

Governing Body meeting (held in public)

DATE: 30 July 2015

Title	NHS Bexley CCG Quality and Safety Strategy 2015
This paper is for Decision	
Recommended action for the Governing Body	That the Governing Body: Approve 1. The strategy
Potential areas for Conflicts of interest	None
Executive summary	<p>The Strategy has been developed through the work of the Quality and Safety sub-committee to reflect the work of the team. The strategy is mindful of the current commissioning intentions and is reflected in the draft commissioning intentions for 2016 onwards.</p> <p>The strategy outlines the framework that the CCG will use to ensure that quality is at the heart of this organisation, using the patient voice to drive improvement, holding providers to account for the quality of the services they provide and extending the influence of the CCG in relation to quality for some of our smaller contracts.</p> <p>The CCG will continue to use the formalised “set piece” meetings to improve quality Clinical Quality Review Groups, South London Quality Surveillance Meetings etc. as well as developing new streams of assurance including better links to CQC, and developing of the duality platform of PAMS alongside QAMS (Performance Alert Monitoring Systems and Quality Alert Monitoring System).</p> <p>The priorities for 2015-16 have now been set and are listed below. The progress against these priorities will be monitored by the Q&SSC. Reports on progress will be provided to Q&SSC on quarterly basis.</p>

Clinical Commissioning Group

	<p>General</p> <ul style="list-style-type: none"> To embed learning from incidents, complaints and patient feedback, thereby reducing the potential for incidents. Supporting Quality improvement through greater collaboration between hospital and community services. A better understanding around the prevention of inequality for the vulnerable groups and their access to treatment. Improvement in the quality of information between secondary, primary and community care. Safeguarding Children and Vulnerable Adults (see Safeguarding Strategy). <p>Specific</p> <p>Quality Improvement in:</p> <ul style="list-style-type: none"> Care Homes District Nursing <p>The Quality Premium</p> <ul style="list-style-type: none"> C.Diff performance London Quality Standards The quality of maternity provision for the women of Bexley The quality of care at Queen Elizabeth Hospital A&E End of Life Care/ linking work through Care Home Forum Small Contracts Assurance Process <p>Delivery</p> <ul style="list-style-type: none"> Improving Cancer services (especially 62 day waits at L&G). 	
<p>How does this paper support the CCGs objectives?</p>	<p>Patients:</p>	<p>The quality strategy is designed to improve services to patients</p>
	<p>People:</p>	<p>n/a</p>
	<p>Pounds:</p>	<p>n/a</p>
	<p>Process:</p>	<p>n/a</p>
<p>What are the Organisational implications</p>	<p>Key risks</p>	<p>None</p>
	<p>Equality</p>	<p>None</p>
	<p>Financial</p>	<p>None</p>

Clinical Commissioning Group

	Data	None
	Legal issues	None
	NHS constitution	Improvement in outcomes are a part of the strategy
Engagement	None	
Audit trail	None – Quality and Safety Sub-committee	
Comms plan	None	
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Date	20th July 2015	

QUALITY & SAFETY STRATEGY 2015

(to be read in conjunction with the Safeguarding Strategy)

Author's name & Title:	David Parkins, AD of Quality
Sponsor's name & Title:	Simon Evans-Evans, Director of Governance and Quality -
Annual Review date:	14/05/2016
Supersedes:	
Description:	This document is intended to provide a framework to ensure that quality remains central to the work of Bexley Clinical Commissioning Group (CCG). It is built around the priorities and processes of the CCG.
Audience:	The people of Bexley, Bexley CCG and its staff, including SE CSU staff working within the CCG involved in commissioning and contracting services, member practices

Consultation:		
Date	Name	Title and /or Organisation
30/01/14	Jill May / Kudzi Mukandi	Children's and Adult Safeguarding leads
31/01/14	Simon Evans-Evans	Director of Governance and Quality
4/02/14	Charles O'Hanlon	AD - Transformation and Redesign
13/02/14		Q&S sub-committee
20/05/14		Patient Council
29/05/14		Governing body
12/02/15		Q&S sub-committee (1st draft)
05/05/15		Q&S sub-committee (final pre meeting 2015)

