

Statement from Healthwatch Birmingham on West Midlands Ambulance Service NHS Foundation Trust Quality Account 2016/2017

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for West Midlands Ambulance Service NHS Foundation Trust 2016/17. In line with our role, we have focused on the following:

- The use of patient and public insight, experience and involvement in decision-making
- The quality of care patients, the public, service users and carers access and how this aligns with their needs
- Variability in the provision of care and the impact it has on patient outcomes.

Patient experience and feedback

Healthwatch Birmingham agrees with the Trust that improving patient experience and clinical outcomes should be central to all its activities. That in order to improve the quality of services, patients need to be fully engaged with the quality agenda. We therefore recognise the Trust's use of patient feedback and experience in the development of priorities for the 2017/18 Quality Account. What is equally positive is that the Trust uses different methods to collect patient feedback including engagement events, surveys, Friends and Family Test, complaints, incidents, and compliments in order to make improvements to services.

It is positive to see that patient experience continues as a priority for 2017/18 Quality Account. In particular, plans to increase the response rate for the Friends and Family Test (FFT). We are concerned that the FFT response rate is significantly low and that the Trust has experienced difficulty in improving this. The report states that in 2016/17, the Trust received 34 FFT responses for Patient Transport Service, and 40 responses for Emergency Service. Equally, the Trust received only 45 completed surveys relating to Emergency services and 8 relating to Patient Transport Service. Although, the responses are mostly positive, these are extremely low considering the Trust serves 5.6 million people. Consequently, the responses the Trust receives might not be representative of the population it serves. We agree with the Trust that in order to improve services, the trust has to understand from patients what works well, therefore increasing the feedback the Trust receives is key. We understand the uniqueness of the service the Trust provides and the challenges this presents. Therefore, the Trust needs to think innovatively how they could increase FFT responses.

Our review of the actions to be taken under 'patient experience' shows that there is no clear indication how patients, carers and the public will be involved in decision-making; and how their experience and feedback will be used to make changes or improve services. For instance, in order to improve care pathways for patients, the Trust needs to understand the barriers they face when accessing services, and the impact this has on health outcomes.



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Healthwatch Birmingham asks the Trust to develop a strategy that clearly outlines how and why patients, the public and carers will be engaged in order to improve health outcomes and reduce health inequality. A strategy will ensure that there is commitment across the Trust to using patient and public insight, experience and involvement. It will also make clear arrangements for collating feedback and experience. Therefore, for the patient experience priority, we suggest that service user and carer's insight and experience should be collected to not only identify barriers to improved health outcomes but also to identify and understand health inequality. This will help identify any gaps in service provision and the needs of different groups, particularly those that seldom give feedback. Service users, carers and the public should be involved from the point of identifying the barrier and mapping out possible solutions to evaluating options and selecting the optimum solution.

Ensuring that health and social care organisations are addressing health inequality is a key priority for Healthwatch Birmingham. We are therefore happy to see that the Trust has achieved its objective regarding the health inequalities work with Public Health England (PHE). We note that the Trust provides the PHE with non-patient identifiable data which will be analysed and findings used to progress this work nationally. It is positive to see that the Trust has signed up to the Equality Delivery System 2 in order to make services fair and accessible to all. We commend the trust for having received a grade of good in fourteen of the eighteen outcomes and developing in the remaining categories.

Healthwatch Birmingham would like to see the following in next year's report:

- A demonstration of how patient feedback and experiences have been used to develop priorities for the 2018/19 Quality Account in the 2017/18 Quality Account;
- Changes in practice or improvement to services that have been made as a result of patient feedback and experience in the 2017/18 Quality Account. We welcome the 'you said - we did' articles for staff to show how reporting incidents has improved services. We believe that a similar approach for patients would encourage them to provide feedback as they will know that their views matter and lead to actual changes/ improvement to services.
- An introduction of qualitative questions to the survey that will complement the statistical data the Trust collects and offer greater insight to barriers patients face to receiving good quality of care.
- A demonstration of how the Trust uses patient insight and experience to understand the barriers different groups face and the impact on health outcomes. Consequently, how this data is used to implement change or improvement that addresses the needs of these groups.

Complaints and PALs contact

The report shows that the Trust received 379 complaints in 2016/17 compared to 354 in 2015/16. The main reason for complaints was concerning the care provided. The highest



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growth in the number of complaints received has been for the Patient Transport Service from 59 in 2015/16 to 105 in 2016/17. Similarly, concerns raised with PALs have increased by 40% from 1142 in 2015/16 to 1622 in 2016/17. The main concern was transport, in particular, the response times for emergency and non-emergency patient transport arrangements. We are concerned that the number of complaints and PALs contact is increasing. However, we welcome the Trusts actions taken to learn from complaints. We would like to see examples of learning that has occurred from complaints and changes taken as a result. In addition, we would like to see the percentage of complaints that the Trust is responding to within agreed timelines and how it evaluates the responsiveness of the complaints process in the 2017/18 Quality Account.

Care Quality Commission (CQC)

We commend the Trust for taking action in response to the 2016 CQC report. The Trust has outlined a set of actions that address specific concerns raised by the CQC. We note that two actions were implemented to respond to CQC's concerns on inconsistent incident reporting, learning from incidents, risk awareness and management of risk across the Trust. The Trust should consider including, in the 2017/18 Quality Account, a demonstration of what learning has occurred from specific incidents and what changes/improvements have been made as a result.

We also note that the CQC observed that operational performance varied across the Trust. The Quality report does not reflect effectively on this, especially on the potential impact it has on the quality of service. The report does not outline actions that will be implemented to address this. We would like to see this in the 2017/18 Quality Account.

Patient Safety

We welcome the data the Trust has provided regarding the number of incidents reported in the last 12 months. We are happy that this has been aggregated according to area and service. This showed that Birmingham and Patient Transport Service are in the top five in terms of numbers of incidents reported. We would have liked to see a column showing the number of 'harm incidents' according to area and service. This would help pinpoint where action should be taken.

The top five patient safety risks the Trust has identified have the potential to lead to a variability in the quality of care patients receive. For instance, those in a vehicle that has out of date or missing drugs, missing equipment are unlikely to receive the lifesaving support they may need. Also concerning is the failure to interpret clinical findings and act accordingly. We note that you are addressing these and we look forward to reading on the progress made in the 2017/18 Quality Account. Equally, we would like to see how you have learnt from risks that could result in harm to patients.



18th May 2017

Performance 2015/16 priorities

The report states that the Trust has reviewed all the data available to them on the quality of care it provides under Emergency and Urgent service; Patient Transport Services; and Emergency preparedness. We note that the Trust is participating in trials under the NHS England Ambulance Response Programme and is therefore unable to provide any performance data except for Category 1. The Trusts' performance for 2016/17 is 66.5% which is below the required target of 75%. Whilst we are concerned, we are aware that due to the trials the definition of category 1 encompasses more incidents than in previous years. It is therefore not comparable to last year's performance. We hope to see the report from the independent evaluation due for publication in summer 2017.

To Conclude - we commend the Trust for attaining an 'outstanding' rating from the Care Quality Commission. Equally, for being placed in 'segmentation One' by NHS Improvement for care quality, operational and financial performance.

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