

## Healthwatch Oxfordshire

### Summary of responses made by Healthwatch Oxfordshire to the 2015/16 Quality Accounts.

#### 1 Introduction

- 1.1 This report summarises the responses made by Healthwatch Oxfordshire to the Quality Accounts produced by providers in Oxfordshire for 2015/16. These responses are based on information gathered by Healthwatch Oxfordshire through:
- a) It's outreach programme
  - b) Unsolicited feedback from the public
  - c) Monitoring of published quality and performance information
  - d) Issues raised with us in the course of our project work
  - e) Feedback from the OCCG Locality Forums
  - f) Feedback from other voluntary organisations.
- 1.2 The report provides the Board with an overview, from the Healthwatch perspective, of the quality issues that need to be addressed in the local health economy in the year ahead.

#### 2 Background

- 2.1 Healthwatch has established a good relationship with all the major s delivering services in the County, and they have all been open to working with us on patients' behalf. We were glad to see this relationship recognised in the Quality Accounts, and to see the ongoing commitment across the system to working with us. We look forward to continuing to both support and challenge the Trusts in the year ahead, in the interest of helping them improve services for local people.
- 2.2 This paper, and Healthwatch's formal responses to the Quality Accounts, are also informed by the work led by Healthwatch with Directors of Quality and Patient Experience leads in all major commissioners and providers, to agree joint priorities for quality improvement work in Oxfordshire in 2015/16 - based on analysis of those organisations user feedback data.
- 2.3 These priorities are reflected in the updated Health and Wellbeing Strategy, and Healthwatch has encouraged providers to reflect them in their Quality Accounts.
- 2.4 The priorities which all parties committed to through this process are to make improvements in:
- a) Joining up people's care, when it is being delivered by a range of health and/or social care providers.
  - b) Communication between different organisations within the system about patients.

- c) Communication by all parts of the system with patients and carers, both in terms of staff attitudes, involvement of people in decision making about their care and delivery of dignity standards.
- d) Carer involvement in care planning and care delivery.
- e) Better treatment of patients with physical and mental health needs, and recognising and addressing the psychological component of all healthcare.
- f) Continuing to build a culture in which staff, carers and patients feel able to raise concerns or complaints without fear of retribution.
- g) Supporting delivery of public education about how to use the NHS wisely, and self-care programmes that might help reduce demand.

2.5 In addition individual organisations agreed to make improvement in the following areas :

- a) OHFT pledged to continue to work to make patient care safer through reducing harm through falls, patients going missing ,aggression and violence and avoidable pressure ulcers and through the prevention of suicide
- b) OUHT says it will continue to try and provide high quality, individualised care while meeting NHS Constitution pledges on A&E waiting times, cancer treatment times and 18 week referral to treatment targets
- c) OCC says it will address the timeliness of social care assessments and access to care packages and re-ablement services
- d) SCAS says it will work to improve ambulance rural response times
- e) OCCG and NHSE says it will work to address the issues of access to GPs and GP retention and recruitment.

### 3 Healthwatch response to OUHT Quality Account

3.1 The issues raised about OUHT with Healthwatch Oxfordshire in 2014/15 have primarily related to:

- a) The Trust's ongoing failure to meet NHS Constitution pledges on:
  - The A&E four hour wait.
  - 18 week referral to treatment time targets.
  - 62 cancer treatment time targets.
  - Patients being offered a binding date within 28 days following operations cancelled for non-clinical reasons.
  - Making patients' transition as smooth as possible between services.
  - Putting patients and their carers at the heart of decision making about care that affects them.
  - Failures and delays in patients receiving copies of correspondence about their care.
- b) The Trust's ongoing failure to work successfully with its partners to resolve the poor performance on hospital discharge.

- c) Poor communication at all stages of the patient pathway between clinicians, between organisations and with patients - particularly but by no means exclusively with those patients who have specific access needs such as a need for translation or interpretation services.
- 3.2 Healthwatch Oxfordshire welcomes the fact that the Quality Account references the joint priorities agreed jointly with other providers and commissioners.
- 3.3 We also welcome the commitments made in the 2015/16 Quality Account to:
- Improve clinical handover in the hospital and interface with GPs.
  - Improve discharge co-ordination and sharing of discharge information.
  - Improve communication with patients and carers.
  - To enhance the quality and timeliness of assessments for the frailest patients.
  - Make pathways clearer.
  - Assess and support the MH needs of patients.
  - Reduce A&E attendances and avoidable admissions.
- 3.4 Healthwatch Oxfordshire was however extremely disappointed to learn that many of the Trust's longstanding failures to meet NHS Constitution pledges were not successfully addressed through the delivery of the 14/15 Quality Account priorities. We would also like to have seen a much clearer focus and much higher priority on improving performance against these basic NHS Constitution pledges in the Quality Account for 2015/16.

