Coventry and Warwickshire Quality Account Task Group Commentary

The Quality Account Task Group is made up of Healthwatch Coventry, Healthwatch Warwickshire, Coventry City Council Scrutiny and Warwickshire County Council Scrutiny. The Group met with the Trust and discuss progress on last year's priorities and what should be included as priorities this year. We found this to be a positive process and are pleased that the Trust has taken on board a number of our comments/suggestions.

The Task Group provided separate feedback on readability of an early draft of the account and the Trust responded positively by making a number of changes. Therefore we find the document to be generally readable. However, there is still some jargon which is hard to understand from a lay point of view.

Over a number of years changes have been made to the format or content of the Trust's Quality Account to reflect the successive inputs from the Task Group partners.

It now seems appropriate to review the Quality Account from first principles as well as raising any specific matters prompted by the 2016 draft.

Broadly, a good Quality Account is expected to contain evidence of engagement with patients and other stakeholders, listening, learning and applying improvements to ensure quality at the heart of the organisation. This should be done with transparency and openness, reviewed externally - by HOSCs and Healthwatch, among others - and presented clearly in a way that is easy to follow.

The draft Quality Account makes several references to engagement with patient and public but does not yet leave the reader with total reassurance that these things are done with conviction, nor that the feedback is routinely used towards service improvement.

Last year's priorities

The report on last year's priorities would benefit from more detail and the inclusion of some of the information which the Task Group has heard through our meetings with the Trust.

The Trust has identified some work to be further built on in the coming year. Eg Patient Reported Outcome Measures and Patient Experience Reported Measures.

Priorities for 2016-17

The Trust has taken on board previous Task Group comments to focus on fewer priorities and develop clearer outcomes and measures.

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This year, after discussion with the Task Group, the Trust has developed its approach to patient engagement to support input into the quality account by running an online survey to gather ideas and having discussion with its patient assembly/governors. These are welcome developments to be built on in coming years to ensure that the development of quality priorities involves patients and the public.

In 2013, the two Healthwatch produced a Good Engagement Charter (see www.healthwatchcoventry.co.uk/engagement-charter) to which the Trust signed up. This identifies nine good practice points which should addressed by organisations carrying out patient and public engagement in Coventry and Warwickshire:

- be clear why there is a need to engage
- make sure that we work with partners when engaging with our community
- make sure there is plenty of time for engagement
- use a range of different ways for people to have their say
- be open, honest and transparent when engaging with our community
- make sure that information is accessible by all
- provide people with regular feedback when engaging with them
- recognise best practice and make sure it used to inform future engagement
- evaluate ... to ensure lessons learned are used to improve future engagement

There is evidence the Trust is trying to develop consistent good practice in these areas. It is encouraged to make full use of these aims as a quality checklist and evaluation tool.

For the Quality Account there is still a tendency to prioritise quality outcomes based on national drivers and imperatives. For example whilst care planning is within the bigger list of priorities this is not shortlisted for focus in the reporting in next year's document. The Task Group would have liked this priory to be on the shortlist because of its direct link to patient experience and because of findings from Healthwatch Coventry work.

The focus on work related to patient experience is welcome along with the focus on patient outcomes and measuring outcomes.

Other performance information

The version of the draft quality account the Task Group received to enable us to compose this commentary did not contain all the data. This is also an issue with other Trust's draft documents as well and is problematic.

The section on audits demonstrates learning from audits.

Details of CQUIN targets were not available to us at the time of writing in the document or via the listed website.

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Data regarding patient experience highlights a low score regarding community mental health services. Therefore the inclusion of information about how the Trust might address this would be helpful

This year Healthwatch Coventry carried out a series of 'enter and view' visits to inpatient mental health wards at the Caludon Centre, Hawkesbury Lodge rehabilitation facility and Fennell day hospital. Healthwatch Coventry made 6 recommendations to the Trust covering issues such as: a need to develop the programme of activities for inpatients and link this to the therapeutic and care planning approach; maintenance and use of outside spaces and access to exercise, discharge delays; and the purpose of Hawkesbury Lodge.

The Trust has also very recently been inspected by the Care Quality Commission as part of their ongoing inspection process of all Trusts and the report of this inspection will most likely be available in July 2016.

The Trust highlights that it identifies organisational learning in the response to complaints. Some brief examples of patient/carer stories and lessons learned would have been useful.

We welcome the focus on different services, which the Trust delivers - this helps to show how broad the services of the Trust are and give interesting examples of work which has been undertaken to improve services or the reach of services.

We look forward to continuing to work with the Trust.

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