Clinical Effectiveness and Outcomes Strategy 2011 to 2015

Introduction

The Trust’s vision of delivering world-class clinical services and the NHS’s commitment to high quality care requires a determined and persistent focus on the effectiveness of the care we provide for patients and the outcomes our services achieve. The Clinical Effectiveness and Outcomes Strategy sets out the Trust’s commitment to deliver those aims.

Delivery of this Strategy supports the delivery of:

- The Trust’s 20:20 vision, to become a world-class clinical academic centre where staff work together to deliver the highest standards of health care and achieve excellent outcomes
- The Trust’s strategic objectives: trusted on quality, delivering for tax payers and providing excellence in healthcare
- The Patient Improvement Framework
- The Quality Contract, Commissioning for Quality & Innovation (CQUIN) and the Quality, Innovation, Productivity, Prevention programme (QIPP)
- The Trust’s Quality Accounts
- The NHS Outcomes Framework
- The Equality Delivery System – ensuring we achieve excellence for all our patient groups
- The Trust meeting regulatory requirements, including those of: the Care Quality Commission, Monitor and the NHS Litigation Authority.

Appendix 1 provides a diagrammatic summary of how clinical effectiveness activity fits into the Trust’s work.

Our Vision for 2015 is to provide the outcomes that equal or exceed the best in the NHS, across all the services we provide. We will do this by doing the right things in the right way, innovating and ensuring our teams base their practice on the best available evidence. The effectiveness agenda also contributes to better use of resources – seeking to achieve ‘more for less’ by getting evidence into practice and ensuring audit drives improvement.

Achieving the best outcomes requires us to provide care that is safe and care that is effective and we want to do this in a way that provides the best possible patient experience. This strategy focuses on the ‘effectiveness’ component but we know the importance of the safety and patient experience strategies and that these are interdependent. We also know that we must recruit and retain the best staff, ensure their development needs are met and that we develop leaders at all levels to help ensure the Trust has all the characteristics that help achieve excellent outcomes.

To deliver this strategy we know it is vital to involve our patients, our commissioners and the public in our audit programme and across all aspects of our clinical effectiveness work. Linking with the Patient & Public Involvement strategy will be key in helping us prioritise areas for action.
Sustainable improvement occurs when there are agreed priorities, measurement and where there is determined leadership. This strategy sets out the priorities and focus for the next three to four years; it identifies how success will be measured and the elements required to drive the strategy forward. The Patient Improvement Framework will continue to include key priorities for Effectiveness and link this programme to the Trust’s priorities.

The four central themes of this strategy are to:

**Ensure our practice is based on the best available evidence**

**Use our clinical audit programme as a force for improvement across all services**

**Use outcome measures to inform us, our patients, the public and commissioners on our performance**

**Innovate to improve outcomes in a safe and sustainable way**

### 1.0 Ensure our practice is based on the best available evidence

NICE quality standards set out the way care should be provided, these will increasingly be used to hold organisations to account. They require that we put into practice the evidence set out in their guidances. There will be many pieces of guidance not covered in quality standards that will also shape our care. The Trust will continue to compare its own practice to that set out in NICE guidance and, unless there are evidence based exceptions, seek to address any shortfalls. We will work closely with our commissioners to ensure that resources are secured where NICE guidance depends on investment.

National Confidential Enquiries look at broad areas of practice, assess how the NHS is performing and then provide recommendations to ensure improvement. We are committed to submitting data to these, assessing our performance against recommendations and addressing shortfalls.

In supporting these and the wider agenda of ‘getting evidence into practice’ it is vital our staff know how to access evidence and have the appropriate resources to do so. Increasingly we will expect to use technology to support staff and patients – proven apps on hand held devices may be of significant value. Collaboration with Library Services, Medicines Information, the IT team, Comms and Education will remain key in our knowledge management work.

