

Patient Experience Report Calderdale CCG

Quarter 1, 2015-2016



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This page shows the overarching themes and recommendations from intelligence analysed regarding all the main providers – see pages 4-8 for details

1a. Patient voice - POSITIVE. Examples of patient comments:

"The nurses in this department are fantastic, nothing is too much trouble. They really do care about their patients."

"From the paramedics arriving at our home to the care given by the consultant and nurses in A and E the service was faultless. It's not just the medical care they provided but also the kindness and sensitivity that they showed to us as a family; which made all the difference to our experience."

"The doctor appreciated my concerns and was able to give me the information I needed."

Patients most frequently commented that they felt staff had treated them with respect and dignity. Comments indicated that staff shared information which enabled patients to understand what would happen regarding their treatment. Patients also felt that they had been supported and their concerns had been listened to.

1b. Patient voice - NEGATIVE. Examples of patient comments:

"The way this process has been managed has only upset her and caused additional stress for her and the family and this lack of empathy is a major cause of concern. There has not been a clear pathway of care explained at any point."

"There was no reply just the doctor folding their arms indicating that I shouldn't even have bothered them."

"To hard to get an appointment have to wait 2-3 weeks never been seen within a week."

Patients commented most frequently that they had not had needs met, or had not been treated with respect and dignity by staff. Comments also showed that information about care had not been shared. Some patients commented that they had experienced long waits for appointments. Some patients said that the hospital food could be improved.

1c. Overarching issues raised

During Quarter 1 patients most frequently reported negative experiences are identified in the table below (1e).

'Respect for patient centred values, preferences, and expressed needs', 'Information, communication, and education' and 'Access to care' were also in the most frequently reported negative patient feedback themes from Quarter 4 for all providers across the CCG.

1d. Sources of other intelligence

A range of other sources of intelligence were used to corroborate issues raised by analysis of qualitative feedback. These were obtained from local and national sources. Sources of other intelligence are listed on page 9 of this report.

1e. Overarching themes

659 comments

Positive

Negative

Respect for patient centred values, preferences, and expressed needs	19%	22%
Coordination and integration of care	<1%	<1%
Information, communication, and education	7%	17%
Physical comfort	3%	7%
Emotional support and alleviation of fear and anxiety	4%	6%
Welcoming involvement of family and friends, on whom patients and service users rely	<1%	1%
Transition and continuity	<1%	1%
Access to care	3%	7%

1f. Recommendations (taken from recommendations made for each provider)

- Consider how the patient experience review system recently developed by Healthwatch Kirklees could be rolled out in Calderdale, especially with GPs not engaged with NHS Choices.
- Use providers own analysis of free text where available while encouraging providers to share FFT free text for qualitative analysis in monitoring patient experience.
- Continue to expand the range of qualitative and corroborative data on patient experience.
- Ensure providers have suitable training programmes around communication, patient safety and customer care.

Recommendations from previous reports remain relevant:

- Ensure providers have suitable training programmes around patient experience.
- Cultivate multi-agency information sharing. This would benefit the wider patient experience.
- Continue to monitor patient experience and triangulate against other quality measures

2a. Patient voice - POSITIVE. Examples of patient comments:

"The nurses are fantastic, nothing is too much trouble. They really care about their patients."
"the staff were all incredibly informative and we felt we had a say in each aspect of our care and the decisions made."
"...making my daughter feel like an individual...reassuring her throughout a whole new and quite daunting experience."
"The meals were excellent."

Patients most frequently commented that members of staff they encountered treated them with respect and dignity and accounted for their needs and concerns. They felt that staff fully explained any procedures. Patients also reported that hospital food was good.

2b. Patient voice - NEGATIVE. Examples of patient comments:

"I left feeling humiliated, treated with lack of respect and dignity, treated with a condescending attitude and given irrelevant information to my care."
"They were supposed to be looking after my child and I didn't feel confident in their ability to do so."
"She didn't introduce herself or tell me what she came in to do."
"Everything is happening at once – medicine, washing, food."

