

## Statement from Healthwatch Birmingham on University Hospital Birmingham NHS Foundation Trust Quality Account 2017/18

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

- Provided details of how it makes the complaints process accessible to all
- Given some examples of learning from complaints and other priority areas such as missed doses etc.
- Ensured that patients are able to give reasons for their choice of the score in the Friends and Family Test, thus collecting qualitative data to complement the quantitative data.

### Patient and Public Involvement

It is positive to see that the Trust continues to use varied methods to measure patient feedback in order to improve services. This includes local and national patient surveys, the NHS Friends and Family Test, complaints and compliments. In addition, the use of online sources, including not only NHS choices but feedback received by Patient Opinion and local Healthwatch. We note that the Trust has made improvements in four of the six priorities it set out in the 2016/17 Quality Account, for 2017/18. In particular, that the Trust made improvement in priority two - improve patient experience and satisfaction.

We welcome the questions that will be carried over and the new questions that have been added to the local patient survey for 2018/19. Based on the feedback we receive about the Trust we believe that the questions added to the local survey are important. We hear both positive and negative feedback about discharge assessment and involvement of patients, inconsistent messages from staff, accessing emergency services, pain control and outpatient appointments. Healthwatch Birmingham also continues to hear feedback about poor communication; patients are not kept informed at all stages during their visit. In one case, a patient was waiting for a scheduled operation for twenty hours and was not updated about what was happening. In another, a patient with hearing problems was given no information following a major operation, even when he requested an interpreter.

In our response to the 2016/17 Quality Accounts, we asked the Trust to demonstrate how patient feedback and experiences are used to understand barriers different groups face and how feedback is used to make changes or improvements to services. We are pleased to read about the initiatives that the Trust has implemented over the year.

Firstly, the implementation of more flexible visiting times, which has resulted in patients being more supported by family members, and visitors able to fit visits within time schedules. We note that a 'visitor charter' has been developed, which sets out what visitors can expect from staff and the process for sharing important information with visitors.

Secondly, the continued development of the patient experience collection, analysis and reporting system in conjunction with the University of Birmingham PROMs group. We note that software packages have been installed, research questions are being written and the first set of data has been analysed. We would like to read in the 2018/19 Quality Account how this initiative has enabled the Trust to focus on areas of patient's concern. Also, we would like to read more, in the

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2018/19 Quality Account, about the themes drawn from the data that the Trust has analysed and solutions developed.

Thirdly, we welcome plans to evaluate the pilot of an accessible feedback card and plans to put methods in place to ensure that opportunities to provide feedback are easy and accessible to all. Ensuring that health and social care organisations are addressing health inequality is a key priority for Healthwatch Birmingham. We are pleased to see that this is part of a wider project to ensure that the Trust is listening to and obtaining feedback from a range of hard to reach groups. We note the work performed to ensure that feedback cards are accessible, such as shortening surveys to make them easier to read and using larger font paper surveys for visually impaired patients. We look forward to reading in the 2018/19 Quality Account how the new survey design system has enabled the Trust to meet patient's differing needs.

We would also like to read more about the impact of feedback, and 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 note the patient feedback pages on the Trust's website and we believe this is a good way, among others, of sharing with patients, the feedback you are collecting. The Trust should consider including on individual feedback page (i.e. pain management feedback page) the actions taken and the changes or improvements to service or practice made as a result. We believe this will encourage patients to provide feedback as they will know that their views matter and lead to actual improvement to services.

Regarding the Friends and Family Test (FFT) scores, in our response to the 2016/17 Quality Account we expressed concern that the positive response rate for A & E was inconsistent and below the national average, whilst that for inpatients and outpatients was above the regional and national levels. Based on the data provided in the 2017/18 Quality Account, we note that the situation remains the same. Thus, patients are continuing to have different experiences depending on how they have accessed the service. We note that waiting times are often cited by patients as the reason for giving a low score for A & E services. We welcome the Trust's plans to introduce an information screen in A & E to include pathways that will explain waiting times. We look forward to reading about the impact of this in the 2018/19 Quality Accounts.

It is positive to see that the number of compliments the Trust receives is more than the number of complaints. We note the examples of compliments provided in the Quality Account. The Trust should consider demonstrating how it uses compliments to share good practice across the Trust.

A new requirement for the 2017/2018 Quality Account was to provide information on how the Trust learns from deaths. We notice that this information is not yet available in the draft, but that the Trust will include this in the final Quality Accounts. We ask that the Trust 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.

#### **Learning from complaints and patient safety incidents**

In our response to the Trust's 2016/17 Quality Accounts, we expressed concern that whilst the number of complaints about inpatients was reducing, complaints about outpatients and A & E was increasing. We welcomed the Trust's planned actions to learn from complaints. We are pleased to see that there has been a reduction in the number of complaints about inpatients, outpatients and the emergency department. In addition, the overall number of complaints has decreased by 15% from 779 (2016/17) to 660 (2017/18). However, the top three issues patients complain about remain clinical treatment (188), communication (103) and attitude of the staff (93).

