

## Statement from Healthwatch Birmingham on Birmingham Community Healthcare NHS Foundation Trust Quality Account 2017/18

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Community Healthcare NHS Foundation Trust. We are pleased to see that the Trust has taken on board some of our comments regarding the previous Quality Account. For example, the Trust has:

- Given some examples of patient experience and feedback, and how these are used to develop solutions that improve the quality of services.
- Demonstrated how the Trust learns from safety incidents and actions taken based on these lessons.
- Aggregated data to show the response rate, and the positive responders that would recommend the Trust.

### Patient and Public Involvement

It is positive to see that the Trust continues to engage patients, members of the public, staff, other NHS and local authority partners to develop the Trust's quality priorities. We note that the Trust consulted and engaged with stakeholders between November 2017 and March 2018 using varied methods including online surveys, discussion forums and meetings.

In our response to the 2016/17 Quality Accounts, we asked the Trust to give examples of how patient feedback and experiences have led to particular changes or improvements to services. We are pleased to read about the initiatives that the Trust has implemented over the year.

Firstly, the work with patients, carers and their families to improve harm free care. We note the production of two films on falls that are being used as educational tools. We are pleased to see that these films are based on service user experiences following a fall, and their insight as to the factors to be considered pre and post fall.

Secondly, the goal to hear the voice of the child/young person in shaping how services are delivered. It is positive to read about how the Trust has involved young people, their carer's and parents in developing plans. For example, listening to young people's experiences and insights on their expectations of health respite services, branding of a new service by the early years team, and on the Birmingham Special Schools Nurses Service.

Thirdly, the goal to improve engagement and consultation with patients, carers and the public for any changes to how and where services are delivered. We acknowledge the involvement of patients, carers and the public in the production of information, through the Estates Strategy plans, that support patients to move from Sheldon Unit to the West Heath Hospital site. In addition, we note that patients at Moseley Hospital have been asked to comment on changes to the district nurse contract, new patient leaflets on district nurses and cleanliness and food provision. We note the changes made in response.

We look forward to reading more about the impact of feedback, and we would like to read how the Trust communicates with patients about how they are using their feedback to make changes. At Healthwatch Birmingham, we believe that demonstrating to patients how their feedback is used to make changes or improvements shows service users and the public that they are valued in the decision-making process. Consequently, this has the potential to increase feedback. We welcome the 'you said, together we did' approach for staff engagement. We

believe that a similar approach for patients would encourage them to provide feedback as they will know that their views matter and lead to actual changes/improvement to services.

In our response to the Trust's 2016/17 Quality Accounts, we welcomed plans to review assessment processes. We indicated that, for the assessment process and care planning to be effective, service users and carers have to be involved. For the 2017/18 Quality Accounts, The Trust has presented evidence of the successes in care planning and assessment. We are pleased with the training that staff have received on care planning in various services and that services, such as Urgent care/INRU have had an improvement of 95.1%. However, it is not clear in the Quality Account how service users, carers and families are involved in this process. We would like to read in the 2018/19 Quality Accounts how service users, carers and patients are involved in the care planning and assessment process.

Regarding the Friends and Family (FFT) Scores, in our response to the 2016/17 Quality Accounts, we asked the Trust to aggregate data to show the response rate and positive responders that would recommend the Trust. We are happy to see that the 2017/18 Quality Account shows how the Trust has performed over the year, and the number of those that are likely or not likely to recommend the Trust to family and friends. We also note that the Trust encourages patients to give qualitative feedback in the survey. Qualitative feedback helps the Trust better understand the reasons for a particular score. We look forward to reading in the 2018/19 Quality Account how the FFT scores have been used to make changes or improve services and practice.

### **Staff and PPI (Patient and Public Involvement)**

We note that the percentage of staff responding to the staff survey remains at 40%, which is below the national average of 50%. However, we acknowledge that in real numbers the response rate has increased. In 2016 the Trust sent the survey to 1250 staff and had a return rate of 490, whereas this year 4713 staff members received the survey and 1868 responded. We note that the staff survey indicates improvement in several areas, such as the 'effective use of patient feedback'. In particular, there has been significant improvement in the 'communication of patient feedback to staff delivering care. We note that 64% of staff say they receive regular updates on patient/service user experience and feedback via line managers or communication teams. Similarly, 54% of staff say that feedback from patients/service users is used to make informed decisions within their department/directorate. We would like to see examples of how staff use this feedback to effect change in the 2018/19 Quality Account.

We welcome the priorities for action that the Trust has put in place in relation to staff. We hope to read on an improvement in these in the 2018/19 Quality Account. In particular: action two on equality and diversity; action three on errors and incidents; and action three on patient care and experience. We are pleased that the focus for action three will be on the percentage of staff who feel their role makes a difference to patients and service users.

