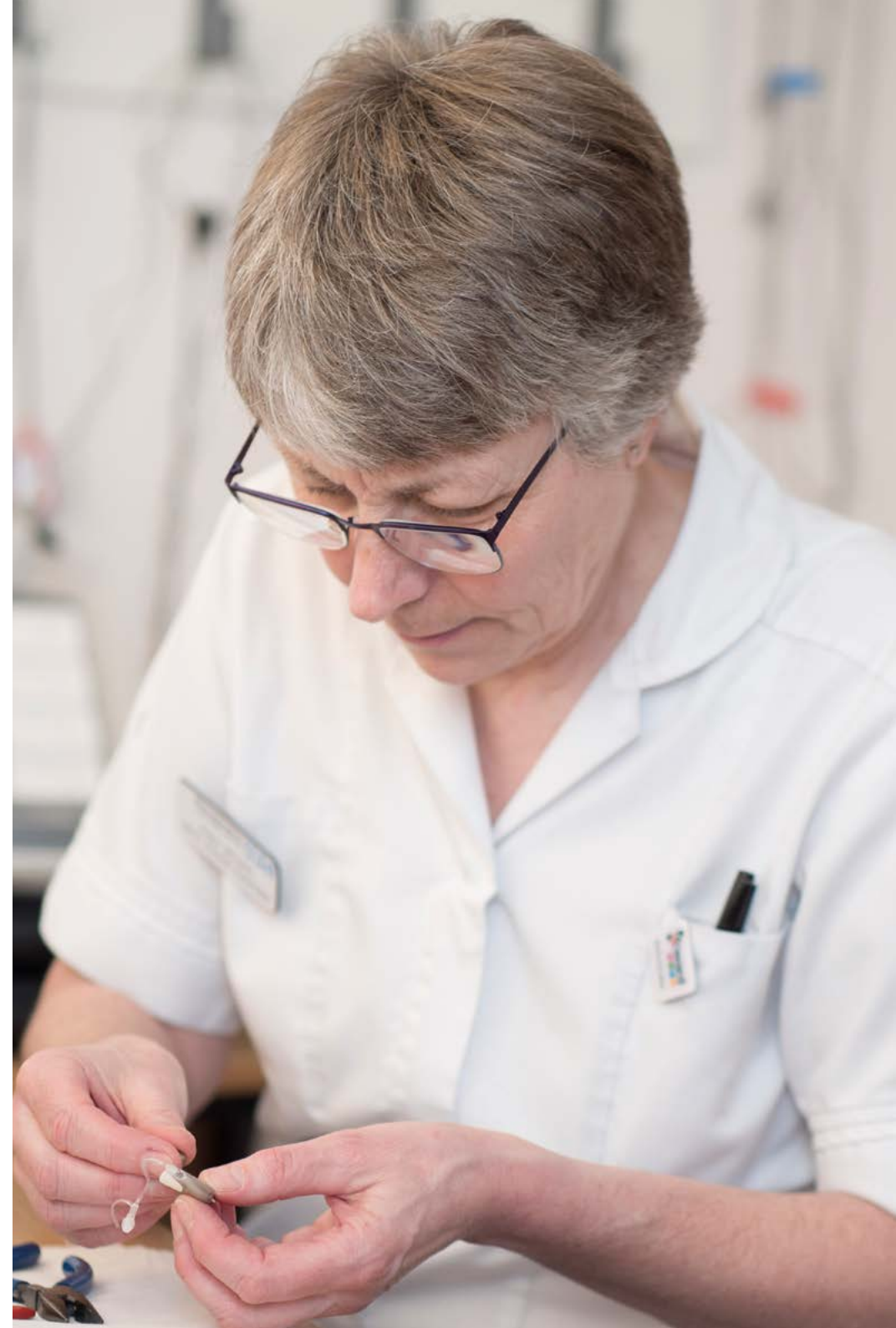
**Pledge 3:** We will provide treatment at the point of need in a timely manner.

**24hr** NO DELAYS, EVERY DAY

The national Strategy and Transformation framework sets out a clear direction for trusts' priorities for timely access to services. Over and above the four national access standards, cancelled clinics and cancelled or delayed operations as well as delays in outpatient clinics cause an immense amount of distress for patients and our staff. Further problems are encountered by patients being looked after in clinical areas that are less than ideal and on occasion sub-optimal.

**OBJECTIVES**

We will;

- Ensure more patients have their planned operation on the day of admission in line with national targets.

