

## Commentary from Joint Quality Account Task Group

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 to discuss what should be included as priorities this year.

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

The version we received to provide our commentary was not complete - with national data related to NHS outcomes and other data was not available. This year more data was unavailable to us than has previously been the case and this was problematic.

However, we know from our ongoing work that this year a major challenge for UHCW and the wider health and social care system has been the flow through the hospital from A&E, to admission and through to discharge. The hospital is operating at a very full level of bed occupancy. This has been impacting on A&E waiting times and the Trust's ability to achieve the 4 hour target which has been missed for a number of consecutive months. There have also been issues regarding meeting cancer referral waiting time targets and other outpatient referral targets during the course of the year, which impacts on patients negatively.

Effective joint work and plans across NHS and social care organisations are needed in order to address issues with patient flow.

The stated proposal to introduce weekend and evening physiotherapy is welcome. It should aid recovery and the discharge process, although there is no indication that outcomes are to be measured.

It is pleasing that UHCW have reversed previous increases in cases of MRSA and the focus on Ophthalmology outpatients through the Trust's Virginia Mason work is welcome as this reflects feedback received by Healthwatch.

The section outlining responses to the CQC inspection report of 2015 would benefit from more detail about what actions the Trust has taken to address the points highlighted by the CQC for example in the imaging department.

### Last year's priorities

**Priority 1: Handover** - This seems to be work in progress across what is a large Trust, where consistency of use of the tools developed is important.

**Priority 2: End of Life care** - From the information provided it seems that a lot of good work has been done regarding End of Life Care.

**Priority 3: Always events** - During the year there has been a change and focusing of the original goal set last year of implementing Always Events. The Hello my Name Is initiative is positive and chimes with patient feedback but it is unclear how extensive the adoption has been across the Trust.

There is an opportunity to work with patients and relatives to establish a broader set of patient focused always events.

## **2016/17 Priorities**

The Quality Account Task Group provided feedback on a long list of potential quality priorities and provided challenge about setting priorities which are sufficiently challenging and do not replicate existing work plans for example related to the Trust's CQC inspection in 2015. We feel we have been partly successful in this.

### **Priority 1: Increasing the reporting of medication errors**

The information provided about this goal is clear and well evidenced with a clear measurement in place.

### **Priority 2: Improving care bundle compliance**

There is much evidence to support the implementation of care bundles and an expectation that Trusts will do so (hence the CQUIN targets already in place). Therefore it seems that this priority is to a certain extent business as usual.

### **Priority 3: Care Contact Time**

The recording system described is e-based and there does not seem to be an element of patient feedback. This makes this priority seem to be about time use efficiency rather than patient contact. Whilst efficient and effective care is important this is a patient experience priority and therefore should capture an element of patient experience.

## **Other issues**

Pressure ulcers are the 1<sup>st</sup> and 3<sup>rd</sup> highest serious incidents even though there has been a widespread pressure ulcer prevention campaign over last couple of years. Slips trips and falls represent the 2<sup>nd</sup> largest number of serious incidents and therefore would benefit from detail about how the Trust will work on this.

It is good to read details of work related to dementia awareness and the commitment from the Trust to addressing care for patients who have dementia. The trust is sizeable and therefore there is a large ongoing task of training staff which requires resourcing.

Carers of Dementia patients have a support group as well as completing a carers survey. This idea could be extended to the carers of patients more generally.

Communication issues with deaf patients, people with learning disability and people with English as a second language have been flagged to Healthwatch. The

work to develop resources, support for staff and sign up to the BSL Charter are welcome and should be built upon further.

There is a big emphasis in the document on Friends and Family Test data and less information about other Trust initiatives to gather patient experience or to carry out different levels of patient engagement activity. We would have liked to see a commitment to developing the Trust's patient engagement strategy within this document.

The Trust is clearly carrying out significant work related to quality, however much of this is driven from management or other initiatives and there is scope for developing patient involvement and engagement to drive changes and quality. This will enable the Trust to be in a better position to involve patients and the public in the quality account and setting priorities for quality.

The complaints data was not available to us at the time of writing. For next year we would like to see the emphasis shift to a focus on learning from complaints.

We look forward to continuing to work with the Trust in the coming year.