14th May, 2018

Statement from Healthwatch Birmingham on Sandwell and West Birmingham NHS Trust Quality Account 2017/18

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Sandwell and West Birmingham NHS 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 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 complaints and actions taken based on these lessons.
- Demonstrated how staff, patients and carers are involved in decision-making and activities within the Trust.

Patient and Public Involvement

It is positive to see that listening and learning from experience of patients in the Trust's care and their relatives or carers is a priority for 2018/19. We note the varied ways in which the Trust has engaged with patients and the public.

Firstly, by holding Facebook live events where members of the public can engage with clinicians on various subjects such as heart health care. This is an innovative way of sharing information with patients and the public that they might not have time to ask in a consultation. Equally, the Trust can use these events to understand patients' needs about what they expect from services based on their experiences.

Secondly, we welcome the establishment of a carers' group during the year that has informed the development of the Trust's carers' strategy. This is a good resource for understanding how best to support relatives and carers. We note that some action has already been taken in relation to carers, such as allowing people to stay in a bed alongside their relative and open visiting hours on all wards.

Thirdly, we note the initiatives of the Members Leadership Group. For instance, involvement in the Care Quality Commission inspections and improvement plans, and the supporting safety plan. We welcome that in 2018/19 the Trust intends to work closely with other partners to better join up the Trust's formal patient engagement activities.

Lastly, we welcome the work of the Local Interest Group to ensure inclusion within the workplace for all people who might otherwise be discriminated against. It is positive to see that the Local Interest Group (which is made up of leads from staff networks, chaplaincy service, and members of the public) works with the Trust to ensure that there is a coordinated approach to service improvement in order to meet the needs of those with protected characteristics and disadvantaged groups.

In our response to the 2016/17 Quality Accounts, we asked the Trust to consider developing a strategy for involving patients, carers and the public in decision-making. Our examination of the various initiatives around patient and public involvement, shows that the Trust has the foundation on which it can develop such a strategy. As we argued in our previous response, such a strategy should clearly outline how and why patients, the public and carers are to 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. To be effective, the strategy needs to be understood by all staff,

promoted, and arrangements for collating feedback and experience should be clearly outlined.

In our response to the 2016/17 Quality Account, we asked the Trust to provide examples of changes or improvements to services and practice that have occurred as a result of that feedback. We also hoped to read how the Trust uses patient feedback and experiences to understand barriers different groups face. We are pleased to see examples of these in the 2017/18 Quality Account. We note the appointment of a diversity lead and implementation of awareness raising sessions on LGBT issues. In addition, the implementation of an 'infant feeding policy' that promotes zero separation from the mother when admitted in areas outside of maternity. Lastly, changes to templates for patient letters (e.g. making writing more visible; printing appointment letters on yellow paper) and deaf awareness training for staff.

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 as service users and the public 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 expressed concern that the number of formal complaints the Trust receives had increased from 871 in 2015/16 to 1026 in 2016/17. We are pleased to see that the number of formal complaints has reduced from 1026 (2016/17) to 825 (2017/18). We also note that complaints responded to within the target date has increased, from 81% (2016/17) to 92% (2017/18). However, the average number of days the Trust takes to respond to complaints steadily increased over the year. The most common themes of complaints has remained the same for the past three years. Complaints are mainly about clinical treatment, appointment delay or cancelations, communication and discharge and transfers. We note the lessons learnt from complaints and actions taken. However, we believe that the Trust needs to take innovative action in order to identify where the problems are, for instance in the discharge process, and understand and address these issues.

Staff and PPI (Patient and Public Involvement)

We note that the Trust did not meet its target to improve by 5% the percentage of staff responding to two of the three NHS staff survey. We welcome that the staff survey indicates improvement in the percentage of staff who believe that their role makes a difference to patients and service users.

It is positive to see the varied ways that the Trust is engaging staff. For instance, the Listening into Action events and Speak up Day, to ensure that staff feel heard and valued. We particularly welcome the 'Quality Improvement Half Days' that the Trust holds for staff to consider how to learn and develop new ideas. In addition the introduction of ward quality improvement days, where for two hours a team comes together to consider how best to improve the quality of services they provide within their wards. We would like to read in the 2018/19 Quality Accounts ideas from these meetings that have been taken up.

