

Patient Experience Strategy

Item 17j

Governing Body meeting

1 October 2015

Author(s)	Jane Harriman, Deputy Chief Nurse
Sponsor	Kevin Clifford, Chief Nurse
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
Yes - recruitment to Quality Manager Patient Experience Band 7	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
2.1 Providers delivering poor quality care and not meeting quality targets	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i>	
Yes, currently In progress	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
The strategy sets out actions to improve the experience of patients and the public when in contact with National Health Services.	
Recommendations	
The Governing Body is asked to note the Strategy.	



Patient Experience Strategy 2015 - 2019

Prepared by
Sheffield CCG Clinical Quality Team
February 2015

VERSION CONTROL				
Version	Date	Author	Status	Comment
1.0	13.4.15	Guy Wood	Draft 1	
1.1	18.6.15	J. Harriman	Draft 2	
1.2	13.8.15	J. Harriman	Draft 3	

1. Introduction

Sheffield Clinical Commissioning Group (SCCG) is a GP membership organisation with an ambition to make a real difference to the health and healthcare experience of the people in Sheffield, putting patients at the heart of all our decisions. We are committed to delivering health care using an integrated approach with our local partners to improve not only the safety and effectiveness of care but the experience of care for patients and service users. The CCG has already built a sound quality assurance process by working with providers and partners in Sheffield to seek patient experience feedback. Patient experience is set out as a key ambition for commissioning in Sheffield which is to:

- improve patient experience and access to care
- improve the quality and equality of healthcare in Sheffield
- work with Sheffield City Council to continue to reduce health inequalities in Sheffield
- ensure there is a sustainable, affordable healthcare system in Sheffield

The aim of this strategy is to ensure that SCCG is fully equipped to deliver its strategic objective - to improve patient and service user experience of commissioned services. This includes the achievement of national and local targets set for both the CCG and its providers, embedding robust assurance processes and ensuring that patient experience improves year on year. The strategy will be delivered alongside the Communications & Engagement strategy, the Complaints and the Equality & Diversity policies.

2. Patient Experience and Quality

Patient Experience is a vital part of the quality framework. A simple description of high quality services was defined by Lord Darzi (2008) and by Keogh (2013) as services that are:

- Safe
- Effective
- And deliver a high patient experience



Figure 1. High Quality Services Model

2.1 What do we mean by Patient Experience?

Alongside safe and effective care, patient experience is a key component of clinical quality. Dr Foster, The Intelligent Board 2010, defines patient experience as:

'Feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective views of it.'

Although a patient may receive appropriate and effective care and treatment, if these have not been delivered in an appropriate way, for example; late or cancelled appointments, poor environments or by unhelpful staff, the patient may perceive this to be a poor experience. Equally, patient experience may relate to patient reported outcomes of NHS treatment for example - Patient Reported Outcome Measures (PROMS). Measuring patient experience is therefore important not only to inform service improvements but also because it can also be used to measure the outcome and costs of treatment.

The National Quality Board has agreed a framework describing elements of patient experience that are perceived to be critical to the patients' experience of NHS Services. See section 4.3 below and Appendix 1. for the details of the Framework.

To distinguish between patient experience and patient and public engagement, the latter is described as 'the active participation of members of the public, service users or customers in service planning, delivery and evaluation'. Effective public engagement leads to decisions, delivery and evaluation of services that have been shaped by the relevant people and communities.

3. What are our legal duties in relation to patient experience?

The Department of Health (DH) has made clear our duty to secure continuous improvement in the quality of health services and promote the NHS Constitution.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains the principles, values of the NHS and the patient rights of users. One of these principles is that the NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focused on patient experience. The constitution also states that respect, dignity, compassion should be at the core of how patients and staff are treated.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must give due regard in the course of their duties to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance 'Equality of Opportunity'
- Foster good relations with the public

Inequalities in access to care and outcomes achieved between patients groups, and the degree of involvement and patient choice, are known determinants that impact on the patients experience of care.