- Ensure that our time to theatre for patients with a fractured neck of femur will be amongst the best in England

- Ensure that the number of patients being cared for in inappropriate areas (e.g. corridors) will be zero if not by exception

- Ensure we achieve the NHS constitutional standards of care.

**Pledge 4:** We will ensure patients have the right outcome to ensure maximum health gain for their clinical circumstances

 WE LISTEN, WE LEARN, WE LEAD

In contrast to clinical audit, clinical outcome measures are designed to measure the outcomes of a service without reference to a particular pre-determined standard. Its aim is to give an indication of the standard achieved by the service. For some patients, clinical outcomes cannot be improved but nevertheless we must treat them with compassion and dignity. Examples of those used within the Trust are Intensive Care National Audit and Research Centre (ICNARC), risk adjusted mortality rate (HSMR & SHMI), Sentinel Stroke National Audit, Sepsis mortality and mortality reviews. Since 2009, patient reported outcome measures (PROMs) data has been collected by all NHS providers for four common elective surgical procedures: groin hernia surgery, hip replacement, knee replacement and varicose vein. These can help us understand the outcomes which matter most to patients (including quality of life), highlight areas with significant variation in outcome and indicate potential areas for service improvement.

**OBJECTIVES**

We will;

- Monitor and seek to reduce patient mortality and morbidity whilst under our care

- Reduce mortality due to sepsis so that we are in the top quartile of Trusts with the lowest HSMR in England.

# Clinical Effectiveness Plan at a glance

## Signature Behaviours

| We do what we say we will do | No delays, every day | We listen, we learn, we lead | Work together, celebrate together |
|---|---|---|---|
| • Participate in relevant national clinical audits and implement recommendations<br><br>• Complete an annual programme of local clinical audit<br><br>• Ensure NICE guidance is implemented where possible and embedded into every day clinical practice<br><br>• Implement recommendations arising from national audits, national confidential enquiries & Getting it Right First Time Programme (GIRFT), where possible, and relevant<br><br>• Be one of the best Trusts in England delivering emergency laparotomies<br><br>• Progress our 3 year R&D strategy, increasing access to clinical research. | • Cancel fewer operations<br><br>• Ensure that our time to theatre for patients with a fractured neck of femur will be amongst the best in England<br><br>• Ensure that the number of patients being cared for in inappropriate areas (e.g. corridors) will be zero if not by exception<br><br>• Deliver the NHS constitutional standards. | • Monitor and seek to reduce patient mortality and morbidity whilst under our care<br><br>• Reduce mortality due to sepsis. | • Implement the priority clinical standards for seven day hospital services<br><br>• Develop closer links with our regional academic partners to improve the training and education of our staff<br><br>• Develop clinical research careers, ensuring the workforce are aware of their role and that of their department in research. |

# Clinical Effectiveness Plan, 2018 – 2021 Objectives and timelines

**Working together** – putting patients, their carers and the community at the forefront of all we do will ensure we collectively lead the changes required in the provision of safe, effective and reliable care and services.

This is the foundation required to ensure we deliver for our patients and their carers.

## Signature Behaviours

| | We do what we say we will do | | No delays, every day | | We listen, we learn, we lead | | Work together, celebrate together |
|---|---|---|---|---|---|---|---|

| Effectiveness Objective | Baseline position (outturn 2017-18) | Year 1 Trajectory 2018-19 | Year 2 Trajectory 2019-20 | Year 3 Trajectory 2020-21 |
|---|---|---|---|---|
| **Implement recommendations arising from national confidential enquiries (NCEPOD), where relevant to the Trust** | | | | |
| | No NCEPOD reports published in 2017/18 | Outcomes from all reports considered at divisional and Trust level are 95% compliant where relevant | Outcomes from all reports considered at divisional and Trust level are 95% compliant where relevant | Outcomes from all reports considered at divisional and Trust level are >95% compliant where relevant |
| **Participate in all relevant national clinical audits** | | | | |
| | 92% | Participation in 94% of all relevant national clinical audits | Participation in 96% of all relevant national clinical audits | Participation in >98% of all relevant national clinical audits |

