

Patient Experience & Quality: Annual Report

*Summary Report and Key Patient Experience Indicators from Trusts in
the CWHHE Area*

April 2014 – April 2015

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This report has been produced for the purpose of collating patient experience performance and feedback from across Trusts in the CWHHE area, in a digestible and meaningful format.



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Introduction

The report provides a summary of patient experience activity undertaken during 2014-15, it also summarises themes and trends emerging from patient and carer experience.

The data used to identify themes and trends include nationally mandated patient experience and staff experience surveys, Healthwatch, patient stories, complaints and compliments, service alerts and practice level feedback. The data also relates to all CWHHE commissioned NHS providers in particular:

- ICHT
- Chelsea and Westminster
- West Middlesex University Hospital
- London North West Hospital Trust (Ealing Hospital)
- West London Mental Health Trust
- Central London Community Healthcare
- Hounslow and Richmond Community Healthcare

Although we don't commission GP services we have also analysed patient experience themes from the 2014 GP survey data across CWHHE.

Strategic Context

Improving experiences is one of the five domains against which the NHS is held to account. The NHS Constitution further commits the NHS to encouraging and welcoming feedback on health and care experiences and using this to improve services.

'High Quality Care for All' established patient experience as one of the three elements of high-quality care, alongside clinical effectiveness and safety.

There is a strong body of evidence about the links between patient experience and clinical safety and effectiveness. For example, involvement in decision-making and effective communication is strongly associated with improved patient safety and better self-reported clinical outcomes.

Executive Summary

In analysing the key areas for improvement and positive performance from each individual trust, it is possible to gain an overview of some general themes and trends in patient experience feedback, quality and performance from across all trusts in the CWHHE area.

There is **general satisfaction or positive feedback** across most / all trusts in regards to:

- The general performance (i.e. feedback on performance from across different domains of care and assessed wards) of doctors and nurses
- A trend toward increasing response rates in the Friends and Family Test indicator. Particular mention should go to West Middlesex trust for their strong FFT results.
- Positive assessment by patient assessors.
- Reduction in number of complaints and an increasing in compliments for Mental Health Trusts.

There is **general dissatisfaction or poor feedback** across most / all trusts in regards to:

Patient Professional Interaction

- Staff attitude was a primary factor amongst the negative patient experiences across the CWHHE provider trusts.
- In most trusts, the patient's ability to 'talk about worries and fears', with a health care professional were poorly rated
- Staffing levels of nurses at West Middlesex Trust were scored as low.

Involvement in care planning and shared decision-making

- Including contextual assessments (e.g. home environment) in post-discharge care plans

Quality of Information and Advice Provided

- Particularly in terms of post-operative care, post-discharge care, condition-specific information and information about complaints procedures

Waiting Times

- Linked to long queues on appointment lines, long waits during outpatient appointments and delays in discharge

Quality of Food

Although the choice of food scored high, the quality of food was low across NW London

There has been a trend amongst providers for new data collection systems to be implemented in 2015. Many of these new data systems have the ability to show real-time feedback and also triangulate FFT, Complaints, PALS and other forms of patient experience data. With providers being equipped with better systems, coupled with the CWHHE quality schedules requirement for a sharing of further data (including FFT free-text comments), we hope to be quicker at highlighting trends and measuring the success of interventions to improve patient experience moving forward.

Activities during the past 12 months

CWHHE CCGs are committed to working in partnership with patients, carers, the wider public and local partners to ensure that the services that are commissioned are responsive to the needs of the population. More specifically, the CCGs are committed to work collaboratively with providers – as well as holding them to account - to ensure the continuous improvement in patient experience and the overall quality of care that is provided locally. During 2014/15 we have achieved the following outcomes:

'You Said that there is a lack of shared definition and a framework for monitoring and acting on Patient and Carer Experience So We:

- **Co-designed a CWHHE Patient and Carer Experience Strategy** in collaboration with patients, carers and stakeholders, it has identified key areas of priorities. These include:
 - A shared definition of Patient and Carer Experience
 - Producing an Annual Patient Experience Report that reviews all nationally mandated patient experience data and locally captured qualitative feedback through Healthwatch Reports, Service Alerts and Practice Level feedback.
 - Identifying themes and trends across all providers and using these as a basis for discussion and collaboration to improve future experience.
 - Testing out new and innovative approaches to capturing feedback from key equality group by working in Collaboration with CLCH, Mind Service Users, NHSE London to deliver 'My Health, My Say' Project which aimed to improve access and response rates for Friends and Family Test by people with Learning Disabilities
 - Developing a framework for measuring Patient Experience using locally identified 'I' Statements. We used the framework as a basis for capturing patient and community insight to inform the development and evaluation of the Tri-Borough Community Independence Service and other Better Care Fund programmes.

You Said 'that Patient and Carer voice must be present and effectively represented in strategic discussions and decisions relating to quality' So We

- **Ensured that patient and lay voice** is embedded at a strategic level across CWHHE and North West London CCGs and that patient experience is equally considered in discussion relating to quality of care. This was achieved by ensuring that the following Committees have lay and patient representation:
 - Clinical Quality Groups (CQGs)
 - CCGs Quality, Patient Safety and Risk Committees (QPSRCs)
 - NWL Quality in Contracts Working Group
 - CWHHE Quality, Patient Safety and Risk Committee which is also chaired by a Lay Member

You Said ‘that as CCGs we must ensure that all services that commission reflect the needs of and promote positive experience for the diverse population of CWHHE’ So We

- **Worked with Providers to ensure that improving patient and carer experience is at the core of all services that we commission** by ensuring that detailed Patient Experience and Equalities requirements have been identified and embedded as part of the Schedule for 15/16; this was informed by a review of all published patient experience data undertaken by the Patient Experience Team, particularly in ensuring the themes relating to poor experience are addressed as part of the new Quality Requirements. Overall, the requirements include evidence of:
 - Baseline Equality Monitoring
 - Promoting Equalities and Improving Access
 - Capturing patient experience data that represents the diversity of the service population
 - Duty to involve where each provider is required to assure the CCG that it provides services which promote the involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management and further assurance that providers work in partnership with patients, carers, the wider public and local partners to ensure that the services that are commissioned are responsive to the needs of the population

You Said that “the patient experience reports from providers focus overwhelmingly on performance rather than actual quality of experience by patients, service users and carers” So We

- **Standardised Patient Experience & Quality Reporting:** Given the varying quality of patient experience reporting from Providers in the past year, the Patient Experience Team have also produced a template for providers , which they can use to complete their quarterly patient experience reports. The aim is to support the creation of more thematic reports that comply with the NWL Quality Schedule.

You Said that “we need to come together to share successes, discuss challenges and identify areas for joint work” So We

- **Promoting Peer Learning and Sharing Good Practice** – CWHHE CCGs have an established Engagement Leads Meetings - in order to provide both staff and lay members with peer support and opportunities for joint working. Examples of Outcomes from these collaborations include:
 - CWHHE Training and Development Support for Patients, Service Users, Healthwatch and Lay Members – 22 training events across 5 CCGs. A key topic included improving awareness and understanding of patient experience qualitative and quantitative data.

Priorities for 15/16

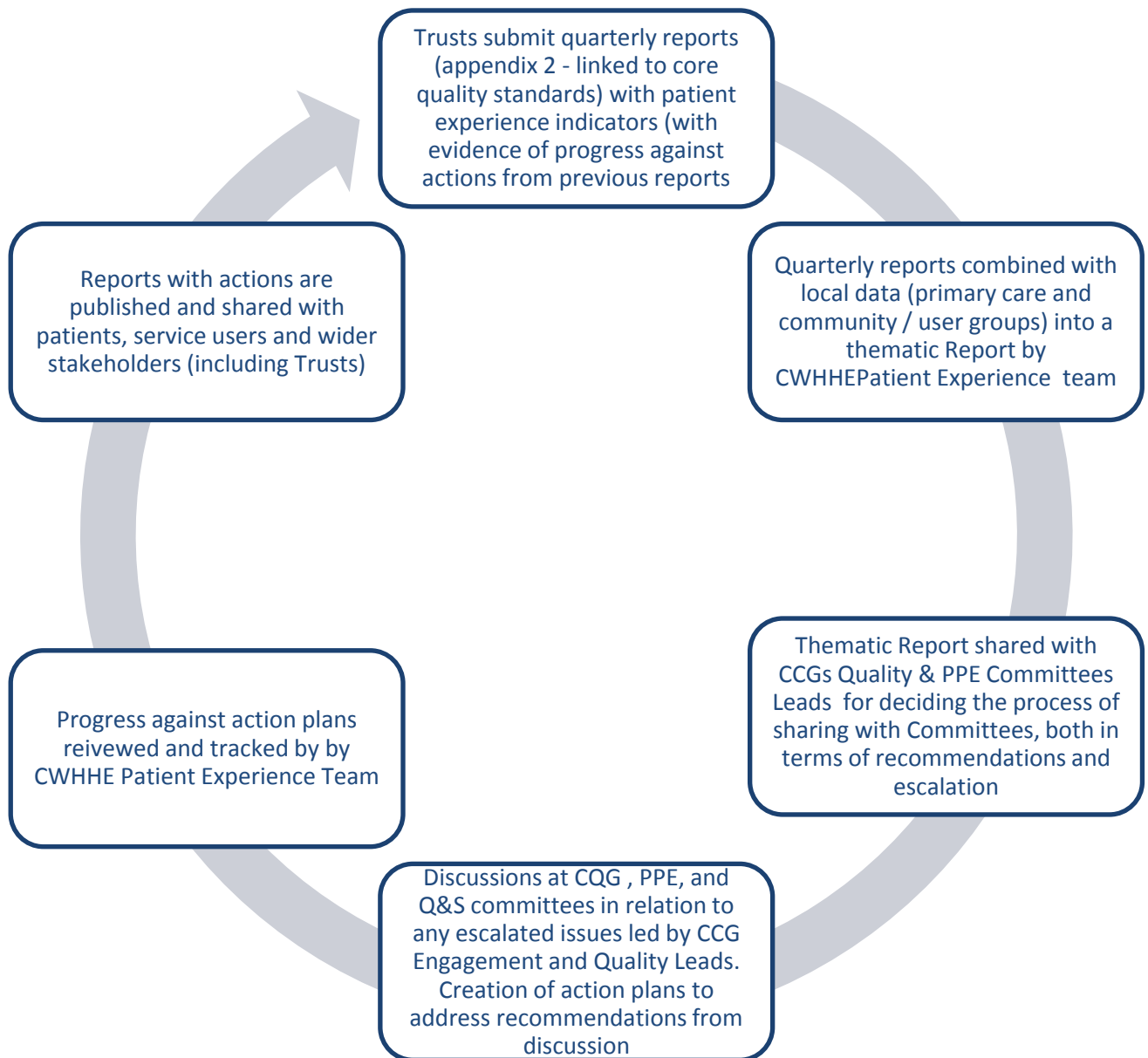
We will continue to provide activities delivered during 14/15, we will also explore the way patient and carer experience data is currently collected, presented and shared with CCGs and the wider public. This is in response to the various concerns raised CCG QPSRCs and Patient & Public Engagement (PPE) Committees as well as staff that:

- The data stored is not held centrally and is therefore not accessible and visible to all staff that might need it.
- Data is not used to its full potential to produce a variety of thematic reports that can help to shape and influence the CCG strategy.
- Currently patient experience data is not reviewed in its entirety as there lack of capacity to do this and do so on a regular basis.

