Patient Safety and Quality Delivery for Operational Plan 2014 15

For the purpose of patient safety & quality assurance; the approach BB CCG has adopted in its quality framework, is to use the definition first set out by Lord Darzi in his report *"High Quality Care for All" 2010.*
This definition sets our three dimensions to quality, all three of which must be present in order to provide a high quality service:
Clinical effectiveness – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
Safety – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety; and
Patient experience – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants of needs and with compassion, dignity and respect.

These three dimensions feed directly in to the 5 domains and the 7 outcome measures within the planning framework for 2014-15

1.0 Patient Safety and Quality Ambitions against the Domains and Outcomes

Ambition within 2 years	Mechanisms for delivery	Actions	Timeframe for completion of actions
Domain 1 - Encompasses outcome 1 Preventing people from dying prematurely;			
To improve outcomes by enhancing access, ensuring early intervention and treatment to healthcare. To drive down avoidable deaths within acute hospitals	Plans will reflect the key findings of the Francis, Berwick, Koegh and Winterbourne reports. *It is of note that the Keogh review directly reflected the aims of the 6Cs*	Set up a series of workshops with providers to share learning and develop cross economy strategies	End of Q1 2014/15
		Feed recommendations of Francis, Berwick, Keogh and Winterbourne into contracts	By Q1 2014/15
		Share ideas for contractual levers for BTUH with other commissioners to be included for other providers	By Q1 2014/15
		Use Quality Visit schedule to test embedment	On-going
		Hold BTUIH to account at Clinical Quality Review Group	On-going
		Attend Winterbourne commissioner meetings to track patients	On-going
		Work collaboratively with LD commissioners	On-going
		Review provider and CCG risk assurance frameworks	On-going
	To utilise evidenced based tools such as early warning systems to prevent , identify and address	Learn from incidents and complaints to prevent reoccurrence of themes and trend in harm	On-going
		Implement a dynamic methodology to share learning from	End of Q1 2014/15

	harm events thus facilitating a high focus on learning and improvement (and those described above)	BTUH across commissioned services	
		Use Quality Visit schedule to test embedment	On-going
	Seven day services 10 principles: 1. Experience 2. Time to first consultant review within 14 hrs 3. MDT review for emergency pat 4. Shift hand overs 5. Diagnostics – access 7 days 6. Intervention of key services 7. Mental health 8. On-going review twice daily 9. Transfer out with support services 10. Quality improvement	Use contract to monitor progress of implementation of programme	On-going
		Receive regular update of plans and issues of implementation as they arise at the CQRG	By Q1 2014/15
		Use Quality Visit schedule to test embedment	On-going
		CCG to have oversight of provider CIPs to ensure there is no negative impact of the quality driver	By Q1 2014/15
		Use clinical audit to test and inform	As required
		Develop emergency care pathways to prevent admission	Q2 2014/15
		Develop discharge processes to enable safe early discharge	Q2 2014/15
	To work collaboratively with NHS England to encourage access to preventative measures such as access to health checks within primary care	Enable discussions to improve delivery of health care through the Care Conversation	Throughout 2014/15
		Where appropriate to work with NHS E to improve uptake of contractual obligations such as Health Checks of LD patients in primary care	On-going
	To work collaboratively with PH England to encourage participation of healthy living initiatives	CCG to participate in the NICE Implementation Group at BTUH	On-going
		CCG to recruit a Public Health representative to the above Group	By Q1 2014/15
		Report through to the PS&Q Committee to inform CCG staff of issues and changes required when commissioning services	On-going
		To work collaboratively with colleagues in PHE and ECC to ensure full understanding of available initiatives, that can then be worked into commissioning plans	Throughout 2014/15
Domain 2 - Encompasses outcome 2			