Approved by:	Q&S sub-committee	Date:	14/05/15
Ratified by:	Governing body	Date	

Version control

Name	Date	Version	Reason	Status
<i>Person making the entry</i>	<i>Date of entry</i>	<i>Version control</i>	<i>New / revision / consultation etc</i>	<i>Draft / for approval / approved</i>
David Parkins	28/01/14	V0.1	New	Draft for Approval
David Parkins	05/02/14	V0.2	Revision	Draft to Q&SSC
David Parkins	16/02/14	V0.3	Revision	Additions
David Parkins	29/05/14	V1.0	Final 2014	Final 2014
David Parkins	01/02/15	V1.1	Revision 2015	Additions
David Parkins	12/02/15	V1.2	Revision 2015	Additions
David Parkins	05/05/15	V1.3	Final draft 2015	Final draft 2015
David Parkins	14/05/15	V1.4	Final 2015	Final for QSSC
David Parkins	20/05/15	V2.0	Final 2015	Final 2015

1. Vision for Quality

'The delivery of care is safe and clinically effective and with the best possible patient experience'.

This strategy outlines the framework for ensuring that quality is at the centre of everything we do. It underpins the quality agenda of NHS Bexley Clinical Commissioning Group (CCG), in ensuring that the delivery of care is safe and clinically effective and with the best possible patient experience. Assessment of quality is based on the key national policy drivers, national guidance and compliance with published standards for service specifications and service delivery in these three key domains.

The national drivers for quality and patient experience are:

- NHS Constitution
- NHS Outcomes Framework
- Clinical Commissioning Group Outcomes Indicator Set
- National Institute for Clinical Excellence (NICE) Quality Standards
- Care Quality Commission (CQC) Essential Standards
- Commissioning for Quality and Innovation Framework (CQUIN)
- Quality, Innovation, Productivity and Prevention (QIPP)
- Friends and Family test
- The Francis Report
- The Berwick Report

The CCG considers that the foundation stones for quality are contained within the quality triangle (Figure 1):

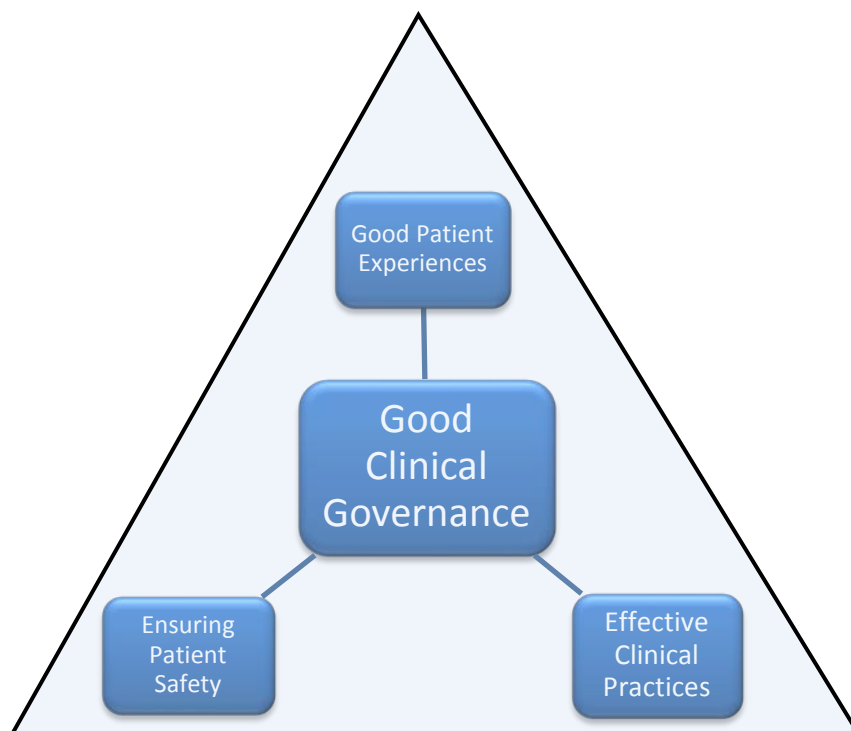


Figure 1 Quality Triangle.

