

Commentary from Joint Quality Account Task Group

The Quality Account Task Group consists of Healthwatch Coventry, Healthwatch Warwickshire, Coventry City Council Scrutiny (HOSC) and Warwickshire County Council Scrutiny. The Group had positive meetings with the Trust to discuss progress on last year's quality priorities and what should be included as priorities for 2017-18. The Group also provided feedback on an early draft regarding readability within the document.

Overall this document is a clear and easy to read within the constraints for the template information Trusts' must use when writing a quality account.

This year the Trust decided to align the Quality Account with its annual report, meaning that the timeline for producing the Quality Account was shortened and our commentary was required at an earlier date. Joining up documents is a positive step and has enabled the Quality Account to be shorter; however the earlier timeline means that the version of we saw did not contain national data or full data regarding patient experience measures (Friends Family Test and complaints handling).

It is clear from NHS information/data over the year that UHCW along with other NHS trusts has been experiencing challenges in meeting a number of national targets including A&E 4 hour waiting times and referral times for outpatient and at times for cancer 62 day waits for treatment. A fundamental issue is one of flow through the hospital. The bed occupancy rates the Trust is experiencing mean that often beds are not available for emergency admissions through A&E or to carry out planned elective operations. This results in planned operations being postponed. For example Coventry Scrutiny Board was told that 67 operations had been postponed (24/12/16-31/1/17). Work focused on managing beds results in consultants and registrars spending extra time on wards leading to outpatients' appointments being delayed or postponed.

This Quality Account does not (and cannot within its current framework) provide this context of a NHS under pressure in many ways. This is becoming a weakness to the Quality Account approach as organisations in the NHS do not exist in isolation.

The other significant development is the work underway regarding Sustainability and Transformation plans/partnerships (STP). This work focuses on Coventry and Warwickshire as a health and care system and what plans need to be made to join up services and plan in different ways that do not focus on individual organisations but on the system as a whole and how it works together. This is not reflected in the Quality Account.

Last year's priorities

1. Increasing the reporting of medication errors

UHCW demonstrates why this was a priority and actions have been identified from the work to benefit patient safety/care.

2. Improving care bundle compliance

The Trust has a rationale for this work and provides evidence of outcomes for clinical effectiveness from the better implementation of a number of Care Bundles.

Approved by Chris Bain HW Warwickshire; John Mason HW Coventry on behalf of Steering Group; Cllr Gannon Coventry City Council HOSC Chair; Cllr Stevens Warwickshire County Council Scrutiny.

3. Measuring direct care

The Trust is reporting a 28% improvement in direct care time spent, although it is not clear what the baseline is.

Time spent looking for drug cabinet keys and queuing for medication have been identified as time wasting activities and it would be useful if the Trust had gone on to indicate actions to be taken to address these points.

2017/18 Priorities

1. Patient safety: reducing falls and pressure ulcers

Work to eliminate pressure ulcers is a requirement on Trusts and this section would benefit from more detail on the actions to be taken.

Healthwatch has seen data indicating that the number of patient falls in the Trust are rising and has gathered recent intelligence regarding falls. Therefore we support a priority regarding this.

2. Clinical effectiveness: reducing the trust's standardised mortality ratio score

There are two mortality measures the Standardised Hospital Mortality Ratio (HMSR), and the Summary Hospital-level Mortality Indicator (SHMI). Data to December 2016 shows a worsening SHMI score. The Trust is setting a goal of maintaining its HMSR below 100 and the baseline given is already below 100. Therefore we wonder if attention should be given to the different factors impacting on the SHMI score instead. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

3. Patient experience: delivering customer care training for staff

This priority is rooted in patient feedback to the Trust as a patient experience priority should be. Therefore the goal of providing customer care training to patient facing staff is welcomed.

Other issues

CQC inspection

The CQC re-inspected outpatient and diagnostic services at the Trust this year and found some improvements, but perhaps the Trust has not addressed the original inspection 'must' and 'should' do actions quickly enough. Healthwatch Coventry raised this and was informed that management input was being directed to ensuring progress.

Patient safety

Healthwatch Coventry has continued conversations with the Trust regarding complaints management and how the process for Root Cause Analysis (RCA) investigations and Significant Incident Group (SIG) reporting ensure that patient and relatives are kept informed. RCA investigations are used when 'patient safety incidents' occur within a clinical setting. The most common examples are falls. The purpose is to identify how and why such incidents happen, areas for change and developing recommendations for delivering safer care for patients. There remains work to do on communication with

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patients/relatives around the process and ensuring that they can understand information provided.

The Coventry HOSC engaged with UHCW on a number of occasions, and whilst attendance was always forthcoming, scrutiny have had concerns about the timely provision of information requested, particularly in relation to the STP. One of the Trust's values is openness, and we hope, moving forward, that despite the demands on the Trust's resources, they will work with Scrutiny in 2017/18 in an open and accountable way, recognising the important role scrutiny can play in improving health services locally.

We look forward to continuing to work with UHCW.