Enhancing quality of life for people with long-term conditions;			
To review and redesign care pathways to enable and optimise patient safe care by being responsive to patient need and changes in their condition. Thereby enabling access to healthcare and appropriate intervention at the right time to prevent inappropriate hospital stays. To ensure the integration of mental health and physical health care needs for those with MH/LD reducing marginalisation.	Patient Engagement initiatives	Use information from patient engagement sessions to better inform commissioning decisions	Throughout 2014/15
		Recruitment of patient leaders to enhance ability of the programme to deliver meaningful engagement	End of Q1 2024/15
		Work collaboratively with the Local Authority, utilising their existing networks to reach vulnerable people in order to inform commissioning decisions (for example, people with mental health and alcohol related conditions).	Throughout 2014/15
	To deliver improved outcomes for Vulnerable People	Improve access and redesign pathways aiming to improve healthcare experiences and outcomes.	Throughout 2014/15
		Use contractual levers to ensure provider staff have access to training about the needs of vulnerable people	By Q1 2014/15
	Improve care planning for people with LTC, aiming to give control to the individual and improving co-ordination of care across services	Use contractual levers to embed individualise care planning	By Q1 2014/15
		Re-design of care pathways for those LTCs	Throughout 2014/15
		Review and re-design of care pathways for those over the age of 75yrs	Throughout 2014/15
		To review cost-effectiveness and innovative methods to provide psychological support for patients with LTC	Throughout 2014/15
Domain 3 - Encompasses outcomes 3 and 4 **Helping people to recover from episodes of ill health or following injury;**			
To reduce avoidable admissions to hospital by commissioning new out of hospital services. To keep people out of hospital when better care can be delivered in a different setting through the redesign of new pathways providing seamless care. To ensure effective joined up working between primary,	Re-design of pathways to ensure best delivery of health services that are also integrated	Work with partners to develop patient focused pathways	Throughout 2014/15
		Implementation of Quality Impact Assessment programme	On-going
		Use contractual process to embed changes in pathways	Throughout 2014/15
		Develop emergency care pathways to prevent admission	Q2 2014/15
		Develop discharge processes to enable safe early discharge	Q2 2014/15
	Engagement with NHS providers and third sector to develop out-of-hospital services to deliver future requirements	Enable discussions to improve delivery of health care through the Care Conversation	Throughout 2014/15
	Engagement with Local Authority to develop out-of-hospital care,	Enable discussions to improve delivery of health care through the use of the Better Care Fund	Throughout 2014/15

community and secondary care. To commission high quality safe and effective hospital care. To work with the Local Authority to ensure and coordinate re-ablement and post discharge care allowing people to achieve their optimal potential for recovery	prevent unnecessary admissions and enable early discharge		
	Promote openness and transparency to ensure meaningful information is shared between providers	Utilisation of information sharing protocols	On-going
		Promote use of shared systems (using contractual levers as appropriate)	On-going
Domain 4 - Encompasses outcomes 5 and 6 **Ensuring that people have a positive experience of care**			
Through improved utilisation of the patient reference group and the introduction of the patient leader programme inform commissioning decisions to enhance patient experience. Aiming to improve reliability of FFT by increasing response rate and net promoter score for Basildon Hospital. Review and triangulate data information e.g.,: •National and local patient surveys •FFT •CQUIN •Healthwatch •Complaints and Comments •Incidents •Patient Stories	To work with partner organisations to re-design services which promote clinical effectiveness, patient safety, quality of care and enhances patients experience	Ensure that there is patient / carer engagement in all re-design projects	On-going
		Ensure quality is central to all service re-design initiative, using the QIA process	On-going
		Work collaboratively with the local authority and other CCGs on re-design projects	On-going
		Identify and use evidence from research and innovative practice to inform service redesign.	On-going
		Measure outcomes for patients following re-design to check that patient experience has improved	On-going
	Promote a 'fair blame' culture, increase the reporting of harm (and near harm) to patients, focusing on learning and improvement.	Attend at provider meetings to review data (and therefore provider understanding of data and improvements needed)	On-going
		Use the CQRG to hold the providers to account, seeking evidence to implementation of initiatives to improve openness and transparency within their organisation	On-going
		Closely monitor provider systems to report all levels of incidents and review reports generated from investigations e.g. Serious Incident process	On-going
		Review and monitor actions from the annual provider staff survey	On-going
		Follow-up of Central Alert System (CAS)	On-going
		Use Quality Visit schedule to test embedment	On-going

