

Statement from Healthwatch Birmingham on Heart of England NHS Foundation Trust Quality Account 2016/2017

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Heart of England 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 recognises the Trust's use of different methods to measure patient feedback including surveys, Friends and Family Test, complaints, concerns, and compliments. Equally, the use of these to make improvements to services. What we would also like to see in next year's report is:

- A demonstration of how patient feedback and experiences have been used to develop priorities for the 2018/19 Quality Account in the 2017/18 Quality Account;
- Changes in practice or improvement to services that have been made as a result of patient feedback and experience in the 2017/18 Quality Account.

We commend the Trust on the improvement made in the Friends and Family Test (FFT) scores although unfortunately the positive responder rate is still below the regional score for 2016/17. We note that the response rate is above the regional score but Graph 5 shows that whilst there was a significant increase in the response rate between May and December 2016, the response rate decreased between December 2016 and February 2017 by at least 6%. A comparison of the FFT scores indicate that the positive responder rate is higher for inpatients than for the emergency department. Conversely, the Friends and Family Test scores on patients having a positive experience of care after being discharged from A & E has continued to decrease (From 88.71 in 2013/14 to 79.50% in 2015/2016) and is lower than the national average (84.39%).

Healthwatch Birmingham recognises the changes and plans that have been made to improve patient experience in the Emergency Department. We believe that plans to institute an 'always event' and review the care quality metrics in ED will provide the foundation for partnering with patients and their families; and demonstrate the Trusts commitment to person-centred care. This will require the Trust to understand what is important to patients and families. Therefore co-production will be key to ensuring the Trust meets the patients' needs. In order to achieve this, there is need to further improve the FFT response rate.





10th May 2017

Learning from Patient Feedback and Experiences:

We note that the Trust is using 'excellent practice' as a tool for learning in addition to learning from feedback and complaints. We agree that this is beneficial. The report states that concerns raised through learning were on:

- communication with patients, relatives and carers;
- how the Trust builds its systems and provide care; and
- treatment that is patient centred.

The Trust should indicate how it intends to address these issues, for instance giving more detail in the report on how the Trust will improve communication with patients, relatives and carers.

We welcome the national inpatient experience survey conducted by the Trust on behalf of Care Quality Commission. We ask the Trust to further involve patients in review sessions to be held in 2017. This will help the Trust to better understand the reasons for the scores received (in particular on lack of choice and not feeling involved in decision-making around discharge) and develop plans that will capture the needs of patients. We welcome the Trust's work to gain an in-depth understanding of why people may remain dissatisfied with their initial response for complaints cases that are reopened or referred to the Parliamentary and Health Service Ombudsman (PHSO). This will help the Trust to identify where changes are needed including the complaints process. The Trust should consider involving service users to deepen this understanding.

Healthwatch Birmingham asks the Trust to consider developing a strategic plan for involving patients and the public. This would demonstrate commitment across the Trust to using patient and public insight, experience and involvement in order to understand barriers to improving health outcomes. It will also make clear, arrangements for collating feedback and experience.

Variability in Healthcare

Parkinson's disease

The Trust has not met its target of 90% of inpatients receiving their Parkinson's disease medication within thirty minutes. For the 2016/17 period, the percentage increased to 75% and we therefore welcome this priority being carried over to 2017/18. The way data (Graph 1a and 1b) has been presented does not give insight into how each of the three hospital sites are performing individually. Aggregating data based on Hospital would make clear the change each hospital needs to make to achieve this priority.

We welcome the inclusion of patient experiences in the review being carried out by the Trust to identify reasons for omissions and delays in the administration of Parkinson's disease medication. We would like to see examples in the 2017/18 Quality Account on how patient experiences have informed any changes you make following these reviews.





Sepsis

Following the implementation of the framework for delivering the CQUINN in Quarter 1 and 2, improvement in the percentage of eligible patients receiving screening in the emergency department, has been inconsistent. The percentage of eligible patients receiving screening has decreased in Quarter 2 and 3 from 56% in Quarter 1 to 42.99% in Quarter 2 and 46.27% in Quarter 3. We do acknowledge the improvement for inpatients from 18.5% in Q1 and 68.4% in Quarter 3.

The report also indicates that in Quarter 2 only 31% of patients (emergency) requiring antibiotics received antibiotics which increased to 67% in Quarter 3. In addition, only 10% of the 31% in emergency received antibiotics and an empirical review compared to 37.78% for inpatients. We are concerned that there appears to be a variation in the quality of care received depending on how individuals access the service. For instance, inpatients are more likely to receive antibiotics and a review in contrast to patients in the emergency department.

Care Quality Commission rating

Based on a 2014 inspection, HEFT is rated 'requires improvement' in all domains. It is also rated inadequate in the 'responsive and well-led' domain for emergency care (Birmingham Heartlands). Good Hope rated 'good' under maternity for the 'responsive' domain. We note that the Trust is awaiting results of a 2016 CQC inspection. We hope to see improvement in these ratings based on the action plans set out following the 2014 inspection.

Regarding the National Quality Indicators on the Patient Reported Outcome Measures Scores (PROMS), Readmission, and patient experience indicator, the Trust has not provided up to date data. The Trust should also consider indicating the national data to enable comparison. Considering that the issue of readmissions and patient experience were points of concern in the CQC inspection of 2014, we would have liked to see a clearer approach to addressing these issues. If there is a plan in place, the Trust should consider referring to this in the actions they intend to take.

Mortality

The report shows that the percentage of patient's deaths with palliative care coded at diagnosis or speciality level has increased. When contrasted with National performance, HEFT is 25.9% above the best performing Trust (0.6%) on the mortality indicator. We note that one of the initiatives taken to address this indicator is the development of a Patient Safety Group. We look forward to hearing how the patient safety group has helped the trust to make improvement and will continue to do so through 2017/18.





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Patient safety

The number of reported incidents continued to increase over the years and there are 2,944 more patient safety incidents reported by the Trust (April 2016 and September 2016) compared to the national average. More concerning is that the number of reported incidents is 8267 with 57 resulting in serious harm for 2016/17. We agree that higher reporting numbers are a sign of a safety culture within the Trust but they could also be a sign of variability in the quality of care.

We note that the Trust uses 'Safety Lessons of the month', doctors 'Risky Business Forum' and Serious Incident at a Glance reports to share learning from serious incident investigations. The Trust should consider including examples of learning and the impact on service delivery, access or quality.

To conclude - we commend the Trust for being one of the best performing Trusts in the country in relation to meeting cancer operational standards. Equally, for winning the Parkinson's Excellence Network Awards which recognise and celebrate outstanding services that make a difference to people in the UK affected by Parkinson's disease.

Andy Cave

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