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Healthwatch Worcestershire Response

Quality Account 2015-2016

Worcestershire Health and Care NHS Trust

Healthwatch Worcestershire has a statutory role as the champion for those who use publicly funded health and care services in the county. This involves ensuring that the experiences and views of patients, carers and the public are used to influence how NHS organisations, such as Worcestershire Health and Care Trust provide services.

We have used national Healthwatch England guidance to form the response below to the draft Quality Account 2015-2016 for the Worcestershire Health and Care NHS Trust.

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?

- Although the Quality Account refers to the CQC Inspection report which gave the Trust an overall rating of Requires Improvement, it is disappointing that the outcome of the follow up inspection is not available to be included in the Quality Account, as we do not have any formal reassurance that the issues identified have been addressed.
- The Quality Account states that Healthwatch have been asked for views about priorities, however we are not aware of this happening.
- The Quality Account does not include feedback and recommendations about the Trust's services given in Healthwatch Worcestershire Reports over the last year. These include reports on: mental health services, CAMHS and advice and support services for parents and carers of children under 5.



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

- As part of HWW CAMHS survey and through our engagement we have been told about concerns about the impact of long waiting times for CAMHS support. The Quality Account says that work has been done to reduce the waiting times, but there is no specific evidence or explanation of this and we understand that waiting times are an ongoing issue.
- Concerns have been raised through our work about the quality of mental health support. In particular service users not always feeling that the planning of care is patient centred.
- Healthwatch Worcestershire has received feedback about the process of making a complaint to the Health and Care Trust. We have been told by some people that they find the process difficult and are worried about the impact of making a complaint.

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?

- The Quality Account states that the Trust has been rated as Good at learning from mistakes and has been ranked 37th out of 230 NHS organisations.
- We welcome the Small Things Make a Difference campaign, but would like further information about how suggestions for improvement have been implemented.
- It would be helpful to have more information about the three year Patient Experience Strategy.
- There is limited information about the groups, such as patient forums that the Trust uses to engage and consult with.
- There is limited information about the nature of complaints made to the Trust and no breakdown by service area.
- There is limited information about engagement carried out with patients and service users and the feedback gathered.
- Other than CAMHS, there is limited information about quality checks or engagement about services for children, young people and families.

- Some of the surveys, in particular the Dementia Patient Carer Survey had low response rates.
- The feedback given about the patient experience of community mental health survey shows that responses are similar to the previous years. Some of the scores, e.g. having enough contact with the mental health team are quite low. There is no explanation about what is being done to address these issues.

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?

Outcomes from 2015/2016 Priorities -

- Although the Quality Account shows that the objective for Priority 2 - physical health checks for mental health patients was achieved, there is no measure of the impact of this and how they were followed up. Therefore we are pleased this has been acknowledged and will be followed up this year.
- Priority 3 - promoting an open learning culture, has been marked as both 'achieved' and 'getting there'. However there has not been any reduction in the levels of harm that patients experience as a result of incidents, suggesting that 'getting there' may be a better overall rating for this priority.

Priorities identified for 2016/2017 -

- The Quality Account shows that patients and the public have been consulted on the priorities for the next year. It explains that the three priorities were chosen because they were the highest rating priorities as rated by the public through a consultation. The priorities chosen also reflect issues that are more patient focussed than the options not chosen: Incident reporting and becoming an employer of choice.
- We welcome the top priority being improving patient experience, as this involves increasing the amount of feedback gathered from patients and service users. There is however only limited information about how this will be achieved and the measure for this is limited to numbers of Friends and Family Tests completed.
- It is not clear how the priorities of ensuring parity of esteem for mental health patients and to be a dementia friendly organisation will be measured.

Is the Quality Account clearly presented for patients and the public?

- The Quality Account document is very long and therefore may be difficult for many patients and members of the public to easily read and understand. Some parts are more of a technical performance report. It would therefore be helpful to have a summary or produce a shorter leaflet for patients explaining what feedback people have given the Trust about their services and what they are going to do as a result of this to change and improve.
- Abbreviations are used that may not be understood by everyone, such as CQUIN, FFT and SDU. As well as terms such as 'parity of esteem'.
- The Quality Dashboard provides useful information, such as why the indicator is important and what good should look like. In situations where a target is not set it may be useful to include the figure from the previous year as a bench mark.
- Explanations about the services provided by the Health and Care Trust are helpful, although this does make it into a longer document.

A handwritten signature in black ink that reads "Peter Pinfield". The signature is written in a cursive, flowing style.

Peter Pinfield
Chair, Healthwatch Worcestershire

3rd June 2016