•Direct patient feedback Work with the Local Authority, third sector partners, carers , patients and providers to enable integration of mental health and physical health care.		Report through to Board of CCG	On-going
		Report through to the Essex Quality Surveillance Group	On-going
		Await further guidance and establishment of Patient Safety Collaborative by NHS England	To be directed by NHSE
		Work via the membership of the CCG to improve understanding of need for primary care to become actively involved in the PS&Q agenda (need to go back to basics for primary care colleagues)	On-going
	Set measurable ambitions to reduce poor experience of inpatient and emergency care	Set and agree baselines – using national survey data and FFT	By Q1 2014/15
		Use internal provider and point prevalence data (including EMSA)	On-going
		Work with LA and other partners to develop carers strategy. Setting ambitions against carers strategy	On-going
		To monitor provider utilisation of national matrix to improve staffing levels and competence	On-going
		Work with partners to develop patient focused pathways (as described above)	On-going
		Implementation of Quality Impact Assessment programme	On-going
		Use contractual process to continually monitor patient experience	On-going
	Assess the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients and their carers.	Develop and use patient and carer engagement strategies e.g. use of Patient Reference Group, development of Patient Leaders programme	On-going
		Agree and then review of action plans to improve baseline	On-going
		Use Quality Visit schedule to test embedment	On-going
		Hold provider to account at CQRG	On-going
		Work with LA and other partners to monitor implementation of agreed strategies	On-going
	Demonstrate improvements from FFT, complaints and other feedback	To review data via CQRG thus enabling challenge to provider to implement any agreed actions	On-going
		Improve response rate and net promoter scores for FFT	Q2 2014/15
		Improve national surveys results	Q4 2014/15
		Improve availability of benchmarking data	Q2 2014/15

	Understanding of the factors affecting staff engagement and staff satisfaction in the local health economy such as its impact on patient experience and how staff satisfaction locally benchmarks against others.	Review staff satisfaction survey response against previous responses	On-going
		Review provider action plan to address issues highlighted in the survey	On-going
		Use Quality Visit schedule to test staff satisfaction	On-going
	Ensure measurable improvements in staff experience in order to improve patient experience	Monitor Staffing levels	On-going
		Monitor Staff training levels	On-going
		Monitor levels of sickness and absence	On-going
		Triangulate with patient experience data	On-going
Domain 5 - *Encompasses outcome 7* **Treating and caring for people in a safe environment; and protecting them from avoidable harm**.			
The CCGs priority is to ensure the safety of people who use the health services commissioned. The key aims will be to: To improve safety measures and outcomes across all commissioned providers using contractual leverage and CQUIN. (please refer to section 2.0 below re: mechanism to further enable delivery) To ensure evidenced based Early Warning Systems are utilised effectively to care for the deteriorating patient. (as described above) To understand mortality data and ensure learning from mortality	Take a strategic lead to ensure responsibilities for safeguarding (children and adults)are embedded and delivered as per national guidance such as *Safeguarding Vulnerable people in the Reformed NHS; Accountability and Assurance Framework*	**Safeguarding Children**	
		Work collaboratively across Essex to best provide for safeguarding of children	On-going
		Attend and contribute to the Health Executive Forum for Children's safeguarding as a sub-committee of the Essex Safeguarding Children's Board	On-going
		Work with designate staff to hold commissioned organisations to account for processes and systems in place to safe guard children	On-going
		Work in partnership with local authority to drive the safeguarding agenda for children	On-going
		Ensure the section 11 audit is completed, implemented and improved	On-going
		Ensure key priorities such as child sex exploitation and domestic abuse feature in appropriate plans	
		Safeguarding Vulnerable Adults	
		Work collaboratively across Essex to best provide for safeguarding of vulnerable adults	On-going
		Attend the Essex Safeguarding Adults Board	On-going
		Work with commissioned organisations to hold to account	On-going

