

Agenda Item 8

Report To:	Governing Body 13 August 2015
-------------------	--

Title of Report:	Patient Experience Report Calderdale Annual Summary- 2014-15
-------------------------	---

FOI Exemption Category:	Open
--------------------------------	-------------

Responsible Director:	Penny Woodhead – Head of Quality
------------------------------	---

Report Author and Job Title:	Rob Mooney- Senior Patient Experience Officer, Yorkshire and Humber Commissioning Support
-------------------------------------	--

Executive Summary:	<p>The report provides the governing body with an annual summary of work in relation to patient experience that has been undertaken in 2014/15. Included in this are:</p> <ul style="list-style-type: none"> • A brief description of the development of patient experience data collection and analysis for Calderdale Clinical Commissioning Group (CCG) • An explanation of the methodology used to analyse the information • An overview summary of the main themes produced by the patient experience analysis • Next steps and priorities for 2015/16
Finance/Resource Implications:	None identified
Risk Assessment:	None identified
Legal Implications:	None identified
Health Benefits:	None identified
Staffing/Workforce Implications:	None identified
Outcome of Equality Impact Assessment (EIA):	An EIA is not required with this report – this has been confirmed with the Equality Lead
Sub Group/Committee:	Quality Committee
Recommendation(s):	<p>It is recommended that the Governing Body:</p> <ol style="list-style-type: none"> 1. receives the report and notes the work that has been undertaken in 2014/15 2. receives assurance that patient experience intelligence is now being collected and analysed appropriately in order for the CCG to use this with providers to improve patient experience 3. approves next steps for 2015/16

1.0 Purpose of Report

- 1.1 The report provides the Governing Body with an annual summary of work in relation to patient experience that has been undertaken in 2014/15.
- 1.2 The report includes:
- A brief description of the development of patient experience data collection and analysis for Calderdale Clinical Commissioning Group (CCG)
 - An explanation of the methodology used to analyse the information
 - Examples of data sources
 - An overview summary of the main themes produced by the patient experience analysis
 - Next steps and priorities for 2015/16

2.0 Background

- 2.1 The definition of patient experience used in the Patient Experience Reports and the patient experience reporting process itself are in line with the definition of patient experience given in the recent report from the National Quality Board:

Improving experiences of care: Our shared understanding and ambition (January 2015)

'Experience' can be understood in the following ways:

1. What the person experiences when they receive care or treatment – for example, whether they knew who to contact if they had a problem, whether the nurse explained the procedure to them, and whether the doctor asked them what name they would like to be called by. The 'what' of people's experiences can be thought of in two ways:

- *the interactions between the person receiving care and the person providing that care, for example how a member of staff communicates with the person (this is known as the 'relational' aspects of experience);*
- *the processes that the person is involved in or which affect their experience, such as booking an appointment (this is known as the 'functional' aspects of experience).*

2. How that made them feel – for example, whether they felt treated with dignity and respect, and whether they felt that the doctor told them about their diagnosis in a sensitive way.

- 2.2 Patient experience has been recognised by the CCG as a strategic objective and goal through our stated ambition of improving the quality of healthcare services and each individual's experience of care. The patient experience reports, received quarterly with an annual summary aims to fulfil this objective through:
- Informing the CCG of patient experience information about their provider organisations;
 - Identifying areas of concern and acting as an 'early warning system' to potential issues in advance of problems being highlighted in the Quality Dashboard;
 - Providing recommendations regarding possible areas of improvement for the CCG to consider.

3.0 Detail

- 3.1 Much of the work that has been undertaken throughout 2014/15 has been increasing number and types of data collection sources and developing a visual summary quarterly report to provide the CCG, through the quality and safety committee with an understanding of what patient experience intelligence was saying.
- 3.2 The format and content of the quarterly patient experience reports was changed in quarter 2 in response to CCG feedback and requirements. Development of the new format was undertaken collaboratively between the CCG Quality Team and CSU Patient Experience Team. The new format has remained substantially unchanged as it is felt to be fulfilling its purpose. The Patient

Experience Team has, however, become more proficient in gathering patient experience feedback during the period, as shown by the growing number of comments analysed quarter on quarter.

3.3 During development of the new quarterly report the CCG identified the format priorities as:

- Easy to access
- One page per provider
- Dashboard style

At the heart of the quarterly reports are selected, representative, verbatim comments from patients on their experience of the services they have received. The front page gives a summary analysis of patient voice, intelligence, issues and recommendations on all providers. This presentation of the overarching themes for the CCG will confirm and/or counterweigh commissioners' existing knowledge of patients' experience of services commissioned by the CCG.

