

## Healthwatch Coventry commentary on the West Midlands Ambulance Service Quality Account

Healthwatch Coventry is the consumer champion for local health and social care services, working to give local people and users of services a voice in their NHS and care services. Local Healthwatch welcomes its role in producing commentaries on NHS Trusts' Quality Accounts.

### **Is the document clearly presented for patients/public?**

The version of the draft quality account Healthwatch Coventry received to enable us to compose this commentary was not complete; some text was missing from paragraphs etc.

The intended audience for this document is the public, but NHS Trusts face the dilemma every year of producing a document that answers a broad range of conflicting demands from different audiences and meets a template from the Department of Health.

The document would flow better if it began with the report on last year's priorities and then moved on to the priorities for the coming year.

It would also benefit from an expanded glossary to include all medical terms and acronyms used.

### **Trust Priorities for 2015-16**

An added challenge for this Trust in producing its Quality Account is the large geographical area covered by its services and the many different local authorities and Healthwatch organisations included in that area. The local Quality Account Task Group (of which Healthwatch Coventry is a member) has found it difficult to engage with the Trust to review and identify quality themes and issues that members believe should be both current and future priorities and reflect local priorities.

We welcome the commitment in the document to demonstrate how the priorities for 2015/16 have been identified and what success will look like in each case. Some priorities would benefit from further detail (we do not know if this is because we have an early draft of the document). For example: Patient experience priority regarding disadvantaged groups - it would be useful to know which 3 groups are the focus of this work.

Regarding patient safety priorities: evidence within the document illustrates that the most frequent theme of harm incidents also covers falls and other injuries whilst patients are transported or transferred. This should be reflected in the priorities.

Adding benchmark data to the clinical effectiveness priorities would make it easier to see progress against these.

The priorities focus on emergency ambulance services. WMAS provides Coventry patient transport services and the 111 service, so we wonder why these are not reflected.

WMAS has taken on a new patient transport contract for service provision across Coventry and Warwickshire from 1 April 2015. Therefore, we would expect some priorities around implementation of this service within the Quality Account, especially in the light of quality challenges within the previous service (also provided by WMAS). We would also expect some specific local engagement activity with patient groups e.g. renal patients.

### **Involvement of patients and public in setting priorities**

It isn't clear from the document how patients and the public have influenced the quality priorities.

Healthwatch Coventry was not able to attend the event WMAS held regarding its Quality priorities, which came quite late in the quality cycle year.

### **Other performance information**

We hope that sub-contractors are also subject to robust performance review whilst they are being utilised.

The CQUIN information is not particularly clear and would not mean much to a member of the public

What staff say: it is not clear what the areas for action are and what actions are being taken by the Trust.

Regarding the health and wellbeing of staff the target set for increasing paramedic skill mix is lower than the baseline without explanation.

The divisional profiles in the annexes are a useful feature of this quality account document.

### **Last year's priorities**

Two priorities were not achieved: regarding single limb fractures and pain management and one was partly achieved regarding timely effective care. Therefore, these are being carried over into this year's priorities.

There is no explanation of the Patient Safety Incidents data and the Coventry and Warwickshire figures are some of the highest.

Safeguarding/domestic abuse reporting: the figures for referrals regarding Adult and Children Safeguarding are 32% and 24% up on the previous year. No explanation is given about the reasons.

Domestic Abuse referrals to Police were introduced in April 2014. It would be useful to have some figures on referral rates.

Complaints data: the figures for upheld complaints don't tally 159: out of 237, but the table shows 157 justified or part justified. Those relating to 'Responses' (the largest category) also do not tally.