

## **Statement from Healthwatch Birmingham on the Royal Orthopaedic Hospital NHS Foundation Trust Quality Account 2016/2017**

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for The Royal Orthopaedic Hospital 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**

The Trusts commitment to listening to patients in order to provide the best experience possible, is one that Healthwatch Birmingham supports. We are glad to see that ‘fully engaged patients and staff’ is one of the Trusts transactional change priorities. We believe that this is important as it will facilitate the attainment of the Trusts strategic objectives, namely;

- Delivering exceptional patient experiences and world class outcomes.
- Developing services to meet changing needs, through partnership where appropriate

Equally positive is that the Trust has involved staff, patients and the public in developing the 2017/18 quality priorities. Of further note is the Trusts plan to develop a new communication and engagement strategy that will aid engagement. Developing such a strategy would demonstrate that there is agreement and commitment across the Trust on how and why patient experience and feedback is used to inform decision-making. To be effective, the strategy needs to be understood by all staff, promoted, and arrangements for collating feedback and experience should be clearly outlined.

The report has outlined some work undertaken by the Trust, that we believe would serve as a foundation for developing a strategic approach to using patient and public insight, experience and involvement to drive improvements. We note that in the previous Quality Account the Trust reviewed the way the Friends and Family Test (FFT) data is collected and shared across the organisation. The outcome of this review has been used to establish a strong basis across departments for the collection and use of FFT data and the procurement of the ‘Iwantgreatcare’ system. This type of review helps the Trust to establish how and why patient feedback and experience is used to monitor quality and outcomes for patients. Furthermore, review the many methods that can be used to collect patient feedback, insight



and experiences and triangulate data collected to inform The Trusts decision-making.

The Trust could also improve its use of patient feedback and experience by using it to identify, understand and address health inequality. This will help identify any gaps in service provision and the needs of different groups, particularly those that seldom give feedback. Since 2010/11 to 2016/17, the Trust has not achieved the national target for access to healthcare for people with learning difficulties. We therefore welcome the addition of demographic information to the FFT questionnaire. In particular, the use of this additional data to inform equality and diversity issues across the Trust. We look forward to seeing in the 2017/18 Quality Account evidence of the use of this strategy across the Trust and an evaluation of the usefulness of using patient experience and feedback.

### **The Family and Friends Test Score**

We recognize the positive impact the use of an external provider to deliver the FFT in 2016/17 has had on the response rate. We note that the FFT has been rolled out to all inpatients, outpatients and paediatric areas. As a result the response rate has increased from 898 responses in January 2017 when the project started to 2,437 responses in February 2017. The positive recommender rate is high for all services provided with 95% likely to recommend the Trust. We ask the Trust to consider introducing qualitative questions to the survey that will complement the statistical data the Trust collects. This, like the demographic data, will offer greater insight to barriers patients face to receiving good quality of care. 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.
- 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.

### **Complaints and PALS**

The report states that during 2016/17, The Trust received 170 complaints and 4,136 people contacted PALS representing a 75% increase. The top three issue: communication (values and behaviour); access to treatment (delays in surgery); and appointment delay/cancellation. We note that action plans have been developed to address these issues. We hope to see the impact these actions have had on these issues in the 2017/18 Quality



Account. We recognise the Trusts' efforts to learn from complaints to improve services. Namely, the implementation of the Acute Pain CQUIN in response to increased patient complaints relating to pain in 2016/17. We therefore welcome the Trust's inclusion of 'embedding learning identified from complaints' as a priority for the 2017/18 Quality Account. We would like to see more examples of learning and impact on services in the 2017/18 Quality Account.

According to the report, the Trust intends to reduce PALS complaints by 20% by introducing 'time to talk'. Whilst we welcome the Trusts' introduction of the 'time to talk' scheme at ward level to deal with concerns/issues in real time, we have concerns. Firstly, how will this work in practice, for instance who will patients talk to? Is it the same staff they are raising concerns about, if not will ward staff be present? We believe that service users and their families might find it difficult to raise concerns at ward level, especially when they are still receiving care. Secondly, how will you ensure that the patients and their families know that they still have access to PALS if they do want to make a formal complaint? Thirdly, we do recognise that resolving issues before a formal complaint can lead to better outcomes for patients. However, in meeting this target, the Trust should also monitor the increase in issues raised by patients through time-to-talk, alongside patient satisfaction of resolution.

### Care Quality Commission

The Trusts response to the CQC rating of 'requires improvement' should be commended. We observe that the Trust has developed an action plan to address the concerns raised by CQC during their inspection. Whilst this is welcome, it is not clear how patients, carers and the public will be involved or engaged, especially on the Children's and the HDU Board. How will their insight and experience inform the development of service improvements? 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 needs to increase the number and diversity of people it's hearing from.

### Learning from Incidents and Complaints

Healthwatch Birmingham is concerned that the number of patient safety incidents has increased from 1113 in 2015/16 to 1530 in 2016/17. Equally, during 2016/17 the Trust reported three never events against 0 in 2015/16. An external review of these events has led to the implementation of several actions including reviewing feedback mechanism and plans to triangulate data between complaints and patient safety incidents. We look forward to reading how these actions have led to improvements in the 2017/18 Quality Account.



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We welcome the Trusts' plans to build on last year's Quality Account priority on learning by adopting two priorities for 2017/18. Thereby, ensure that the Trust is learning from complaints and incidents in order to improve access to and the quality of services. We believe that this is beneficial to the Trust and to service users. The Trust should indicate in the 2017/18 Quality Account examples of how the Trust has learned from complaints/incidents and the improvements made as a result. This will make clear to service users that services are being improved as a result of learning.

Similarly, we would like to see in the 2017/18 Quality Account how families have been involved in reviews and investigations into death and the impact this has had on learning; how service users, carers and the public have been involved in the developing a Trust policy and approach for learning from deaths; and how patients, carers and service users have been involved in developing benchmarks for serious incidents to be used from March 2018.

### **Venous Thrombo-Embolic (VTE)**

One of the recommendations following an Audit was to improve assessment of patients at admission & 24 hours for VTE risk. We are happy to see that the Trust is consistently performing above the National Average in terms of the number of risk assessments carried out. As this has an impact on health outcomes and potential to lead to variability in health care, we welcome the Trusts plans in 2017/18 to reduce the number of avoidable VTE's.

### **Nutritional assessments**

Table 16 shows that compliance with nutritional assessments is at 98%, and 100% for percentage of patients that needed a further assessment after 7 days. Compliance with referral to dietician was at 100%. However, the compliance with care plans has been inconsistent although this has improved. This was 43% in quarter one; 100% in quarter 3; and 98% in quarter four. We welcome the use of care plans to identify non-nutrition related risks such as wound healing or dementia.

Thank you for giving us the opportunity to review the Trust's Quality Account.

**Andy Cave**



**CEO**

**Healthwatch Birmingham**



**Healthwatch Birmingham**

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