You also highlighted that there is a lack of strong governance in terms of how Patient Experience data and intelligence is shared with appropriate committees in a timely and systematic way. In particular:

- How it is shared with the CCGs respective PPE and Quality Committees.
- How it is used as a basis for discussion with Providers at CQG meetings
- How actions against recommendations from these meetings are systematically fed back to those who are impacted or those who have the power to create impact.
- The current reports shared with patients and the public and wider stakeholders sometimes do not reflect the depth and volume of the good practice and outcomes being delivered locally and across CCGs.

We therefore presented a paper at the CWHHE Quality and Safety, which suggested the following improvements (see roadmap below) to our existing infrastructure are considered, so that we can overcome these challenges:



This model will allow us to bring together CCG Engagement leads and Quality leads on a quarterly basis to help:

- Create a timely and efficient reporting process for NHSE Assurance meetings, PPE Committees, Quality and Safety Committees and other key decision making bodies.
- Help our providers to effectively complete their quarterly patient experience reports in reference to the quality schedule.
- Have the ability to share patient experience data and good practice across the CWHHE CCGs.
- Be able to demonstrate that across CWHHE we are pro-active in using our data and intelligence reports (especially data from our local communities) to help shape and influence our commissioning intentions.

However, there is and there will be a considerable volume of Patient Experience and community data produced across CWHHE. To implement this proposal effectively we understand that it would require extra capacity and resources and we are looking at good practice models from elsewhere and we will be looking for opportunities to implement them across CWHHE.

Overview of GP Survey and Complaints data from across CWHHE CCG's

Introduction to Measures and Key Themes

GP Survey data

The GP Survey is run on behalf of NHS England; data is collected over the periods of Jan-March and July-September. Overall there was not a huge difference in performance from the CWHHE CCGs in comparison to the London average across all themes.

Summaries

- **Making an appointment:** Phone is still by far the most popular method of booking appointments, with only 5% using online services across London. However, awareness of online booking options is up to 22% across London.
- **Opening Hours:** 70% of people across CWHHE are satisfied with the opening hours of their GP practice, with Saturdays and after 6.30pm being the most popular options for accessing care outside of existing available hours. This is reflective London wide.
- **About you:** On average 66% of people in London are able to get time off work to see the GP. This is reflective across CWHHE, except for CLCCG & WLCCG, who both stated that 75% were able to get time off.
- **About you:** Under ethnicity in the "Questions about you theme" CWHHE had a higher percentage of non-White British respondents than the London average, highlighting the diverse populations of these areas and the need for healthcare solutions that are accessible to these populations (42%, 37%, 40%, 48% and 31% vs 48% London average).
- **Planning your care:** Only 3% of people London wide had a written care plan. However, 73% of those with a care plan were using it to manage their health day to day and 76% had received help from a HCP to write their care plan. This suggests use of a care plan needs to have support from HCPs, but uptake will be good from patients once this happens. This was reflective across CWHHE.

Positive Trends

- Overall there was not a huge difference in performance from the CWHHE CCGs in comparison to the London average across all themes.
- **Planning your Care:** CLCCG had 85% of patients saying they had support from a HCP in writing a care plan and 80% of them were using this care plan to manage their health day to day (more than London average 76/73% respectively).
- WLCCG scored higher than the London average on most parts of the Survey, although this may be part explained by the lower response rate. In particular they scored highly on themes "**Accessing services**", "**Involving people within their care**" and "**Making appointments**".

Negative trends

- Small improvements could be made to the response rate of from Central London, West London and Hammersmith & Fulham CCGs (21%, 22% and 23% respectively) in comparison to the London average (28%). However, for all these CCGs, overall performance and likelihood to recommend was higher than the London average.
- **Out of Hours:** More respondents in all 5 CWHHE CCGs (62%, 59%, 63%, 63% and 61% respectively) did not know how to contact the out of hours GP service than the London average (56%). This suggests a need for improved explanation and communication of the service available and how to access it.

Complaints

CWHHE CCGs Collaborative manages complaints under its Complaints Policy, which reflect the legislation outlined in the NHS Complaints Regulations 2009. This means that all complaints should be acknowledged within three working days and complainants should be provided with a response within a mutually agreed time-scale. CCGs are responsible for investigating and responding to complaints about the commissioning decisions they make it is providers though that has the statutory responsibility to investigate and respond to complaints about service provision.

From 1 April 2014 - 31 March 2015 there have been 357 complaints across the five CCGs within CWHHE CCG Collaborative. Some of these complaints related to more than one service or provider and for this reason the total of the figures identified below is higher than the number of complaints received. The majority of these complaints (150) related to service provision and were, with the patient's consent, passed to the appropriate provider to investigate and respond to. The patient is always offered the opportunity to return to the CCG for further advice if they are dissatisfied with the way in which the Provider manages their complaint. Where appropriate, the CCGs requested a copy of the final response for quality monitoring purposes.

There were 104 complaints regarding Primary Care Contractors, which include GPs, dentists, pharmacist and opticians, these were forwarded to NHS England as the responsible commissioner for these services. In addition to this there were two complaints relating to services provided by Public Health, five complaints relating to service provided by the Local Authorities and three complaint regarding Nursing Homes. With the patient's consent these complaints were forwarded to the appropriate organisations for investigation and response.

109 of the complaints received related to commissioning decisions undertaken by the CCGs and were investigated and responded to under the NHS Complaints Procedure. 18 of these complaints related to Individual Funding Requests; 42 related to NHS funded Continuing Health Care and 49 related to commissioning decisions taken by the CCGs.

From the graphs overleaf it is not easy to identify patterns / trends but it does appear that there are areas that received a higher numbers of complaints i.e. NHS funded Continuing Health Care and newly / recommissioned services.

Central London CCG

GP Survey data

From a response rate of 21% (against a 28% London average) of those that access GP services, we found:

Positive trends

- 32% of respondents found it “Very Easy” to get through to someone at their GP surgery. Compared to a 24% London average.
- 38% of respondents could always or almost always see their preferred GP, compared to a 32% London average.
- 74% were able to get an appointment to see or speak to someone without the need to call back. Compared to a 68% London average
- 32% of respondents found their overall experience of making an appointment “Very Good”. Compared to a 29% London average.
- Respondents rated their GP higher than the London average on explaining their tests/treatments and involving them in decisions about their care (4% and 5% higher respectively).
- Of the 4% of respondents that were using a care plan (vs 3% London average), 80% of those said they were using it day to day to manage their health. Considering 46% of those who had responded to the entire Survey had a LTC there is definitely potential for better promotion & use of care plans across CLCCG. This will only happen with HCP support to write care plans though.

Other points

Within Central London CCG from the 21% of those that access GP services, compared to the London average there were more people from another white background (not White British), more people in full time education or employment and 7% less parents or legal guardians.

Negative Trends

- Response rate of 21% was lower than the London average 28%.
- For people who were able to get an appointment, 4% more than the LDN average (20%) had to wait over a week to see a GP/nurse.
- Similar to much of CWHHE there was not a very strong understanding of the out of hours service with only 38% of respondents stating they knew how to contact this service. For those that had used the service, 4% more than the London average felt the experience was either fairly poor or very poor. This suggests a need to not only clarify what is on offer, but also to improve the experience.

Complaints

Central London CCG has received 51 complaints during 2014-15. 24 (47%) of these were acknowledged within 3 working days but a further 27 (52%) of complaints did not received an acknowledgement within 3 working days but were provided with a full response within 5 working days. 45 (88%) complaints received a full response within 25 working days. In cases where the response has not been sent to the complainant within the 25 working days timescale, the complaints team has worked to keep the complainant informed of progress and the reason for the delay.