2 Responsibilities

NHS Bexley CCG has a statutory duty to exercise its functions with a view to hold its commissioned providers to account for the delivery of contractual obligations and quality standards. In addition, the CCG works with providers to secure continuous improvements in the quality of their services. The CCG Governing Body through its Audit and Integrated Assurance Committee requires assurance of these processes. This involves the controls that are in place to document and ensure good governance, particularly in relation to information relating to quality. In addition, there needs to be assurance that there are robust processes for the discharging of the specific duties in the areas of safeguarding for children and vulnerable adults including under the Mental Capacity Act.

As a membership organisation, the CCG takes its statutory responsibility to support NHS England improve the quality of Primary Care seriously to work with and support member GP practices and the wider primary care to assure current standards. However, each practice remains accountable for the quality of services with their own organisation.

3 Quality and the Commissioning Cycle

The impact on quality is central to the whole organisation and the commissioning cycle. It includes informing our commissioning and contracting decisions for new or updated services. Figure 2 shows the typical work of the Quality team within the commissioning cycle.



Figure 2 - Quality function within the commissioning cycle

3.1 Assessment of need and quality requirements

The Quality team supports a health needs assessment through:

- Collation and analysis of existing information being collected through quality schedules.
- Data collected through national initiatives e.g. national safety thermometer, serious incident/incident reporting, CQC visits and reports.
- Patient experience data, where available.
- Review of national policy and guidance to ensure “must dos” are considered.
- Assistance in the completion of a quality impact assessment.
- Helping to set quality indicators to measure progress.

3.2 Quality Intelligence gathering / gaps in provision

The Patient Experience team within the quality directorate helps to identify gaps in service provision through:

- Collation and analysis of patient experience information from a variety of sources such as; complaints, quality alerts, clinical quality visits, NHS choices feedback, friends and family data, patient feedback and survey results.

3.3 Support Service Redesign/ leading on Quality Priorities

The Quality team supports service redesign through:

- Collation and analysis of existing information being collected through quality schedules.
- Assistance in the completion of a quality impact assessment.
- Ensuring evidence based information and best practice, following national and local guidance, is considered.

3.4 Support Procurement and Contracting

The Quality team supports the procurement and contracting process through:

- Development of quality measures.
- Development of quality schedules and CQUIN schemes.
- Evaluation of potential provider bids.
- Ensuring evidence based information and best practice, following national and local guidance, is considered

3.5 Monitor and Manage Performance

The Quality team monitors and manage performance through:

- Regular monitoring of quality dashboards and CQUIN schemes within contracts
- Clinical quality visits to providers.

- Triangulation and analysis of all available data including serious incidents, never events, quality alerts, patient experience and workforce information.
- Review of provider CIPs.

4 Quality structure

4.1 Good quality data is a pre-requisite to understanding current services, for gaining improvement and planning future services. This is obtained from various sources: providers, South East CSU and neighbouring CCGs, It supports our role to commission the right services and best possible care for our resident population. Assurance about the quality of local providers is through provider Clinical Quality Review Groups (CQRGs) and data is reviewed bi-monthly by the Bexley CCG Quality & Safety sub-committee (Q&SSC).

The work of the Q&SSC is to:

- Assure the CCG that there are clear and robust structures, processes, lines of accountability through Quality reports to ensure the safety and continuous quality improvement of clinical services.
- Review and ratify reports from a number of 'core' CQRGs informing the development of a regular clinical quality report to the CCG.
- Consider and advise on the quality and clinical governance aspects of service specifications.
- Ensure that patient experience is kept central to quality monitoring.
- Ensure a whole system approach to understanding clinical quality, equality and fair access in relation to commissioned providers.
- Ensure that prevention interventions are recognised and incorporated into new service specifications.

The Q&SSC either, seeks assurance itself using a variety of techniques and tools to complete its work or links into other groups (see below) in order to provide assurance to the CCG. This involves the preparation of a quality summary, and quality and performance reports for the CCG.

4.2 The Quality team:

The Governing Body provides leadership to the Quality function of the CCG through:

2 GP members (who lead on Quality)
 Secondary care doctor
 Nurse member

who are supported by:

Director of Governance and Quality
 Assistant Director of Nursing & Quality 0.74WTE
 Assistant Director of Quality 0.26WTE
 Clinical Governance & Risk Manager

Quality and Performance co-ordinator
Designated Nurse Safeguarding Children
Quality Lead for Vulnerable Adults
Designated doctor safeguarding children via SLA

GP clinical leads

The quality team links directly to the patient experience and engagement team:

Head of Patient Experience and Stakeholder Engagement
Stakeholder Insight Officer
Engagement Officer

4.3 Quality intelligence group

The Quality team meet with representatives from the patient experience and engagement team, contracts team, the communications team and medicine management team on a 2-4 weekly basis to share and update on current issues.