| Effectiveness Objective | Baseline position (outturn 2017-18) | Year 1 Trajectory 2018-19 | Year 2 Trajectory 2019-20 | Year 3 Trajectory 2020-21 |
|---|---|---|---|---|
| **Complete an annual programme of local clinical audit** | | | | |
| | 47% complete at Feb 2018 | Develop achievable audit programme that meets local guidance issued and where 60% of audits have been completed | Develop achievable audit programme that meets local guidance issued and where > 70% of audits have been completed | Develop achievable audit programme that meets local guidance issued and where >80% of audits have been completed |
| **Ensure NICE guidance is implemented where possible and embedded into every day clinical practice by considering the relevance and implementation of relevant NICE guidance. We will do this by completing NICE assessments, with an exception/ risk report for all partially and non-compliant guidance** | | | | |
| | Feb 2018 84% of NICE guidance assessed within 12 weeks of publication | 85% assessed within 6 weeks | 90% assessed within 6 weeks | 95% assessed within 6 weeks |
| | Feb 2018 74% of non/partially compliant NICE guidance has an exception and/or risk report | 85% with an exception and/ or risk report and a source of assurance | 90% with an exception and/ or risk report and a source of assurance | 95% with an exception and/ or risk report and a source of assurance |
| **Implement recommendations from the Getting it Right First Time Programme (GIRFT), where possible, and relevant** | | | | |
| | Not available | Develop a process to determine the extent to which recommendations from GIRFT are implemented<br><br>80% of GIRFT recommendations implemented for 80% of GIRFT reports | 80% of GIRFT recommendations implemented for 90% of GIRFT reports | 90% of GIRFT recommendations implemented for 90% of GIRFT reports |

| Effectiveness Objective | Baseline position (outturn 2017-18) | Year 1 Trajectory 2018-19 | Year 2 Trajectory 2019-20 | Year 3 Trajectory 2020-21 |
|---|---|---|---|---|
| **Be one of the best Trusts in England delivering emergency laparotomies (measured through the National emergency laparotomy audit)** | | | | |
| | Quarter 1, 2017 Above the national average in 8/10 parameters | Above the national average in 9/10 parameters | Top quartile for 6/10 parameters | Top quartile for 8/10 parameters |
| **Implement the priority clinical standards for seven day hospital services** | | | | |
| | Non- compliant in 4 standards | Compliant in 2/4 standards | Compliant in 3/4 standards | Compliant in 4/4 standards |
| **Achieve the national target for patients' operations on the day of admission** | | | | |
| To have as few a number of cancelled operations as possible | 1.01% WAHT average vs 1.01% all NHS Trust average | Above the national average | Top quartile of all NHS Trusts | Top decile of all NHS Trusts |
| **Ensure that our time to theatre for patients with a fractured neck of femur will be amongst the best in England** | | | | |
| | 85% of patients went to theatre <36 hours for 5 out of 12 months | 85% for 8 out of 12 months | 85% for 10 out of 12 months | 85% for 12 out of 12 months |
| **Ensure that the number of patients being cared for in inappropriate areas (e.g. corridors) will be zero if not by exception** | | | | |
| | 1 day with no patients in the corridor | >90 days with no patients in the corridor | >200 days with no patients in the corridor | >360 days with no patients in the corridor |
| **Monitor and seek to reduce patient mortality and morbidity whilst under our care** | | | | |
| | 12 month rolling average HSMR 102 | HSMR 12 month rolling average ~ 100 | HSMR 12 month rolling average better than the median | HSMR rolling average in top quartile of acute Trusts in England |

| Effectiveness Objective | Baseline position (outturn 2017-18) | Year 1 Trajectory 2018-19 | Year 2 Trajectory 2019-20 | Year 3 Trajectory 2020-21 |
|---|---|---|---|---|
| **Progress our 3 year R&D strategy, increasing access to clinical research** | | | | |
| | Number of specialties recruiting into studies 15<br><br>Activity based funding share of CRNWM 1.2% | Number of specialties recruiting into studies 18<br><br>Activity based funding share of CRNWM 1.5% | Number of specialties recruiting into studies 21<br><br>Activity based funding share of CRNWM 1.8% | Number of specialties recruiting into studies 25<br><br>Activity based funding share of CRNWM 2.5% |
| **Develop clinical research careers, ensuring the workforce are aware of their role and that of their department in research** | | | | |
| | No formal structure in place, research not promoted in workplaces, job descriptions or job plans<br><br>Number of PIs 45 (4% non-medics) | Job descriptions, jobs plans and job adverts to promote research activity, first research awareness survey carried out with workforce<br><br>Number of PIs 50 (8% non medics) | Workforce aware of role of research and that of department as demonstrated in research awareness survey<br><br>Number of PIs 58 (16% non medics) | Clinical research pathways developed in conjunction with University of Worcester<br><br>Improvement in research awareness survey<br><br>Number of PIs 65 (20% non medics) |

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