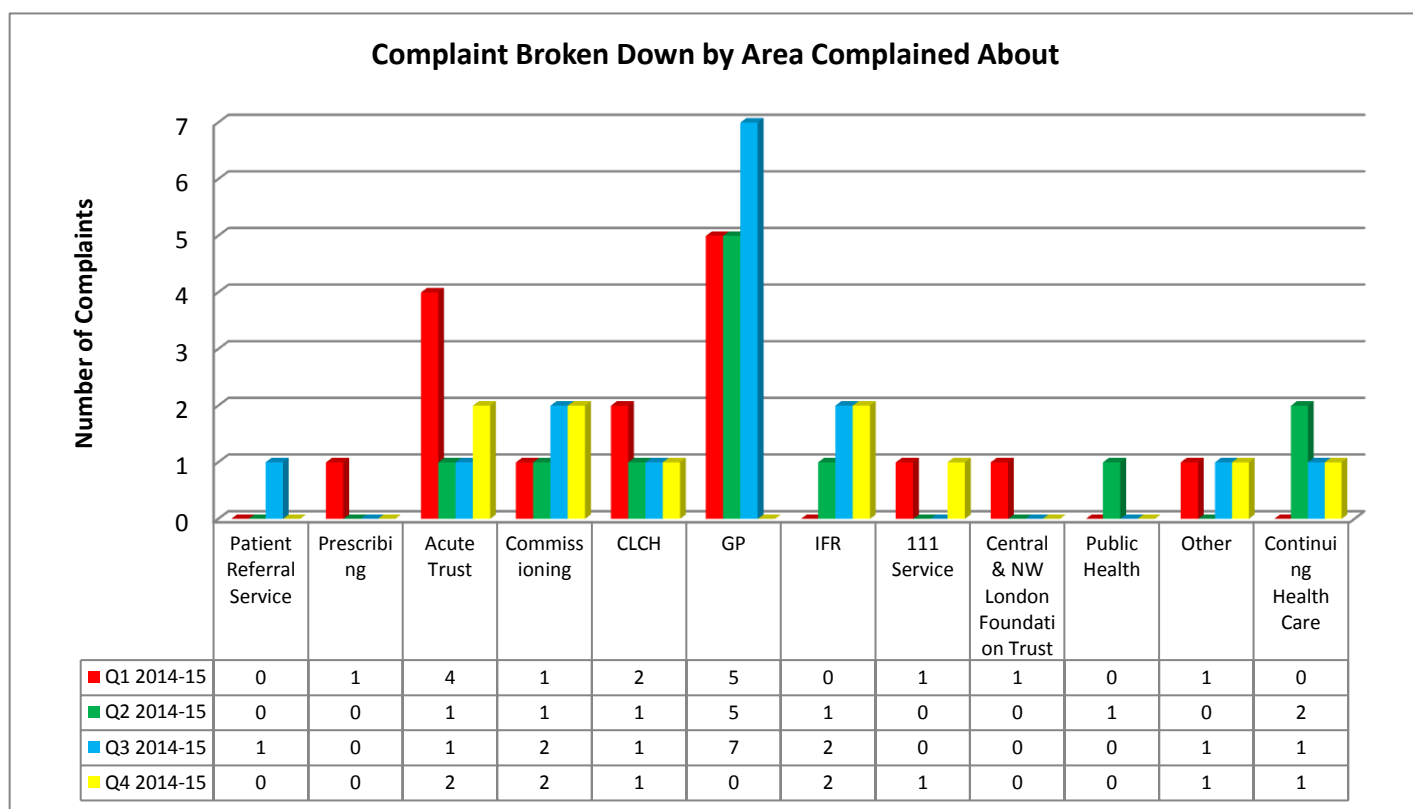
	Q1 2014-15	Q2 2014-15	Q3 2014-15	Q4 2014-15
No. complaints rcvd	16	12	14	9
Ackn < 3 w/days	5 ¹	3 ²	7 ³	9
Response < 25 w/days	15	12	12	6
Response > 25 w/days	1	Nil	2	3
No. outstanding	Nil	Nil	1	Nil

¹ Ten complaints did not receive an acknowledgement because they were sent a full response within 5 working days – 1 complaint received an acknowledgement outside the recommended time scales.

² Nine complaints did not receive an acknowledgement because they were sent a full response within 5 working days.

³ Eight complaints did not receive an acknowledgement because they were sent a full response within 5 working days.

It is important to note that each complainant may raise more than one issue therefore the subject of complaints will not always be the same as the number as complaints received



West London CCG

GP Survey Data

From the 22% of those that access GP services within West London CCG, compared to the London average there were:

- More people who identified as Another White Background (11% more)
- Less people who identified as White British (11% less),
- More people in full time education or employment and
- 6% less parents or legal guardians.

From a response rate of 22% of those that access GP services, we found:

Positive trends

- Confidence and trust in GPs was high (62% vs 57% London average).
- Overall performance and likelihood to recommend local GP services were both 10% higher than London average (46% rated WLCCG as very good and 53% would recommend).
- Both the convenience and Satisfaction levels of opening hours were 6% higher than the London average (76% vs 70% and 39% vs 33%) and 57% of respondents felt that they didn't have to wait too long (7% higher than London average).

Negative trends

- There were 4% more smokers than the London average
- Response rate of 22% was lower than the London average 28%.
- Similar to much of CWHHE there was a poor understanding of the out of hours service. Only 39% of respondents stated they knew how to contact this service (44% London average). However, for those who had used the service 7% more than the London average found it easy to contact out of hours and 4% more than London average said their experience of the out of hours service was very good.
- Of the 4% who had a written care (vs 3% London average), 4% less than the London average were using it day to day to manage their health, and 11% more were not reviewing it with a HCP. Considering 47% of those who had responded had a Long Term Condition there is definitely potential for better promotion & use of care plans across WLCCG. However, 38% of those with LTCs felt they were being given enough support to manage their health from local services, which is 5% higher than the London average.

Complaints

West London CCG has received 36 complaints during 2014-15. 18 (50%) of these were acknowledged within 3 working days but a further 16 (44%) of complaints did not received an acknowledgement within 3 working days but were provided with a full response within 5 working days. 30 (83%) complaints received a full response within 25 working days. In cases where the response has not been sent to the complainant within the 25 working days timescales, the complaints team has kept the complainant informed of progress and the reason for delays.

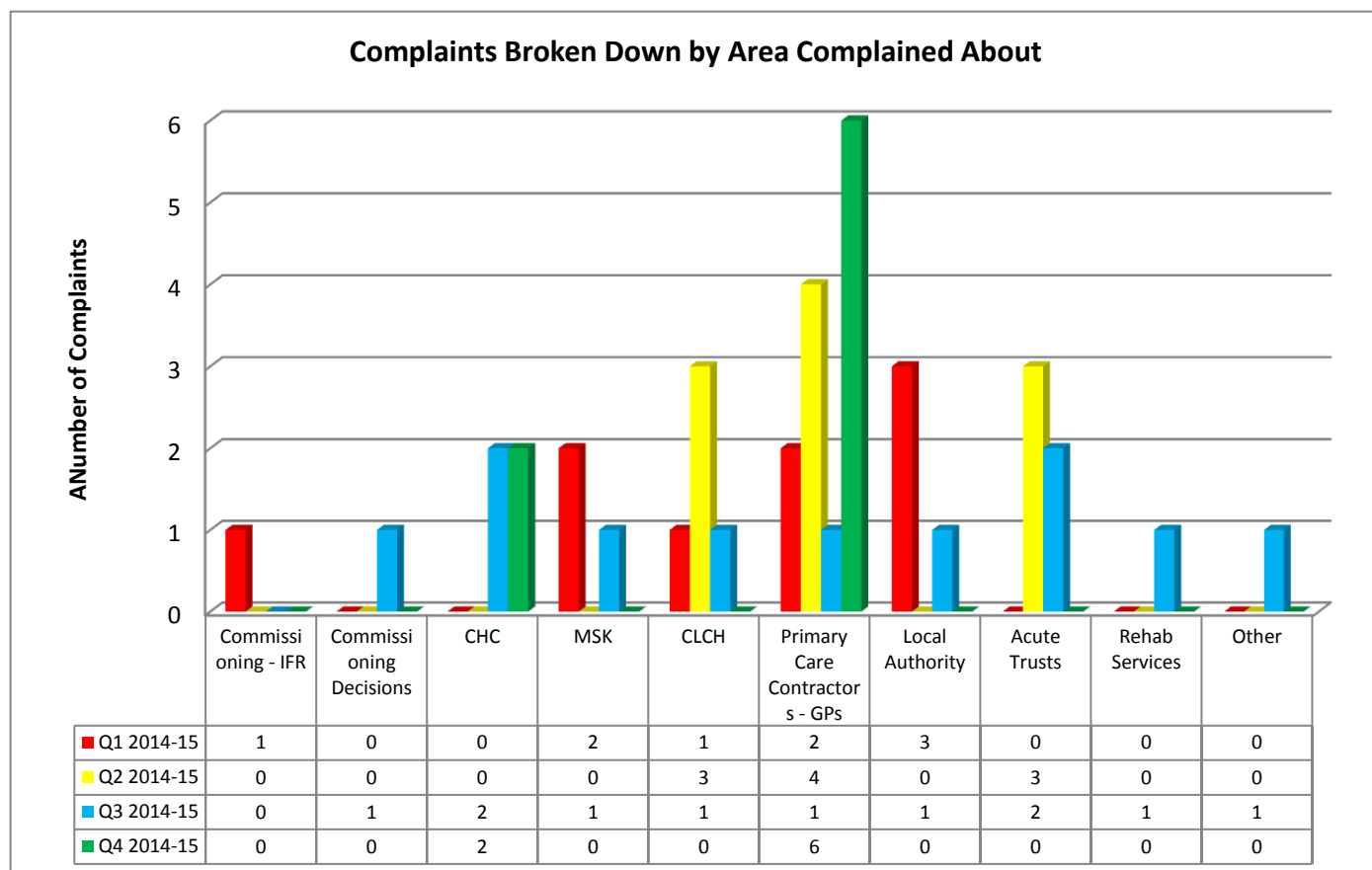
	Q1 2014-15	Q2 2014-15	Q3 2014-15	Q4 2014-15
No. complaints rcvd	9	10	9	8
Ackn < 3 w/days	2 ¹	4 ²	4 ³	8
Response < 25 w/days	8	10	5	7
Response > 25 w/days	1	Nil	3 ³	1
Number outstanding	Nil	Nil	1	Nil

¹ Seven complaints did not receive an acknowledgement within 3 working days because they were sent a full response within 5 working days or forwarded to a provider or local authority for investigation and response.

² Six complaints did not receive an acknowledgement within 3 working days because they were sent a full response within 5 working days or forwarded to a provider for investigation and response.

³ - Three complaints did not receive an acknowledgement within 3 working days because they were sent a full response within 5 working days.

It is important to note that each complainant may raise more than one issue therefore the subject of complaints will not always be the same as the number as complaints received.



Hammersmith & Fulham CCG

GP Survey data

From a response rate of 23% of those that access GP services, we found:

Positive trends

- Overall Experience and Likelihood to recommend were both higher than the London average.

Other points

- Within Hammersmith & Fulham from the 23% of those that access GP services, compared to the London average, there were more people from another white background (6% more), 5% more people in full time employment and 4% less parents or legal guardians. There was also a younger population than most of CWHHE and London with 7% more than the London average being aged 25-34.
- 55% of people had never smoked, which is 5% lower than the London average.
- Outside of the existing hours available for appointments, the most popular time was on a Sunday, rather than after 6:30pm during the week or a Saturday, which was the preference for the rest of CWHHE and London. This is interesting considering that there was a higher percentage of Christians in H&F (53% compared to 49% London average).
- 14% of respondents had never seen a nurse. This was 4% higher than the London average.