4.4 Quality - external or joint assurance meetings

Monthly

- Lewisham and Greenwich (L&G) Clinical Quality Review Group (CQRG) (Bexley Greenwich, and Lewisham CCGs)
- Joint Oxleas Mental Health (Bexley, Bromley and Greenwich (BBG) CCGs) and Oxleas Community CQRG (Bexley and Greenwich CCGs)
- Kings College NHS Foundation Trust CQRG
- South East London SI Management Panels
- Pressure Ulcer Panel (L&G and Oxleas)
- South London Quality Surveillance Group
- BBG Pressure Ulcer Working Group
- Local Safeguarding Children's Board
- NHS 111 Clinical Governance meeting

6 weekly

- Safeguarding Improvement Board

2 monthly

- Dartford and Gravesham NHS Trust (West Kent and Bexley CCGs)

Quarterly

- Oxleas Quality Board
- Child Death Overview Panel

- Bexley Safeguarding Children Board
- Adult Safeguarding Partnership Board
- Mental Capacity/DoLS Local Implementation Network
- Adult Safeguarding Operations Group
- Safeguarding Commissioning Committee
- Provider Safeguarding Committees

5.0 Quality Assurance reporting

There is a system of quality assurance and early warning processes in place which provides information about the safety, effectiveness and patient experience of commissioned services. This system enables a proactive approach in identifying early signs of concerns and to take action where standards fall short and in urgent situations report direct to the Clinical Chair or Chief Officer.

NHS Bexley CCG puts patient safety at the heart of commissioning and contracting, and expects its providers to be able to demonstrate that they have robust clinical governance arrangements in place to protect patients from harm. The Quality team, as part of seeking appropriate assurance, monitor all relevant indicators of patient safety and risk including safety related incidents, trends, complaints, contractual reporting, national and regional data, Care Quality Commission reports, or otherwise) and adverse information. A series of triggers have been identified which alert the CCG; these include but are not limited to:

- Poor results from Care Quality Commission or similar inspection
- Failure to deliver CQUINs, vital signs or key performance indicators with RCA at a systems level
- Unacceptable results from patient survey
- Adverse audit / complaints findings
- Persistent adverse trend in incidents
- Whistle blowing
- Identified contractual breach
- Unacceptable response to national or local alert
- Serious incident trends
- Quality alerts

5.1 Sources for the Quality report

The quality report and quality focus summary equally highlights key areas of good performance and areas of concern about main providers of NHS care. These are presented to each Q&SSC and CCG governing body meeting.

Data for the Quality and Safety report are sourced from:

- Trust Quality & Safety reports
- South East CSU Acute Integrated Performance Report

- Community Contract Report
- Oxleas Quality & Safety Report
- Serious Incidents Reports
- Quality Alert Management System reporting
- CQC Visits / Reports
- Patient Experience reports

5.2 SI management and Never Events

Serious Incidents (SIs) are reported by providers to the quality team in an agreed timeframe. For services where the CCGs are not the lead commissioner we work with the lead commissioner (e.g. neighbouring CCGs in Kent) to ensure we are informed of incidents that affect our population. Providers send through STEIS notification via the generic in-box and all SI notifications are added to the new SI database. The AD of Quality or safeguarding nurses then critique and sign off the RCA's. The SI database at any point in time allows viewing of the details of the number of SI's which have been reported by a provider, and can highlight when reports are due and monitor RCA reports if overdue.

Bexley's SI local management involves attendance at the following meetings:

- BBG SI management meeting - Monthly
- Oxleas Patient Safety meeting - Monthly
- Pressure ulcer task and finish groups
- Pressure ulcer Oxleas Panel meetings

Identification of themes and system learning are paramount and this focus is also conducted at SE London level.