The Health and Social Care Act 2012

The White Paper, *'Equity and excellence: Liberating the NHS'* 2010, legislative framework, and the subsequent Health and Social Care Act, 2012, which places statutory duties on CCGs to demonstrate continuous improvements in the quality of health services, with regard patient experience. The 'Act' places a further duty on CCGs to deliver the following:

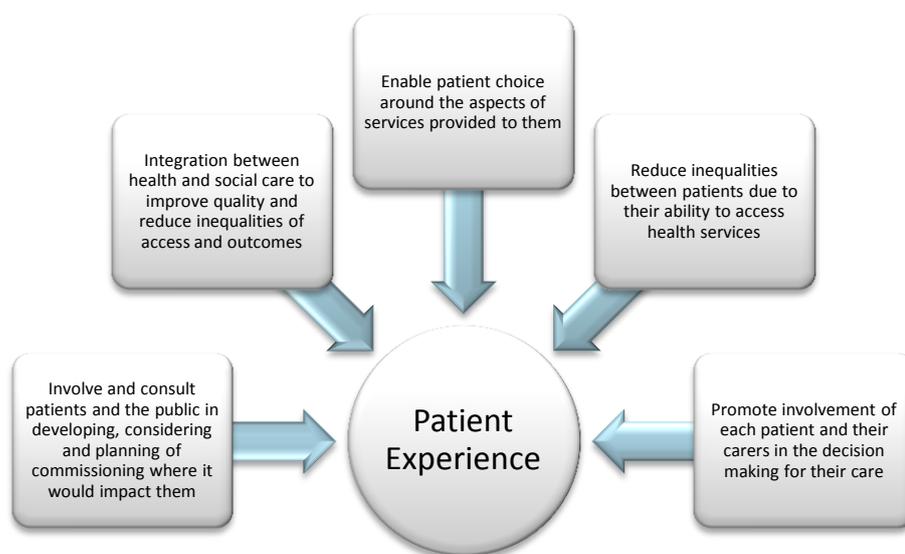


Figure 2 CCG duties that relate to Patient Experience

4. Key Drivers of Patient Experience

4.1 National policy

NHS England Five Year Forward View

In October 2014, NHSE described the ambition of the NHS, to introduce a transformational approach to healthcare including strengthening primary care, joint NHS commissioning with local government and introducing entirely new models of care. In relation to patient experience and commissioner / providers - plans must include ambitions to:

- Reduce poor experience of inpatient care and general practice.
- Assess the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients.
- Demonstrate improvements from Friends and Family Test (FFT), complaints and other feedback.
- Deliver all the NHS Constitution patient rights and commitments.
- Increase transparency of patient outcomes data to promote choice over where and how patients receive care.

The NHS Outcomes Framework 2015/16

The Framework was developed in December 2010, and is updated each year. It provides the outcome indicators to be delivered at CCG level, which are grouped in five domains and focus on health improvement and reducing health inequalities. Domain four of the framework relates to patient experience and details indicators below:

- Patient experience of primary care (GP/ GP out-of-hours//NHS dental services)
- Patient experience of hospital care
- Friends and Family Test
- Patient experience characterised as poor or worse (primary care and hospital care).

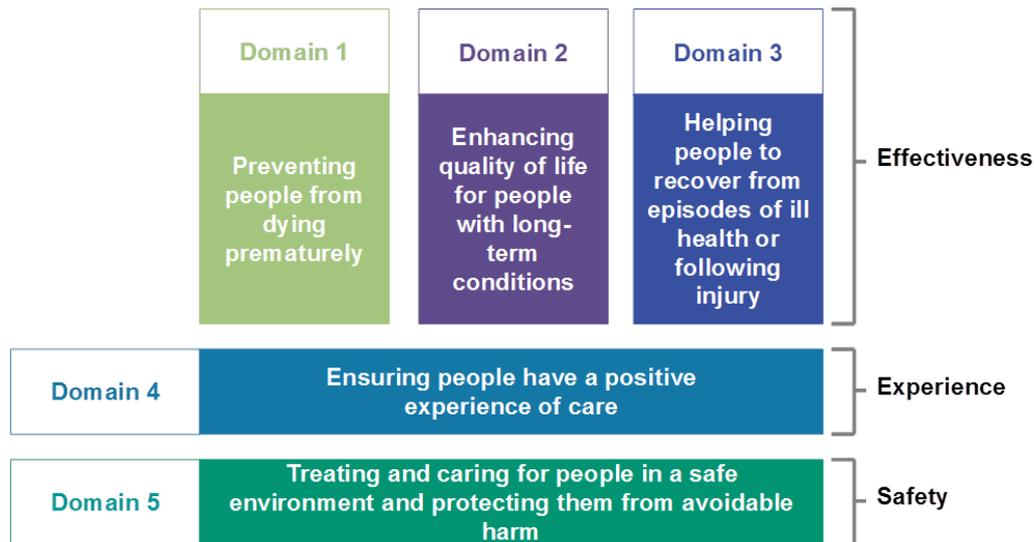


Figure 3 The NHS Outcomes Framework

The quality of commissioning will be directly assessed by the achievement of these health outcomes and they are meant to act as the catalyst for driving improvement - shifting focus from process to outcomes measurement in commissioning.