Negative trends

- Response rate of 23% was lower than the London average 28%.
- Similar to much of CWHHE there was not a very strong understanding of the out of hours service with only 37% of respondents stating they knew how to contact this service (44% London average). However, for those who had used the service 7% more than the London average found it easy to contact out of hours and 4% more than London average said their experience of the out of hours service was very good.
- Of the 4% who had a written care plan (vs 3% London average), 3% less had help putting one together with a HCP and 4% less than the London average were using it day to day to manage their health. However, 4% more were reviewing it with a HCP. Considering 47% of those who had responded had a Long Term Condition there is definitely potential for better promotion & use of care plans across H&F CCG. However, 35% of those with LTCs felt they were being given enough support to manage their health from local services, which is 2% higher than the London average.
- Nursing scored poorly across Hammersmith and Fulham CCG

Complaints

Hammersmith & Fulham CCG has received 65 complaints during 2014-15. 40 (62%) of these were acknowledged within 3 working days but a further 18 (28%) of complaints did not received an acknowledgement within 3 working days but were provided with a full response within 5 working days. 52 (80%) complaints received a full response within 25 working days. In cases where the response has not been sent to the complainant within the 25 working days timescales, the complaints team has kept the complainant informed of progress and the reason for delays.

	Q1 2014-15	Q2 2014-15	Q3 2014-15	Q4 2014-15
No. complaints rcvd	9	14	29	13
Ackn < 3 w/days	5 ¹	8 ²	14 ³	13
Response < 25 w/days	9	11	21	11
Response > 25 w/days	0	2	3	2
No. outstanding	0	2	4	Nil

¹ four complaints did not received an acknowledgement because they received a final reply in a five working days.

² six complaints did not received an acknowledgment because they received a final reply in a short period of time – one complaint had a delay before it was forwarded to the complaints team which meant the acknowledgment was delayed.

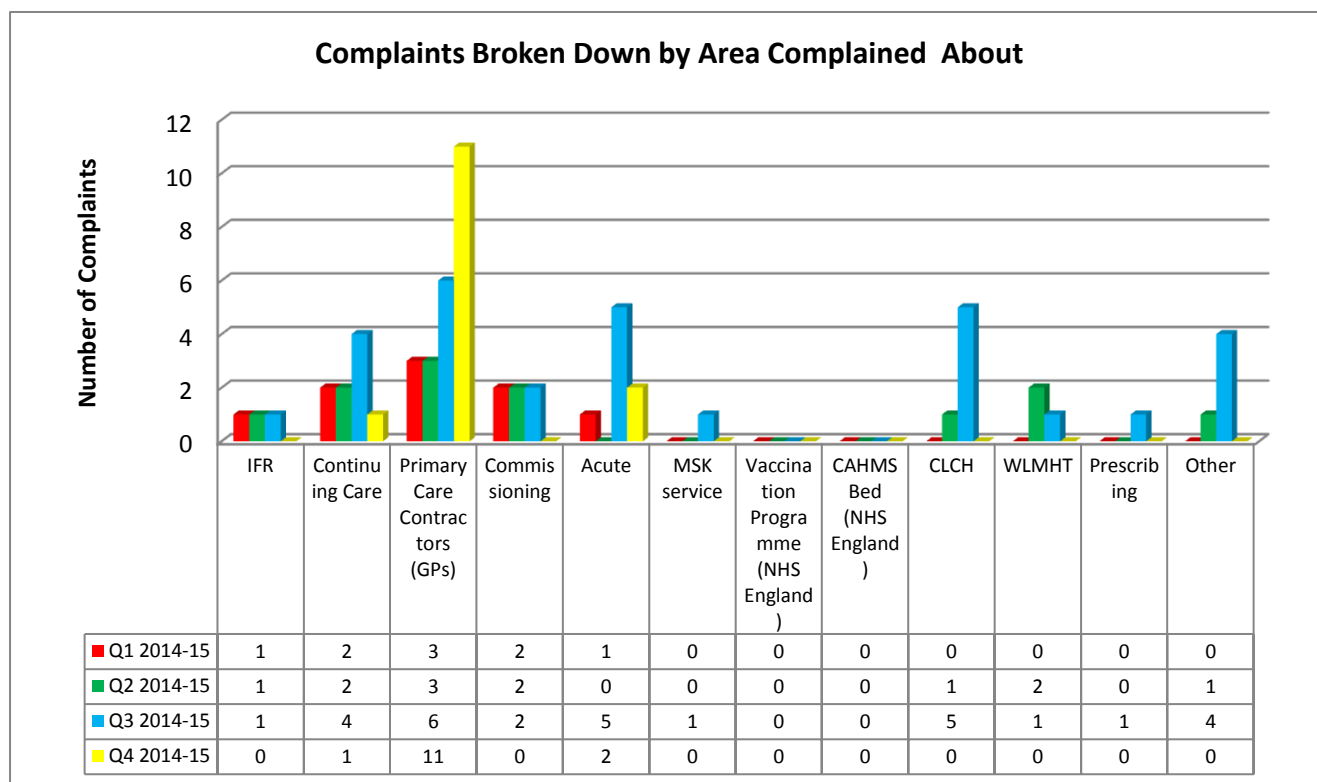
³ fifteen complaints did not received an acknowledgement with three working days for the following reasons –

8 sent a full response within 5 working days

2 sent response on 6th day

5 the acknowledgment was overdue and an apology was extended to the complainant for this.

It is important to note that each complainant may raise more than one issue therefore the subject of complaints will not always be the same as the number as complaints received.



Hounslow CCG

GP Survey data

From a response rate of 29% of those that access GP services, we found:

Positive trends

- Response rate of 29% was the highest across CWHHE and the only one above the London average of 28%.

Other points

- Within Hounslow CCG from the 29% of those that access GP services, compared to the London average, there were more people from an Indian background (11% more – 17%vs 6% London average) and in comparison to White British (8% less).
- More people in full time employment
- Only 3% of people had a written care (same as London average). Considering 46% of those who had responded had a Long Term Condition there is definitely potential for better promotion & use of care plans across Hounslow CCG.

Negative trends

- Similar to much of CWHHE there was a poor understanding of the out of hours service with only 37% of respondents stating they knew how to contact this service (44% London average).

Complaints

Hounslow CCG has received 98 complaints during 2014-15. 67 (68%) of these were acknowledged within 3 working days but a further 30 (31%) of complaints did not received an acknowledgment within 3 working days but were provided with a full response within 5 working days. 81 (83%) complaints received a full response within 25 working days. In cases where the response has not been sent to the complainant within the 25 working days timescales, the complaints team has kept the complainant informed of progress and the reason for delays.

	Q1 2014-15	Q2 2014-15	Q3 2014-15	Q4 2014-15
No. complaints rcvd	28	20	31	19
Ackn < 3 w/days	16 ¹	11 ²	21 ³	19
Response < 25 w/days	22	17	24	18
Response > 25 w/days	6	3	4	1
No. outstanding	Nil	Nil	3	Nil

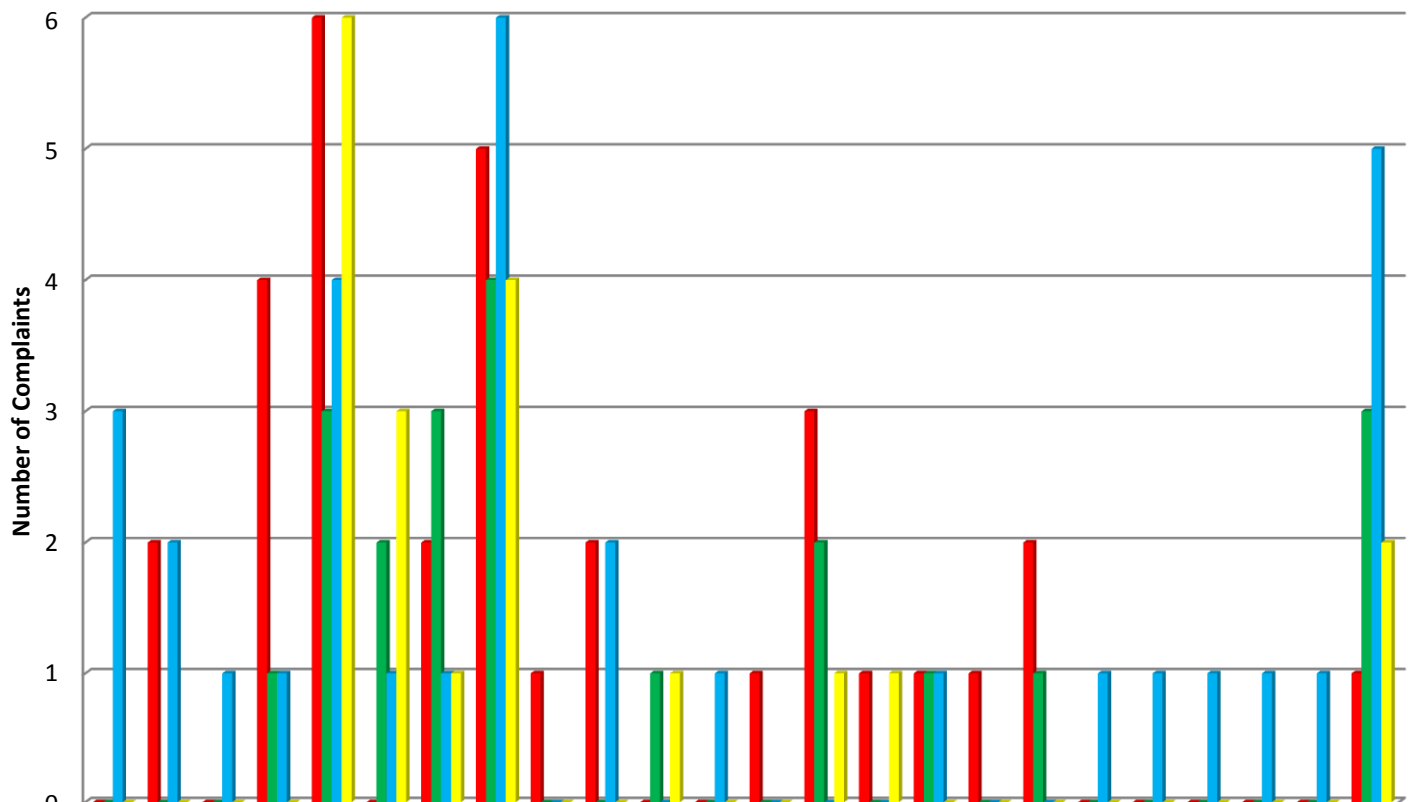
¹ 11 complaints did not receive acknowledgment as a full response was provided in less than 5 working days; 1 did not receive an acknowledgment but a full response was sent in 8 working days.

² 9 complaints did not receive acknowledgment as a full response was provided in less than 5 working days.

³ 10 complaints did not receive an acknowledgment but did receive a full reply within 5 working days.

It is important to note that each complainant may raise more than one issue therefore the subject of complaints will not always be the same as the number as complaints received.

