

## Quality Accounts 2016/17

### What did they tell us about the level of PPI across NHS Foundation Trusts in Birmingham?

#### Purpose

Healthwatch Birmingham's comments on the Quality Accounts of NHS Trust (2016/17) in Birmingham covered three key issues:

- The extent to which the report reflects the use of patient and public insight, experience and involvement in how services are planned, delivered and evaluated;
- The quality of care patients, the public, service users and carers access and how this aligns with their needs; and
- Variability in the provision of care and the impact it has on patient outcomes

This report however is based on the first aspect of our comments, namely, the level of patient and public involvement. This is one element that is common across the Trusts as compared to quality of services. Although some reporting areas are the same for each Trust, they have different priorities and select different issues to include in their report. This has made it difficult to compare the quality of care across the Trust. We hope to capture this in the 2017/18 comments.

#### Background

Each year all NHS Hospital Trusts<sup>1</sup> are required to publish a report about the quality of services they offer. Quality Accounts are both retrospective and forward looking. They assess previous year's information regarding the quality of services, but also identify priorities for improvement for the coming financial year. The quality of services is measured by examining patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided<sup>2</sup>.

A Quality Accounts report serves as an opportunity for NHS Trusts to:

- Review services and provide information on the quality of their services to the public,
- Show improvements they have made to their services but also where further improvements are required,

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<sup>1</sup> The Quality Accounts are published by June 30<sup>th</sup> each year. Quality Accounts do not report on primary care services (i.e. GP practices, dental practices etc) and NHS Continuing healthcare (care provided outside of hospital for people with ongoing healthcare needs).

<sup>2</sup> From June 2018, Trusts will also have to demonstrate how their investigations and lessons from deaths have informed their quality improvement plans.

- Outline plans for further improvements to services they deliver, and
- demonstrate how they involve and respond to feedback from patients and the public, as well as other stakeholders (including governors of Foundation Trusts, the Care Quality Commission).

## Introduction

The NHS (Quality Accounts) Regulations 2010 requires NHS foundation Trusts to share their draft Quality Accounts report with their local Healthwatch organisation. Local Healthwatch are under no legal obligation to review and comment on draft Quality Accounts reports. However, when a comment has been provided by local Healthwatch, the Trust is obligated to include this comment in their final report. The final Quality Account is published on the Trusts NHS Choices website by 30<sup>th</sup> June of each year and is available to the public.

Although, responding to Quality Accounts reports is voluntary, it represents a unique opportunity for Healthwatch Birmingham to present the feedback we receive about services to providers. At the same time to bring to the attention of providers the importance of Patient and Public Involvement. Healthwatch Birmingham sees these reports as an opportunity to ensure the following:

- that Birmingham residents are receiving the very best quality of care that meets their needs;
- that Birmingham residents are involved in the way services are provided;
- that patient feedback, experience and insight informs service development, reviews, and delivery;

Healthwatch Birmingham's scrutiny of Quality Accounts is centred on how well it reflects patients, the public and service users (PPSuCs) experiences. We therefore, examine PPSuCs feedback, insight and experiences that we have received in the past year and use this to inform our comments. PPSuCs feedback helps Healthwatch Birmingham to identify where things are not being done well by the Trust, examine how well the Trust is using PPSuCs feedback and experiences to improve services and to challenge Trusts on their planned actions.

For the year 2016/17, Healthwatch Birmingham responded to eight Quality Accounts reports:

- Birmingham and Solihull Mental Health Foundation Trust
- Birmingham Community Healthcare NHS Trust
- Birmingham Women's and Children's Hospital NHS Foundation Trust
- Royal Orthopaedic Hospital NHS Foundation Trust
- University Hospital Birmingham NHS Foundation Trust
- Sandwell and West Birmingham Hospitals NHS Trust

- West Midlands Ambulance Service NHS Trust
- Heart of England Foundation Trust

This report is based on our findings from the examination of the Quality Accounts of the eight Trusts in Birmingham. We use these findings to present some of the common themes we found across the Trusts on patient and public involvement.

### **Patient and Public Involvement across the Trusts**

Our scrutiny of the Quality Accounts for the eight Trusts in Birmingham found that:

- Patient and Public Involvement is not woven through the many plans, reviews and activities the Trusts carry out. Whilst there is evidence of collecting patient feedback, this is not evident across all departments.
- In some Trusts, there is no triangulation of feedback data with some Trusts heavily reliant on quantitative data.
- With the exception of the Birmingham Women's Trust, the other Trusts did not mention a strategy for PPI being in place. In some cases, this explained the adhoc nature of PPI and therefore PPI activities did not appear to be joined up across the Trusts.
- There is no clear link of PPI to inequality. For instance, how PPI can also be used to identify barriers faced by different groups to improve health outcomes, and identify and understand health inequality.
- Some of the Trusts communication about PPI and the value it places on patients and public feedback and insight is not clear.
- There were examples in some of the Quality Accounts reports of good PPI and a demonstration of ways in which PPI is helping deliver improvements to services.