The following pages then give specific patient voice, intelligence, issues and recommendations for each provider. These offer commissioners a fine-grained evaluation of patients' experience of service performance for each provider commissioned by the CCG. These can be compared across providers and across time.

The list of intelligence sources in the quarterly report can be used to drill deeper into any aspect of the other intelligence used to corroborate or counterbalance the qualitative analysis of patient feedback. Current intelligence sources take two forms. Qualitative data sources are searched for by provider on sites such as patient opinion, NHS choices, PALS, any specific single issue publications such as patient experience comments from a petition on proposed changes to A&E services in Calderdale and Greater Huddersfield by Barry Sheerman MP. Qualitative sources of data are in the form of verbatim comments that are analysed and presented in themes outlined in the Department of Health's Patient Experience Framework. Other data sources include patient experience information that is shared through engagement events, national patient experience survey results and provider performance or quality reports.

The quarterly report's recommendation tracker records progress and outcomes of actions by the CCG and providers in response to recommendations. Further work is required to embed the use of the recommendation tracker with a view to ensuring this is overseen by the patient experience steering group.

3.4 The annual report contains a number of tables as follows:

Table one (page 6) shows the numbers of responses received relating to patient feedback over the year. The overall number of comments grew quarter on quarter with the number of comments gathered in Q4 more than 3 times that in Q1.

The high volume of feedback on CHFT in Q2 and Q3 was due a number of one-off, time-limited engagement initiatives, e.g. an MP's public petition on A&E services, a Musculoskeletal survey and a survey on Autism Spectrum Conditions services.

The high level of feedback for YAS in Q4 represents the Patient Transport Service survey conducted in that period.

In Q4 NHS Choices was searched for free text reviews of GP practices for the first time, hence the higher levels of feedback recorded.

It is gratifying to demonstrate improvement to the process of gathering patient experience feedback resulting in larger volumes of comment to analyse. However each single piece of feedback from every individual patient retains its intrinsic importance in improving experience of care.

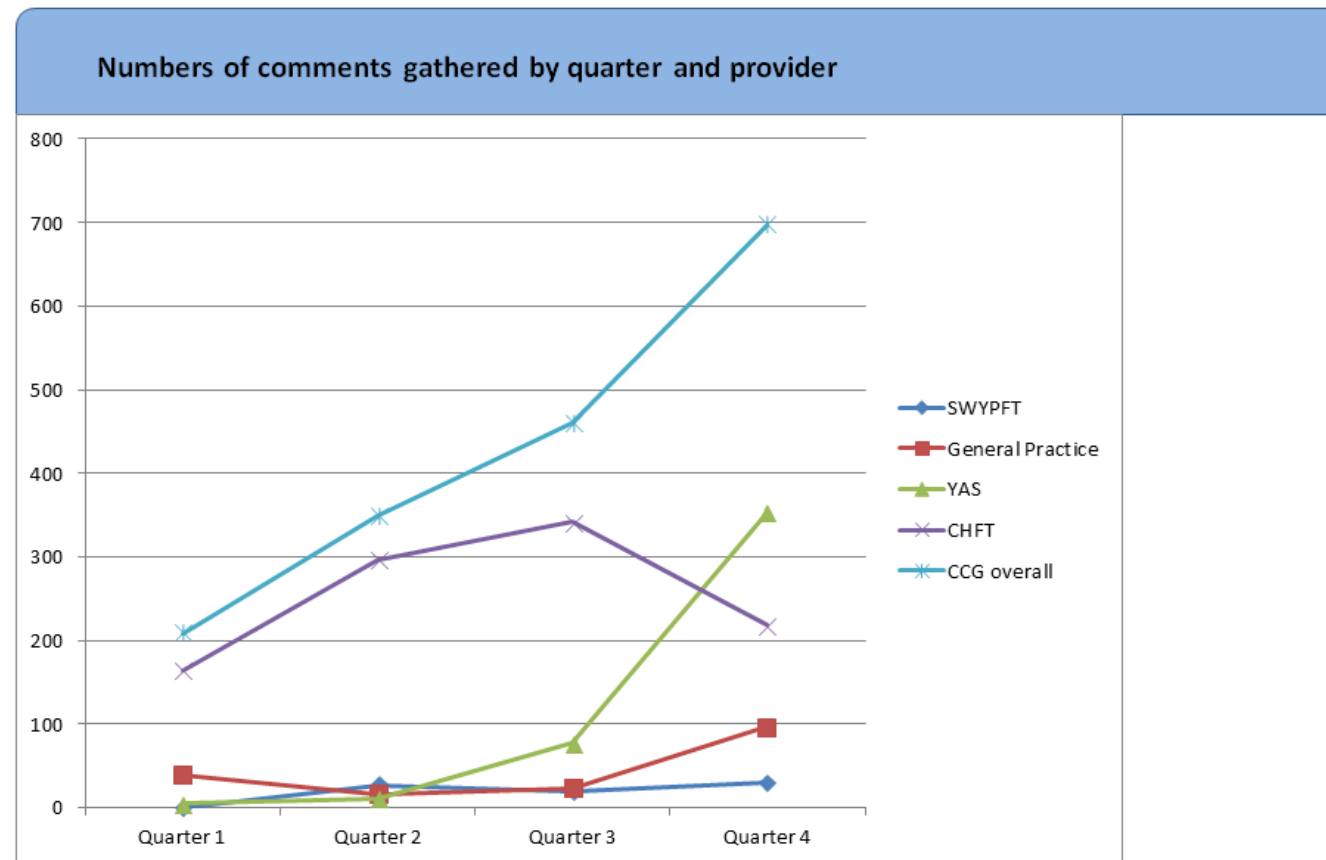
Table two (page 7) shows the most frequently reported theme for both positive and negative comments for our main acute, community, ambulance and mental health providers.