Complaints Broken Down by Area Complained About



	Commissioning - Audiology	Commissioning - Mental Health Svcs	Commissioning - Ophthalmology	WMUH	CHC	IFR	RFS	GPs	Prescribing	WLMHT	HRC H District Nursing	Social Services	ASPH	HRC H - Podiatry	HRC H - MSK	Charling Cross Hospital	Frimley Park Hospital	Nursing Home	Ealing Hospital	Queen Charlotte's Hospital	Northwick Park Hospital	HRC H - CHC Team	HRC H - Continence Svc	Other
■ Q1 2014-15	0	2	0	4	6	0	2	5	1	2	0	0	1	3	1	1	1	2	0	0	0	0	0	1
■ Q2 2014-15	0	0	0	1	3	2	3	4	0	0	1	0	0	2	0	1	0	1	0	0	0	0	0	3
■ Q3 2014-15	3	2	1	1	4	1	1	6	0	2	0	1	0	0	0	1	0	0	1	1	1	1	1	5
■ Q4 2014-15	0	0	0	0	6	3	1	4	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	2

Ealing CCG

GP Survey data

From a response rate of 27% of those that access GP services, we found:

Positive trends

- Response rate of 27% was the second highest across CWHHE and only 1% under London average.

Other points

- Within Ealing CCG from the 27% of those that access GP services, compared to the London average, there were more people from an Indian background (10% more – 16% vs 6% London average) and in comparison to White British (17% less).
- 65% of people had never smoked, which is 5% higher than the London average.

Negative trends

- Similar to much of CWHHE there was not a very strong understanding of the out of hours service with only 41% of respondents stating they knew how to contact this service (44% London average). Additionally, for those that had used the service more people found it “not very” or “not at all” easy to contact than the London average (23% vs 18% and 15% vs 11% respectively). Additionally, 39% of people felt out of hours care was received too slowly (35% London average).
- Of the 4% who had a written care (vs 3% London average), 6% less people were reviewing it with a HCP. However, 4% more than the London average were using care plans to manage their health day to day. Considering 46% of those who had responded had a Long Term Condition there is definitely potential for better promotion & use of care plans across Ealing CCG.
- Only 29% of people were very satisfied with opening hours (compared to 33% for London average).
- 38% of people had to wait more than 15 minutes for their appointment (compared to 34% London average).
- 4% less than London average (43%) would definitely recommend their GP practice.
- Both the rating of GP giving people enough time and listening to them effectively was scored 4% lower for the option “Very Good” than the London average.

Complaints

Ealing CCG has received 107 complaints during 2014-15. 79 (74%) of these were acknowledged within 3 working days but a further 28 (36%) of complaints did not received an acknowledgement within 3 working days but were provided with a full response within 5 working days. 95 (89%) complaints received a full response within 25 working days. In cases where the response has not been sent to the complainant within the 25 working days timescales, the complaints team has kept the complainant informed of progress and the reason for delays.

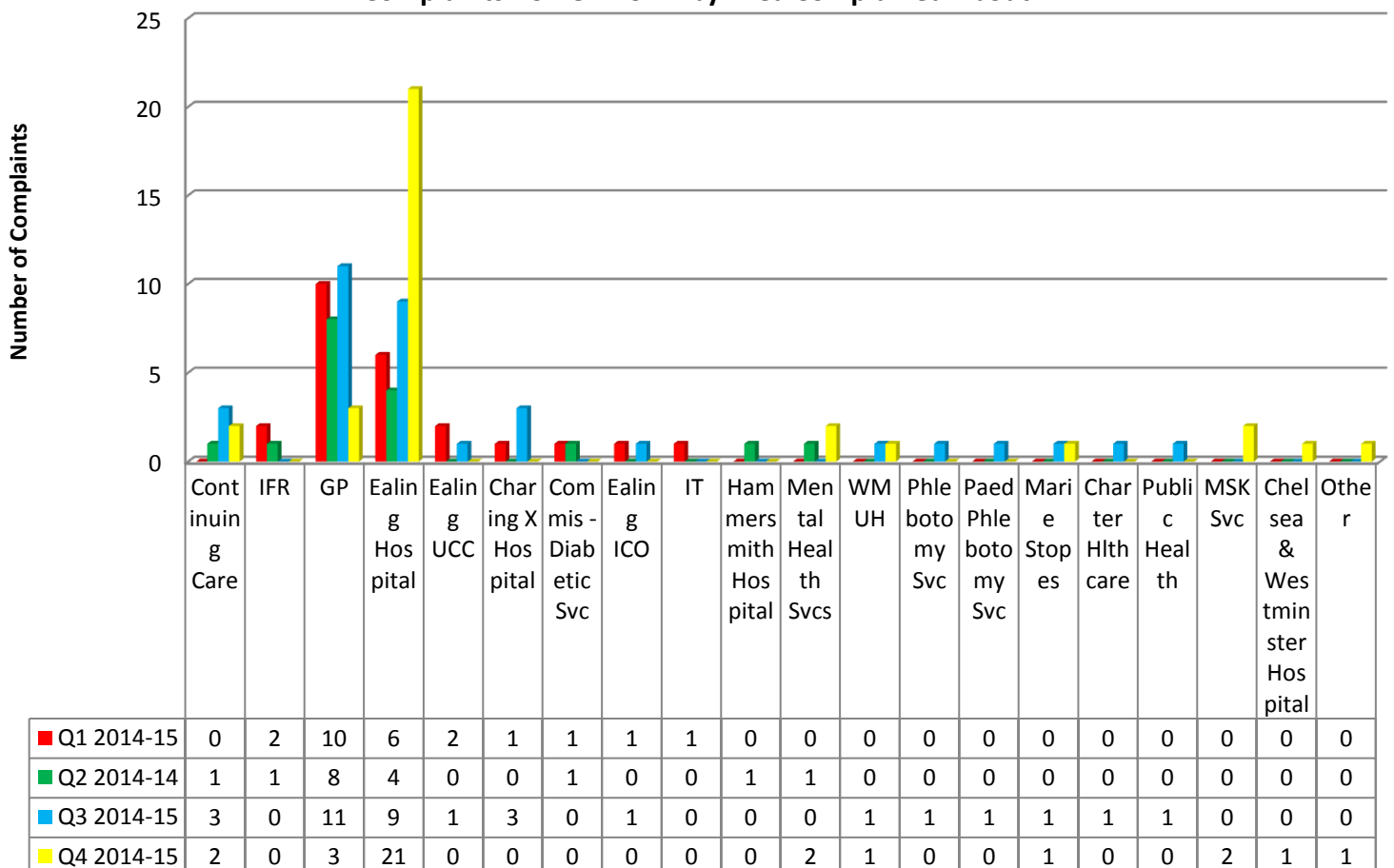
	Q1 2014-15	Q2 2014-15	Q3 2014-15	Q4 2014-15
No. complaints rcvd	24	17	33	33
Ackn < 3 w/days	9 ¹	5 ²	32	33
Response < 25 w/days	21	16	27	31
Response > 25 w/days	3	1	6	2
No. outstanding	Nil	Nil	Nil	Nil

¹15 complaints did not receive an acknowledgment because they were sent a full response within 5 working days.

²13 complaints did not receive an acknowledgement because they were sent a full response within 5 working days.

It is important to note that each complainant may raise more than one issue therefore the subject of complaints will not always be the same as the number as complaints received.

Complaints Broken Down by Area Complained About



Overview Patient Experience themes from across NHS providers in the CWHHE Area

An overview of each of the patient experience indicators used in this report is outlined in Appendix 1. Results from these patient experience surveys, taken together, may provide a meaningful overview of a trust's performance in this area, but it is not a comprehensive indication of patient experience overall.

General Satisfaction and Positive Feedback

- The general performance (i.e. feedback on performance from across different domains of care and assessed wards) of doctors and nurses
- A trend toward increasing response rates in the Friends and Family Test indicator. Particular mention should go to West Middlesex trust for their strong FFT results.
- Positive assessment by patient assessors, especially in terms of overall trust cleanliness
- Reduction in number of complaints and an increasing in compliments for Mental Health Trusts.

General Dissatisfaction and Negative Feedback

Patient Professional Interaction

- In most trusts, the patient's ability to 'talk about worries and fears', with a health care professional were poorly rated

Involvement in care planning and shared decision-making

- Including contextual assessments (e.g. home environment) in post-discharge care plans

Quality of Information and Advice Provided

- Particularly in terms of post-operative care, post-discharge care and condition-specific information
- Another key area for improvement was the information given to patients about how to share their views, especially the complaints procedures

Waiting Times

- Linked to long queues on appointment lines, long waits during outpatient appointments and delays in discharge

Quality of Food

Although the choice of food scored high, the quality of food was low across NW London.

There has been a trend amongst providers for new data collection systems to be implemented in 2015. Many of these new data systems have the ability to show real-time feedback and also triangulate FFT, Complaints, PALS and other forms of patient experience data. With providers being equipped with better systems, coupled with the CWHHE quality schedules requirement for a sharing of further data (including FFT free-text comments), we hope to be quicker at highlighting trends and measuring the success of interventions to improve patient experience moving forward.

Imperial College Healthcare Trust

Key Themes

The key themes to come out highlighted by the Imperial patient experience data seem to be that a timely service, with kind and friendly staff and in care delivered in good conditions are the most important factors for driving a positive experience, with poor experience being the opposite.

General Satisfaction and Positive Feedback

Imperial have been commended by Healthwatch in regard to their continued work to help people with Dementia. They have exceeded their CQUIN targets on dementia and have launched the Supporting Carers of Dementia project, which includes drop in sessions for carers and use of a carer's passport.

With the exception of A&E, FFT results have been equal to or above NWL and London averages.

With regards to staff culture they should also be commended for their implementation of the "Hello My Name is" campaign and the inclusion of a regular 'Patient Story' at Trust Board Meetings.

Dissatisfaction and Negative Feedback

The need for improvement within Outpatients has been a key area that was highlighted by patients and the CQC, especially with regard to waiting times. To counter this, Imperial have been quick to construct an outpatients improvement programme, which by March 2015 has already seen the implementation of self-check-in kiosks, a 'queue buster' telephone system, the development and monitoring of key performance indicators and a reduction in the backlog of letters sent to patients.

It was also highlighted the need to build the feedback from patients, peers and other organisations into its review of systems and decision making process. It is thought that new system for collection and management of patient experience data and complaints, which was implemented in April 2015, can help with this by enabling real-time feedback for FFT and Complaints. This is coupled with the implementation of a quicker process for resolving complaints related to poor patient experience.