reviews. (as describe above) To enable sharing of and learning from incidents (as described above) To implement the finding of Francis, Berwick , Keogh and Winterbourne. (as described above) To ensure delivery of Infection Prevention Control strategies and actions this includes continued reduction of C diff and zero tolerance of MRSA infection. To secure compliance with NHS England safeguarding assurance framework working with local authority partners and community groups to safeguard and address the needs of vulnerable groups, such as, frail elderly and looked after children. To continue to work with commissioned providers to ensure that any proposed efficiency measures and transformational change will not have a detrimental impact on their ability to deliver clinically effective, high quality and safe care.(as described above		for processes and systems in place to safe guard vulnerable adults	
		Work in partnership with local authority to drive the safeguarding agenda for vulnerable adults	On-going
		Ensure the section 11 audit is completed, implemented and improved	On-going
		Work with partners to implement the Winterbourne recommendations.	On-going
		Ensure CCG involvement in the PREVENT workstream and provider compliance	On-going
	C.diif target for 2014/15 BB CCG = 33 cases (reduction from 39) Thurrock = 22 cases (reduction from 26) Giving us a total of 55 cases in SWE (reduction from 65) Of which BTUH can have up to 18 cases (reduction from 26) MRSA bacteraemia target for 2014/15 – remains as zero tolerance	Monitor HCAI trajectories as per the contract and hold to account for performance at the CQRG	On-going

2.0 Mechanisms to further enable the delivery of the above ambitions to reduce harm are:

Mechanism	Delivering success	Timeframe
2.1 To review CCG governance for Patient Safety and Quality	Review the functionality and Governance of the Quality and Governance Committee, making recommendations for change and implementing agreed framework	Implementation of new governance framework for PS&Q – Q1 2014/15
	Review the delivery of the functions of the Quality Support Team, bringing functions into the CCG from the hosted arrangement.	Q1 2014/15
	Attendance at appropriate meetings internal and externally to the organisation, promoting the PS&Q agenda in all forums	Q2 2014/15
2.2 Continue to work with partners to gain the required level of assurance for patient safety and quality of care within BTUH	To work with the Trust to drive improvement. Monitoring compliance with recommendations from Francis, Keogh and Berwick. With specific regard to the Keogh recommendations directed at BTUH following their own review	Continue tracking of all related actions until evidence of sustained improvement Q4 2014/15
	To ensure the contract is used to its best effect to provide safety, good quality care that provides a good patient experience	Q1 2014/15
	To have a programme of assurance to monitor standards of patient safety and quality of care	Q1 2014/15
	To work with regulatory partners to share intelligence and drive improvements	Q1 2014/15
	To work with key stakeholders to enable sound knowledge of standards achieved by the Trust and provide assurance of processes of monitoring	Q2 2014/15
2.3 Continue to work with partners to gain the required level of assurance for patient safety and quality of care within all commissioned services	To work with partner CCGs to ensure BB CCG gains assurances of the standards of care with all commissioned providers • Queens hospital • NELFT • SEPT • SUHFT	Q1 2014/15

	• EEAST • Private hospitals • Hospices • Continuing Health Care • NHS 111	
2.4 To develop integrated working patterns with the local authority with specific regards to resident safety and quality of care within care homes	To establish a pro-active, collaborative working relationship with the local authority in regards to care homes	End of Q1 2014/15
	Ensure the sharing of intelligence about standards of care in care homes, to enable the best outcomes to improve standards	On-going
	To work in partnership with the local authority, to monitor care homes where health care is delivered, to drive improvement	On-going
	To ensure the input of the Continuing health Care Team is appropriate and timely to monitor and improve standards with care homes	On-going
2.5 To understand and measure the harm that can occur in healthcare services, to support the development of capacity and capability in patient safety improvement	CCG Quality Team to act as conduit for all PS, Q &PE data, information and intelligence within the CCG	On-going
	CCG relationship with regulators	On-going
	Use of local data	On-going
	Use of Benchmarking data (including Patient Safety Thermometer data to continue to drive improvements in pressure ulcers, falls and management of VTE).Note: currently no issues with VTE – however it is subject to on-going review via the CQRG)	On-going
	Use of Benchmarking data (including Patient Safety Thermometer data to continue to drive improvements in pressure ulcers, falls and management of VTE) within mental health care, medicines safety and maternity	Q2 2014/15
	Awareness and follow-up and reporting of Central Alert System (CAS)	On-going
	Review of Serious Incidents	On-going
	Review of provider reports and action plans	On-going
	Review of Pressure Ulcers, falls and IPC data (all harm events)	On-going
	Attendance at provider meetings to review data (and therefore provider	On-going