The main theme for both positive and negative comments for Calderdale and Huddersfield Foundation Trust, South West Yorkshire Partnership Foundation Trust and Yorkshire Ambulance Service is respect for patient centred values, preferences and expressed needs. The positive comments are a higher proportion of responses in this area than the negative responses.

The most frequent positive theme for general practice is information, communication and education with access being the most negatively reported theme.

Table three a & b (pages 8 & 9) provides a summary of the overall positive and negative comments received as a CCG overall. The table shows some consistency in the top themes for positive and negative comments with the first and second most frequent positive and negative themes being the same in quarters 2, 3 and 4.

Table 1:



Provider	Q1	Q2	Q3	Q4	2014-15
CCG overall	209	349	461	697	1,716
CHFT	164	296	342	218	1,020
SWYPFT	1	27	19	30	77
YAS	5	10	77	352	444
General Practice	39	16	23	97	175

Table 2:

Patient Experience Summary – Calderdale CCG – 2014-2015									
Single most frequently occurring positive and negative themes:									
All providers									
Overarching patient experience theme	CHFT		SWYPFT		YAS		General Practice		All providers
Respect for patient centred values, preferences, and expressed needs	19.75%	17.5%	24.7%	21.3%	32.35%	17.25%			22% 21%
Coordination and integration of care									
Information, communication, and education							15.25%		
Physical comfort									
Emotional support and alleviation of fear and anxiety									
Welcoming the involvement of family and friends, on whom patients and service users rely									
Transition and continuity									
Access to care								20%	
Overall									

Table 3a:

Patient Experience Summary – Calderdale CCG – quarters and total 2014-2015

Frequently occurring positive themes: Calderdale Clinical Commissioning Group

Provider	Quarter 1	Quarter 2	Quarter 3	Quarter 4	2014/2015
CCG overall	A total of 209 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis, with an equal proportion of positive and negative comments (50%).	A total of 349 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis, and the majority of comments were negative (64%).	A total of 461 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis. The majority of comments were negative (57%).	A total of 697 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis, just over half of the comments were negative (54%).	A total of 1,716 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis. The majority of comments were negative (56%).
Most frequently occurring positive themes	1) Respect for patient centred values, preferences and expressed needs (16%)	1) Information, communication, and education (14%)	1) Respect for patient centred values, preferences, and expressed needs (29%)	1) Respect for patient centred values, preferences, and expressed needs. (31%)	1) Respect for patient centred values, preferences, and expressed needs. (22%)
	2) Emotional support and the alleviation of fear and anxiety (11%)	2) Respect for patient centred values, preferences, and expressed needs (11%)	2) Information, communication, and education (5%)	2) Information, communication, and education. (7%)	2) Information, communication, and education. (9%)
	3) Information, communication and education (9%)	3) Physical comfort (3%)	3) Emotional Support and alleviation of fear and anxiety (5%)	3) Physical Comfort (3%) 3) Access to care. (3%)	3) Emotional Support and alleviation of fear and anxiety. (4.75%)

Note: percentages given are % of total of all negative and positive comments for the period

Table 3b:

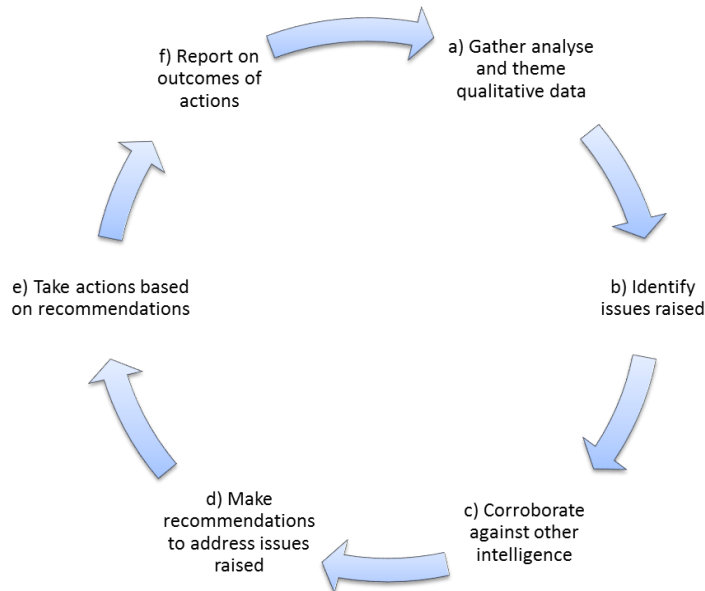
Patient Experience Summary – Calderdale CCG – quarters and total 2014-2015
Frequently occurring negative themes: Calderdale Clinical Commissioning Group

Provider	Quarter 1	Quarter 2	Quarter 3	Quarter 4	2014/2015
CCG overall	A total of 209 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis, with an equal proportion of positive and negative comments (50%).	A total of 349 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis, and the majority of comments were negative (64%).	A total of 461 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis. The majority of comments were negative (57%).	A total of 697 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis, just over half of the comments were negative (54%).	A total of 1,716 patient comments, from the full range of feedback sources, relating to the experience of care received from providers across the CCG were included in the qualitative analysis. The majority of comments were negative (56%).
Most frequently occurring negative themes	1) Respect for patient centred values, preferences and expressed needs. (16%)	1) Respect for patient centred values, preferences, and expressed needs. (17%)	1) Respect for patient centred values, preferences, and expressed needs. (17%)	1) Respect for patient centred values, preferences, and expressed needs. (32%)	1) Respect for patient centred values, preferences, and expressed needs (21%)
	2) Access to care. (9%)	2) Information, communication, and education. (15%)	2) Information, communication, and education. (9%)	2) Information, communication, and education. (8%)	2) Information, communication, and education (10%)
	3) Information, communication and education. (8%)	3) Emotional support and alleviation of fear and anxiety. (8%)	3) Coordination and integration of care. (8%) 3) Emotional Support and alleviation of fear and anxiety. (8%)	3) Access to care (6%)	3) Access to care (6.5%)

Note: percentages given are % of total of all negative and positive comments for the period

3.5 The cycle of patient reporting

With the initiation of the new model and process of patient experience reporting in quarter 2, 2014-2015, the CCG began a cycle of patient experience reporting designed to improve how patients feel about both functional and relational aspects of care they receive. The cycle is described below; the CCG has reached step 'd' in the cycle and is now progressing to steps 'e' and 'f'.



Patient's experience improving services:

- a) Feedback on what patients are saying about their experiences of service use is gathered from a wide range of sources and analysed using the themes of the NHS patient experience framework.
- b) This analysis identifies areas where services might be in need of improvement.
- c) This analysis is crosschecked with other available intelligence, monitoring local NHS service delivery. This helps underline where efforts for improvement can be focused to most effect.
- d) Recommendations are then drawn up based on what we have learned from what patients have told us and the context of other available intelligence.
- e) The CCG then works in partnership with service providers to turn these recommendations into effective actions.
- f) The progress and outcomes from these actions is recorded and then fed back to patients in a 'you said we did' format.

Finally, and critically, the learning from this process informs the next cycle of information gathering for improving patients' experience of the services they receive.

3.6 Examples from the recommendation tracker

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

4.0 Next Steps

4.1 Much of the work undertaken in 2014/15 has been focussed on increasing the patient experience data intelligence sources and developing a functioning report. This has allowed the CCG to understand what people are saying about local health services and use this in triangulation with other quality and safety measures to alert to areas that may need closer examination. 2015/16 work will continue to work with partners, including Healthwatch, to develop a clear understanding of patient experience within our locality.

4.2 In 2015/16 the intention is that the focus is to work with providers to turn the intelligence into actions used in service improvement and we can begin to illustrate the outcomes to services as a result of what patients have told us.

5.0 Recommendations

It is recommended that the Governing Body

- 5.1 receives the report and notes the work that has been undertaken in 2014/15
- 5.2 receives assurance that patient experience intelligence is now being collected and analysed appropriately in order for the CCG to use this with providers to improve patient experience
- 5.3 approves next steps for 2015/16