#### **4 Healthwatch response to OHFT Quality Account**

- 4.1 The issues raised about OHFT with Healthwatch Oxfordshire in 2014/15 primarily related to:
- a) Access to community based mental health services and psychological therapies for people of all ages.
  - b) Delayed discharges from hospital.
  - c) Poor communication issues
  - d) Concerns relating to the capacity of the district nursing service.
  - e) The impact of recruitment and retention problems on effective service delivery.
- 4.2 Whilst the shared quality priorities described in para 2.4 were not explicitly referenced in the 2015/16 Quality Account, which was disappointing, Healthwatch Oxfordshire welcomes the commitments the Trust has made to:
- Address recruitment, retention and staff wellbeing issues Improve floor to board communication
  - Improve processes to ensure staff can raise concerns and monitor action taken
  - Evaluate integration of physical and mental health pathways
  - Improve the management of patients' long term physical health conditions
  - Extend the CAMHS in reach service in schools
  - Improve information sharing with GPs
  - Implement and evaluate the triangle of care, in order to improve patient and carer involvement in care planning and communication between the Trust, its patients and their carers.

- 4.3 We were also pleased to see in the review of 2014/15 that the Trust was:
- Developing partnership based approaches to delivery of services with local 3<sup>rd</sup> sector organisations and OUHT, in order to improve outcomes for Mental Health patients and older adults.
  - Adopting a framework for assessing and improving patient experience.
  - Implementing integrated physical and mental health pathways for older people.
- 4.4 Whilst we understand that some of the 2014/15 priorities will be rolled forward, we were disappointed not to see a greater emphasis on improving integrated working with OUHT and social services in the 2015/16 priorities in order to reduce delayed discharges and issues associated with transfer of care between organisations.
- 4.5 We would also have welcomed a significantly enhanced focus on improving access to community based mental health services and psychological therapies.
- 4.6 Finally we would like to have seen the focus on supporting staff to raise concerns to have been extend to include patients and carers and a much more explicit commitment to reporting on the action taken as a result of implementation of the new framework for assessing and improving patient experience.

## **5 Healthwatch response to SCAS Quality Account**

- 5.1 The issues raised about SCAS with Healthwatch Oxfordshire in 2014/15 have primarily related to:
- a) Rural ambulance response times.
  - b) Patients' experience of the PTS services.
- 5.2 Although we were pleased to see the emphasis in the Quality Account on improving the Patient Transport Service, and the recognition of the need to meet response times, we would have liked to have seen a clearer strategy for improving ambulance response times in rural areas in particular.
- 5.3 We have been delighted at the Trusts' active involvement in the multi agency Quality and Patient Experience leads meeting, and were pleased to see that this helped them deliver their patient experience targets for 2014/15. We regret, however, that ongoing participation in this group is not referenced as part of the Trust's strategy for delivering improvements in Patient Experience in the year ahead, and that the priorities agreed by that partnership are not overtly addressed in the Quality Account for 2015/16.

## **6 Healthwatch response to Southern Health FT Quality Account**

- 6.1 The issues raised about SHFT with Healthwatch Oxfordshire in 2014/15 have primarily related to:
- a) The problems associated with the transition between children's and adult services;
  - b) The failure to provide information and support to enable families to make informed choices about which services to use;

- c) The need to develop a peer-to-peer network of support and advocacy for families, with the suggestion that Oxfordshire could be a potential pilot area to test out a peer advocacy and support model;
- d) The importance of services and commissioners working with families to seek solutions rather than perceiving families as part of the problem.

6.2 In addition, the avoidable death that occurred in the Trust's Oxfordshire premises in July 2013 raised awareness locally of the importance of families getting the right information, advice and support in order to understand how to safeguard and protect their loved ones.

6.3 We welcome the overall strategy and priorities set out in the Quality Account, but we would like to see evaluation of the care planning indicator address family and peer support, as well as patient engagement. Additionally we regret that we could not identify any clear focus in the Quality Account on improving transition between children and adult services.

## 7 Other Trust's

Healthwatch was invited to comment on the Great Western Hospital Quality Account, but declined to do so as it did not have sufficient information to warrant making a response.

## 8 ACTION REQUIRED BY THE BOARD

**The Health and Wellbeing Board is asked to endorse Healthwatch's overview of the quality issues facing the local healthcare system as set out in this paper and to notify Healthwatch of any additional feedback it would like Healthwatch to give providers on behalf of the Board.**