	understanding of data and improvements needed)	
	Use of contractual process	On-going
	CQRG – hold provider to account for improvement	On-going
	Use of clinical audit	On-going
2.6 Fulfil our statutory responsibilities to support research	Member of CRN – North Thames	On-going
	Have oversight of implementation of research programme	On-going
	Oversight of programmes of research in providers (including primary care)	On-going
2.7 Use Academic Health Science Networks to promote research	Member of HEE	On-going
	Developing role for Clinical Director	From Q2 2014/15
2.8 Adopt innovative approaches using the delivery agenda set out in *Innovation Health and Wealth: accelerating adoption and diffusion in the NHS* to drive improved outcomes for patients and local communities	Promote senior clinical leadership across organisations	On-going
	NICE implementation programme – membership of BTUH NICE implementation group	On-going
	Use of data from Clinical Audit	On-going
	To pro-active engage with the work of national bodies such as the Institute for Innovation and Improvement and Regional Innovation Fund to support and promote the adoption of innovation and the spread of best practice across the NHS	On-going

3.0 The 6 Cs

The 6Cs

The actions detailed within the Patient Safety and Quality Delivery Operational Plan will be underpinned by the principles identified in Compassion for Practice (DH 2012) to improve the culture within the health system known as the 6Cs;

1. **Care** – delivering high quality care is what we do. People receiving care expect it to be right for them consistently throughout every stage of their life.
2. **Compassion** – is how care is given, through relationships based on empathy, kindness, respect and dignity
3. **Competence** – means we have the knowledge and skills to do the job and the capability to deliver the highest standards of care based on research and evidence.
4. **Communication** – good communication involves better listening and shared decision making – 'no decision about ne without me'.

5. **Courage** - enables us to do the right thing for the people we care for, be bold when we have good ideas, and to speak up when things are wrong
6. **Commitment** – will make our vision for the person receiving care, our professions and our teams happen. We commit to take action to achieve this.

In line with the ambitions of the Patient Safety and Quality Delivery Operational Plan the CCG will work to ensure that the 6Cs are embraced by the provider services to form the values and behaviours that underpin the 6 'areas for action' identified within Compassion for Practice (DH 2012). The 'areas for action' and mechanisms for delivery succinctly align with the domains of the NHS Outcomes Framework represented in the operational plan.

Areas for Action	Link to Domains of Operational Plan	Mechanisms for delivery
Helping people to stay independent, maximising well-being and improving health outcomes	**1,2,3.**	Deliver evidence-based care & extent evidence through research. Explicitly demonstrate our impact on outcomes. Make 'every contact count' to promote health & well-being at individual, family & community levels across all care pathways. Support people to remain independent. Maximise the contribution to specialist community public health nursing.
Working with people to provide a positive experience of care	**4**	Design our services so people, and their carers and family (where appropriate) are active participants in their care. Prioritise patients and the people who receive care in every decision we make. Collect, listen to and act on feedback and complaints. Promote personal responsibilities for health and wellbeing and taking preventative action.
Delivering high quality care and measuring impact.	**5**	Follow evidence-based best practice to deliver high quality outcomes to those that use health and care services (many of which are older people). Measure what we do and our contribution to quality. Be transparent and publish the outcomes. Promote careers in research to strengthen the focus on evidence-based practice.
Building and	**4**	Ensure all registered nurses, midwives & registered care home managers understand

Strengthening leadership		their leadership role with the wider care-giving team. Free out leaders to have time to lead e.g. supervisory status, better use of technology Empower nurses, midwives & care managers to make local changes to improve care.
Ensuring we have the right staff, with the right skills in the right place	**4**	Use evidence-based staffing levels. Commit to and support lifelong learning for the whole care-giving team. Recruit staff with the right culture & values.
Supporting positive staff experience	**4**	Create worthwhile & rewarding jobs. Create equality of opportunity. Support each other & new entrants to the professions. Be professionally accountable. Embrace new technology Be productive and efficient

In summary, the above 6 actions will be realised by ensuring provider contracts reflect the expectation that principles of the 6C's have embraced. Existing monitoring processes such as the Clinical Quality Review Group's and quality visits will be used to test embedment within provider organisations and to hold providers to account for failing to deliver a culture that promotes a positive patient experience a culture that ensures that every contact counts.