

[Commentary begins]



Healthwatch Coventry Commentary on WMAS Quality Account 2017-18

Healthwatch Coventry represents the interests of patients and public in local NHS and social care services. We work to understand peoples' experiences of using local NHS and social care services and to influence how services are delivered and planned.

This is our 'commentary' on the WMAS quality account document, which we saw in draft form. We look to see if the document matches what people tell us about services; if patients and the public have been involved in the setting of priorities and if priorities are clear and measurable.

Healthwatch Coventry has not been able to attend WMAS events regarding the Quality Account or had opportunity for discussion with WMAS in the setting of its priorities for the coming year.

Learning from deaths/ patient safety

The Trust highlights reasons why it is finding implementing a programme of work for learning from deaths difficult. This new national drive for all NHS Trusts is for good reason and will be beneficial for the Trust in terms of learning. It is a concern to us that the Trust states it cannot identify patients who are alive at the time of 999 call who die before clinician arrival. These cases should be linked to the serious incident process and therefore trackable. We would therefore expect clearer plans to address such gaps going beyond the appointment of a person detailed.

Within the serious incident section it would be positive to reflect on how patients and their relatives are involved and upon good practice in this regard.

The Trust has had more serious harm incidents this year.

Performance indicators

More explanation of how these are measured would be helpful for a lay audience. It is a shame that the national response targets have been defined in a way which makes them harder to understand and more difficult to track performance from an external perspective. The way that data is aggregated across geographical areas in the document makes it hard to see how WMAS services are performing for our geographical area of Coventry.

WMAS had a CQUIN indicator regarding engagement with Sustainability and transformation Partnerships (STPs). STPs aim to plan services for the future. We are unclear how WMAS has engaged with the Coventry and Warwickshire STP. WMAS has not taken up its seat on the local Health and wellbeing Board.

A link in the document to more information about CQUIN related work would be helpful.

Last Year's priorities

WMAS reports that it has achieved the priorities it set last year apart from learning from deaths which is partly achieved. From a reader point of view it is not possible to be clear on what WMAS has done as there is no quantifiable information given or reflection on outcomes achieved against what the Trust set out to achieve e.g. no detail about how many Friends and Family Test (FFT) responses received or what the target was. The patient safety goal around reducing risk of harm does not show if there has been less harm as a result of the actions undertaken. It is not clear why learning from deaths is only partly achieved.

Priorities for coming year

The priorities selected seem to reflect managerial priorities and the need for efficiency to facilitate clinical delivery rather than work arising from patient feedback or input.

It is positive that WMAS has included a priority regarding increasing patient experience feedback on its services. However we feel that the target for amount of responses and extent of the work are not ambitious enough given the many thousands of service users WMAS has both for emergency ambulance services and non-emergency patient transport services. WMAS should include figures for numbers of service users within the Quality Account and show this by geographical sub area eg Coventry; Warwickshire etc

Overall, the information given about the new priorities is not detailed enough to be clear about what work is being undertaken and how this will be measured. We find that other local Trusts have developed a better way of providing information about their quality goals for the coming year and WMAS could learn from this in terms of being specific, understandable and measurable.

Missing elements

Throughout we would like to see more focus and content about patients and their perspectives. For example within the 'participation in research' section there is a lot of description of research but none of patient contributions to it (deciding priorities, feeding back on methodologies, ethics etc). This gives the impression that patients are seen as the subjects of research not as integral partners in design and delivery.

How WMAS supports patients who have mental health issues or learning disabilities would be a good topic to cover within the document.

[End of commentary]