

Statement from Healthwatch Birmingham on Sandwell and West Birmingham Hospitals NHS Trust Quality Account 2016/2017

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Sandwell and West Birmingham Hospitals NHS 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 agrees that improving patient experience should be a key objective as it is linked to meaningful outcomes. That patients and carers should be informed and included in care planning. We note the various ways in which the Trust collects patient feedback, including the Friends and Family Test, surveys and complaints. However, our review of the Quality Account shows no evidence of triangulation of the various methods and of an agreement across the Trust on how and why patients, the public and carers will be engaged in order to improve health outcomes and reduce health inequality. Whilst we acknowledge that there is mention of the use of feedback, in terms of FFT scores and patient stories, the idea of patient experience, insight and feedback does not appear to be embedded in the many decision-making activities the Trust makes. For instance you mention the following in the report:

- Mortality reviews - two plans covering maternity and general surgery are ready to commence in April 2017 with three others undergoing modification to their proposals;
- Wave 2 (Cancer) - this is in the planning stages and it is expected that the plans will be submitted for review/approval in June 2017.
- An executive-led 12-week improvement plan is in place to achieve consistency of care on the trust's medical wards by June 2017 especially concerning patient agreement with care and treatment.
- The Trusts' in house inspections conducted throughout the year.

In these plans, the Trust does not mention how service users, carers and the public will be involved both in the reviews and the development of future plans. In order to make improvements, the Trust needs to ensure that service users are involved from the point of identifying the barrier to improvement in health outcomes including increasing independence and preventing worsening ill-health; and mapping out possible solutions to evaluating options and selecting the optimum solution. To do this effectively, the Trust should consider developing a strategy for involving patients and the public in decision-making. Such a strategy will clearly outline how and why patients, the public and carers will be engaged in order to improve health outcomes and reduce health inequality. This will



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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.

We also ask the Trust to not only use service user and carer's insight and experience to identify barriers to improved health outcomes but also to identify and understand health inequality. Therefore the Trust should commit to increasing the number and diversity of people it's hearing from. We therefore welcome the Trusts' work on Children's safeguarding and domestic abuse and on safeguarding adults to ensure patients lacking in capacity are protected from harm. This will help identify any gaps in service provision, the needs of different groups and improve health outcomes, particularly for those that seldom give feedback. Healthwatch Birmingham would like to see the following in next year's report:

- 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 welcome that there is a widening use of patient stories for learning and we hope to see more examples of this across the Trust;
- An introduction of qualitative questions and demographic questions to the FFT survey that will complement the statistical data the Trust collects and offer greater insight to barriers different patients face to receiving good quality of care;
- A demonstration of how the Trust uses patient insight and experience to understand the barriers different groups face and the impact on health outcomes. Consequently, how this data is used to implement change or improvement that addresses the needs of these groups.

The Friends and Family Test (FFT)

We welcome the use of different methods (tablets, sms texting, cards) to ensure that patients are able to give their feedback. We note the improvements that have been made as a result of this survey, for instance re-launch of sleep packs; training volunteers to support patients with cognitive disorders, and placing a flag on the records of patients with learning disabilities to support seamless care. However, we observe that the positive recommender score for 2016/17 is below the national average, although not lower than the lowest Trust. The FFT inpatient score is 89.9% (96% national average); Emergency Department score is 79.4% (86% National Average), and for Outpatients it is 88.2% (93% National Average). A comparison of the positive responder rate indicates that this is higher for inpatients, seconded by outpatients and lower for the Emergency department. This shows variability in care based on how patients access services or the location of access to services. Consequently, the report shows that the Trust failed to meet its target of 50 patients expressing satisfaction (FFT) with IP wards and emergency care. Only 15 patients expressed satisfaction.

Complaints

There was an increase in the number of formal complaints received by the Trust from 871 in 2015/16 to 1026 in 2016/17. Although, complainants were responded to within the target



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date 81% of the time, the average number of days the Trust takes to respond to complaints steadily increased over the four quarters. The most common themes people complained about remain similar for 2015/16 and 2016/17, with complaints on attitude of staff and admissions/discharges/transfer increasing. Similarly, 2,592 people contacted PALS during the 2016/17 and the top three issues were communication, clinical issues and appointments. We welcome examples of actions taken as a result of learning that has occurred from complaints. We hope to see the impact learning from complaints has had on services and patient experience in the 2017/18 Quality Account.

Pre- and post-operative surveys

Provisional data for April 2015 to March 2016 indicates that the Trust has performed above the national average for patients reporting an improvement in their health status following a procedure. However, the Trusts' performance is below the national average for hip replacement. We welcome the actions taken to make improvements, particularly, the joint club where patients are given advice and information so that they understand the risk and benefits as well as expected outcome.

Trusts performance against standards and CQUIN

Our review of the Quality report shows that the Trust has failed to meet standards in a number of areas that have the potential to lead to variability in the quality of care leading to poor health outcomes. It is therefore positive that some of these areas are still a priority for the Trust in 2017/18 and we hope to see improvements after the Trust implements the various actions agreed.

Incident reporting

The report states that the Trust reported 19,766 incidents in 2016/17; 8 of which resulted in serious harm and one in death. The number of serious incidents increased during 2016/17 from 1 in April 2016 to 5 in March 2017. The trust also reported four never events against target of zero. We commend the Trust for ensuring that learning is taking place and actions have been taken to rectify the causes. We hope the Trust meets its target of zero never events in the 2017/18 Quality Account and that lessons learned will become embedded in Trust practice.

Mortality reviews

The Trust only carried out 68.3% mortality reviews against a target of 90%. Mortality is an indicator of problems with the quality of care, therefore reviews are an important tool for ensuring learning occurs. Equally, learning improves health outcomes, we therefore welcome the Trust's plan to keep this as a priority for 2017/18.



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Other Comments

Generally, we are concerned that the Trust has failed to meet standards for delayed transfers of care; and the number of patients offered another date for operation in 28 days following a cancelled operation. Most concerning is the Trust reporting 51 breaches for mixed sex accommodation against a target of zero. Equally the Trust has not managed to deliver against five of the agreed Commissioning for Quality and Innovation (CQUINs) schemes. Namely, Sepsis A & E/inpatient screening and review; Mortality reviews; preventing term admissions to NIC; and activation systems for patients with long term conditions. These have the potential to lead to poor patient experience and outcomes. We look forward to reading how you have made improvements in the 2017/18 Quality Account.

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 introducing the Connected Palliative Care Service which has improved the quality of care for patients at the end of life. Thank you for giving us the opportunity to review the Trust's Quality Account.

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