Within the PLACE Survey of 2014, "Condition", "Privacy" & "Food" were areas, which needed improvement. The age of the buildings at Imperial mean that increasing the speed of improving the conditions is difficult (in addition to existing plans already underway for all sites) and so their ambition for the following year will be to reach national standards.

Urgent action was taken to rectify the cleanliness issue highlighted by the CQC and they continue to work towards making the required improvements elsewhere. This can be highlighted in their PLACE score, where they were ranked in the top 25% of the country for cleanliness.

Staff Survey and Staff FFT

In 2014, Imperial had little change in the NHS staff Survey in comparison to 2013, although the response rate has dropped (to 41% from 49%), which is below the national average for acute trusts. Despite this, all scores in the questions relating to staff recommendations of Imperial as a place to work or receive care, was higher than the national average. They also scored well for overall staff engagement and in questions relating to the ability to raise concerns. Improvement is possible

concerning the levels of staff training, especially within regard to Health & Safety. In response, they have set a target of 90% of their departments (currently at 60%) having a trained Health & Safety co-ordinator by end of 2016, as part of their strategic “Well Led” staff targets.

Cancer Patient Survey

Currently their score is 72%, which is a significant improvement on last year’s result. Additionally, most questions saw an improvement since 2013, with the exception of access to a Clinical Nurse Specialist, where they scored poorly. However, they are specifically targeting this area with Macmillan as part of their cancer patient experience action plan.

PLACE Survey

Results were (Cleanliness – 98.19% (top 25%), Food – 88.18% (below average), Privacy etc. – 77.75% (bottom 25%), Condition etc. – 87.26% (bottom 25%)). The Trust’s environment was a key issue raised by patients (also picked up by the CQC, see above). Whilst they go through the planning stages of their redevelopment, they will continue to face challenges in this area. Therefore, their goal is to maintain current performance. However, their target for all other areas is to ensure that all scores are above national average in year 1.

Friends & Family Test

FFT response rates for 2014-2015 remain strong in relation to NWL (with the exception of A&E) and in line with national averages. They have moved to a new system, which will help to move away from net promoter score and capture real-time feedback. Imperial have also achieved the CQUIN for early implementation of FFT in Outpatients, which will be very useful, as they look to improve this area throughout 2015.

Inpatient Survey

In comparison to 2013-2014 results, there has been little change. They are rated “about the same” for all questions. Moving forward they are hoping to improve their score relating to responsiveness to patients’ personal needs, which is an amalgamation of five questions from the Survey.

Healthwatch Dignity Champion Reports

Healthwatch Dignity Champions visited Hammersmith Hospital on Oct 18th 2014 (report [here](#)). They were very positive about the facilities and the approach of staff. In particular, the well-presented information notice boards. Areas for improvement were the quality of discharge information provided to patients and the food. Though some patients were well informed many were not, hospital staff had not had a conversation around length of stay, expected discharge dates and what subsequent care and treatment a patient would receive.

With regard to CWL Healthwatch, they praised Imperial for the many research initiatives, which had an effect on improving patient care, in addition to the decision to prevent night transfers.

Chelsea & Westminster Healthcare Trust

Key Themes

The key themes that were apparent at Chelsea & Westminster linked to patient experience were environment, staff attitude, waiting times and the level of information being given to patients.

General Satisfaction and Positive Feedback

Chelsea and Westminster scored very well in the Inpatient Survey questions relating to A&E. This was also reflected in FFT scores, where they were consistently better than the London average for A&E results.

Similar successes can be seen within the Staff Survey and Staff FFT results where they scored within the top 20% nationally. The Staff FFT was consistently higher than London average and also maintained a very good response rate, which ensured that the data was highly interpretable.

Following a successful funding bid, with Macmillan, to increase the specialist palliative care nursing, they are delivering a seven day face to face specialist palliative nursing care service. The service has been warmly received by patients, families and staff.

Service Track - Electronic Patient Meal Service - Each ward now orders all patient meals through the Saffron Electronic Patient Meal Service Device. For the patient this means that they will get the food they ordered, there is more interaction between the hostess and patient. The system is quicker for the staff and there has been a significant reduction in food waste.

Interpreting Services - In order to increase the accessibility of interpreting service for patients they have promoted the use of telephone interpreting services which are readily available, instantaneous and with 256 languages and dialects available. Nationally the utilisation rate of telephone interpreting is 19% and within London between 13- 15%; the Trust is currently in the top 2 in the country for providing telephone interpreting and operates at 36%. This has had a beneficial effect of contributing to the patient experience and a secondary financial benefit to the Trust by reducing the face to face interpreting expenditure close to £30k p.a.

Dissatisfaction and Negative Feedback

Some of the biggest concerns at Chelsea & Westminster seem to be linked to their poor Inpatient and Maternity services, highlighted by poor FFT results and missed targets on 12 week assessments, homebirths, non-elective caesareans, 1:1 midwife care in labour, and the midwife to birth ratio for the majority of 2014-2015 (highlighted by Healthwatch). An action plan has been drawn up to improve FFT results in 2015/16 (see below) and a close eye is being kept on their progress. The themes most common for poor patient experience are poor communication, lack of or conflicting information and staff attitude. This is also highlighted within complaints and FFT free text comments.

Staff Survey and Staff FFT

The results of the national staff Survey 2014 show that Chelsea and Westminster remains in the top 20 per cent of acute trusts in the country as an organisation that staff would recommend as a place to work or to receive treatment. However, on average they have performed worse than their score in 2013. With particular worry are the areas of Staff training in Health & Safety and Equality &

Diversity. Also only 79% of staff said they had had an appraisal within the past 12 months (national average is 85%). This was highlighted by Healthwatch as a disappointment. Staff ability to contribute towards improvements at work ranked above average compared with other acute trusts. Also scoring well in the Survey was staff who felt they made valuable contributions to improve the work within their team and staff who felt they could show initiative in their current role.

Staff FFT has been consistently high throughout 2014-2015, with a Q4 score for 2015 being 86% with only 3% not recommending care and Q3 being 90% with 2% (this is compared to 77% with 8% and 76 with 8% respectively across London).

Cancer Patient Survey

80% of people rated their experience of care as excellent or very good. This is 4% less than last year and 9% less than the national average, which shows room for improvement. Particular areas where they scored poorly were in regard to patients being given enough information about their condition (especially the potential side effects of treatment) and also there was a lack of opportunities to be involved in cancer research.

PLACE Survey

Results were (Cleanliness – 98.96% (top 25%), Food – 93.38%, Privacy etc. – 95.43%, Condition etc. – 93.28%). These were extremely good with figures above national average for all scores. The good scores in relation to food is testament to the success of their electronic patient meal service.

Friends & Family Test

The response rate to the FFT during the year (2014/15) has been variable across the Divisions, and months, ranging from 15% to 40%. The FFT report shows that some clinical areas continue to have a very low response rate. The percentage of people who would recommend the Trust ranges from 85% (Inpatients) to 94% (Day Cases). However, the percentage of people who would not recommend the Trust ranges from 8% (Inpatients) to 3% (Maternity), this scoring sets the Trust in the lower quartile of London hospitals. Some of the poorer qualitative results reflect the themes coming from complaints, i.e. poor communication, lack of or conflicting information and staff attitude/behaviour. The trust recognises the need for improvement and an action plan has been drawn up for 2015/16, which includes:

- Improve response rate to FFT consistently across all the Divisions and clinical areas
- Provide FFT training session for staff
- Support clinical areas where there is a particularly low response rate
- Work to ensure that at least 95% of respondents will recommend the Trust
- Ensure FFT results are sent to each Division to disseminate to all staff and to recognise achievements and shortfalls
- Ensure that positive and negative feedback is acted on and remedial actions taken to address FFT feedback
- Support clinical areas that have been highlighted by FFT as an area of concern
- Triangulate findings from complaints, PALS and FFT to identify trends, monitor and improve the patient experience
- To re-establish the Patient Experience Committee

These metrics will be reviewed each quarter through the Divisional structure and reported to the Chief Nurse Cabinet, the Patient Experience Group and the Executive Board.

It should be noted that although Inpatient scores are comparably worse than other trusts in North West London, Chelwest are the only provider trust in NW London that measure IP FFT after discharge, not at the point of discharge. Added to the fact they use text message and telephone Survey, which nationally are the two methods of FFT collection that have the highest link to poor scores. Obviously, accounting for the difference in method collection there is still a need for improvement.

Healthwatch have commented that the FFT should not be seen as the only way to gather patient's views as it is quite limited in terms of what can be expressed and that they would like to see greater emphasis on the way results are analysed and shared and actions plans are developed as a result.

Inpatient Survey

Chelsea and Westminster scored "about the same", which is similar to 2013. However, special mention should be given to two areas. Firstly, A&E where they scored much better than trusts nationally, and in the section marked "Overall views of care and services", due to poor scores in the sub-sections "Patients' views" and "Information about complaints" (1.1 and 1.7/10), where they were marked as worse than other trusts nationally. This could be explained by Chelsea & Westminster's push for FFT being used as one of the main forms of patient feedback (highlighted by Healthwatch) coupled with the fact that their FFT is done after the point of discharge and by an external company so it is less visually apparent around the hospital on how feedback is given/generated. Despite their FFT action plan, which should increase response rates and use post-discharge, consideration should be given for making it more visible to patients the process for both capturing and using feedback, whilst they are in hospital.

Healthwatch Dignity Champion Reports

The dignity champions visited cancer units at Chelsea & Westminster from May to June 2014. The conclusions raised were very positive with few complaints from those interviewed. Again the question of staffing levels was raised; with two people saying nurses only check on them twice a day, rather than once an hour. However, overall great praise was given to the environment, cleanliness and level of privacy given to patients on the ward, this is supported by the good PLACE scores.

Healthwatch commended Chelsea & Westminster on their improvements made by the Trust on its priorities for 2013-2014, particularly in relation to the quality of end of life care. They also praised the Trust for their excellent work in sexual health and on their improvements to A&E services, something that was marked outstanding by the CQC. However, they would like further clarification on the way the impact of the various initiatives implemented to improve patient experience are being monitored and evaluated, especially FFT and communication. They were disappointed that these were not covered, along with action plans for other themes that came from complaints.

West Middlesex University Hospital

Key Themes

Throughout 2013/14, West Middlesex University Hospital had four main areas they were hoping to improve in relation to Patient Experience, including “Act on feedback from patients and carers”. As part of this theme they held a patient and staff event to highlight key themes to go into their Patient Experience Action Plan. These include improving the experience of patients nearing the end of life and improving experience of care for people with learning disabilities.