Patients most frequently commented on staff being rude or not taking into account their needs. Comments also indicated that communication between staff and patients could be poor and patients didn't always feel listened to. Patients felt that the food and the way it was offered and served could be improved.

2c. Issues raised from qualitative data

During Quarter 1 patients most frequently reported negative experiences are identified in the table below (2e).

'Respect for patient centred values, preferences, and expressed needs' and 'Information, communication and education' were also in the most frequently reported negative patient feedback themes from Quarter 4 for CHFT.

2d. Other intelligence

- Patients get consistent information about their treatment: agree or strongly agree 46.6% of staff. Enough staff available to meet patient needs: agree or strongly agree 15.1% of staff⁵.
- In March 88% (91% Feb.) of patients felt involved in decisions about their care and treatment; 63% (64% Feb.) found a member of staff to talk to about a concern/anxiety; 100% (99% Feb.) felt they had received the care required when needed and 96% (unchanged) would recommend to friends and family².
- Confidence and trust features consistently among most frequent negative FFT comments¹⁰.
- Children's survey scores food better⁷. Fortified soups introduced². Better food one of CHFT's 4 priorities for 2015-16⁹.

2e. Themes from qualitative data 399 comments Positive Negative

Respect for patient centred values, preferences, and expressed needs	14%	19%
Coordination and integration of care	<0.5%	<0.5%
Information, communication, and education	9%	18%
Physical comfort	5%	12%
Emotional support and alleviation of fear and anxiety	4%	9%
Welcoming involvement of family and friends, on whom patients and service users rely	<0.5%	2%
Transition and continuity	0%	1%
Access to care	1%	4%

2f. Recommendations

- The CCG should encourage the provider to address the most frequent negative FFT themes for CHFT: 'confidence and trust' for inpatients and A&E, 'hospital and environment' for inpatients and maternity, 'waiting' for A&E.
- CCG to liaise with CHFT on development of safer staffing models under Staff Survey Action Plan to address survey measure work pressure felt by staff.
- Continue to include recently available community health data and CHFT themed analyses of FFT free text in patient experience monitoring.

Recommendations from previous reports remain relevant:

- Ensure systems are in place to train and assess staff in relevant communication skills.
- Consideration of the ratio of charge nurses/ward sisters and proportion of registered nurses
- Continue to monitor patient experience and triangulate against other quality measures

3a. Patient voice - POSITIVE. Examples of patient comments:

"The staff were amazing with me and very welcoming and caring."

"Your laid back, friendly but informative approach has really helped me and I could not have done it without that support."

"I was treated with respect, kindness and reassurance."

Patients commented most frequently that the staff treated them with kindness and dignity and were supportive.

3b. Patient voice - NEGATIVE. Examples of patient comments:

"Nobody called me to say they had been admitted."

"Emails to customer services just bounce back... the hospital management do not respond to letters of complaint"

"My psychiatrist is over powering and keep me in an unsafe environment"

One family member commented on a lack of communication. The complainant had emailed the Trust customer services but said the account did not work and the Trust did not respond to letters. There was also a comment from a patient regarding violence from other patients on a ward and a lack of shared decision making.

3c. Issues raised from qualitative data

Patients most frequently reported negative experiences for SWYPFT during Quarter 1 are identified in the table below (3e).

'Respect for patient centred values, preferences, and expressed needs and Information, communication and education' were also in the most frequently reported negative patient feedback themes from Quarter 4 for SWYPFT.

3d. Other intelligence SWYPFT received 81 formal complaints and 149 compliments in this period

- Care and treatment, communications and staff attitude are among the most frequently raised negative issues in 2014-15¹². Communication is the second most frequently raised negative theme after clinical treatment in Q1¹³.
- 129 actions taken in 2014-15 in response to patient feedback, 20% around listening¹², 42% in Q1¹³.
- Violence to patient by patient flagged as risk in Apr. 15¹⁶, (9 patients victim to violence¹⁹). Aggression management training target not met: 2014-15, Apr. May 15¹⁶.