4.2 The National Standard Contract

CCGs are mandated to use the NHS Standard Contract for all healthcare contracts. The contract includes two service conditions to improve the experience of users.

Service Condition 12 - Service User involvement stipulates that:

- Providers 'engage, liaise and communicate with service users, their carers and legal guardians in an open and clear manner in accordance with the Law and Good Practice'.
- Providers must co-operate with any surveys that the Commissioners carry out.
- Providers must review and provide a written report to CCGs on the results of each survey identifying any actions reasonably required to be taken by the provider, in response to the survey.
- Providers must implement those actions as soon as practicable and publish the outcomes of and actions taken in relation to all surveys.

Service Condition 17 – Complaints stipulates that CCGs and providers must each:

- Publish, maintain and operate a complaints procedure which complies with the Law and Guidance;
- Ensure that Service Users are made aware of the complaints procedure and how to use it effectively.

For smaller provider contracts, participation in the National Survey Programme is typically stipulated in the service specification.

4.3 National guidance

The NHS Patient Experience Framework

In 2011, NHS England agreed a working definition of good patient experience to guide measurement and outlines those elements which are considered critical to a patient's experience, described below and see Appendix 1.



Figure 4 NHS England's guide to good patient experience

NICE Quality Standards for patient experience

In 2012, NICE released detailed, evidenced based guidance and quality standards (QS) building on the NHS Patient Experience framework. The standards are mapped against five key areas of care:

- Knowing the patient as an individual
- Essential requirements of care: respect for the patient, patient concerns, nutrition, pain management & patient independence, consent & capacity
- Tailoring healthcare services for each patient
- Continuity of care and relationships
- Enabling patients to actively participate in their care

NICE Quality Standards provide a gold standard for commissioners and set out performance measures and providers are expected to work towards full implementation. There are currently two standards developed in relation to patient experience, one for adult patients (QS 15) and the second for adult mental health service users (QS 14).

4.4 Learning lessons from National Reviews

In recent years there have been several failures within NHS organisations, which have resulted in a number of national reviews. The recommendations from these reviews have had implications for patient experience.

Winterbourne View Serious case review (2012)

This review highlighted the criminal abuse experienced by service users at Winterbourne hospital. CCGs, regulators and adult safeguarding partnerships had a number of opportunities to identify and act on concerns, but failed to do so. In relation to service user experience, the review recommended that CCG's:

- need to actively solicit and act on the voice of vulnerable people
- must ensure that providers meet proper training standards. Staff who are effective communicators can significantly influence patient experience
- should receive information via websites that allow those who use services, their family or carers, to give feedback.

SCCG has on going work in partnership with Local Authorities (LA) and Sheffield Health and Social Care Foundation Trust, to deliver these actions and ensure people with learning disabilities and complex needs receive care within the community or closer to home locally from this review.

The Francis Public Inquiry (2013)

The Francis Public Inquiry looked into the events that led to patient harm and unnecessary deaths at Mid Staffordshire NHS Foundation Trust. The government response detailed in 'Hard Truths' (2013) including action for improving patient experience arising from the public inquiry and further six commissioned independent reviews, including the Berwick Report (2013) and the Keogh Mortality review (2013). From these reviews were recommendations for CCG's and providers that made clear that patient feedback was essential. Recommendations include:

- **Preventing problems and detecting problems early**
This includes using diverse means to gather patient feedback and taking action; making sure the complaints process is more robust and that complaints are heard at Trust Board and published and action is taken to improve services.
- **Taking action promptly**
Results and analysis of patient feedback needs to be made available to CCGs, regulators and the public, in as near 'real time' as possible. Also to make sure FFT results are published for every ward within a maximum timescale of five weeks. This also includes having systems to comply with the 'Duty of Candour'
- **Ensuring robust accountability**
To develop robust processes for understanding the experiences of patients - triangulated with other quality related information. To use FFT as a catalyst for improvement and to use patient stories alongside quantitative data to make the data 'real'.
- **Ensuring staff are trained and motivated**
Understanding the positive impact that happy and engaged staff has on patient outcomes – using the NHS Staff Survey and Staff FFT to measure staff experience.