5.3 Quality alert management system (QAMS)

Bexley CCG has implemented a secure web-based system to manage quality alerts. A successful pilot took place during the summer of 2014. The system is user friendly and allows for a direct response from provider and more importantly, timely feedback to GP. The whole process is managed by the software system; reducing and streamlining the workflow and administrative burden. The QAMS provides clear dashboards for reporting to Q&SSC and inclusion in Quality reports.. It is currently in place at L&G NHS Trust, Oxleas Foundation NHS Trust and the Hurley Group (Urgent care). Discussions are taking place with other Trusts and CCGs. Final roll out to remainder of Bexley GPs will continue in 2015, with Greenwich CCG also rolling out the system in 2015.

5.4 Healthcare associated infections (HCAI).

The CCG has a MOU with the Local Authority to manage HCAIs within the population. The target is for no cases of MRSA. This is through close working with the Local Authority infection and prevention control lead and seeking assurance of provider and local community action plans. A joint HCAI strategy plan is in place. One of the key

outcomes is shared learning from the post infection reviews (PIRs). A C.Diff action plan are part of the 2015-16 workplan.

5.5 Care Homes.

The Quality team works closely with Bexley Social Services in reviewing quality and adult safeguarding across all Care Homes, Meetings include reviewing audits and sharing intelligence. It is expected that these meetings will evolve into a CQRG in order to join up intelligence. During 2015/16, the quality alert management system will be piloted with a number of Care Homes and also a Quality/KPI monitoring system will be introduced linked to one of the local Quality Premium measures.

6.0 Commissioning for Quality and Innovation (CQUIN) scheme

For 2015/16, CQUINs provide an opportunity to consolidate efforts on national goals from the previous year’s scheme whilst also shifting the focus on to new national goals. The Five Year Forward View (FYFV) has set out the vision for promoting well-being and preventing ill health. A key element of our work going forward is align incentives with the reform of payment approaches and contracts.

The 2015/16 CQUIN scheme is available to providers which have chosen the *enhanced alternative* - the Enhanced Tariff Option (ETO) for the full year 2015/16. The value of the scheme offered is 2.5% of Actual Contract Value, as defined in the 2015/16 NHS Standard Contract where providers have chosen the ETO option. The percentage value earned will be dependent on provider performance. Neither the national nor local elements of the 2015/16 CQUIN scheme will be available for the whole of 2015/16 where a provider has not chosen the ETO. NHS England guidance to CCGs was published in March 2015 and further updated in April 2015.

<p style="text-align: center;"><u>Acute hospital services</u></p> <ul style="list-style-type: none"> • The national indicators on sepsis, acute kidney injury and dementia will apply, each with a value of 0.25%, totalling 0.75% • A further 0.5% will be available through the UEC theme • Up to 1.25% will be available for local indicators 	<p style="text-align: center;"><u>Mental health services</u></p> <ul style="list-style-type: none"> • The national indicator on physical health assessment of patients with severe mental illness will apply, with a value of 0.25% • A further 0.5% will be available through the UEC menu • Up to 1.75% will be available for local indicators
<p style="text-align: center;"><u>Community or emergency ambulance services</u></p> <ul style="list-style-type: none"> • 0.5% will be available through the UEC theme • 0.25% will be available for dementia and delirium (community services only) • Up to 1.75% will be available for local indicators 	<p style="text-align: center;"><u>Elective hospital care</u></p> <ul style="list-style-type: none"> • Up to 2.5% will be available for local indicators

Figure 3 Application of CQUIN Based on Provider Type

CQUIN INDICATORS	
NATIONAL (acute)	
1	Acute Kidney Injury
2a	Friends and Family - Early Implementation
2b	Increased or maintained Response Rate in Acute Providers
3a	Dementia - Find, Assess, Investigate, Refer & Inform
3b	Dementia - Staff training
3c	Dementia - Supporting Carers of people with dementia
4	Reducing the proportion of avoidable emergency admissions to hospital.
LOCAL DVH	
5	7 day Access to Services
6	Early identification of patients on an EOLC pathway
7	Improving medicines optimisation care plans
LOCAL L&G	
5	Maternity - Development of a maternal obesity service
6	Maternity - Joint Vulnerability Assessment
7	Improving medicines optimisation care plans
8	Supporting Integration
LOCAL OXLEAS	
1	Improving Physical Health- Weight Management
2	Improving Physical Health- Alcohol and substance use

Figure 4 CQUIN development working areas

NHS Bexley CCG Quality team works jointly with contracting team, neighbouring CCGs and South East CSU in developing CQUINs for Lewisham and Greenwich NHS Trust (L&G), Dartford and Gravesham NHS Trust, Oxleas NHS Foundation Trust (Mental Health and community). The final CQUIN lists are presented to Q&SSC for CCG approval and their subsequent monitoring is reported on a quarterly basis.