3e. Themes from qualitative data 26 comments Positive Negative

	Positive	Negative
Respect for patient centred values, preferences, and expressed needs	35%	8%
Coordination and integration of care	0%	0%
Information, communication, and education	4%	15%
Physical comfort	7%	8%
Emotional support and alleviation of fear and anxiety	23%	4%
Welcoming involvement of family and friends, on whom patients and service users rely	0%	0%
Transition and continuity	0%	0%
Access to care	0%	0%

3f. Recommendations

Qualitative analysis is based on a small number of comments and therefore information from the provider and National surveys is key.

- Continue to include mental health and community health FFT data in monitoring patient experience.
- Review data from newly available Mental Health safety Thermometer Dashboard under other intelligence in future patient experience reports.
- Encourage the provider to continue to implement recommendations from their Q1 report, to 'ensure that clear communication exists between all health care professionals involved in a person's care' and remind staff 'of the importance of fully explaining the rationale for clinical decisions, including to family members where appropriate'.
- The CCG should encourage SWYPFT to share free text from FFT responses for qualitative analysis in the monitoring of patient experience.

4a. Patient voice - POSITIVE. Examples of patient comments:

"The patient said the care she received from the ambulance ... was very good."

"The ambulance staff asked her where she wanted to be left."

It should be noted that this was just two comments. The patients commented that the care received from the ambulance staff was very good.

4b. Patient voice - NEGATIVE. Examples of patient comments:

"A call back was not received until 08.30am the following morning."

"They rang back with an appointment 12 hours after she had contacted them."

"Mental capacity was assumed and not questioned."

Patients most frequently commented that call backs from the NHS 111 service were not received when promised and this led to delays in admission and treatment. Two patients commented about the manner in which they were spoken to by staff at NHS 111. There was a complaint regarding the way in which a patient had been left by ambulance staff.

4c. Issues raised from qualitative data

Patients most frequently reported negative experiences for YAS in Quarter 1 are identified in the table below (4e).

'Respect for patient centred values, preferences, and expressed needs' and 'Information, communication and education' were also in the most frequently reported negative patient feedback themes from Quarter 4 for YAS.

4d. Other intelligence

- % of complaints about staff attitude and communication fell in Q1 to 32% from 34% in Q4, though number of complaints about staff attitude and communication rose from 32 to 43²³.
- 111 targets for 'warm transfers' (escalating calls), % of call backs in 10 and in 120 minutes, and % of call backs in 10 minutes and warm transferred all missed in 2014-15 and in Apr. and May 2015²⁹.
- In Q4 complaints and concerns re 111 = 38% of all YAS complaints and concerns. Compliments re 111 = 0.4% of all YAS compliments²⁸.
- Patients reporting very or fairly good over all experience of out of hours GP services: CCG 73%, England 69%, Area Team 66%.

4e. Themes from qualitative data **23 comments**

	Positive	Negative
Respect for patient centred values, preferences, and expressed needs	4.5%	13%
Coordination and integration of care	0%	4%
Information, communication, and education	4.5%	52%
Physical comfort	0%	0%
Emotional support and alleviation of fear and anxiety	0%	0%
Welcoming involvement of family and friends, on whom patients and service users rely	0%	0%
Transition and continuity	0%	9%
Access to care	0%	13%

4f. Recommendations

- The CCG should continue to work collaboratively with YAS to resolve issues arising from increasing demand above contracted levels for 111/Urgent care services in West Yorkshire.
- The CCG should encourage and support YAS actions addressing learning on 111 FFT themes and lessons, e.g. team leader training sessions and staff role development focused on patient safety and customer care

Recommendations from previous reports remain relevant:

- The CCG should work with YAS to explore and develop service options outlined in the YAS Urgent Care Development Plan 2014-16, e.g. building on successful initial out of hours discharge pilots to work towards level discharge planning or seven day working.
- The CCG may consider using PTS consultation outcomes in strengthening patient experience elements in new contracts.
- Continue to monitor patient experience and triangulate against other quality measures

5a. Patient voice - POSITIVE. Examples of patient comments:

"Appointments are within the expected time and emergencies are dealt with effectively."