We believe that the basic approach of Healthwatch Birmingham's Quality Standard for PPI will help the Trust develop this further. The Quality Standard has a set of questions relating to staff and PPI, which ascertain the following:

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- Whether there is a clear strategic approach for PPI that staff understand across the Trust?
- Do staff understand what their responsibilities are in relation to PPI?
- Do they have set objectives for PPI that are regularly monitored?
- Do they understand how PPI informs decision-making in their service area to make improvement and address inequality? and,
- Do they understand that improvements or changes made as a result of feedback should be shared with patients and the public?

As we suggested in the 2016/17 response to the Trust's Quality Accounts, we believe that the Trust could benefit from developing 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. A strategy 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.

### **Patient Outcomes**

In our response to the Trust's 2016/17 Quality Accounts, we asked the Trust to consider aggregating clinical outcomes according to different patient groups or characteristics. This will enable the Trust to establish barriers different groups face when accessing clinical services and address these appropriately. We note that a majority of services are still recording clinical outcome results on paper. Consequently, it is difficult to collate results at service level and difficult for clinicians to review data and act accordingly. We would like to read in the 2018/19 Quality Accounts considerable improvements in the number of services using electronic recording, reviews by clinicians of this data and improvements or changes made as a result.

We note the use of a smart survey to increase patient responses following a treatment (e.g. dental oral surgery - patient reported outcome). We welcome that this is going to be recommended to other services seeking similar responses. We also note that a draft clinical outcomes framework has been developed to support services who wish to develop outcomes in the future to support existing delivery. We would like to read about the impact of these in the 2018/19 Quality Accounts

### **Demonstrating Learning**

In our response to the Trust's 2016/17 Quality Accounts, we asked to see examples of how the Trust learns from reviews, patient safety incidents (including death) and complaints. It is positive to see examples of how the Trust is learning, in particular from deaths and the key issues identified for action. For example, the findings that care planning is not patient-centred, sepsis tools are not routinely used and diagnostic tests not always completed during admission. We welcome the actions instituted to address these findings. We would like to read more about the impact of the care planning and the documentation quality improvement project in the 2018/19 Quality Account and the patient and bereavement work stream plan. We would also like to read more about learning from the increasing incidents relating to admissions, transfer, discharge, and access to service following contract review.

We were particularly interested to read about the involvement and engagement of services users, carers and families in care planning and developing end of life plans. We would like to know how the Trust will put into action NHS England's guidance on 'learning from death'. Especially, how the Trust listens to families and carers; informs them of their rights and how they can access support or advocacy; and involves them in various stages of case reviews and investigations. In addition, how the Trust weights families and patients views, compared with how they weight the views of clinical staff.

We note that for the 2016/17 period, the Trust had two never events at Birmingham Dental Hospital. These were both wrong site surgery relating to anaesthesia administered on wrong site prior to a scheduled tooth extraction. We are concerned that the same thing happened twice (October, 2017 and January, 2018), and wonder about the timings of reviews following an incident and sharing of lessons. We would like to read in the 2018/19 Quality Account how soon reviews into incidents are carried out, and the lessons/actions shared within a service and across the Trust.

### **The Trusts Priorities for 2018/19**

Healthwatch Birmingham has taken note of the Trust's priorities for 2018/2019. We believe that a continued focus on patient experience, patient safety, and clinical effectiveness are important. In particular, engaging patients in service design (e.g. develop and implement the plans for engagement and co-design projects for the year); embedding learning from clinical complaints; bereavement support and end of life care; and support for children and families (e.g. develop methodology for listening to feedback from bereaved relatives; develop methodology and approach for increasing feedback; develop staff pack to share with bereaved relatives); and working with individuals, patients, carers and families to improve harm free care.

To conclude, Healthwatch Birmingham would like to commend the Trust for taking action in response to some of our comments on the 2016/17 Quality Accounts. It is positive to see examples of learning from death and actions taken in response. However, the Trust has not clearly demonstrated in the Quality Accounts how it uses feedback to understand and address issues of health inequality. As well as how it communicates with services users and the public on how their feedback has been used and the changes made. It is our wish that there will be further improvements in these area in the 2018/19 Quality Account.

As per our role, Healthwatch Birmingham is running various projects to support providers in Birmingham to meet their statutory role of consulting/engaging with patients and the public. Consequently, ensuring that Trusts are using public and patient feedback to inform changes to services, improve the quality of services and understand inequality in access to services and health outcomes. We have worked with some Trusts to review their patient and public involvement process (PPI), identify areas of good PPI practice and recommend how PPI practice can be made more effective. We would welcome the opportunity to explore how we can support the Trust to improve in the year ahead.

14<sup>th</sup> May, 2018

A handwritten signature in black ink, appearing to read 'A. Cave'.

**Andy Cave, CEO**  
**Healthwatch Birmingham**