7.0 Quality Premium

The 'quality premium' is intended to reward improvements in the quality of the commissioned services and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.

The quality premium paid in 2016/17 – to reflect the quality of the health services commissioned in 2015/16 – will be based on the following measures that cover a combination of national and local priorities.

These are:

- **reducing potential years of lives lost through causes considered amenable to healthcare** (10 per cent of quality premium);
- **urgent and emergency care**-a menu of measures for CCGs to choose from locally in conjunction with their relevant Health and Wellbeing Board(s) and local NHS England team. (30 per cent of quality premium);
- **mental health- a menu of** measures for CCGs to choose from locally in conjunction with their relevant Health and Wellbeing Board(s) and local NHS England team. (30 per cent of quality premium);
- **improving antibiotic prescribing in primary and secondary care** (10 per cent of quality premium);
- **two local measures** which should be based on local priorities such as those identified in joint health and wellbeing strategies (20 per cent of quality premium - 10 per cent for each measure).

Agreement in principle has been reached through the Bexley Health and Well-Being Board for the following local measures:

- 1) Introduction of an improved set of Safeguarding measures
- 2) An increase in Care Home Quality reporting

The CCG will not receive a quality premium if it:

- a) is not considered to have operated in a manner that is consistent with Managing Public Money¹ during 2015/16; or
- b) ends the 2015/16 financial year with an adverse variance against the planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position; or
- c) incurs a qualified audit report in respect of 2015/16. NHS England also reserves the right not to make any payment where there is a serious quality failure during 2015/16.

The total quality premium payment will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to:

- a) maximum 18-week waits from referral to treatment,
- b) maximum four-hour waits in A&E departments,
- c) maximum 14-day wait from a urgent GP referral for suspected cancer, and
- d) maximum 8-minute responses for Category A red 1 ambulance calls.

The Quality Premium data is reported within the Quality focus report.

8.0 Link with Service Redesign team around commissioning intentions 2015/16.

The Quality team works closely with the commissioning and redesign team on various redesigns and procurements. Previous examples include Urgent Care and Cardiology - supporting, embedding and ensuring the services deliver the quality benefits.

Quality is built into the early stages of any redesign through a process which requires the completion of a quality impact assessment (QIA). Clinical leads are also briefed on assuring quality and value as part of their role.

9.0 Children's and Adult's Safeguarding internal process and Governing Body accountability.

9.1 NHS Bexley CCG has :

- GP safeguarding champion on the governing body
- Executive lead Director for safeguarding
- Designated nurse and doctor for safeguarding children
- Quality Lead for Vulnerable Adults

The Safeguarding committee minutes and any relevant issues are reported to the Q&SSC. Reporting includes serious case reviews, serious incidents and audit results. In addition to these reports, annual safeguarding reports are provided.

9.2 Provider assurance - Safeguarding children and adult scorecards with key performance indicators is submitted quarterly from community, mental health and acute NHS providers. Further assurance regarding quality is received through attendance at provider safeguarding committees, safeguarding audits as well as annual provider reports.

9.3 The local safeguarding boards (LSCBs and SAPB) - The CCG works in partnership to ensure critical services are in place to respond to children and adults who are at risk or who have been harmed. The CCG is represented at both Boards and takes an active role in the partnership. Safeguarding leads also contribute to various sub groups affiliated with the respective boards,

9.4 External regulation and inspection - CQC inspected children's safeguarding arrangements in 2012, Bexley arrangements were judged 'good'. As key partners the CCG also participate in Ofsted inspections.

9.5 Effective commissioning, procurement and contract monitoring - the CCG Safeguarding Through Commissioning policy is a key document for commissioning colleagues. The safeguarding leads work with commissioners to ensure services take account of safeguarding requirements.

