

Date	Tuesday, 10 November 2015					
Title of paper	CWHHE Patient Experience Annual Report					
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Confidential	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input checked="" type="checkbox"/></td> <td>Items are only confidential if it is in the public interest for them to be so</td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so
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The Governing Body is asked to:

in line with statutory requirements, **approve** the Complaints element of the report. The other elements have no such statutory standing and are for **noting**. Finally, the Governing Body's views on the current report and suggested recommendations for future ones should be welcomed.

Summary of purpose and scope of report

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.

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.

This report will be used to provide an annual overview of patient experience feedback, allowing the capture and communication of key themes both within and across trusts, and subsequent identification of action plans to address areas for improvement. The ability to better highlight areas for improvement and learning, in a consolidated and interpretable format, will ultimately encourage excellence in care through more intelligent and informed commissioning. In this way, the report will be an assurance and validation tool for Clinical Commissioning Groups (CCG's), working with providers to develop useful plans to improve patient experience based on trends and themes identified through a consolidation of feedback.

This report will be shared with the Quality & Safety committee in October and then CCG Governing Bodies in November.

Quality & Safety/ Patient Engagement/ Impact on patient services:

The ultimate purpose of capturing the patient experience is to achieve excellence in care, by using these experiences to create services that put patients at the heart of decision making and improving quality and outcomes for physical and mental health through improving services so that they are compassionate, safe, effective and responsive to meet the clinical, social and personal needs of patients, carers and the wider public.

This consolidation of existing sources of patient experience information within this report, into a more meaningful format, is one step toward improving the way we capture and use

patient experience intelligence.

In addition to our statutory duties, advice has been sought from the PPE committee to help identify the best way to report the data we collect. Currently, this report has its limitations due to an inability to triangulate patient experience and complaints data, added to a lack of structure in how we receive patient experience reports from providers and local community engagement experience from CCGs. It has been requested by the Quality and Safety Committee for more resource to be put into the methodology and structure to improve these limitations. This will be helped further by a willingness from providers to use the CWHHE core quality schedule within future quarterly and annual patient experience reports, ensuring a better quality and structure of patient experience data.

We will share this report with PPE committees once it has been shared with the Quality & Safety Committee.

Finance, resources and QIPP

To enable us to develop future reports across the five CCGs, especially those that contain triangulated data and data that helps us to meet our equalities duties, a proposal has been made to each of the CCGs for additional resource.

Equality / Human Rights / Privacy impact analysis

Current capacity does not allow for a detailed breakdown of assessment and uptake of services by patients from protected characteristics. However, future reports will include this information, thanks to the agreement of our Providers to follow the NWL core quality schedule with all future patient experience reports.

Risk	Mitigating actions
The trends and themes identified are currently based solely on nationally mandated data and provider gathered data. This therefore does not include patient experience data captured through local CCG engagement, which therefore makes us at risk of non-compliance with our equalities duty.	The Quality & Safety Committee has requested extra resource allocation is given to support the development of more thematic and triangulated reports. A business case is being developed for SMT.

Supporting documents

- None

Governance and reporting

(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)

Committee name	Date discussed	Outcome
Name	DD/MM/YYYY	