

Commentary from Joint Coventry and Warwickshire Quality Account Task Group

The membership of the Quality Account (QA) Task Group comprises Healthwatch Coventry, Healthwatch Warwickshire, and both Coventry City Council and Warwickshire County Council Health and Social Care Scrutiny groups.

The Task Group met with the Coventry and Warwickshire Partnership Trust (CWPT) to discuss progress on last year's priorities and priorities for 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 Quality Account and the Trust responded positively by making a number of changes. This has made the document much more accessible and readable.

The draft version of the Quality Account we received in order to produce this commentary was not complete as it was missing data and narrative from some sections. Information about CQUIN targets was not available

2016-2017 Goals

The majority of the goals were process focused and therefore it is harder to demonstrate an outcome from them, especially as a number require longer to be completed. For some goals the final reporting is not yet complete.

2017-18 Goals

CWPT has sought input into its quality goals through a survey with service users, carers, staff and stakeholders. It may be helpful if the Trust starts this engagement process earlier in the Quality Account cycle to avoid this being rushed.

A list of potential quality goals was discussed with the Task Group prior to them being included in the Quality Account and the group supports their inclusion for the coming year. The goals for care planning and improving patient and carer experience across directorates are particularly important from the Healthwatch perspective of representing the interests of patients and the public.

Other comments

CWPT is large Trust spanning different specialties and the focus on operational services section of the document gives a flavour for the different work the Trust does, including community health services for the Coventry population. CWPT has demonstrated that it has responded well to the findings of its Care Quality Commission inspection and it will be re-inspected in June 2017.

The research examples given also indicate the learning culture and the AQUEDUCT piece of work around dementia sounds productive and practical. An increase in the

number of complaints CWPT received is reported. This can be seen as a positive as the Trust has been receiving relatively few complaints for its size.

An increase can be an indicator that more people are aware of how to complain and they feel confident to do so. There has also been an increase in contacts with the Patient Advice and Liaison Service and again this can be seen as a positive, in that more individuals are aware of the service and are asking for support. It is important the Trust is able to learn from the comments and complaints it receives.

There are good examples given of 'You said...we did' in response to user feedback and whilst the Trust has recorded more complaints in this year than previously, previous figures were very low for a trust of this size.

Challenges highlighted through Healthwatch and Scrutiny often relate to the waiting times to access services; in particular Child and Adolescent Mental Health Services and also community mental health services.

We have heard this year how CWPT and service commissioners have worked to reduce the waiting time to initial assessment but that waiting times for treatment can still be long. This is not discussed in the document.

It is difficult to understand the bigger picture context within which the trusts operate from individual Trust Quality Accounts. Here the key focus this year has been regarding Sustainability and Transformation Plans (STPs). 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 a significant development which is not reflected in the Quality Account.