



healthwatch

Bath and North East
Somerset

Healthwatch B&NES report to the Health and
Wellbeing Select Committee - November 2016

INTRODUCTION

This report will demonstrate the progress made by Healthwatch B&NES to promote the needs and views of local people. Input from the B&NES Health and Wellbeing Network is included alongside the Healthwatch update, to demonstrate how the views of providers, patients and the public are being woven together by local Healthwatch to create meaningful improvements in how health and social care services work into the future.

Healthwatch is the statutory, independent champion for patients, carers and the public. The Health and Wellbeing Network hosts provider organisations, in both the statutory and voluntary, community and social enterprise (VCSE) sectors, to debate current issues and recommend actions for progress.

Our current focus

Accessible Information Standard (AIS)

This quarter Healthwatch B&NES has approached local support organisations, including Action on Hearing Loss and DeafPlus, to discuss working together to promote the AIS and gather feedback following its introduction on 31 July 2016.

It has become clear from discussions that there is still a general lack of awareness of the AIS, which consequently is leading to very little feedback coming through from the public. A lot more needs to be done to make people aware of the legislation and rights that they have when accessing health or publicly-funded adult social care services.

Healthwatch B&NES has been promoting the legislation through its monthly e-bulletin, website and social media accounts but it requires a combined and continued effort from key organisations across the district to ensure that people are informed.

 **Healthwatch B&NES**
@hwatchbathnes

Know your rights: Ask. Record. Highlight.
Share. Act. Five steps **#NHS Accessible
Information Standard** goo.gl/YQ894o
@SignHealth



Know your rights - The Accessible Information Standard
From the 31st July 2016, all NHS England and adult social care services must follow a new set of rules called the Accessible Information Standard. The Standard tells...
vimeo.com

 **Healthwatch B&NES**
@hwatchbathnes

**#NHS Accessible Information Standard: DO
YOU KNOW YOUR RIGHTS?** Watch to find out
- goo.gl/rh9kqj **@deafPLUS_BANES**
@HearingLossIL



NHS Accessible Information Standard Update July 2015 B...
Making health and social care information accessible Summary
of progress with the project aUpdate July 2015.
youtube.com

To find out more about the legislation you can read The Care Forum's information sheet W:
<http://bit.ly/22HFfIF> or view the NHS England pages W: <http://bit.ly/2cLFXFg>

What next?

Healthwatch B&NES will continue to meet with local support organisations, collate feedback received about the AIS and work to increase public awareness of the legislation.

B&NES, Swindon and Wiltshire Sustainability and Transformation Plan (STP)

During this quarter, the three local Healthwatch in B&NES, Swindon and Wiltshire have worked together to develop a guidance note for the public on the 'duty to consult and engage'.

This document sets out what local people can expect regarding engagement, information and consultation around the STP, including best practice and the role that local Healthwatch will have. The document can be viewed online W: <http://bit.ly/2gtgxuc>

In a recent press statement released following publication of the STP summary document, the three local Healthwatch told people that:

- Healthwatch had taken up the invitation to comment on the STP summary document.
- However, Healthwatch has concerns about the amount of resource available to deliver public engagement and has raised this with the STP Board.
- The three local Healthwatch have put together information about our role in the STP and what local people should expect in terms of engagement, information and consultation.
- We will continue to be a critical friend and work to ensure that the people of B&NES, Swindon and Wiltshire are given an opportunity to have their say in how their services are run in the future.

In addition to the STP Board, the three local Healthwatch are also sitting on the Communications group to support and advise STP partners with the approach that they take to inform, engage and consult with the public and providers across the footprint.

Healthwatch influencing, supporting and improving local health and social care systems

B&NES Health and Wellbeing Board

During this quarter, Healthwatch has been engaging with the Board to review progress against the strategy, and to begin planning a new strategy from 2017.

Healthwatch is advocating for the Board to assume a more visible role with the general public, and will update further on progress made in the next quarterly report.

At the September Health and Wellbeing Board, Healthwatch was happy to commend the success of the health inequalities action day, held in May 2016, and supported by Healthwatch. We also introduced a challenge to all Board members to ensure that the findings of the action day are upheld and inequalities reduced. The Board agreed to:

'Challenge partners on the Health and Wellbeing Board, and partnerships reporting to Board, to demonstrate explicit plans and actions for the identification of and reduction in health inequalities amongst their client groups'.

Healthwatch has subsequently approached B&NES Public Health to discuss these matters further. The Care Forum (which manages Healthwatch B&NES) is committed to demonstrating explicit plans and actions ourselves.