### Objectives:

1.1 Contribute to all National Confidential Enquiries (NCE) where these are relevant to the care we provide.

1.2 Assess our performance against NCE recommendations and NICE guidance within 3 months of issue.

1.3 Comply with NCE and NICE guidance within 6 months of issue unless exceptions are agreed at executive level.

1.4 Meet or exceed the requirements of NICE quality standards and report on these on a regular basis.

1.5 Ensure the workforce has the skills to access evidence required for their practice and the resources to do so.

1.6 Ensure that locally developed guidelines are fit for purpose – including, in collaboration with Medicines Information, prescribing guidelines.
2.0 Use our clinical audit programme as a force for improvement across all services

2.1 Objectives - our clinical audit programme must:
   a) focus on the priorities as informed by our risk register and Patient Improvement Framework
   b) include the must dos from our Contract and the National Programme (NCAPOP)
   c) ensure that shortfalls in service are addressed systematically and that actions are followed through
   d) support improvement that reduces waste and improves cost-effectiveness
   e) link into mainstream management in the Divisions
   f) follow the requirements of our audit policy in terms of registration, review and dissemination
   g) be subject to scrutiny via Audit and Assurance Committee – in particular ensuring that improvements we make are sustained
   h) provide assurance on our performance where we are meeting the standards

3.0 Use outcome measures to inform us, our patients the public and commissioners on our performance

Our clinical audit programme will provide a mixture of process and outcome measures, those outcome measures must be used to inform us and those using the service – patients, the wider public and our commissioners. In addition there will be other aspects of measuring outcomes:

Mortality rates: use Observed (crude) Mortality rates, Hospital Standardised Mortality Ratios (HSMR), Summary Hospital Level Mortality Indicators (SHMI), feedback from Dr Foster, Mortality Review Panel and effective Morbidity & Mortality meetings provide an important aspect of outcome measurement and of driving improvement. There is work still to be done in improving the clinical information that underpins coding and so informs the HSMR/SHMI. These are addressed more fully in the Safety Strategy.

Patient Reported Outcome Measures (PROMS): these are standardised measures pre and post intervention (hip and knee replacement currently the two main ones for the Trust). They will become used more widely and we will support their use and any learning they can provide.

Other, locally chosen measures can be used so that all aspects of our care can be described.

The NHS Outcomes Framework has three domains which form part of the effectiveness agenda:
Preventing people from dying prematurely
Enhancing quality of life for people with long term conditions
Helping people to recover from episodes of ill health or following injury

We will align our own outcome measurement to cover these where they relate to our services. At the time of writing full detail is awaited but the 2012/13 NHS Outcomes Framework sets out those measures agreed thus far.

Sharing our results with staff and with commissioners, our patients and the public will be an important feature of the clinical effectiveness programme The Associate Medical Director for Clinical Effectiveness will work closely with the Head of Communications and Engagement to ensure we achieve this aim – the Quality Account, our annual conference, regular blogs will support this.
Objectives
3.1 Have mortality measures that truly reflect our performance and ensure that we perform in the top 10% of organisations in the NHS.
3.2 Contribute to the PROMS programme at the required rate and perform in line with the wider NHS. *
3.3 Develop use of outcome measures for all services and perform in the top 10% of the NHS.

* PROMS is still a relatively immature programme and currently ‘avoiding being an outlier’ seems appropriate

NB The 2012-13 Operating Framework (para 2.18) sets out the importance of SHMI as the key mortality and requires trusts to ‘understand, and explain their SHMI and identify and act where performance is falling short’. UHS would wish to explore any higher than expected SHMI to test if it was for the entire organisation or for specific Clinical Classification System groups and whether this was due to clinical care, case mix variation, risk model anomalies or local data accuracy. We will continue also to use HSMR.

4.0 Innovate to improve outcomes in a safe and sustainable way

Innovation is seen as a key driver for better care: introducing new interventions, new medicines and devices, pathway redesign and use of new technologies. Within clinical effectiveness there is particular responsibility for the safe introduction of new procedures and devices; in addition, there is a need to look elsewhere within the NHS and beyond to identify innovation that can help transform care.

Objectives
4.1 Have a horizon scanning process in place to support innovation across our services.
4.2 Introduce new procedures safely and with appropriate business process.
4.3 Develop links between R&D and clinical effectiveness to ensure we translate research into practice.

5.0 Underpinning activity

To achieve across the four themes described above we also need to ensure we have appropriate policies, systems of recording and reporting on our performance, providing education and training to staff, and systems to collate evidence to assure the Board and external agencies that systems work effectively. The clinical effectiveness team and the clinical effectiveness and outcomes steering group are pivotal in supporting the programme. Appendix 2 sets out the committee structure – including groups that escalate issues through CEOSG for the attention of QGSG.