5. Measuring Patient Experience

There is a wide range of feedback tools available to measure people's experience, none of which alone offer a complete picture of the experience. Each one tends to be applicable in different situations, depending on the audience and information you are trying to obtain. Measures can be divided into two groups, both of which are necessary for service improvement:

- Quantitative, statistically validated, generalizable measures which tend to be less descriptive, but useful for comparative performance management, such as surveys. These measures usually tell us how big the problem is and where performance is better or worse.
- Qualitative, less generalizable, but more descriptive measures useful for gaining an in depth understanding of care, such as complaints and patient stories. These measures usually tell us more about why the problem exists and what to do about it.

The DH and NHSE mandated measures for CCGs and providers are:

- The surveys that form part of the NHS National Patient Survey Programme: Adult Inpatients; Accident & Emergency Department; Community Mental Health; Outpatient Department and Paediatric Inpatient surveys.
- The Friends and Family Test
- Compliments, complaints, concerns (from CCGs, providers, CQC, Healthwatch)
- As specified in the NHSE Standard Contract for local insertions, any other surveys reasonably required by the Commissioners in relation to the services.
- Patient Reported Outcome Measures (PROMs), clinical outcomes relating to health gain.

Other sources of patient feedback include:

- Voiceability (the NHS Complaints advocacy)
- Social media - NHS Choices, Patient opinion, Twitter, Facebook
- CQC patient experience portal
- Letters (Ministers, Ombudsman, CCGs, providers)
- In-depth interviews and focus groups
- Third sector organisations feedback
- Patient reviews posted on www.nhs.uk

5.1 The Friends and Family Test - measuring patient satisfaction

In April 2013 the DH launched the Friends and Family test in acute services, Inpatient and A&E departments, of providers of NHS funded care and then all NHS services from April 2015. The aim is to provide all NHS patients and carers with an opportunity to provide feedback using a simple metric of patient experience. The measure is to be used by CCGs and providers to make service improvements.

5.2 Compliments, concerns and complaints - listening to patients

CCGs and providers are expected to have robust governance structures and processes in place to investigate and respond to the above in a transparent, open, constructive manner and make quality improvements. CCGs handle compliments and complaints about the conduct of their staff, the services that CCGs provide, and the services provided by a commissioning support service on behalf of the CCG. Provider organisations directly manage complaints made about their own services.

5.3 Healthwatch

Healthwatch is the independent, national consumer health watchdog. Healthwatch actively seeks public, patient and carer views about care particularly from those whose voice often goes unheard. SCCG has a strong, collaborative working relationship with Sheffield Healthwatch and information/data from Healthwatch is shared with the CCG, enabling us to triangulate patient experience data and develop a local picture. Healthwatch are members of SCCG's Patient Experience and Engagement Group (PEEG), Quality Assurance Committee and Governing Body.

5.4 Patient Opinion

Patient Opinion works in the same way as travel review websites encouraging patients, family and carers to tell their story about a health or social care experience, in a semi-structured manner, online at a time convenient to them. The website provides real time feedback about what really matters to patients, and allows providers the opportunity to respond in public. Patients' stories provide useful, complementary information about care, especially when combined with more structured feedback, such as from patient surveys. SCCG subscribes to Patient Opinion, monitors all patient stories about its providers on an ongoing basis and reports these at executive level - to the PEEG and Quality Assurance Committee. SCCG encourages all providers, where appropriate, to respond to patient stories online.

6.0 CCG Improvement Targets for Patient Experience

As described earlier the CCG will use the NHS Patient Experience Framework and where available the NICE patient experience standards, as the underlying principles of what good looks like, on which to base our commissioning activity. NHSE has improvement targets in place with SCCG to improve patient experience as follows:

6.1 CCG Ambition Target

In June 2014 the CCG agreed a Five Year Ambition target with NHSE to achieve improvements in patient experience in Sheffield. The target is the measure from the NHS Outcomes Framework domain - *ensuring people have a positive experience of care*. NHSE has developed a list of provisional area clusters to help similar CCGs benchmark their performance. To achieve this target SCCG will need to work together with providers to deliver improvements in two areas:

- Increasing the number of people having a positive experience of hospital care at STHFT and SCHFT by demonstrating improvements in the CQC Inpatient Surveys.
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community, by demonstrating improvements in the GP Patient Survey.

7. Provider Improvement Targets for Patient Experience

The CCG has various targets and assurance processes, in place with its providers, which it is required to manage. These initiatives are agreed with our providers to drive improvements in patient experience.

7.1 The Commissioning for Quality and Innovation (CQUIN) scheme

The CQUIN scheme has been in place since 2009 and Sheffield now has a well-established process for developing and agreeing schemes and monitoring and reporting performance. The scheme (2015-16) provides a national framework for organisations using specific types

of the NHS Standard Contract. Those providers where contracts do not include the CQUIN scheme are subject to Local Improvement Schemes (LIS).