"They explain things about your treatment, easy to talk to and involves you in all decisions regarding your treatment."

"I could not ask for a more professional and caring service from all the GPs and nurses their efficiency honesty and friendliness make difficult times so much easier."

Patients commented most frequently that they felt practice staff were polite, caring and professional and would always try to help. Comments also indicated that patients were able to get an appointment promptly especially when children were involved. Some patients indicated that doctors and nurses listened to them and took their concerns seriously.

5b. Patient voice - NEGATIVE. Examples of patient comments:

"...being ignored and fobbed off and annoyed by rude, uncaring reception staff."

"Emergency appointments never able to get them no option but to go to the hospital"

"As someone who works I find it hard to get an appointment for when I need one that suits me"

"The general demeanour was uncaring, unsympathetic and in my opinion unprofessional."

Patients most frequently commented on practice staff, mainly reception staff being rude, unhelpful or dismissive. Waits for appointments were excessive. It was difficult making appointments especially in working hours. Some felt forced to use A&E for lack of GP appointments. Communication between the practice staff and patients could be improved.

5c. Issues raised from qualitative data

Patients most frequently reported negative experiences for General Practice in Quarter 1 are identified in the table below (5e).

'Respect for patient centred values, preferences, and expressed needs', 'Access to care' and 'Information, Communication and Education' were also in the most frequently reported negative patient feedback themes from Quarter 4 for General Practice.

5d. Other intelligence

Figure in brackets shows % change since Q4

- 86% (-2%) of patients reported very or fairly good overall experience of GP surgeries . This compares with 85% (-1%) for England and 85% (0%) across the West Yorkshire Area Team^{33,34}.
- 80% (-1%) of patients reported they would definitely or probably recommend their GP surgery to someone who had just moved into the area . This compares with 78% (0%) for England and 78% (0%) across the Area Team^{33,34}.
- 73% (-2%) of patients reported a very or fairly good overall experience of making an appointment, compared with 74% (+1%) for England and 71% (-1%) across the Area Team^{33,34}.
- 86% (-2%) of patients reported very or fairly helpful reception staff. This compares with 87% (0%) for England and 85% across the Area Team^{33,34}.

5e. Themes from qualitative data 107 comments Positive Negative

Respect for patient centred values, preferences, and expressed needs	28%	30%
Coordination and integration of care	0%	<1%
Information, communication, and education	6%	11%
Physical comfort	<1%	0%
Emotional support and alleviation of fear and anxiety	2%	2%
Welcoming involvement of family and friends, on whom patients and service users rely	0%	0%
Transition and continuity	<1%	0%
Access to care	15%	25%

5f. Recommendations

The CCG should consider encouraging Healthwatch Calderdale to adopt Healthwatch Kirklees new online patient experience review system This would be especially useful where practices don't currently use NHS Choices reviews. The free text could be used in future patient experience reporting.

Recommendations from previous reports remain relevant:

- CCG should encourage GPs to share FFT free text for qualitative analysis in the monitoring of patient experience.
- Include newly available FFT data on Primary Care in monitoring patient experience.
- Continue to monitor patient experience via the National GP survey
- CCG to promote GP awareness of online patient feedback mechanisms as an effective means to respond to patients' feedback; positive and negative. Support/training in best practice responding could be offered to staff where appropriate.

Patient feedback was received from a range of other sources not suitable for inclusion in the qualitative analysis. This section summarises the feedback separately to provide completeness of the feedback for the area covered by Calderdale CCG.

Continuing Health Care Team

A complaint was received regarding the continuing care team who had visited a terminally ill patient in a care home and the complainant believed had caused a huge amount of unnecessary stress to the patient and their family in the last hours of their life and had ignored family member's requests and concerns.