10.0 Performance

The performance reporting function sits within the Quality team's remit. The focus on performance is now towards outcomes (improvement in patient care) rather than process targets, so this is appropriate. The main outcomes of the NHS Outcomes Framework are set out in the following table:

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm.

The CCG's Outcomes Indicator Set (OIS) supports the NHS Outcomes Framework. The CCG OIS comprises NHS Outcomes Framework indicators that are measured at CCG level and additional indicators developed by NICE and HSCIC. These provide comparative information to both the CCG and the Health and Wellbeing Board to identify local priorities and demonstrate progress on improving outcomes, as well as delivering public transparency about local health services.

The delivery of these performance indicators is an important part of delivering improved services to the population of Bexley. Every year, the CCG is required to demonstrate improvement along with the increased level of monitoring. The CCG Governing Body receives performance reports highlighting the risks and actions to maintain and improve performance. Consequently, the CCG may decide to prioritise certain outcome indicators linked to its commissioning intentions.

10.1 Sources for the Performance section

Data for performance indicators and targets are sourced from:

- South East CSU Acute Integrated Performance Report
- South East CSU Performance Report

10.2 Performance reporting and escalation process

Performance dashboards are included in reports to provide a high-level overview of all the performance domains, highlighting where performance is reported to have hit or exceeded target (green rated); where there is some variance from plan (amber rated) or where there is significant variance from plan (red rated).

The report focuses in detail on those areas that are shown on the dashboards as having deviated from target. Where this is the case, the report sets out a description of these performance issues and include details of the forums the CCG uses to monitor and address these issues.

Performance Reports are monitored by the Q&SSC and by the Governing Body.

11.0 Patients Experience

11.1 In February 2012, the Department of Health published the Patient Experience Framework which was based on a working definition developed by the NHS National Quality Board (NQB) in 2011. The framework is an evidence based list which outlines those elements which are critical to the patients' experience of NHS Services. When using this framework the NHS is required under the Equality Act 2010 to take account of its Public Sector Equality Duty including eliminating discrimination, harassment and victimisation, promoting equality and fostering good relations between people.

- Respect for patient-centred values, preferences, and expressed needs, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;
- Coordination and integration of care across the health and social care system;
- Information, communication, and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;
- Physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings;
- Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;
- Welcoming the involvement of family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;
- Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;
- Access to care with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

The Patient Experience team are an invaluable resource in highlighting concerns in a very timely way and are instrumental in picking up local concerns at an early stage. Patients are aware of the local service from the patient experience team and Bexley CCG continues to receive complaints where the patient does not have confidence in the provider to manage the complaint. The patient experience team is developing new ways to engage with service users and the Quality team links in to those initiatives. Patient

experience information is used to help understand how patients feel about the commissioned services, what may need to change and any improvements proposed by patients and service users. This information can be used to support and inform future commissioning decisions and service redesign.

11.2 Aims of Patient Experience

The Communications and Engagement Strategy clearly outlines the commitment of the CCG to listen to the concerns of the people of Bexley and act on this feedback effectively and efficiently.

Bexley CCG is committed to working with the people and communities of Bexley in an open and transparent way and has been creative in its approach to embed Patient & Public Involvement (PPI) into its work. Patient experience and involvement means more than simply engaging people in discussions about commissioned services. Involvement means listening to the patient voice and ensuring that the experiences of service users are heard at every level.

The patient experience information gathered is used to help us understand how patients feel about the services we commission, what may need to change and any improvements proposed by patients and service users. This information can be used as an evidence base to support and inform commissioning decisions and service redesign.

Our aim is to ensure that we systematically manage the information we receive, review it on a regular basis and identify any areas of concern. To do this we need to:

- Establish mechanisms to routinely collect and collate information on patient experience which includes real-time feedback (Mystery shopper).
- Understand the experience of a wide variety of patients to reflect the diversity of our local population (EDS focus group).
- Work with partners and patients to deliver real improvements in patient experience (Patient Council).
- Support and challenge providers where evidence of negative patient experience causes us concern (Complaints, patient insights).
- Design and commission services to ensure a positive patient experience.