Providers can earn incentive payments of up to 2.5% of their contract value by achieving agreed national and local goals. The CQUIN indicators used for patient experience have typically been:

- Improving national and local patient survey scores
- Improving performance in relation to NICE quality standards in Mental Health.
- The FFT as a measure for improving patient satisfaction and roll out of the FFT to other providers.

8. Regulators and Watchdogs

The Care Quality Commission

The CQC is the main NHS regulator of the quality of healthcare. Their role is to check whether hospitals, care homes, GPs, dentists and services in peoples' homes are meeting essential standards. The CQC inspects services and publishes findings and has clear standards that are outcome focussed, placing priority on the views and experiences of people receiving care. The CQC collects feedback through its Intelligent Monitoring process:

- National Patient Survey Programme
- Friends and Family Test
- directly from patients during its inspection process
- feedback and information via its website or email
- Staff are able to provide feedback and report concerns directly to the CQC

We have a relationship with the CQC at local and regional level and we are involved in the regulatory process via the South Yorkshire and Bassetlaw Quality Surveillance Group and via raising serious concerns directly with the CQC about individual providers.

Monitor

Monitor is the sector regulator for health services in England and ensures that NHS Foundation Trusts (FT's) are well led, that the NHS payment system promotes quality and efficiency, and that procurement, choice and competition operate in the best interests of patients. Monitor can take action against FT's when there are quality issues, identified either through CQC inspections or via commissioners raising concerns directly to Monitor.

Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman investigates complaints on behalf of the public about public organisations and the NHS in England, including NHS-funded services by private providers. The Ombudsman works directly with providers and where a complaint is upheld or recommendations are made these are communicated to the relevant CCGs.

9. CCG Commissioning Arrangements

We commission services from NHS and independent sector providers and we act as lead commissioner for other CCG's across the region with regard to certain services. We monitor patient feedback from these providers. To simplify this, those providers with the highest contract value are as follows:

NHS Hospitals	Other NHS	Other
<ul style="list-style-type: none"> • Sheffield Teaching Hospital FT - Lead Commissioner • Sheffield Children's Hospital FT - Lead Commissioner • Sheffield Health and Social Care FT 	<ul style="list-style-type: none"> • YAS / 111 - SY & B - Lead Co-Commissioner • YAS / 999 - Lead Co-Commissioner • YAS Patient Transport Services - Lead Commissioner for South Yorkshire 	<ul style="list-style-type: none"> • Independent Hospitals - Claremont Thornbury • St Luke's Hospice • Continuing Health Care - range of providers

Figure 5 Our Providers

9.1 Primary Care

NHS England manages the majority of primary care contracts; however the CCG manages contracts with GP's in relation to a small number of services called Locally Commissioned Services (LCS). In addition the CCG has staff members that provide support and advice to primary care providers:

- Portfolio Leads and Commissioning Managers
- Safeguarding Adults and Children including Mental Capacity Act.
- Infection Control; a programme of practice reviews and bespoke training for nursing and administrative staff commenced September 2014
- Audit and Effectiveness – support with audits relating to all aspects of primary care and bespoke training.
- Medicines management – drive improvements in Quality, Cost effectiveness and improving patient experience.
- A bespoke two year Quality Incentive Scheme (QIS) based on the CCG priorities.
- Protected Learning Initiatives

9.2 Partnership working

We are committed to working with national and citywide providers and partners and the CCG works with a range of NHS and non-NHS local organisations to ensure that we commission services in partnership in Sheffield. We also work in partnership with Monitor, the CQC, Healthwatch and the LA's. The future plans to integrate services between health and social care will require more closer working and monitoring of patient experience to ensure services are effective and high quality.

NHSE South Yorkshire & Bassetlaw (SYB) Patient Experience Forum

SCCG works in partnership with NHSE and attends networking forums to review performance and share good practice across SYB.

