

Commentary from Joint Quality Account Task Group

The Quality Account Task Group consists of Healthwatch Coventry, Healthwatch Warwickshire, and Coventry City Council Scrutiny (HOSC). The Group held two meetings with Trust to discuss progress on last year's quality priorities and potential priorities for 2017-18. Members found updates on work undertaken very helpful.

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

The Trust aligns production of its Quality Account with its annual report, meaning our commentary was required at an earlier date. Therefore the draft we saw did not contain data present in this final version and we cannot make comments in relation to this eg complaints handling.

Last year's priorities

1. Pressure ulcer and falls reduction

The Trust set itself a target of reducing pressure ulcers by 15%. It is unclear if this has been achieved, although important process work has been undertaken to ensure learning.

The Trust set targets for reducing falls over a 2 year period. The Trust reports that harm from falls has been reduced in line with target. A target for reducing repeat fallers was also set but it is unclear what progress has been made from the information we have seen.

2. Reducing mortality

The Trust has maintained its mortality score under the HSMR measure. The SHMI measure of mortality takes account of all those who either die whilst in hospital or within 30 days of discharge, and therefore provides an important measure which the Trust could focus on.

3. Customer care training for staff

How staff treat patients and their family carers is very important for patient experience. Whilst it is positive this training is now part of the programme for new the Trust should set out how it will embed this approach with staff who have already completed the training and existing staff not yet trained. The approach must become normal working culture. The work completed is the start of a journey and resource is needed to continue this and it such training should apply to all staff including doctors and consultants

2018/19 priorities

The process by which UHCW has identified priorities could be clearer and does not show that patient input has been used to develop the quality priorities for this year other than the conversation with our task group. However the selected are beneficial for patients and should benefit from the status of being a Quality Account goal.

It is very positive to see that the Trust has begun work to put in place a much wider programme for patient public engagement activities through its 5 year strategy for patient experience and engagement. This has been a gap at the Trust. Sessions have been held to involve patients/public in a refresh of the how the Trust collects patient feedback through the 'Friends and Family Test'; new volunteer roles are being developed and new signage/posters have been put up to tell people how they can get involved. This approach should mean that by the next quality account cycle the Trust has more able it to define quality account priorities based on what patients tell it.

Establish a process for reviewing the patient environment and acting upon issues effectively with support from the process of PLACE

We discussed this priority with the Trust as part of our meetings and recommended that the opportunity was to build an ongoing cycle for review of patient environment themes using the framework of the national PLACE scheme but setting a framework for success broader than achieving the annual PLACE rankings produced nationally for every Trust. We would like to see more emphasis on the involvement of patients within these work as the weakness of the annual PLACE reviews is they are not sufficiently patient led.

Missing elements

It is surprising that document does not reflect the challenges in A&E 4 hour waiting time performance and flow into and out of the hospital including very high bed occupancy rates, which has been ongoing. The local focus on solutions Initiatives to address hospital discharge delays are also not included. Healthwatch Coventry carried out visits to a number of wards on 2017 to gather patient views on communication and found that most people we spoke to were not aware of their discharge plans. UHCW supplied an action plan to address recommendations made. An update on progress could be featured.

The Trust's place within the local Better Health, Better Care, Better Value (Sustainability and Transformation Partnership) is not featured within the document. This aims to bring together provider organisations such as UHCW with organisations responsible for commissioning health service to develop collaborative plans for the future of services around quality, cost and effectiveness. The Chief Executive of UHCW chairs the STP Board for Coventry and Warwickshire. Importantly STPs highlight that organisations within the NHS cannot work in

isolation, but the Quality Account does not reflect or address this important theme.

Other comments

The greater accessibility of the Trust's Patient Advice and Liaison Service is welcomed. Healthwatch Coventry runs the Independent Complaints Advocacy Service (ICAS) and the responsiveness of PALS has been a concern based on what complainants have told us. Healthwatch have had discussions with the Trust about this.

The Coventry HOSC has engaged with UHCW on a number of occasions throughout the year. Whilst attendance is forthcoming, the HOSC would like to see improved transparency, openness and timeliness in the way that data is shared and presented. HOSC hope UHCW will work with them in an open and accountable way during 2018/19, recognising the important role scrutiny can play in improving health services locally.

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

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