

## **Coventry and Warwickshire Partnership Trust**

### **Quality Accounts Task and Finish Group**

#### **Proposed CWPT Quality Accounts Priorities**

The Task and Finish Group (made up of Coventry City Council and Warwickshire County Council Councillors and representatives from both Coventry and Warwickshire Healthwatch) has held meetings with CWPT to discuss the 2012/13 QA and to discuss this year's QA both from the perspective of the Trust and the role of the TFG in contributing to this.

The TFG are keen to build on the relationship that is developing with the Trust in terms of the Quality Account preparation, and welcome the recognition of the importance of the quality goals with the QA, which we believe is central to the Robert Francis recommendations. The TFG also feel however, that the quality goals selected by the CWPT for their QA should not address national targets which the Trust are required to perform against anyway, but there should be a greater focus on locally derived priorities. The Trust should also challenge itself to ongoing improvement, improving performance against national targets year-on-year.

There was general agreement across the TFG that the Trust needs to focus on improving communication with patients, staff, and stakeholder organisations, and needs to demonstrate how lessons learned are embedded into the work by the Trust, and benchmarked against similar providers of mental health services. Where this is not possible, it would be useful to reference work done with groups such as the Mental Health Compact. Within this theme, the following quality goals are proposed for consideration:

#### Dual-Diagnosis Patients

The TFG agreed that there needs to be some work done with dual-diagnosis patients, i.e. patients who are receiving treatment for different conditions either from two different parts of the organisation or receiving treatment for general medical conditions and mental health/learning disabilities, to ensure that treatments are properly managed and are complementary.

#### Transitions between services

Improving transitions between services, including any handovers - those between different units and settings, but also between different organisations (e.g. between mental health and primary care, Hospital Trusts or social care and also the interface between inpatient and community services).

#### "You said we did"

This is a piece of work that could be done with service users and their carers to demonstrate changes made as a result of complaints and feedback from patients

and carers, which can better serve their individual interests – with a clear focus on the outcomes of the lessons learned. This could be done service by service (mental health, learning disabilities, community services) or on a locality basis (focussing on improvements that are specific to certain geographical areas).

### An open, listening and transparent Trust

Working towards an open, listening and transparent Trust in line with the recommendations from Francis and Keogh. This should include engaging the support of staff at all levels towards effective partnership working with all partner stakeholders commissioned to deliver complementary services. In a similar theme, working towards an organisational culture shift in the light of the Francis Inquiry – of openness, transparency and candour. This would involve the training and empowerment of staff to identify issues and concerns and report them on, empower staff to help patients to raise concerns and to embed a culture within the Trust where staff and managers could clearly demonstrate how lessons had been learned and changes made as a result of feedback and complaints.

In terms of the actual Quality Account document, the TFG would like to make the following suggestions:

- The TFG would strongly encourage having an executive summary and an easy to read version.
- Unlike hospital trusts where people may access different services at different times, users and carers accessing CWPT services will often access one service over a lifetime. It would be useful if there could be an outline (perhaps spread over two pages, or with links that are condition-specific) of what is being done within each service. This could be used for the “You Said We Did” section – with separate sections for autism, eating disorders, community services, etc.
- While the TFG understands that the Trust are restricted in their flexibility around the QA, they feel that the clinical, data-based information such as CQUINs is not generally of interest to the public and should, if possible be placed after the goals in the document.