10. Accountability and Governance Arrangements

The Accountable Officer has overall accountability for patient experience; however this is delegated to the Chief Nurse and Medical Director. There are a number of senior clinical and management staff / teams who are directly responsible for commissioning for patient experience:

- Director of Business Planning and Partnerships
- Deputy Chief Nurse
- Commissioning Executive Team
- Contract Account Managers
- Clinical Lead - Patient Engagement
- Governing Body - Lay members

There are a number of staff teams responsible for quality assurance and patient experience:

- CCG Complaints Manager
- Communications and Engagement team
- Quality Managers
- Patient Engagement Lead
- Programme Management Office
- Equality and Diversity Lead

10.1 Reporting Arrangements

We have structures and reporting arrangements in place to receive reports on performance, escalation of concerns and decision-making in relation to the performance of providers including monitoring and oversight of patient experience feedback in respect to delivery of services across our commissioned services. Reporting mechanisms include the following:

Governing Body

The Governing Body meets monthly and receives reports on quality standards, targets, patient feedback, complaints, serious incidents and safeguarding. Patient feedback reports include a range of information relating to the CCG and provider organisations.

Quality Assurance Committee

The Quality Assurance Committee is a subcommittee of the Board and its duties are to review the quality of care given by all providers, commissioned and contracted by the CCG. It has the responsibility for monitoring patient experience feedback and triangulating it with other quality data, to make decisions on the management of underperformance.

Commissioning Executive Team

The team provides clinical leadership and engagement and drives the business of the CCG. Its programme of work is driven by the CCG commissioning intentions and portfolio and service quality improvement projects.

Patient Experience and Engagement Group (PEEG)

The role of the PEEG is to provide assurance to the Governing Body, that the appropriate level of input from patients, carers and the public has informed all decisions made by SCCG. Quarterly reports are provided to Governing Body on a range of patient experience issues.

Contract Quality Review Groups

Meetings are held quarterly with providers and performance concerns are identified and discussed. These meetings are related to delivering contract requirements.

11. Ambition and Objectives

Over the next few years, the CCG will drive forward the work required to ensure that health services in Sheffield are able to understand and respond to the experiences of patients and service users, in order to improve services and take timely action.

11.1 Patient Experience Principles

Patient experience of care is a key part of the CCG quality framework and we will not only seek patients' views about their care but also ensure that the appropriate action is taken to make improvements. The CCG has three principles in relation to patient experience:

- We will work with and listen to the people of Sheffield
- We will use patient feedback to drive innovation and commission service improvements
- We will challenge providers if there is evidence of poor patient experiences of care

11.2 Patient Experience Objectives

We have identified 5 objectives to deliver over the next four years:

- Establish and maintain effective leadership, capacity and capability
- Deliver our patient experience targets
- Improve the effectiveness of CCG assurance processes
- Develop effective partnership working
- Ensure patient feedback is publically available

Objective 1: Establish and maintain effective leadership, capacity and capability

We will work together to develop leadership and a culture that places patient experience at the heart of commissioning activity and ensure that our commitment to improvement of patient experience is embedded within all aspects of the commissioning function. Our Governing Body will provide overarching leadership to our membership and all CCG staff to embed effective behaviours, attitudes and principles to achieve this.

- **Establish CCG clinical leadership**
We will review and strengthen our clinical leadership for patient experience, ensuring that clinical leadership is evident at all levels in the CCG and a direct link to contractual performance and patient involvement and engagement is in place.
- **Review and establish managerial leadership to deliver this strategy**
Recruit to a Quality Manager post for Patient Experience, to drive the CCG's ambition, deliver this strategy, ensure there are structures in place to review a range of feedback data from providers and partners in a timely way, and ensure that providers are improving patient experience.

Objective 2: Deliver patient experience targets

The CCG has targets to meet as a commissioner and also has to ensure that providers deliver their own targets.

- **National Targets**
The CCG has a number of targets to meet in a variety of areas within the 15/16 NHS England CCG Outcomes Indicator set (Indicator 4 - Ensuring people have a positive experience of care). We will ensure that providers deliver national requirements for patient feedback, for example Friends and Family Test.
- **Provider Local incentive schemes**
We will ensure that providers demonstrate improvement to services by setting local targets within the contract and national/local incentive schemes.

Objective 3: Improve the effectiveness of CCG assurance

In order to improve the quality of the services we commission we need to ensure that our providers have systems in place to listen to patient feedback and make service improvements. We need to have effective assurance processes to receive data, and monitor and manage poor performance.

- **Continue to monitor CCG performance**
Monitor CCG Performance using the NHSE Patient Experience Framework
- **Build effective relationships with NHS providers**
We already have good relationships with our key providers in relation to quality issues; however we will specifically review our engagement with providers with a view to improve reporting of patient experience.
- **Ensure that national and local requirements are detailed in contracts**
We will set out all patient feedback requirements in contracts and service improvement projects. This will include an annual review of provider contract quality schedules to ensure that national guidance, standards and surveys are delivered and that quality improvements are introduced within services.
- **Set up a structured system for data analysis**
We will ensure we receive and analyse all national and local relevant data and establish and maintain a live dashboard of all patient experience data. We will also ensure that this data is effectively triangulated in the context of clinical, safety and other quality indicators such as staff experience.