For Healthwatch Birmingham, 'good' patient and public involvement is one whose main purpose is the use of patient and public insight, experience and involvement to:

**Identify, understand and address the causes, consequences, impact and interdependencies of health inequalities and barriers to improvement in health outcomes.**

This also includes how well the Trust evaluates the impact of PPI, how learning from PPI is shared across the Trust, and how the Trust communicates with patients and the public about how their views and experiences have informed decision-making.

## **Patient Experience and Feedback**

Our examination of the Quality Accounts showed evidence that Trusts across Birmingham are listening to patients and the public. However, this is variable in terms of:

### **a) Methods for collecting feedback**

There is evidence in the Quality Accounts that Trusts use different methods to collect feedback and insight. These include surveys, complaints, comments and concerns, feedback apps, consultations, friends and family tests, compliments, feedback cards and patient stories. However in some Trusts, there is a reliance on quantitative data over qualitative data. As a result, some Trusts are not getting greater insight from people's lived experiences. Hence, do not fully understand the barriers that patients and the public face that lead to poor health outcomes and health inequality.

### **b) How feedback and experiences are used**

First, whilst some Trusts have used patient feedback and experiences to develop improvement priorities for the 2017/18, others have not. Four of the eight Birmingham NHS Trusts involved patients and the public in the development of their priorities. In some cases Trusts talked about co-production, but this is not evident in their engagement with patients and the public. In one of the Trust, the focus appeared to be a top-down view around decision-making. Hence there was considerable focus on what solutions the Trust would implement to improve care with no real recognition of the role of service users in decision-making. We believe that failure to effectively involve patients and the public in identifying barriers to better health outcomes and in developing solutions, means that solutions do not align with the needs of patients. We believe that Trust should deliver services with people rather than to them and a good PPI strategy would aid this process.

Second, the Quality Accounts reports indicate that the Trusts main purpose for using patient feedback and experience is to improve the quality of services. This is welcome by Healthwatch Birmingham and it should be a core reason for PPI. However, at Healthwatch Birmingham, we believe that another purpose should be to use patient and public insight, experience and involvement to identify, understand and address health inequality. This would not only help the Trusts to meet their legislative duty to address health inequalities but also ensure that PPI is representative of the communities they serve.

### **c) How the Trusts learn from patient feedback and experience**

Some Trusts demonstrated that they had plans in place for learning from patient feedback and experiences. For instance:

The Heart of England NHS Foundation Trust uses the ‘excellent practice’ as a tool for learning, in addition to learning from feedback and complaints. The Trust outlined concerns that have been raised through learning such as communication with patient, relatives and carers; and person centred treatment. However, it was not clear how the Trust intended to address these issues and communicate actions taken as a result of this process.

Equally, Birmingham Community Healthcare NHS Foundation Trust has instituted an internal review that complements CQC inspections. The outcome of these reviews are then used by staff to make changes or improve services. However, it is not clear how patients and the public are involved in the process.

### **Innovative approaches in PPI**

Healthwatch Birmingham was happy to see examples where PPI is producing the information that the Trusts need to act. For instance:

#### **Birmingham Women and Children’s NHS Foundation Trust**

All forms of patient feedback the Trust uses shows that some patients who access this service experience poor communication and do not feel heard.

#### **University Hospital Birmingham NHS Foundation Trust**

Data on complaints, experience and performance shows that patient experience and outcomes are different for inpatients, outpatients and A & E patients.

#### **Heart of England NHS Foundation Trust**

Data from learning shows that key issues are: communication with patients, relatives and carers and patient-centred treatment.

This type of information is key for Trusts to see where the barriers are for patients and offer a foundation on which Trusts can partner with patients and their families to identify causes and develop solutions. We were equally pleased to learn of the many innovative ways that the Trusts in Birmingham are approaching PPI. For instance:

#### **Birmingham Women’s and Children’s Hospital NHS Foundation Trust**

- Birmingham Women’s Hospital Trust has developed a Patient Experience and Engagement Strategy. This represents an opportunity to ensure that there is commitment across the Women’s and Children’s Trust to the use of patient and public insight and experience data and to their involvement in the design of services.