Objectives
5.1 Maintain up to date supporting policies and processes that meet the Trust’s needs and regulatory requirements, as well as supporting compliance with NHSLA standards.
5.2 Ensure access to education and resources that support clinical effectiveness activity including training on clinical audit.
5.3 Collate evidence to provide assurance for the Board and for commissioners and the public, including for the Quality Accounts.
5.4 Share good practice via internal and external networks, an annual conference and regular blogs.
6.0 Priorities for 2011-12

6.1 Patient improvement framework Outcomes priorities

A driver diagram showing the work streams for 2011/12 is contained in Appendix 3. This will be reviewed on a regular basis and updated annually. The priority areas are:

   a) Hospital Standardised Mortality Rates
   b) The emergency pathway
   c) Out of hours/hospital at night
   d) PROMs
   e) Deteriorating patients

Each year the outcomes work streams will be determined by a combination of outcome data, information from safety workstream, national priorities or benchmarked data showing areas requiring improvement. These will then inform the outcome priorities for the Patient Improvement Framework and will be agreed by the Director of Nursing and Medical Director. Each work stream will have an identified lead, an annual plan of action and key performance indicators to measure their successful delivery. When the annual improvements have been realised the work streams will come off the priority list but will continue to be monitored to ensure that the improvement is sustained. Delivery of the outcomes work streams also supports the Quality, Innovation, Productivity and Prevention (QIPP) agenda and the plan of action will include these measures. Delivering the outcomes work streams provides compliance with the Commissioning for Quality and Innovation (CQUIN) and the quality contract. It is worth noting that non-delivery may incur significant financial penalties and for CQUIN a reduction in income against activity.

6.2 Clinical effectiveness priorities 2011-12

   a) Establish a system for receipt, review and improvement on NICE Quality Standards
   b) Strengthen the clinical audit programme to ensure that all actions are followed through and improvements achieved
   c) Achieve a ‘3 tick’ rating for data return on TARN.
   d) Achieve required PROMs return.
   e) Engage Audit and assurance Committee in priorities for 2012-13 audit programme and outputs of 2011-12 programme.
   f) Meet NHS LA requirements on NCE, Clinical Audit and NICE standards.
   g) Hold a CE conference.
   h) Set out a model for improved care for older patients undergoing surgery - NCE An age old problem.
   i) Ensure gap analyses completed on all NICE guidance.
   j) Initiate a CE/outcomes blog.
   k) Improve clinical data recording that underpins coding in order to ensure that the HSMR accurately reflects clinical outcomes.
l) Achieve sign-off at Board level of this strategy.

7.0 Responsibility for delivery of the Strategy

The Medical Director and the Director of Nursing have overall executive responsibility, on behalf of the Board, for the delivery of this strategy. The Associate Medical Director for Clinical Effectiveness has designated responsibility for overseeing each aspect of the key themes identified within the strategy to ensure that they are delivered and monitoring performance and the Associate Medical Director for Patient Safety has designated responsibility for matters around HSMR/SHMI, Mortality Review and Mortality & Morbidity meetings.

The Trust’s Clinical Effectiveness team has responsibility for:

- Overseeing the audit programme and in particular the trustwide audits
- Maintaining data bases for NCE, NICE, and others as required
- Distribution of key documents such as new NCE reports
- Appointing clinical leads for NCE, NICE quality standards, NICE guidances
- The Clinical Effectiveness and Outcomes meeting
- The annual CE conference
- Maintaining and monitoring policies pertinent to CE activity
- Provision of expert advice

The Divisional Management Teams have responsibility for ensuring that action is taken against the work streams, setting local Divisional outcomes priorities, delivering the local audit programme and ensuring relevant NCE, NICE guidance and NICE quality standards are met.

Divisional governance managers are key in supporting communication of this strategy and will support DMTs in ensuring governance boards address effectiveness and outcomes issues. DGMs will be supported by clinical effectiveness leads who act as champions for clinical effectiveness activity, scrutinise audit proposals and ensure audit cycles are completed; they will work with clinical leads to ensure outcome measures are used; they will advise on knowledge management needs.

The Chief Pharmacist has a particular role in ensuring NICE technology appraisals for medicines are considered and implemented. The senior clinical lead for new procedures will support the AMD in ensuring appropriate introduction of innovations.