Objective 4: Develop effective partnership working

To ascertain a comprehensive picture of patient experience in Sheffield, we will maintain and develop effective partnerships and review feedback from sources other than providers and work closely with South Yorkshire and Bassetlaw CCGs (SY & B), LA, and NHS England.

- **Sharing information and patient feedback**
Review the processes for sharing information and patient feedback with Healthwatch, Local Authorities, CQC, voluntary sector, and other partners in Sheffield.
- **Develop effective communication with NHS England and local CCG's**
A system of communication with NHS England needs to be established to monitor and improve patient experience in primary care. To facilitate consistent practice across South Yorkshire links with the SY & B Patient Experience Forum will continue.
- **Ensure Patient Experience is monitored within integrated services**
Work with Sheffield LA to ensure that there are effective systems for patient feedback within integrated commissioned services.

Objective 5: Ensure patient feedback is publically available

It is essential to make transparent patient feedback data for both staff and the public. There are forums and sites used regularly for this such as NHS Choices, Patient Opinion, national surveys and provider reports.

- **Improve accessibility to patient feedback and quality improvement information**
To ensure the CCG website contains relevant information and links to performance data on patient experience, we will set up easy access to data on the CCG website, with links to provider's websites and data. The data should also contain information relating to improvements made to practice or services as a result of feedback.

12. Monitoring and Reporting of this Strategy

The SCCG Governing Body is responsible for approval of the strategy and the Quality Assurance Committee is responsible for ensuring this strategy and action plan is delivered. The Deputy Chief Nurse will review the strategy annually.

Supporting CCG Clinical Quality Strategies and policies

- Communication and Engagement Strategy
- Compliments and Complaints Policy and Procedure
- Equality & Diversity policy
- Commissioning for Quality Strategy

References:

Berwick D (2013) A Promise to Learn – A Commitment to Act: Improving the safety of Patients in England.

Darzi A (2008). High Quality Care for All: NHS Next Stage Review. DH, London.

Dr Foster Limited (2010). The Intelligent Board 2010: Patient experience.

Keogh B (2013). Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. NHSE.

National Quality Board (2011) The NHS Patient Experience Framework. NHSE

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Appendix 1

NHS Patient Experience Framework

In October 2011 the **NHS National Quality Board (NQB)** agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. This framework outlines those elements which are critical to the patients' experience of NHS Services.

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;

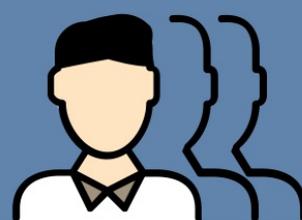
Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;

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.