11.3 Mechanisms

11.31 What mechanisms are used?

In order to continually listen to our patients, service users and communities regarding the services we commission we have systems set up to gather information and feedback. The current systems we use are outlined in 11.32 and 11.33.

11.32 Direct patient feedback through:

- a) **Complaints & Insights** –The team receive information about complaints and patient insights received by the CCGs about locally commissioned services and seeks assurance around the management, outcome and learning from these complaints.

- b) **National Surveys** – The NHS patient survey programme systematically gathers the views of patients about the care they have recently received in a variety of areas. The team is able to review and look for trends in patients experience and also look at improvement and deterioration in areas of patients experience for individual providers year on year.
- c) **Local Surveys** – The team receives feedback from local surveys developed to support commissioning projects/service redesign. Analysis of this data provides rich data and offers an insight into the quality of services patients receive.
- e) **Quality Visits** –The CCG have established links with Healthwatch who have committed to share information of ‘enter and view’ visits with the Patient Experience Team.
- f) **Friends and Family** – Ensuring that the friends and family test is embedded within the practice of all acute care providers and that this data is analysed down to ward level.

11.33 Feedback through other sources:

- a) **Websites** – the Patient Experience Team monitors national websites Patient Opinion and NHS Choices to see how many concerns and compliments are being left about commissioned providers. The team reviews this information for trends.
- b) **Social Media** – The CCG has a Twitter account and public website, these allow dedicated areas for feedback and comments. Information shared through these routes is recorded and shared in quality reports/meetings.
- c) **Quality alerts** – (see 5.3) This now is managed by the Patient experience team. Trend reports are produced from this data and shared with the quality team.
- d) **Partner feedback** – When considering the care being delivered by providers’ feedback from the Care Quality Commission is used to support reviews of care.
- e) **Patient Council, EDS Focus Group & Mystery Shopper** – Seeking views and feedback from members on patient experience and sharing our information about providers on a regular basis. Bexley CCG has maximised its knowledge of commissioned services by creating opportunities for ‘real time’ patient feedback through the Mystery Shopper programme. In addition by utilising the knowledge and insight of the GP membership of patients experience through the Quality Alerts system.

At grass roots level, patients are able to have their say in a variety of ways by, for example:

- Joining a patient group at their GP surgery. The Chair of PPG groups in each locality is represented on Bexley Patient Council.
- Participating in other patient groups such as young people health advisory group, EDS focus group.
- At the heart of any service redesign work at the CCG are a series of patient reference groups (e.g. Diabetes, MSK, End of Life Care).

Bexley CCG recognises that hearing the patients experience and involving them, their carers and the local community in the commissioning process is vital and essential, offering the CCG valuable expertise to inform service redesign and commissioning decisions and insight into the quality of commissioned service.

12.0 Priorities for 2015-16

The priorities for 2015-16 have now been set and are listed below. The progress against these priorities will be monitored by the Q&SSC. Reports on progress will be provided to Q&SSC on quarterly basis.

12.1 General

- To embed learning from incidents, complaints and patient feedback, thereby reducing the potential for incidents.
- Supporting Quality improvement through greater collaboration between hospital and community services.
- A better understanding around the prevention of inequality for the vulnerable groups and their access to treatment.
- Improvement in the quality of information between secondary, primary and community care.
- Safeguarding Children and Vulnerable Adults (see Safeguarding Strategy).

12.2 Specific

- Quality Improvement in:
 - Care Homes
 - District Nursing
- The Quality Premium
- C.Diff performance
- London Quality Standards
- The quality of maternity provision for the women of Bexley
- The quality of care at Queen Elizabeth Hospital A&E
- End of Life Care/ linking work through Care Home Forum
- Small Contracts Assurance Process

12.3 Delivery

- Improving Cancer services (especially 62 day waits at L&G).

12.4 Audit Work Plan

The audit work plan for 2015-16 have now been agreed and is listed below. The progress against this audit plan will be monitored by the Q&SSC. Reports on progress will be provided to Q&SSC on quarterly basis.

- Older People discharge into care homes (completion by end of Q2).
- Mental Health (access to IAPT) inpatient audit (completion by end of Q3).
- District Nursing (completion by end of Q3).
- AQP Service Community Gynaecology Services (completion by the end of Q3).
- End of Life Care - a hospice specific audit (completion by the end of Q4).