

## **Healthwatch Coventry commentary on the University Hospitals Coventry and Warwickshire Quality Account**

Healthwatch Coventry is the consumer champion for local health and social care services, working to give local people and users of services a voice in their NHS and care services. Local Healthwatch welcomes its role in producing commentaries on NHS Trusts' Quality Accounts. Along with colleagues from Warwickshire we have been involved in a task group to follow up on last year's quality priorities.

The version of this document we received in order to draft this commentary was not entirely complete, some of the data was not yet available.

### **Is the document clearly presented for patients/public?**

NHS Trusts face the dilemma of producing a document that answers conflicting demands from different audiences, especially the need to produce a document which is accessible the public whilst using a Department of Health template which stipulates a lot of the content. Whilst this document is quite long, the language used is not clinical and the document is easy to read. The glossary is also useful as the use of some NHS terms and abbreviations is unavoidable.

### **Quality highlights**

Work to improve information for patients is welcomed. There has also been some good progress regarding getting more information about the services and work of Healthwatch displayed within the Trust. This is important as Healthwatch provides an advocacy service to people raising NHS complaints and a public information service. We look forward to the next stages.

We would like to see the Trust invest in a new website, which is more navigable and has clearer content.

The new Complaints Management Plan is a much needed step forward. We are pleased that this and other work addresses a number of Healthwatch recommendations from 2013 regarding access to and outcomes from complaints and Patient Advice and Liaison Service (PALS) queries. We look forward to working in partnership on some next steps.

### **Quality data**

All NHS Trusts should develop quality metrics to ensure that they can track and evidence the quality of their services.

We were expecting some commentary regarding the number of level 3 pressure ulcers and the one level 4 pressure ulcer recorded, as this exceeds the targets.

The Trust has been commended for work on reducing pressure ulcers and this is highlighted elsewhere in the report.

We are concerned to note the increase in the number of MRSA cases for the first time in many years. No actions are specified in relation to this.

It is pleasing that UHCW has signed up to Safety pledges and there is a potential role for Healthwatch under pledge 4: collaborate.

### **Quality Priorities 2014/15 - Progress report**

Achievements against the 2014/15 Priorities for 'Getting Emergency Care Right: Ensuring patient flow through the hospital in order to improve efficiency in elective theatres' indicate mixed results, with more work needing to be done.

### **Quality priorities 2015-16**

The ongoing commitment to improving handovers is welcomed along with the honesty of the update on last year's work. However, we are not sure the Task/Action table addresses the issues, because it talks about 'participant wards' rather than ALL wards. Whilst we acknowledge the difficulty in changing a cultural approach to working, every effort must be made to ensure that 'partnership working between professionals' is improved.

We welcome the priority on end of life care. Here ensuring more effective communication and involvement of patients' relatives and carers is also important, but not mentioned.

'Always events' have the potential to be very powerful and Healthwatch would welcome working with the Trust as part of the definitions process. The involvement of patients and the public in driving this work is very important. Healthwatch can also be a mechanism for monitoring progress here.

### **Do the priorities reflect those of the local population?**

The Account shows that the Trust has a number of mechanisms to gather feedback from patients and the public and Healthwatch is able to add to this through the intelligence we gather.

Patient concerns regarding car parking are being addressed through a significant piece of work to redesign the layout of the site. This work is very welcome and addresses recommendations made by Coventry Local Involvement Network in its report of 2012, following a large survey.

Patient dissatisfaction with food and drink is being flagged up by UHCW data and some proposed action might have been usefully included.

We hear feedback regarding communication with families and carers or hospital patients, which relates to a number of different contexts e.g. at discharge; at end of life etc and therefore this is something the Trust should consider.

**Has the provider demonstrated involvement of patients and the public in the production of the Quality Account?**

We are pleased to see that this year's Account includes some examples of changes made as a direct result of patient/public involvement/feedback.

The Trust clearly demonstrates the intention to engage with patients and families, and processes to do so, but there needs to be a greater emphasis on how patient feedback helps set work priorities and on what has changed the way the Trust works.

We welcome the emphasis placed by the Chief Executive on listening to patients and using this feedback to 'identify opportunities for improvement' and to 'spread good practice more widely'. The low scoring by staff of 'percentage of staff agreeing that feedback from patients/users is used to make informed decisions in their directorate/department' would reinforce the need to improve in this area.

We look forward to continuing to work with UHCW in the coming year and hope that the references to working in partnership, throughout this document, will act as a springboard for some new joint partnership working between UHCW and Healthwatch.