

Statement from Healthwatch Birmingham on Birmingham Community Healthcare NHS Foundation Trust Quality Account 2016/2017

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Community Healthcare NHS Foundation Trust 2016/17. In line with our role, we have focused on the following:

- The use of patient and public insight, experience and involvement in decision-making
- The quality of care patients, the public, service users and carers access and how this aligns with their needs
- Variability in the provision of care and the impact it has on patient outcomes.

Patient Experience and Feedback

Healthwatch Birmingham commends the Trust for consulting with a range of stakeholders using a range of methods in order to develop the 2017/18 quality priorities. Of importance to Healthwatch Birmingham is the engagement with patients and the public as this ensures that their insight and experience are reflected in the priorities. Therefore, we agree with the Trust that enhancing patient experience and outcomes remains a priority for 2017/18. We look forward to reading in the 2017/18 Quality Account examples of how patient feedback and experiences have led to particular changes or improvement to services.

Healthwatch Birmingham asks the Trust to develop a strategy that clearly outlines how and why patients, the public and carers will be engaged in order to improve health outcomes and reduce health inequality. This will ensure that there is commitment across the Trust to using patient and public insight, experience and involvement. It will also make clear arrangements for collating feedback and experience. Therefore, for priority three¹ we suggest that service user and carer's insight and experience should be collected to not only identify barriers to improved health outcomes but also to identify and understand health inequality. Service users should be involved from the point of identifying the barrier and mapping out possible solutions to evaluating options and selecting the optimum solution.

Conversely, for priority four (Clinical Outcomes), the Trust should aim to aggregate clinical outcomes according to different patient groups or characteristics. This would enable the Trust to establish barriers to accessing clinical services and improving health outcomes for different groups and address this appropriately. Hence, we support the Trusts' inclusion of a qualitative question in order to measure the impact of clinical outcomes. This will not only complement the statistical data the Trust collects but give greater insight to barriers to improvements in clinical outcomes.

We recognise the work the Trust is carrying out with partners to offer free dental check-ups and oral health advice to the homeless. This shows that the Trust is reaching out to hard to reach groups and groups that have problems with accessing healthcare. Whilst we commend

¹ Priority 3 – Enhancing patient experience



this work, we believe that a more strategic approach will ensure that this is a core principle for the Trust that runs alongside identifying, understanding and addressing barriers to improvements in health outcomes.

Friends and Family Test (FFT) Score

We note that one of the goals for Quality Priority three² in the 2016/17 Quality Account was to 'increase the response rate for FFT and refresh existing methods and processes for collecting feedback'. We note that the Friends and Family Test percentage surpassed the target of 85% and now stands at 91%. However, the Trust has not aggregated data to show the response rate and positive responders that would recommend the Trust. It does not show how the Trust is performing against the national/regional average. We would like to see this reported in the 2017/18 Quality Account.

Ladders of Engagement

The report states that the trust together with patients used the 'ladders of engagement' to help with joint planning. The Trust should consider explaining what 'ladders of engagement' is; how it has been used and how the ideas developed from this will be used to devise the children and family divisional annual patient experience plans at team level for 2017/18.

Patient and Public Involvement

Assessment and Care Planning

We agree with the Trust that assessment and care planning is a fundamental part of patient care as it leads to care that is responsive to needs. Therefore, we welcome plans to review assessment processes and make further improvements within:

- the Urgent Care Division and specialist division; and
- the specialist rehabilitation service and adult community services.

However, for this process to really be person-centred the Trust needs to involve service users and carers. This will help the Trust identify and understand the barriers they face in this process.

PLACE Score - Patient led assessments of the care environment

The way the data on PLACE scores has been presented enables comparison of the Trusts' services and allows the Trust to assess which services' performance needs to improve. The data shows that overall, the Trusts' performance has fallen below the national average for most scores particularly food, privacy and dignity, and disability. Good Hope (70.08%) and West Heath (60.59%) score for food is, 19.71% and 29.2% respectively, below the national average of 89.79%. West Heath Hospitals (40.45%) performance for 'ward food' is half that of the national average (91.75%). We also note that Ann Marie Howes service (62.74% and 77.14%) and Sheldon Unit (62.12% and 78.80%) fall below the national average for the extent to which the environment is able to support the care of those with dementia (79.28%) and

² Priority three (2016/17) - Patience Experience



a disability (82.42%). This has the potential to lead to health inequality as those with dementia and a disability are unable to access the quality of care they need due to an environment that is not responsive to their needs. Thus, Healthwatch Birmingham values the response the Trust has made by instituting reviews and regular audits, and a working group to identify specific concerns for people with a disability. We ask the Trust to include people with a disability and their carer's in the working group in order to identify and understand the barriers that they face and help the Trust develop solutions that address their needs.

Patient Experience Forum

The Patient Experience Forum is a novel idea, but we are concerned that the report states that attendance has 'settled down to a small but faithful cohort'. This has the potential to result in the Trust listening to the voices of a few people that are not representative of the population the Trust serves. Healthwatch Birmingham would like to know specific ways in which the Forum accommodates and encourages the voices of different groups, especially hard to reach groups.

Patient safety

Since expressing commitment to the 'sign up to safety campaign', the Trust has made this a part of its Patient Safety Strategy and delivery of the Safety Improvement Plan. We note that one of the goals under this plan is to engage patients, carers and their families and create a culture of lifelong learning that spans the entire Trust. We would like to know how patients, carers and their families have been involved, and what impact this has had on clinical outcomes in the 2017/18 Quality Account.

Demonstrating Learning

Staffing and Patient Outcomes

We agree that there is a correlation between staffing and patient outcomes, and potentially this can lead to variability in the quality of care a patient receives. We therefore support the inclusion of priority two³ for 2017/18. We note that this was also a priority for 2016/17 and several reviews were carried out. We would have liked to have seen in this current Quality Account the outcome of these reviews, what lessons have been learnt and what changes have been made as a result. We hope these will be included in the 2017/18 Quality Account.

Internal reviews

We commend the Trust for instituting their own internal quality review that complement the Care Quality Commission (CQC) inspections. We note how staff are using these reviews to make changes and improve services. We would like to see examples of how reviews have led to changes or service improvement in the 2017/18 Quality Account.

³ Priority four (2017/18) -- safe staffing to enhance care



Patient Safety Incidents

We note that the number of reported incidents stands at 7044 (which includes 78 serious incidents; 26 severe or resulted in death incidents; and 1 never event). We acknowledge that the number of incidents has decreased over the years. However, incidents relating to admissions, transfer, discharge and access to services are increasing. We would like to see examples of learning that has occurred from these incidents and never event in the 2017/18 Quality Account.

Complaints

We note with interest that the Quality Account does not specify the number of complaints the trust received in 2016/17. Nor do the Trust report how complaints helped the Trust to learn how to improve the quality of services, and the complaints process itself. The Trust should consider including this information in the 2017/18 Quality Account. This will enable service users to know that the Trust welcomes feedback, and is using their complaints to make positive changes to service delivery.

Although we have highlighted different areas in this report where the Trust can make improvement, we recognise the Trust's achievements. We congratulate the Trust for winning the Health Service Journal 'Value in Healthcare Awards' under the 'value and improvement in procurement' category. Equally, that the Trust has achieved the UNICEF Baby Friendly Initiative stage 2 status for promoting breastfeeding and safe formula feeding practices. The Trusts' work with children under the 'active limbs' project is commendable as it enables children to take part in physical activity.

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