General Satisfaction and Positive Feedback

During 2014/2015, WMUH had the following successes with regards to patient experience:

The national inpatient Survey showed real success with a 38% response rate (820 patients responded) and performance across all areas was not significantly worse than last year’s results. The work done through the patient and staff experience events organised in 2014 has impacted very positively and has seen a number of ‘significantly better’ responses in the annual Survey.

The Friends and Family Test (FFT) continues to demonstrate excellent response rates regularly in excess of the national average and positive results ranging between 90 – 100%. These results are displayed on each ward and department along with the free text comments patients are able to provide which gives us a rich set of information from which to draw on to try to improve our services. Cardiology and Outpatients have used this medium particularly well in their ‘you said we did’ boards.

A Patient Experience Project Manager was appointed in April 2014. This contract has now been extended until March 2016, which should help to increase capacity to follow through on the priorities linked to patient experience.

They held two successful staff and patient experience events in June and December 2014. These events consolidated feedback from the Friends and Family Test, national inpatient Survey and staff Survey. Common themes from staff and patient feedback were grouped and an action plan was formed. Progress from the June event was presented in December by the clinical divisions.

Dissatisfaction and Negative Feedback

Both the Inpatient Survey 2014 and the CQC inspection done in Oct 2014 highlighted some areas for improvement, which West Middlesex has been very cooperative to discuss with the CCG at CQG meetings. These included the Care from staff (especially nursing) not scoring too highly, with a rising concern from the CQC about the nurse staffing levels present. Also there is definitely a need for improvement with regard to the Staff Survey results, where levels of training for staff scored low.

Staff Survey and Staff FFT

The results of the national staff Survey 2014 show that West Middlesex scored worse than most trusts. Areas where results were poor included 1) the levels of training for staff (especially in regards to Health & Safety and Equality & Diversity) and 2) the high rates of bullying or discrimination.

Despite this, Staff FFT results have been rapidly improving over 2014-2015 with Q2 being as high as 80%, rising to 84% in Q4 (against a national average of 78%).

Cancer Patient Survey

87% of people rated their experience of care as excellent or very good. This is 5% more than last year and only 2% less than the national average, which shows good improvement.

Particular areas where they can improve related to patients feeling they were not given enough care from health and social care, the number of staff that asked patients what their preferred name was and also there was a lack of opportunities to be involved in cancer research.

PLACE Survey

Results were (Cleanliness – 97.82%, Food – 94.40%, Privacy etc. – 90.96%, Condition etc. – 94.46%). These figures are above national average for all scores except privacy. Despite having high scores for Cleanliness, WMUH did score worse than other trusts in the Inpatient Survey for Bathrooms and Toilets.

Friends & Family Test

The response rate and performance of the FFT during the year were above average for all divisions (maternity, A&E, Inpatient). To ensure this continues, the Patient Experience Strategy will be ensuring the following over the course of 2015/16:

- Extending the Patient Experience Manager Role by 1 year until March 2016. Part of this role will be to continue to work with the clinical teams to promote FFT.
- Continuing to roll out electronic solutions for FFT where possible and appropriate ensuring maximum response rates and being inclusive.
- Continuing to share the patient feedback from FFT on a monthly basis so that the clinical teams are able to address any patient feedback concerns. Positive feedback is also shared at team meetings whilst embracing learning across the organisation.

Healthwatch have commented that still more needs to be done to ensure a better understanding of what FFT is. This extends specifically to those from diverse groups and those who have English as a second language.

Inpatient Survey

The national inpatient Survey showed real success with a 38% response rate (820 patients responded) and performance across all areas was not significantly worse than last year's results. The work done through the patient and staff experience events organised in 2014 has impacted very positively and has seen a number of 'significantly better' responses in the annual Survey.

Areas for improvement, where WMUH scored worse than comparable trusts, were Leaving hospital, Caring from nursing staff, Cleanliness of toilets and bathrooms and Information about complaints.

Healthwatch Dignity Champion Reports

The Trust worked in collaboration with Richmond Healthwatch to successfully undertake Compassionate Care audits on 6 adult inpatient wards in November 2014. The Healthwatch volunteers audited patient care standards on these wards. The results of that Survey have formed the basis for an action plan to improve patient experience which will be implemented during 2015/16. Healthwatch Hounslow has also highlighted concerns over lack of any priority related to the identification and care of patients with Dementia, especially given budget cuts.

London North West Hospital Trust

Key Themes

The key themes that were apparent for a positive experience at LNWH from patients were concerning the compassion and good communication shown by frontline staff.

The key themes that patients comment on for improvement are around food, facilities, processes, environment and staffing levels.

General Satisfaction and Positive Feedback

LNWH scored well on the Staff Survey in comparison to other trusts and FFT results for A&E in Q4 have been well above London average, whilst having good response rates.

Dissatisfaction and Negative Feedback

Areas for improvement, which were highlighted surrounded food, facilities, processes, environment and staffing levels. To help improve on all these areas LNWH have created the following targets:

- A new range of food choices were introduced in 2014 and patients' feedback is being monitored to ensure we meet the needs of our culturally diverse local population.
- Ward staff were made aware that they can order additional food 24/7 to meet patients' needs.
- Staff have been reminded to try to reduce noise at night where possible by minimising the number of patient movements, effectively managing confused patients and those with dementia and ensuring they were appropriate shoes and speak sensitively.
- The Safer Staffing tool is used to collect data on nurse staffing on a monthly basis to ensure it remains under constant review and sufficient nurses are on the ward to provide high quality care. The results are shared with the public on NHS Choices.
- The Trust has undertaken a conditions Survey of all ward areas to inform priorities for refurbishment.
- A Customer Care policy has been developed outlining clear expectations of staff to ensure a responsive and personal service in every care setting.

Areas for improvement from both the Cancer patient and Inpatient Survey were linked to need for more information about people's condition being given. This has been highlighted as a target for 2015/16 to improve upon.

Staff Survey and Staff FFT

The results of the national staff Survey 2014 show that London North West scored well in comparison to most trusts. Areas where results were particularly good were in how staff felt the quality of work and patient care they were able to deliver. However, similar to other trusts around NWL they felt there were high rates of bullying or discrimination from patients and other staff. Staff FFT results have been close to, but slightly below, national averages for 2014-2015.

Cancer Patient Survey

80% of people rated their experience of care as excellent or very good. Although this is 9% less than the national average it is a 12% increase on 2013 and 2012, which shows good improvement. Particular areas where they can improve related to patients feeling they were not given enough

information about their procedure, on-going treatment and side effects. This also linked with the low scores for Family's/Carers not feeling they were able to have discussions with the Doctors. Also there was a lack of opportunities to be involved in cancer research.

PLACE Survey

Results were (Cleanliness – 98.09% (above national average), Food – 71.54% (Below), Privacy etc. – 76.98%, Condition etc. – 89.78%).

Although LNWH scored well for cleanliness, this is an area for improvement that has been picked up by both Healthwatch and the CQC for improvement. Furthermore, their scores for all other measures were poor, in particular Food and Privacy, which ranked as some of the lowest across all trusts nationally. An action plan has therefore been drawn up for 2015/16, which includes:

- In addition to the formal annual PLACE audit the trust is going to undertake self- assessment internal audits quarterly to ensure standards are met consistently.
- The improvement plan will be continually updated as PLACE and other audits results are known.
- Establish a working group to support and drive the improvement work streams
- The Patient Experience Committee will support and challenge improvement action plans and help share best practice
- Assurance will be presented to the Clinical Performance and Patient Experience Committee.

To ensure the success of these measures local and national audit Survey results will provide a benchmark to be measured against. Additionally, complaints and other feedback will be triangulated with other feedback to determine where improvement has been made and is still required.

Friends & Family Test

Response rates at North West London Hospitals for inpatient services were above the target of 30% at 33%. A&E response rates fell to 17% in last 6 months of the year below target of 20%. Ealing Hospital response rates were above the target of 20% for A&E at 43% and inpatient responses were at 33% above the target of 30%. The Trust did not achieve the further stretch target of 40% response rate for inpatient areas.

Inpatient Survey

The national inpatient Survey had a 35% response rate (290 patients responded). They scored worse in areas relating to availability of information on complaints, cleanliness and transitions between services.

Healthwatch Dignity Champion Reports

Healthwatch have mentioned that from feedback to them on Ealing Hospital shows local people continue to raise concerns about staff attitude and engagement with patients and carers.

They do not feel listened to and understood by medical staff, there is a lack of care and compassion. There is also a theme about communication between the Trust and patients and carers in terms of letters, inaccurate records, lack of clarity on follow up post a hospital stay.

Based on feedback from the public and their involvement in PLACE assessments at Ealing hospital in particular, we would want to see consistent improvement in the cleanliness, signage for navigating the site and the overall decorative state of the hospital. However, later reports in 2014 showed the forming of strategic links with Health Watch Harrow, which have helped to support the action plans to improve Patient Experience of LNWH.

In particular there have been improvements to outcomes such as relieving pressures on car parking, improving quality of food and menus, upgrading bathroom facilities and increases in provisions of televisions in ward areas.

West London Mental Health NHS Trust

Key Themes

The most important areas for a positive patient experience seemed to again be linked to responsive, personalised care in a timely fashion and within a clean environment.

General Satisfaction and Positive Feedback

There has been a 2% increase to 83% rating their experience as caring and responsive on the Meridian patient experience system used by WLMHT. However, Healthwatch has raised that on many visits to WLMHT, the Meridian system has not been working effectively and staff have stated this is a common occurrence.

In 2015/16 they will transfer to a new methodology of capturing patient experience which will replace Meridian, the new method will collaborate all existing information on patient experience data such as Friends and Family Test results, complaints, PALS and serious incidents.

There was an 18% reduction in the number of complaints across the previous year (from 444 to 366). Furthermore, the number of compliments has increased from 113 to 180.

Dissatisfaction and Negative Feedback

The key areas where there was dissatisfaction and Negative feedback can be grouped into three categories:

- All aspects of care & treatment
 - Which include feeling unhappy with admission, lack of care on the ward and in the community, medication concerns, physical health, diagnosis, incidents on the ward, feeling unhappy with the assessment and various issues around detention.
- Staff attitude
 - Which includes not feeling listened to and perceptions of attitude, staff mannerisms, staff not being open and honest about relatives care and staff facilitation of telephone calls on the ward.
- Communication
 - Which includes being provided with incorrect information, lack of information provided regarding care & treatment and medical records including incorrect information.