#### **University Hospital Birmingham NHS Foundation Trust**

- Using patient stories as a feedback and training mechanism for complaints and customer relations training.
- Review into how patient experience data is monitored and used to drive improvement - in particular, how data travels across the Trust.
- Using a project -based approach to tackle challenging aspects of patient care.
- Development of a patient experience collection, analysis and reporting system.

#### Heart of England NHS Foundation Trust

- Plans to partner with patients and their families through ‘always events’.

#### Birmingham Community Healthcare NHS Foundation Trust

- Has instituted reviews and regular audits, and a working group to identify specific concerns for people with a disability.

#### Royal Orthopaedic Hospital NHS Foundation Trust

- Plans to develop a new communication and engagement strategy.

Healthwatch Birmingham believes that the Trusts in Birmingham have implemented a number of PPI initiatives. However, in most cases these are only evident in some services. PPI is not consistent or joined up across the Trust. We believe that for PPI to be embedded and become part of the Trusts culture, governance and decision making, a PPI strategy is essential. A PPI strategy ensures that there is commitment across the Trusts to using patient and public insight, experience and involvement. It establishes how and why patient feedback and experience is used to improve health outcomes and reduce health inequality; makes clear arrangements for collating feedback and experience; and arrangement for feeding back to patients and the public how their feedback has been used to change or improve services.

In addition to the above, A PPI strategy also sets the foundation for developing policies and procedures to support the implementation of PPI. These policies and procedures will provide all Trust staff with an understanding of their personal responsibilities and clarify processes from reporting and handling service user feedback. These clear directives will support the consistent implementation of PPI throughout the Trust. Healthwatch Birmingham has developed, in partnership with NHS England West Midlands, “Quality Standards for using patient and public insight, experience and involvement to reduce health inequality and drive improvement”. The Quality standards have been developed to provide stakeholders with a framework to support the delivery of high quality Patient and Public Insight, Experience and Involvement.

For more information on this contact our Patient and Public Involvement Manager.

## Trusts responses to Healthwatch Birmingham's comments on the Quality Accounts

All the eight Trusts have included Healthwatch Birmingham's response in their published Quality Accounts reports. Some Trusts have responded to our comments by making changes to aspects of their report:

### West Midlands Ambulance Foundation Trust

- We have included 'you said we did' relating to patient feedback in our current version of this 2016/17 account.
- We will review our current patient survey for 2017/18 to see how we might gain more qualitative information.

#### Complaints and PALs contact

- We have produced a Patient Experience Report that will be published on our website once it has been agreed with our Trust Board of Directors at the end of May. It does include more of the information you have requested regarding barriers different groups face and what the Trust has done to improve their experience.

#### Care Quality Commission (CQC)

- We will expand on learning in this section for 2017/18 QA
- We do publish our more in depth quarterly learning review reports on our website and there is reference to this in the QA

### Birmingham Community Healthcare NHS Foundation Trust

We found the comments you provided very useful. Most of the comments this year made suggestions that Healthwatch would like to see in the next (2017-18) Quality Report, however, at the time of consulting with the draft Quality report we were conscious that not all the data had been included and so by the time I received your response I was able to not only include the data but also add more narrative in response to your comments.

For example:

- Patient Experience and feedback - the 'you said..we did' section was expanded to give specific examples of how patient experience and feedback has led to change. (pg 9 and 19)
- Complaints - action and lessons learned from complaints included along with the data (pg 54)
- Internal reviews - I hope the Birmingham Wheelchair Service story on page 38 will give you assurance that we have many improvement stories to tell. We will continually strive to improve our evidence

gathering to demonstrate improvement as a result of our review work and we will definitely have some more stories for 17/18.

### **Sandwell and West Birmingham Hospital Trust**

We welcome the comments from our partners relating to our Quality Account. Understanding and improving the experience of our patients and their carers and families is really important to us. As Healthwatch Birmingham identify, we have a number of different ways to gain feedback on our services. We use this feedback to put in place improvements such as the consistency of care programme in our medical wards. We recognise that performance on certain measures has fallen below our expectations and the standards we wish for our patients and these areas are recognised as priorities for the year ahead. We would be keen to work with all our partners to see what support they can provide as we continue to improve the service for our patients.

### **Birmingham Women's and Children's Foundation Trust**

Your comments regarding our Quality Accounts were very helpful and I'm appreciative of the time and reflection you clearly put into looking at the report. We are creating an action plan relating to your feedback

### **Birmingham and Solihull Mental Health Foundation Trust**

Thank you for your honest and helpful comments.

## **Conclusion**

Our individual responses to the 2016/17 Quality Accounts can be found [here](#)