We welcome that the Trust is demonstrating that it is learning from complaints and taking action in response to complaints. In particular, review of the repeat scan process and the introduction of emails to booking office when follow-up scans have been booked, and funding additional neuro-rehabilitation consultant sessions to improve access. We acknowledge the many ways the Trust ensures that the complaints process is accessible to all including the provision of alternative formats for complaints materials (large font or braille) and the provision of an easy read complaints leaflet. We believe that the Trust should consider collecting feedback from complainants about the complaints process in order to make changes that meet identified needs. A recent investigation by Healthwatch Birmingham into 'patient involvement and the complaints system' looked at the barriers to and benefits of using complainant's feedback to improve the quality of complaints systems.

Regarding patient safety incidents, the 2017/18 Quality Accounts has stated that the Trust has had six never events<sup>1</sup>. In addition, the percentage of patient safety incidents reported to the National Reporting and Learning System (NRLS) has increased from 0.12% in 2016/17 to 0.22% in 2017/18. We acknowledge that the Trust has investigated all never events, and the patients have received the correct procedures. We also welcome plans to improve learning and feedback provided to staff from complaints and incident reporting. We would like to read more about the impact of this in the 2018/19 Quality Accounts. The Trust should also consider reporting on how it involves patients, carers and families in the review or investigation process.

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

### **Observations and Pain Assessment**

In our response to the 2016/17 Quality Accounts, we expressed concern that the Trust had not met its target to increase the percentage of patients receiving pain

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<sup>1</sup> Never events - five wrong site surgery/procedure and one retained swab.

medication (analgesia) within 30 minutes of a high pain score. We noted that this meant that those receiving pain medication within 30 minutes are accessing a better quality of care and consequently better health outcomes than those that are not. We welcomed the Trust's plans to increase the target for observations and pain assessment to 95% and 85% respectively.

We note that the Trust did not meet the target set for Indicator One<sup>2</sup> and Indicator Two<sup>3</sup>. However, performance for Indicator One has progressively increased since 2015 whereas, for Indicator Two, this has been variable. We welcome that these remain priorities for 2018/19 and look forward to reading the impact the various actions being implemented have had on performance.

#### Reducing Missed Doses

We note that the target for rates of missed doses for antibiotics and non-antibiotics has not been met. Missed doses for both antibiotics and non-antibiotics have steadily increased and stand at 4.5% for antibiotics (against a target of 4%) and 11.3% for non-antibiotics (against a target of 10% or lower). We welcome that this continues to be a priority for 2018/19. We recognise the actions that the Trust has outlined to address these issues. We particularly welcome the Trust's plans to consider new reports to identify types and patterns of missed doses across the Trust. This will help the Trust to come up with actions specific to identified problems.

#### Timely Treatment of Sepsis

We are concerned that the 2017/18 Quality Account shows that the timely identification of sepsis in emergency departments and acute inpatient settings was 59%; well below the target of 90% for Quarter 1. Although this has picked up to 98.5% for Quarter 3 (Indicator 2a). Equally, the timely treatment of sepsis in emergency departments and acute inpatient settings has been variable and below the target set. We welcome the Trust's identification of the potentially fatal impact on patients this might have and the plans put in place to address this. In particular, training on sepsis, audits and PICS implementation of screening question in June 2018. We agree that properly recording patients with sepsis will enable staff to prioritise patients appropriately. We would like to read more on the impact of these actions in the 2018/19 Quality Account.

#### Patient Experience

Healthwatch Birmingham has taken note of the Trust's priorities for 2018/19 relating to patient and public engagement. We would like to read more about the following initiatives to be implemented in 2018/19:

- Increased identification and support for carers
- Develop feedback methods to give a voice to hard to reach groups
- Continued staff engagement in relation to patient experience
- Introduce Android tablets to wards for patients to feedback more easily
- Information screen in A & e to include pathways that will explain waiting times.

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<sup>2</sup> Full set of observations plus pain assessment recorded within 6 hours of admission or transfer to a ward)

<sup>3</sup> Analgesia administered within 30 minutes of a high pain score

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We believe that continued focus on the involvement and engagement of families and carers when undertaking various activities, such as risk assessments and care planning, is important. As are plans to engage with staff on patient experience. It is important that staff understand what their role is in relation to patient experience, insights and feedback, and how this informs decision-making within their service area.

Healthwatch Birmingham has been working in partnership with the Trust through our 'Patient and Public Involvement Quality Standard'. Through this project, Healthwatch Birmingham is supporting providers in Birmingham to meet their statutory role of consulting and engaging with patients and the public. Consequently, we are helping Trusts ensure they 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 the Trust to review their patient and public involvement processes (PPI), identify areas of good PPI practice and recommended how they can make PPI practice more effective. We look forward to continuing our working partnership with the Trust on PPI and building best practice.

To conclude, Healthwatch Birmingham would like to commend the Trust for taking action in response to our comments on the 2016/17 Quality Accounts. It is positive to see how the Trust uses feedback to develop actions and improve services. As well as using patient experience, feedback and insight to understand and address issues of health inequality. It is our wish to see further improvements in this area.



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