

Healthwatch Coventry and Health and Social Care Scrutiny Board commentary

Healthwatch Coventry represents the interests of patients and public in local NHS and social care services. We liaised with the Chair of the City Council Health and Social Care Scrutiny Board to produce this commentary on the evidence UHCW has produced about how it addresses quality of service.

We are asked to consider if a Trust's quality account shows the following:

1. reflects peoples' real experiences as told to Healthwatch
2. shows a clear learning culture in the Trust that allows people's real experiences to help the provider get better
3. priorities for improvement are challenging enough and is it clear how improvement will be measured

The version we received to produce this commentary did not contain some of the data.

Last year's priorities

Priority 1 - Patient Safety

Priority A - we found the reporting here to be technical and therefore not understandable by a lay audience such as ourselves.

Priority B - this work was suggested by Healthwatch Coventry as it had been identified to us by patients that they felt sometimes felt disempowered when not able to administer their own medication as they would normally do. The Trust reports some progress and some challenges with taking this priority forward. We hope the Trust continues this important work.

Priority 2 - Clinical Effectiveness

We don't find the information reported particularly clear but believe it indicates success.

Priority 3 - Patient experience

Improvements to patient information are detailed including improving access to up to date versions of patient information and controlling the versions in use to make sure they are up to date. Healthwatch Coventry has raised issues regarding the information some patients were receiving: whether it was up to date and the quality of the print due to repeated photocopying. This has been addressed.

The Trust was also involved in a task group with Healthwatch and other organisations to look at how information provided to patients being discharged

with short term support at home, in care homes or housing with care could be improved. This was in response to Healthwatch recommendations in our report: *Experiences of discharge to assess pathways* and was making positive progress when the Covi-19 epidemic occurred.

Priorities for 2020-21

Priority One: Patient Safety - is described as improving multi-disciplinary team communication with patients which is an important aim. However the work described relates to a number of processes for staff handover and communication and so we are unclear how it will bring about solutions. As part of the work the Trust should check this will improve communication from a patient point of view.

Priority two: Clinical Effectiveness - focuses on infection control practice. The pieces of work and measures would benefit from more detail. It is not clear what success will look like.

Priority three: Patient experience. There is a welcome focus on planning patient discharge and working with social care and other organisations as well as patients. It is important for services to join up from a patient perspective and a patient centred approach is very important. However, there are no measures given to indicate progress.

The Health Scrutiny Board of the council offer to help look at this area.

Other quality information

The Trust has done excellent work to achieve a rating of 'Good' from the Care Quality Commission. An action plan to address 'must' and 'should' do actions identified by the CQC is mentioned but there is no detail about this or the extent to which this has now been achieved.

Participation in some of the audits is low and actions have been identified by the trust to address this. Actions from learning from audits benefiting patients are identified.

The Trust identifies that it needs to improve performance to meet the aim of consistent high quality care 7 days a week.

The Trust includes a lengthy submission about care of people with learning disability. This indicates that a lot of the data is not collected/held by the Trust. Yet, there is no indication whether it should be or of any actions the Trust will take to improve care for this group of patients.

The number of staff trained through Tier 1 and 2 dementia training are quite low numbers if viewed in relation to the total number of staff the Trust has.

There were some issues with responsiveness to NHS complaints this year, which were addressed by beginning of 2020.

The statistics reported show pressure on Trust services including the responsiveness of A&E and waiting times for cancer treatment. The Trust also notes an increase in complaints regarding waiting/cancellation.

Involvement of patients and public

We welcome the positive statements from the Trust Chief Quality Officer about patient engagement being key in the design and testing of any changes resulting from the Covid-19 responses. Healthwatch Coventry looks forward to working with the Trust in relation to this.

The 3 areas identified as lowest scoring patient feedback are similar to things Healthwatch hears about the: parking, doing things on time and the standard of food and drink.

The Trust states it has taken actions as a result of the National Patient Survey Programme responses but no details given or information about where to find this information.

Patient/public involvement now has a much higher profile in the trust - visible in the entrance way, we care newspaper and the role of patient partners. The Trust should continue to develop in this area.

Finally, we would like to thank the trust and its staff for their work and commitment during the difficult time during the Covid-19 peak.

[ends]

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