Private providers

A complaint was received regarding Interserve Healthcare. The amount of support provided was not thought to be at the same level the council had agreed was needed which has caused the family a lot of stress.

Insight Talking Therapies

There was a complaint regarding Insight Talking Therapies which is a non-profit making organisation. The patient was unable to be offered an appointment outside working hours which impacted on the patient being able to maintain meaningful employment.

A second complaint involved a breach of information governance where a letter had been given to a patient with another patient's personal details on.

Qualitative data sources

- Patient Advice and Liaison Service – cases received by the CSU during Quarter 1 (searched by provider)
- Patient Opinion – stories posted during Quarter 1 (searched by provider)
- Complaints – cases received by the CSU during Quarter 1
- Engagement – engagement activity undertaken or completed in Quarter 1 that has not been included in previous reports
- Healthwatch Kirklees report: Patient Experience of Hospital Food (CHFT)
- Healthwatch Kirklees website patient reviews of Huddersfield Royal Infirmary and Calderdale Royal Hospital for Quarter 1
- NHS Choices GP practice patient reviews for Quarter 1 (Calderdale CCG)
- CHFT Trust Staff Newsletters April and May 2015 (patient quotes)

Other intelligence sources

1. Annual Learning from Experience Report, Calderdale and Huddersfield NHS Foundation Trust, 2013-2014
2. Open and Honest Care in your local Hospital, (Calderdale and Huddersfield NHS Foundation Trust), NHS England, March 2015
3. Intelligent Monitoring Report, (Calderdale and Huddersfield NHS Foundation Trust), CQC, May 2015
4. Integrated Performance Report, (Calderdale and Huddersfield NHS Foundation Trust), February, April and May 2015
5. Summary of staff survey 2014, Calderdale and Huddersfield NHS Foundation Trust , April 2015
6. Summary of inpatient survey 2014, Calderdale and Huddersfield NHS Foundation Trust , May 2015
7. Children and Young People Survey, Calderdale and Huddersfield NHS Trust, CQC, July 2015
8. Inpatient Survey, Calderdale and Huddersfield NHS Trust, CQC, May 2015
9. Calderdale and Huddersfield NHS Foundation Trust Annual Report 2014-15, including Quality Report 2014-15
10. Calderdale and Huddersfield NHS Foundation Trust Friends and Family Test summaries: A&E, All Wards, Maternity, Summary Excluding maternity
11. Accident and Emergency Patient Survey, (Calderdale and Huddersfield NHS Foundation Trust), CQC, December 2014
12. Customer Service Report, South and West Yorkshire Partnership Foundation Trust, Annual Report 2014-2015
13. Customer Service Report, South and West Yorkshire Partnership Foundation Trust, Q1 2015-2016
14. Community Mental Health Survey (South West Yorkshire Partnership NHS Foundation Trust), CQC, September 2014
15. Community Mental Health Survey (South West Yorkshire Partnership NHS Foundation Trust), NHS England Patient Experience Diagnostic Tool, September 2014
16. South West Yorkshire Partnership NHS Foundation Trust, Integrated Performance Report, Strategic Overview: March, April and May 2015
17. Intelligent Monitoring Report, (South West Yorkshire Partnership NHS Foundation Trust), CQC, June 2015
18. Summary of Friends and Family Test , South West Yorkshire Partnership NHS Foundation Trust, Q1, 2015-16
19. South West Yorkshire Partnership NHS Foundation Trust, Mental Health Safety Thermometer Dashboard, NHS Quality Observatory/ Hoelo, July 2015
20. A&E Service User Experience Survey Report, Yorkshire Ambulance Service, March 2015