Improving Patient Experience

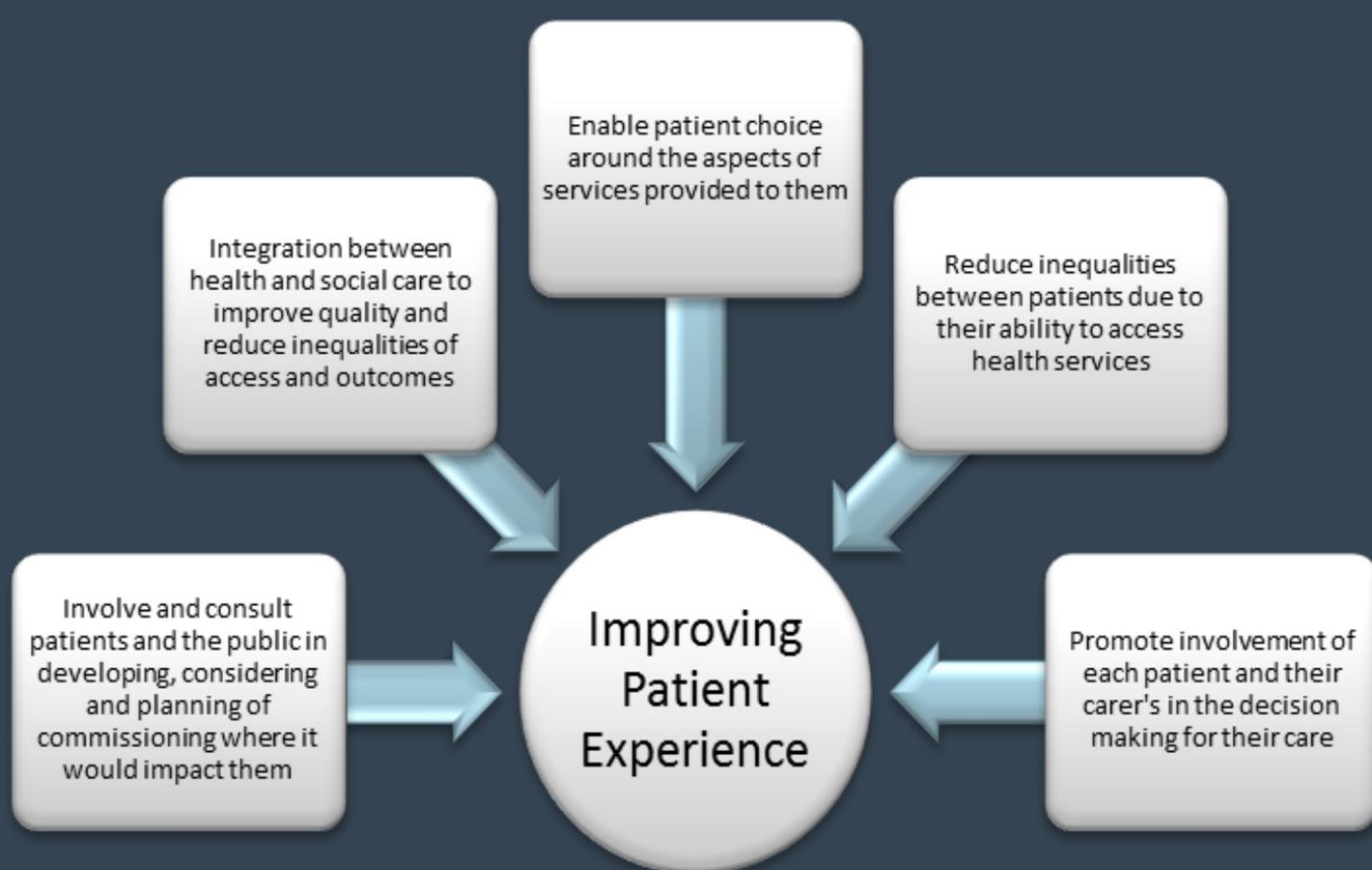


2015-2019



The CCG will work to ensure that health services in Sheffield understand and respond to patients' experiences in order to improve services and take the right action

Our Duties



Our Objectives



Establish and maintain effective leadership, capacity and capability within the CCG



Deliver our patient experience targets



Establish effective CCG assurance processes



Ensure patient feedback is publically available



Develop effective partnership working

Patient Experience Strategy Action Plan 2015-16

No	Objective	Action Required	Progress to date	Lead	Completion Date	Status
1.	Establish and maintain effective leadership, capacity and capability	1.1 Establish CCG clinical leadership		JH	December 15	
		1.2 Recruit to a Quality Manager post for Patient Experience.		JH/JB	End September 15	
2.	Deliver patient experience targets	2.1 Deliver the national patient experience targets - CCG Outcomes Indicator set (Indicator 4 - Ensuring people have a positive experience of care).		JB	End March 16	
		2.2 Deliver Friends and Family Test Targets		JB	End March 16	
		2.3 Ensure targets are set out in contracts and national/ local Incentive schemes.		JB	End March 16	
3.	Establish effective CCG assurance	3.1 Review and improve engagement with providers in relation to patient experience feedback.		Band 7	End March 16	
		3.2 Ensure that national and local requirements are detailed in all contracts.		Band 7	End March 16	

		3.3 Review and update our provider contractual requirements annually.		Band 7	End March 16	
		3.4 Establish and maintain a live dashboard to monitor provider data		Band 7	December 15	
4.	Develop effective partnership working	4.1 Review the process for sharing information and feedback with Healthwatch, Local Authorities, CQC, voluntary sector, and other partners in Sheffield.		JB	December 15	
		4.2. A system of working with NHSE Area Team needs to be established to monitor primary care		SB	March 2016	
		4.3 Ensure that there are effective systems for patient feedback within integrated commissioned services		Band 7	March 2016	
5.	Ensure patient feedback is publically available	5.1 Ensure the CCG website contains relevant information and performance data on patient experience, linking with provider websites.		Band 7/Comms Team	March 2016	
		5.2. Ensure the data contain information relating to improvements made to practice or services.		Band 7	March 2016	

-  Work not started or significant delays in completion
-  Work in progress or minor delays in completion
-  Completed or on track to be completed on time