Staff Survey and Staff FFT

1625 staff at West London Mental Health NHS Trust took part in the 2014 Survey. This is a response rate of 56% which is in the highest 20% of mental health/learning disability trusts in England, and compares with a response rate of 46% in this trust in the 2013 Survey. Staff Satisfaction with the quality of work and patient care they are able to deliver remained higher than the National average.

They also scored significantly well (65%) in staff agreeing that feedback from patients and service users is used to make informed decisions in their directorate or department. However, staff do still fear physical assault on a daily basis and turnover at 10.2% of non-clinical staff is high for Mental Health trusts nationally.

Staff FFT has been less impressive. With WLMHT scoring in the lowest three trusts in the country for Quarter 4 (2014-15). What is particularly worrying is that across London the percentage of staff that would not recommend care for their friends and family scores have averaged at about 8%, whereas for WLMHT they have been consistently in the early 20s.

PLACE Survey

Results were (Cleanliness – 88.2%, Food – 82%, Privacy etc. – 88%, Condition etc. – 80%). This compares to a national average for Mental Health Trusts of 97%, 89%, 89% and 92%, highlighting worries in links to cleanliness, food and condition.

Friends & Family Test

For the number of patients who would recommend care from January to March WLMHT scored 77, 63 and 77% respectively, against a London average of 81%, 78% and 82%. In regards to the number of people who would not recommend care WLMHT scored 10%, 23% and 12% respectively against a London average of 7%, 9% and 6% (nationally the average for each month was close to 5%).

Although, the gathering of Mental Health FFT data and results is still in its infancy, this still highlights a few concerns. Hopefully, we will be able to tell more about the themes behind the low scores once more data is collected (especially from free text FFT comments) throughout 2015.

Inpatient Survey

They are rated “about the same” for most questions. Moving forward they are hoping to improve their score relating to communicating changes in care, supporting physical health and accommodation needs and ensuring adequate contact in line with patients’ needs.

Healthwatch Dignity Champion Reports

Healthwatch CWL Dignity Champion project visited the WLMHT unit based at Charing Cross Hospital on the 4th February 2015. Dignity Champions were pleased to see that improvements had been made to the environment since their last visit in March 2014. However there are still a number of significant concerns, particularly around the quantity and of staff interaction and communication with patients, as such the following recommendations were made:

1. Ensure that regular audits are completed to identify cleaning and repairs that are needed and ensure they are completed in a timely manner.
2. Ensure staff are allocated the time and encouraged to communicate positively with patients.
3. Work collaboratively with patients to create a warmer, more homely environment at the unit.
4. Ensure, monitor and report on the involvement of all patients in writing their care plans and are aware of their contents and how to access them.
5. Ensure that discharge planning begins with patients as soon as they are admitted and ensure all patients are aware of what support will be available post discharge
6. Ensure everyone is asked for their opinion about the services they receive on a regular basis – both through individual and group meetings – and use this feedback on an ongoing basis to improve the service. As was flagged twelve months ago, the Meridian i-pad system should be repaired or another alternative for gathering patient feedback considered.
7. Consider an alternative serving arrangement at meal times to avoid long queuing times.

8. As Healthwatch has been flagging concerns about staff patient/interaction and about care planning for over two years (August 2012), and as the Trust is relatively unique locally in not inviting external representatives to participate on their quality committee, we would strongly encourage the Trust management to meet with Healthwatch CWL on a regular basis to ensure these recommendations are implemented now in an effective and timely manner. The full report can be found on their [website](#).

Central London Community Healthcare

Key Themes

Most positive comments received were about our staff, and the treatment, care and efficiency of the service. Most negative comments were about waiting times

General Satisfaction and Positive Feedback

CLCH have worked hard and received deserved praised from Healthwatch on their collection and use of patient experience data across the Trust.

They have successfully implemented “You said, we did” boards across the trust to highlight the work that has been done in improving patient experience.

They have also implemented the 15 Step Challenge team, including Non-Executive Directors, Directors and patient representatives, who will visit a service and explore the quality of care under four categories; is the service well prepared, do patients feel safe and cared for, are patients and carers involved, and is there good communication? They use structured questions and talk to patients but are focused on ‘First Impressions’.

In partnership with CWHHE CCG collaboratives, the trust have also won awards and been commended by Healthwatch for developing a tool (My Health My Say) to measure Patient Experience (FFT) for those with learning disabilities.

Dissatisfaction and Negative Feedback

Staff Survey and FFT results have fallen since 2013, which may have a negative effect on patient experience. Additionally, for patient FFT CLCH scored poorly in comparison to the rest of London for Community Trusts.

Staff Survey and Staff FFT

749 staff at Central London Community Healthcare NHS Trust took part in this Survey. This is a response rate of 30% which is below average for community trusts in England, and compares with a response rate of 45% in this trust in the 2013 Survey. The percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver (81%) has dropped very slightly since 2013 however still remains above the national average at 75%. They also scored higher (92%) than average (90%) for staff agreeing that their role makes a difference to patients.

In relation to Staff FFT although CLCH to consistently underperform against the London average in reference to those would who recommend care, they have been improving their performance throughout 2014/5, with Q4 being a 7% increase on Q3. Additionally, their scores for those who would not recommended services in Q4 were better than the London average and one of the best across CWHHE (5% vs 7.5% London average).

PLACE Survey

Results were (Cleanliness – 97.86%, Food – 93.03%, Privacy etc. – 87.31%, Condition etc. – 86.78%). This compares to a national average for community health trusts of 96%, 93%, 87% and 87%, highlighting better than average results in all areas except condition.

Friends & Family Test

For the number of patients who would recommend care from January to March CLCH scored 87%, 90% and 88% respectively, against a London average of 93%, 94% and 92%. In regards to the number of people who would not recommend care CLCH scored 8%, 5% and 6% respectively against a London average of 3%, 2% and 3%. This does put CLCH as one of the lowest scoring community organisations across London.

Hopefully, we will be able to tell more about the themes behind the low scores once more data is collected (especially from free text FFT comments) throughout 2015. However, for now it seems the areas of CLCH that consistently have lower figures (also skewed due a lower number of responses) are the community inpatient services. Scores for this service have regularly been at around 50-70% for recommended care, which bring down CLCH's overall average.

Healthwatch Dignity Champion Reports

During November and February visits, the champions were impressed with many aspects of the care home environment. It was felt that despite the upheaval during the restructure of the service, the décor, lighting and furnishings met the necessary level. Areas for improvement were the improvement on the quality of food, the opportunity for residents to socialise with one another and general mobilisation of residents.

Hounslow and Richmond Community Healthcare

Key Themes

Most positive responses were linked to dignity and respect. Most negative responses were linked to staff attitude, delays in treatment and misdiagnosis.

General Satisfaction and Positive Feedback

Within the Staff FFT 65% of staff recommended HRCH as a place to work, beating the national average of 61%. They also scored higher on those that would recommend it as a place to receive care (84% vs 77% London average).

Dissatisfaction and Negative Feedback

The timeliness of discharge is a key concern raised by patients. There is a need to improve the partnership working amongst GPs, HRCH, local hospitals and other community services to improve the discharge service. Complaints have increased within the last year and in particular due to the theme of staff attitude.

Staff Survey and Staff FFT

531 staff at Hounslow and Richmond Community Healthcare NHS Trust took part in this Survey. This is a response rate of 53% which is above average for community trusts in England, and compares with a response rate of 50% in this trust in the 2013 Survey. Improvements have been seen in the percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver up from 72% in 2013 to 80%. This rises above the National average of 75%.

They also score well on the percentage of staff agreeing that their role makes a difference to patients at 92% above the National average of 90%. Staff continued to express that the Trust is recommended as a place to work or receive treatment up from 3.58 last year to 3.78.

Similar to Staff Survey, Hounslow and Richmond scored very well on Staff FFT with Q4 being a 84% who would recommend care there, against a 77% London average. Additionally, their scores for those who would not recommended services in Q4 were better than the London average and one of the best across CWHHE (5% vs 7.5% London average). This has been a consistent trend across 2014.

PLACE Survey

Results were (Cleanliness – 97.66%, Food – 92.66%, Privacy etc. – 93.03%, Condition etc. – 97.67%). This compares to a national average for community health trusts of 96%, 93%, 87% and 87%, highlighting better than average results in all areas except Food. Particular praise should go to their results within Condition.

Friends & Family Test

For the number of patients who would recommend care from January to March Hounslow and Richmond scored 96%, 95% and 96% respectively, against a London average of 93%, 94% and 92%. In regards to the percentage of people who would not recommend care HRCH scored 2%, 2% and 3% respectively against a London average of 3%, 2% and 3%. This does put Hounslow as one of the best scoring community organisations across London. Hopefully, we will be able to tell more about the themes behind the low scores once more data is collected (especially from free text FFT comments) throughout 2015.

Appendix 1: Summary of Patient Experience Indicators Included in this Report

Summaries of the patient experience tools that are analysed in this report are provided in this table, with an elaboration on each test to follow. This is not a comprehensive list of patient experience indicators, but instead a summary of the main tools used to capture patient experience feedback at national and local levels. Additional indicators may be added in future publications of the quality report.

Table: Summary of Patient Experience Indicators Included in this Report

Indicator	Collected	Data Range	Result Availability	Scores used to...
1 GP Patient Survey	Bi-Annually	Jan-March and July-Sept 2014	Available online	Transform services through better understanding of local need.
2 Friends and Family Test (Inpatient, Test)	Monthly	Apr 2014 – Apr 2015	Available online at NHS England	Transform services through better understanding of local need. Further guidance here
3 Inpatient Survey	Annually	Sept 2014 – Jan 2015	Available online at the Care Quality Commission	CQC will use data for Intelligent monitoring of hospitals, and trusts will examine feedback to improve patient experience.
4 National Cancer Patient Experience Survey	Annually	Sept 2013 – Sept 2014	Available online at Quality Health website .	League table to identify poorly performing and best performing trusts in terms of cancer care to drive improvements.
5 PLACE Survey	Annually	Apr 2014 – Apr 2015	Available online at Health and Social Care Information Centre	Drive improvements in the care environment.
6 Annual Staff Survey	Annually	Sept 2014 – Sept 2015	Available online at the Co-ordination Centre	Improve conditions for staff and ultimately improve patient experience.
7 Healthwatch Reports	As needed	Various across 2014	Available online at Healthwatch	Improve services by increasing the levels of service user dignity