Other intelligence sources

23. YAS Contract Report Patient Experience June 2015 (amended July 2015)
24. Service User Experience Report , Patient Transport Service, Yorkshire Ambulance Service, March 2015
25. Emerging themes from End to End Reviews & 4Cs undertaken by NHS 111 (YAS) From 1 April 2014 and 31 March 2015
26. www.yas.nhs.uk/PatientExperience/Patient_Stories.html
27. YAS Urgent Care development plan 2014-2016
28. YAS Patient Experience Report, Q4, 2014-2015
29. YAS Quality Account 2014-2015
30. YAS Integrated Performance Reports: March, April and May 2015
31. Patient Experiences of Urgent and Emergency Care in Yorkshire and the Humber; an analysis of stories from Patient Opinion. Patient Opinion commissioned by Yorkshire and the Humber Strategic Clinical Networks, June 2015
32. Time to Act – Urgent Care and A&E: the Patient Perspective, The Royal College of Emergency Medicine, May 2015
33. National GP Patient Survey, (Calderdale CCG), NHS England, July 2015
34. National GP Patient Survey, (Area Teams), NHS England, July 2015
35. Friends and Family Test Results for: A&E, Inpatients, Maternity, GPs, mental health and community health, (April and May 2015), NHS England

Recommendation Tracker – Calderdale CCG Quarter 4 2014-2015

Recommendation	Opened	Status	Rationale	Actions	Links to (e.g.) PPEE plan	Action owner	Deadline	Closed
1. Need for action tracker identified	14/01/15	ongoing	To facilitate 'you said we did' reporting in response to patient experience analysis.	Tracker template drafted for discussion on 16/01/15 Draft v02, 20/01/15	13. Feedback to general public and stakeholders and demonstrate public accountability	RM	Draft v01 16/01/15 Draft v02 26/01/15	Closed 30/1/15
2. Consider patient experience walkabouts and/or future engagement activity for maternity and A&E services at CHFT	Q2 PE report Nov 2014	Consideration has been given to the rationale	Issues raised from qualitative data (2c.) and other intelligence (2d.) on CHFT Q2 PE Report	Discussion at Quality Committee 26/02/15 – decided that this recommendation is applicable when a service is on enhanced surveillance. Head of Quality and Safety Penny Woodhead (PW) has participated in Maternity Walkabout.	10. Strategic planning, advice and support. Establish ways of working which embeds engagement and therefore assurance and public accountability.	PW	monitor services on enhanced surveillance	ongoing
3. Consider use of NICE Quality Standards for Patient Experience in Adult Mental Health Services and Adult Services	Q2 PE report Nov 2014	Pending	Issues raised from qualitative data (3c.) and other intelligence (3d.) on CHFT Q2 PE Report	Quality Manager Emma Bownas (EB) to contact SWYPFT (Dawn Stephenson) to discuss and find out what quality standards they use.	21. Patient Experience. continue to improve methods of collecting, analysing and reporting patient experience information through learning from others. Share themes through NHS/CCG Network	EB	End April '15	ongoing

Notes:

Recommendation Tracker – Calderdale CCG Quarter 4 2014-2015

Recommendation	Opened	Status	Rationale	Actions	Links to (e.g.) PPEE plan	Action owner	Deadline	Closed
4. Request the inclusion of free text analysis from FFT surveys in provider Patient Experience reports	Q2 PE report Nov 2014	pending	this is recognised to be the most valuable information from the FFT and will add context to the scores	Quality Managers Louise Burrows (LB) and Emma Bownas (EB) to 1) request meeting with CHFT to request free text. 2) Discuss with CCGs' contacts for GPs and put in touch with PALS and PE team (Clare Wyke)	13. Feedback to general public and stakeholders and demonstrate public accountability	EB & LB	Request by end Apr. '15	ongoing
5. Continue to monitor patient experience and triangulate against other quality measures	Q2 PE report Nov 2014	complete	Statutory compliance	1) Develop database of contributors. 2) Design and produce tracking document. 3) Develop links to external intelligence sources.	4. Agree links between PE reports and quality reporting 16. Establish a process and data sources for patient experience reports	CW, RM	End Feb. '15	08/04/15

Notes:

Version control

Version	Details of Changes	Author/Editor	Date
v01	Initial draft prepared for consideration by CCG	Rob Mooney	29/07/2015

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