15th May 2017

# Statement from Healthwatch Birmingham on University Hospital Birmingham NHS Foundation Trust Quality Account 2016/2017

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for University Hospital Birmingham 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

Healthwatch Birmingham recognises the Trust's approach to using different methods to measure patient feedback and make improvement to services. This includes: surveys for different departments, the Friends and Family Test, complaints, concerns, and compliments. We note that the focus of Quality Priority 2 (improve patient experience and satisfaction) is to improve scores and determine what ranks as most important to patients. What we would like to see in next year's report is:

- An introduction of qualitative questions to the survey that will complement the statistical data the Trust collects. This will help the Trust to understand why an issue is ranked highly by patients. Consequently, qualitative data will offer greater insight to barriers 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.

We therefore agree with the Trust's patient experience initiatives that will be carried over into the 2017/18 Quality Account. Namely:

- Implement the use of patient stories as a feedback and training mechanism. We note that these are now used at all patient experience group meetings, in complaints and customer relations training. Healthwatch Birmingham would like to see examples of these stories, learning that has occurred, and the impact on services.
- Review of how patient experience data is monitored and used to drive improvement – especially examining how data 'travels' across the Trust.
- Using a more project-based approach to tackle challenging aspects of patient care. Projects have been around discharge medications; communication and operations and procedures.
- Development of a patient experience collection, analysis and reporting system in conjunction with the University of Birmingham PROMs group.

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In examining the various initiatives presented in the report around patient experience, Healthwatch Birmingham believes that the Trust has the foundation on which it can develop 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 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. Therefore, we suggest that service user and carer's insight and experience should be collected to not only identify barriers to improved health outcomes but also to identify and understand health inequality. We believe that a project-based approach initiative, as part of a wider strategy, will be a novel way to understand barriers to improvements in health outcomes for different groups or characteristics.

**Friends and Family Test (FFT)**

Our review of the FFT scores for 2016/17 shows that the positive response rate for A & E has been inconsistent and has been below the national average. Conversely, the positive recommendation score for inpatients and outpatients has been above the national and regional average. Whilst we applaud the Trust for this performance for inpatients and outpatients, we believe that the difference between this and performance in A & E indicates variability in care. How people access services has an impact on their experience.

**Patient Experience indicators**

At the time of writing our response, the 2016 survey results were not available for us to comment on effectively. From the data provided, we note that many of the scores remained the same or slightly increased for 2015/16 in comparison to 2014/15. There was a slight decrease in the extent to which patients feel involved in decisions about their care and treatment; 7.7 in 2014/15 to 7.5 in 2015/16[1]. Similarly, the Trusts' responsiveness to the personal needs of patients decreased slightly from 72.2% in 2013/14 to 72% in 2014/15 and this is below the best performing Trust (86.1%).

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. Therefore, the Trust should consider including the number of responses to their surveys or for the Friends and Family Test to assess performance.

[1] No data is provided for 2015/16 and 2016/17.

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## Complaints

The report shows that the total number of complaints has increased by 15% from 680 in 2015/16 to 779 (2016/17). The top three complaints were about clinical treatment (203); communication and information (129) and attitude of staff (110). In addition, complaints for inpatients reduced from 345 in 2015/16 to 327 in 2016/17 and there was an increase for outpatients (form 245 in 2015/16 to 331 in 2016/17) and the emergency department (from 90 in 2015/16 to 121 in 2016/17). We are concerned that the number of complaints and the FFT scores for emergency department seem to reflect a need for improvement. However, we welcome the Trusts actions taken to learn from complaints. In particular, the review of arrangements for patients with hearing and visual impairment, to try and improve all aspects of their experience. Consequently, the Trust is not only addressing the barriers but variability in care that might result in a health inequality.

The report states that the Trust aims to make the complaints process accessible to all. We would like to know what methods the Trust uses to get feedback on the complaints process and how this feedback is used to inform the necessary changes to the process?

## Compliments

We note that the Trusts' number of compliments received in 2016/17 (2286) decreased compared to 2015/16 (2349). What is concerning is that the number of compliments for nursing care decreased in 2016/17 (211) by more than half the number in 2015/16 (579). The Trust should consider making this topic a project so as to get an in-depth understanding of what the problem is and develop solutions to address it.

## Variability in Healthcare

Healthwatch Birmingham is concerned that of the five priorities agreed in 2016/17, the Trust made progress in only two (reducing pressure ulcers and improving patient experience and satisfaction). Whilst there has been some improvement in priority 3 (timely and complete observations including pain assessment), this has been inconsistent. Priority 4 (reduce medication errors) has made no progress. We agree with the Trust that, based on performance, patient experience and effectiveness of care, four of these five priorities be carried over into the 2017/18 Quality Account.

## Timely and complete observations including pain assessment

We commend the Trust for improving its performance in 2016/17 (89% from 79% in 2015/16) in the percentage of observations plus pain assessment recorded within three hours of admission or transfer to ward. However, the Trust has not met its target to increase the percentage of patients receiving pain medication (analgesia) within 30 minutes of a high pain score. There is a variability in care such that patients with the same diagnosis are receiving different treatments. Those patients receiving the pain medication within 30 minutes are accessing better quality of care and consequently better health outcomes than those not accessing this. We therefore welcome the Trusts improvement priority for 2017/18

to increase observations and pain assessment to 95% and 85% for those receiving analgesia within 30 minutes.

**Clostridium difficile Infection (CDI)**

The Quality report states that the Trust had 92 apportioned cases of CDI in 2016/17, 31 of which were deemed lapses in care. We are concerned that cases deemed lapses in care are increasing year on year. We note that this is not a priority for 2017/18 but hope to see an update on this in the 2017/18 Quality Account. In particular, how the Trust has learnt from cases deemed lapses in care and actions taken as a result.

**To conclude** – Healthwatch Birmingham would like to take this opportunity to congratulate the Trust for the impact of its research findings on patient care. Consequently, for being recognised for expertise in delivering commercial research studies and winning the 2016 West Midlands NIHR Clinical Research Network (CRN) Awards.

However, a theme that has been consistent through the various data provided on complaints, experience and performance is that patients experience and outcome differs for inpatients, outpatients and A & E patients. We note the various initiatives the Trust will implement to address this and we hope to see an improvement in the 2017/18 Quality Account.

**Andy Cave**

**CEO**

**Healthwatch Birmingham**