Parliamentary and Health Services Ombudsman

During this quarter, Healthwatch B&NES has written to the Parliamentary and Health Services Ombudsman regarding concerns that it has heard about long waits for responses to complaints.

Healthwatch has shared the themes from the feedback it has received and asked the Ombudsman to explain what may be causing the problems. Healthwatch is currently awaiting a response and any resulting actions will be published in the next report.

NHS Quality Accounts

During this quarter, Healthwatch B&NES has approached the Royal United Hospitals Bath NHS Foundation Trust (RUH) for an update on some points that were raised in the 2015 Quality Account. The points raised and reassurance received from the RUH are as follows:

- 1) Two week wait for breast symptom patients:** Healthwatch B&NES congratulated the RUH on their cancer access targets, but requested reassurance that the staffing issues that affected the two week wait on breast symptoms had been resolved.

RUH response (June 2016) - the staffing issues regarding the underperformance against the breast symptomatic target were due to a vacant breast radiologist post. There is a nationally recognised shortfall of breast radiologists, which made recruitment to this post particularly challenging. The team arranged additional capacity in the interim. GP referrals continue to be triaged by the clinical teams.

RUH update (September 2016) - two locum breast radiologists have been in post for the last three months. This additional resource has resulted in a substantial improvement in breast symptomatic performance, from 60.5% in quarter one to 92.7% in quarter two. A substantive breast radiologist started in post on 5 September. We have also extended our locum cover for a further three months to maintain the current level of service and performance.

- 2) Friends and Family Test (FFT):** Healthwatch B&NES expressed concern about the reduction in Friends and Family Test (FFT) responses for inpatients and patients at the Accident and Emergency department.

RUH response (June 2016) - the second meeting of the Matron FFT improvement group was held on the 31 May. The group consists of matron representatives from the three clinical divisions and is chaired by the Emergency Directorate (ED) Matron. The clinical areas have been asked to ensure that the ward clerk/ receptionist/ discharge co-ordinator take ownership of identifying patients who are going to be discharged that day and to ensure that a FFT response card is given to them. Ward areas currently below the 40% target response rate were sent an email from their matron link, asking them to ensure that the daily shift coordinator be responsible for collecting the completed FFT cards. Patients attending 'minors' in ED will be given an FFT card when they book in.

RUH update (September 2016) - we are very pleased that our FFT response rates are showing an improvement. The response rate for the Emergency Department was over 22% in August against a target of 20% and the response rate for the wards was 39% in August against a target of 40%.

- 3) Patient discharge:** Healthwatch B&NES commended the RUH on its discharge project, highlighting the scale of activity and level of commitment that has been shown to improve the patient experience. It asked as part of the discharge project, why the Trust was not considering introducing a discharge lounge?

RUH response (June 2016) - we are not progressing a discharge lounge at this time. It is recognised that a discharge lounge can add yet another step in the patients' journey, which if they are looked after by staff who don't them, can result in a delay to the time they actually leave. Our focus is on planning discharge, making the necessary arrangements and working with patients so they can leave the hospital in the mornings rather than in the afternoon and evenings. Many of the patients are frail elderly and it would not be appropriate to send them to a lounge area.

- 4) **Hospital cleanliness:** Healthwatch B&NES noted that there had been several mentions of hospital cleanliness throughout the Quality Account. Healthwatch B&NES had also heard about this through feedback from the public during the year. Healthwatch asked for reassurance that this is something that the RUH is addressing.

RUH response (June 2016) - The Trust has recently appointed a new senior manager for cleaning services. He is currently reviewing cleaning procedures with the infection control team and Matrons to ensure national cleaning standards are achieved in all clinical areas. The Trust has also invested an additional £116,000 in the service for 2016/17 to provide a new rapid response cleaning team to respond in a timely manner to special cleans required in the afternoon and evening. The Trust is also investing in additional public corridor floor cleaning machinery recognising that first impressions are important and that public areas also need to be maintained to a high standard.

Healthwatch B&NES would like to thank the RUH for providing such a comprehensive response to the concerns and requests for reassurance that it raised to the Quality Account, and commend them on the work that they have done on these areas to date. This report demonstrates the follow-up that Healthwatch B&NES hopes to carry out with all NHS Quality Accounts to understand better the work that is being carried out to improve the patient experience, and identify areas where improvement can still be made.

For further information about NHS Quality Accounts and Healthwatch's role in responding to them W: <http://bit.ly/2e5LFCc>

Report prepared by Alex Francis, Project Coordinator - Healthwatch B&NES on Friday 25 November 2016