

Tuesday 6th June 2017

Dear Sue

We welcome the opportunity to comment on the WMAS Quality Account for 2016/17 and have used National Healthwatch England Guidance to form the following responses. Healthwatch Worcestershire's principal concern is that patients in Worcestershire receive safe quality services.

- **Does the draft Quality Account reflect people's real experiences as told to local Healthwatch by service users and their families and carers over the past year?**

We note that the inclusion of WMAS in the ARP trial means that data around ambulance response times shows 66.6% Category 1 against a standard of 75%. It would be useful if West Mercia statistics could be further analysed to county level.

- **From what people have told local Healthwatch, is there evidence that any of the basic things are not being done well by the provider?**

We have no evidence that any of the basic things are not being done well by WMAS.

- **Is it clear from the draft Quality Account that there is a learning culture within the provider organisation that allows people's real experiences to be captured and used to enable the provider to get better at what it does year on year?**

It is apparent that there is a learning culture within the organisation which is clearly set out in the QA. There is learning from Serious Incident Reports and analysis, incident reporting via the electronic incident reporting system, participation in clinical audits, feedback from regulators and staff surveys. However, the majority of feedback from patients comes through PALS, compliments and participation in patient surveys and the Friends and Family Test (FFT). Taking account of the population served by WMAS response numbers continue to be very low for FFT and surveys and we welcome the inclusion of increased FFT responses as Patient Experience Priority for 2017/18 though it is not clear how this will be achieved. It is less clear how people's real experiences are captured and used. The 'you said' 'we did' presentation is clear but the actual numbers of patients/public involved is not evident.



- **Are the priorities for improvement as set out in the draft Quality Account challenging enough to drive improvement and it is clear how improvement has been measured in the past and how it will be measured in the future?**

It was not clear from the 2015/16 Quality Account exactly how engagement with rural communities was to be measured and we note that this was only partially achieved. We welcome it's inclusion in the 2017/18 engagement plans but are confused by the reference to Healthwatch as we (Healthwatch Worcestershire) were not aware of being approached regarding engagement with rural communities.

Priorities 2017/18:

Patient Experience

The roll out of the ReSPECT education and implementation re patients with complex needs and end of life plans - there is no detail about the program and feedback re implementation is only mentioned from staff not from patients.

Improving Care Pathways by working with partner agencies is welcome and hopefully patient feedback will be sufficient to provide meaningful data.

Improved volume of FFT responses: it is clear how this will be measured but less clear how this will be achieved.

Patient Safety

The priorities are clearly stated and it is apparent how the priorities will drive improvements. Once the performance indicators have been agreed for the ARP it will be clear how improvement will be measured.

Clinical Effectiveness

We welcome the introduction of the introduction of mortality reviews and whilst it is not clear from the draft QA exactly how this will be measured any learning from the reviews should drive improvements.

Yours sincerely



Jo Ringshall
Vice Chair