8.0 Communications

The strategy will be shared on the staffnet, discussed with clinical effectiveness leads and offers made for further discussion across each divisional governance group. In addition, in collaboration with the communications team, consideration will be given on how best to communicate the key issues to members, staff, patients, the wider public and our commissioners. This work will include sharing the details of the quality of care with our public, patients and commissioners – supporting our intention to be the hospital of choice.
9.0 Conclusion

Achieving the best possible outcomes across all our services depends on the efforts of individuals, teams and organisational groups; this strategy supports these efforts by setting out a framework and prioritising actions to deliver success. The organisation builds on a strong track record of getting evidence into practice and of improvement; this needs to continue if we are to achieve our vision of world-class care.

Acknowledgement – the CEO strategy is based on the template design developed by Deputy Director Nursing for the Patient Safety Strategy.

The Trust Executive Committee agreed this strategy in December 2011, it was then endorsed by the Trust Board on 20th December 2011.

DRAFTING NOTE
Comments incorporated from: Mr David Weeden, Patricia Norman, Discussion at Clinical Effectiveness and Outcomes Steering Group, Dr Simon Wills (Medicines Information), E M Robertson (Library Services), Helen Neary, Hospital at Night comments used from Q2 Outcomes Report. Discussion at November QGSG and December’s Trust Executive Committee have been built into this final version. The Southampton LINk group has also received and commented on the document.
Appendix 1: The role of Clinical Effectiveness in the Trust

Our education agenda

Informing education needs

Implementing NICE guidance and national confidential enquiry recommendations

Clinical Effectiveness Activities

Higher quality care as evidence is implemented and lessons learnt from audit & confidential enquiries

Improved Outcomes and better use of resources

External drivers for improvement

Research and development

Safety strategy including risk register

Internal drivers for innovation and for audit
Appendix 2:
Structure supporting clinical effectiveness and outcomes
## Appendix 3: The Patient Improvement Framework Priorities 2011-12

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<tr>
<th>Goal</th>
<th>Primary Driver</th>
<th>Secondary Drivers</th>
<th>Change Projects</th>
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| Hospital Standardised Mortality Ratios | To provide high-quality care and world-class outcomes | • Improve clinical data recording  
• Develop specific actions in areas with HSMR above 110  
• Improve feedback from coders to clinicians  
• Reduce Trust’s overall HSMR to below 100 after annual re-benchmarking | • Regular action plans and feedback through Care Groups to individual clinicians  
• Build actions required to improve clinical data recording in consultant medical staff appraisal  
• Invest in coding resources to allow direct interaction with clinicians |
| Emergency Pathway | • Unplanned Re-attendances  
• Total time spent in the A&E department  
• Left without being seen  
• Time to initial assessment  
• Time to Treatment | • Reduce avoidable re-attendances at A&E by improving the care and communication delivered during the original attendance.  
• Improve timeless and monitoring of care to ensure patients do not have excessive waits in A&E before leaving the department.  
• Improve patient experience and reduce the clinical risk to patients who leave A&E before receiving the care they need.  
• Reduce clinical risk associated with the time the patient spends un-assessed in A&E  
• Reduce the clinical risk and discomfort associated with the time the patient spends before their treatment begins in A&E |
### To provide high-quality care and world-class outcomes

**Reduced harm from deterioration through:**
- Accurate fluid balance
- Accurate & reliable observation
- Prompt senior review
- Improved handover /communication
- Improved knowledge/capability

- Improved fluid chart completion
- Improved fluid management
- Improved MEWS compliance
- Reduced cardiac arrests
- Reduced unexpected admissions
- Prompt primary review
- Appropriate/timely escalation
- SBAR implementation
- Improved supervision
- Improved ward capability

- Hydration policy
- Dehydration – VTE
- Redesigned fluid charts
- Observation policy
- Acuity audit/Dashboard
- Electronic monitoring
- Rapid review
- EQUEST/pharmacy support
- MEWS algorithm
- AER monitoring
- Electronic doctors’ work -list
- Documentation/record-keeping
- NIC competence/leadership
- Band competency
- Acuity education sub-group

### Out of hours/hospital at night

(Detail to be developed)

Hospital at Night was launched as a pilot project in the Trust in 2008, and currently includes patients in divisions A, B and parts of D.

The programme is clinically driven, using teams with skills crossing professions and specialties. The hospital at night approach adds support to medical training and service delivery, and aims to achieve safer care by having staff with a full range of skills and competencies to meet the immediate needs of patients.

### Patient Reported Outcome Measures – national programme (PROMs)

- Maintain high return rates
- Achieve national average for outcomes

- Review returns
- Encourage uptake
- Initiate revascularisation PROMs
- Feedback to clinical teams