We believe that these Quality Improvement Days present an opportunity for staff delivering care to discuss issues around the effective use of patient feedback, and also as a means to communicate patient feedback to staff delivering care. Quality Improvement days can also be used to inform staff how feedback from patients/service users has been used to make informed decisions within their department/directorate. We believe that the basic approach of Healthwatch Birmingham's Quality Standard for PPI has some questions that might help the Trust to develop this further. The Quality Improvement Days can discuss whether:

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

Trust Performance against standards and CQUIN

Similar to our response to the 2016/17, we are concerned 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. We note that there has been some improvement in falls, and falls with injuries, due to improvement in safety checks and assessments. However, there are other key areas where the Trust has failed or partially achieved its target. Such as:

- Meeting the four hour A&E waiting times commitment to patients
- Cutting delayed transfers of care
- Implement the improvement plans to reduce avoidable mortality in surgery, cardiology, deaths due to sepsis and perinatal mortality
- The percentage of patients who met the criteria for sepsis screening, and were screened for sepsis, and the percentage of patients found to have sepsis following a screening and received IV antibiotics within one hour
- Creating a more engaged workforce
- Implementing an activation system for patients with long term conditions, such as HIV, to enable better outcomes (activate patients knowledge, skills and capacity to manage their own condition).

Regarding inspections, we note that the Trust was inspected in March 2017 by the CQC and a report published in October 2017. The Trust is still rated 'requires improvement'. We recognise that 70% of services are rated good or outstanding (i.e. end of life care is outstanding; imaging and surgery services is good; caring domain is outstanding). Equally, the safety domain has improved from inadequate to requires improvement. However, community inpatient wards have now been rated inadequate.

We note that the Trust has worked to address the actions detailed in the CQC report. Although the aim was to deliver actions by March 2018, we see that the Trust is facing problems with the following:

- Addressing the requirement for substantive middle grade staff overnight in A&E departments
- Working with other Trusts to implement Service Level Agreements (SLA) to provide paediatric ophthalmology cover out of hours and substantive posts in hours.

Healthwatch Birmingham is particularly concerned about the impact delays in the building of the Midland Metropolitan hospital is having on access and quality of services. For instance, failure to finalise Sandwell Treatment Centre locations and the seven day hospital service. More concerning is that failure to move to the new hospital means that high dependency patients cannot receive ongoing reviews by a consultant. Considering that the opening of the new hospital might be further delayed (reports says until 2022), the Trust needs to develop a plan to ensure that access to services and quality of care does not suffer. Alongside this, the Trust should ensure that they are prepared for the new hospital with the right staff skills mix and numbers.

We look forward to reading about improvement on these in the 2018/19 Quality Account, in addition to the missed targets above.

In our response to the 2016/17 Quality Account we were concerned that the Trust had only carried out 68.3% mortality reviews against a target of 90%. We argued that reviews are an important tool for ensuring that learning occurs and helps improve the quality of care. We note that mortality reviews have further decreased to 44% in 2017/18 from 61% in 2016/17 (against a target of 90%). We also note that there have been three never events against a target of zero, and mixed sex accommodation breaches have increased from 51 in 2016/17 to 314 in 2017/18.

We note the process the Trust takes when a death occurs, the learning points identified and actions taken. However, it is not clear how and when the Trust involves families and carers in the review or investigation process. We ask that the Trust demonstrates how it follows the NHS National Guidance on Learning from Deaths regarding family and friends. The guidance states: "*Providers should have a clear policy for engagement with bereaved families and carers, including giving them the opportunity to raise questions or share concerns in relation to the quality of care received by their loved one. Providers should make it a priority to work more closely with bereaved families and carers and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage, from notification of the death to an investigation report and its lessons learned and actions taken*"

Involving families and carers in case reviews and investigations offers a more rounded view and understanding of patient experience. We would like to read in the 2018/19 Quality Accounts, how families and patients have been involved in various stages of case reviews and investigations. In addition, how the Trust weights families' and patient's views, compared with how they weight the views of clinical staff.

14th May, 2018

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 improved outcomes for patients with signs and symptoms of sepsis; improving the consistency of care (correct documentation and risk assessments); and listening to patients experiences to help improve patient care are important. In particular, plans under the listening to patients priority, namely to listen and act on experiences heard through PALS, complaints and friends and family test. Including plans to complement this by introducing 'Purple Points' which are a phone based system accessible from all in-patient areas. This will enable patients and carers to raise concerns or compliments about the care or information provided to them at that time.

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 the use of feedback to make changes, learning from complaints and death, and actions taken in response. We would like to see further improvements in these areas 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.

Andy Cave, CEO
Healthwatch Birmingham