

Healthwatch Coventry commentary on WMAS Quality Account 2015-16

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.

We found this to be a generally readable document, but unlike most other quality accounts this starts with 2016-17 priorities rather than reviewing the past year.

The document was not complete and key data was missing from the version we received in order to write this commentary and this was problematic.

Priorities for 2016-17

1. Patient Experience priorities: Engage with rural communities and working with Public Health England to deliver Making Every Contact Count education across the Trust

The first priority has links with patient feedback but the second is more driven by Public Health.

2. Patient Safety: Risk of falls and risk of harm in wheelchairs
Addressing harm from falls is an important priority. We note that the risk of harm from falls relates specifically to Non-emergency Patient Transport Services.

3. Clinical Effectiveness: a new model of clinical supervision and 'Safe on scene' (continued from 2014-15). Clinical Supervision seems an important priority.

Safe on Scene - regarding the length of time of on the scene care and speeding up transfer to hospital - we wonder how this fits with new models of care being developed in local health partnerships and economies in order to reduce admissions to hospital by putting in place alternative interventions including treatment. There is a direction of travel regarding treating more people on the scene in order to avert the need for transfer to hospital.

All of the priorities would benefit from information about how they will be achieved.

Quality data and information

The document would benefit from more detailed information on some points for example:

- Reference is made to the Trust sub-contracting to two voluntary Urgent Care Providers, and a small number of Ambulance sub-contractors. No further details of their work/activity is given.

- Elderly Falls Pilot: information to indicate how this has impacted on patient safety priority or outcomes/learning would be useful
- There is an update of 2015/16 CQUINS but no new CQUINS given for 2016/17.
- Serious incidents -the categories are not given and further information is available only on a website.

The Trust is reporting that it is slightly below national average for use of stroke care bundles and some others.

The targets for Red 1 and Red 2 73.7% and 72.0% for the Arden (Coventry and Warwickshire area) fall slightly below national target of 75% and reflect worse performance than in other areas of the West Midlands.

A drop in the response rate to the National Staff survey is reported - 57% feel not involved in decisions. Information about how the Trust will be addressing this would be helpful.

No comparable figures for previous years are given, these would need to look up in previous year's report?

Priorities for 2015-16

More detail would be welcomed eg supporting evidence.

Patient transport service

WMAS provides the non emergency patient transport service for Coventry and Warwickshire. This year Healthwatch Coventry carried out a survey of users of the patient transport service and made recommendation to the Trust that the local CCG as the commissioner of the service. Our recommendations focused on the service quality for some renal patients who reported experiencing multiple long delays to both inbound and home bound journeys; communication with patients and hospital staff regarding arrival time for collection

The quality account highlights that for mandatory training PTS is below target by 19% - but no further explanation is made. Figures also indicate that PTS has highest incidence of Patient Safety incidents. This is also referred to under themes: falls and including wheelchair users. This shows that inclusion of a priority around this is sensible.

Recorded PALS concerns are down, but most still relate to 'Response' including non-emergency transport.

Therefore addressing issues with patient transport should be a priority.

Engaging with the public

The trust operates over a large geographical area and this seems to impact on the ability to engage with local communities, and patients.

The Account shows that response rates to Friends and family test (FFT) are very low for both emergency and non emergency ambulance service and we wonder why this is and how this is being addressed.

There is not much evidence in the document regarding gathering people's experiences to effect change.

Involvement in local partnership eg Health and Wellbeing boards and groups discussions systems planning are also difficult for the Trust to achieve due to its size, meaning a key perspective is being lost and opportunities for considering different ways of working may be harder to progress.