

Statement from Healthwatch Birmingham on University Hospitals Birmingham NHS Foundation Trust Quality Account 2018/19

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for University Hospital Birmingham (UHB) NHS Foundation Trust. We recognise the work the Trust has focused on over the year in order to integrate services across the Queen Elizabeth Hospital Birmingham (QEHB), Good Hope Hospital (GHH), Birmingham Heartlands Hospital (BHH) and Solihull Hospital (SH). We welcome plans to ensure that there is a Trust-wide agreement on quality indicators and to align systems and reporting. We hope to see the impact of this on the standards of care across the Trust.

We note that the Trust does not yet have an overall CQC rating, although from previous inspections QEHB has a rating of 'good'. However, its rating requires improvement in the safe (medical care) and responsive (urgent and emergency services, and outpatient and diagnostic imaging). We also note that CQC yearly inspection of core services has rated:

- BHH as requires improvement in urgent and emergency services, medical care, surgery and maternity;
- GHH requires improvement in urgent and emergency services, medical care, surgery and good in maternity; and
- SH requires improvement in urgent and emergency services and was rated as good in medical care, surgery and maternity.

We would have liked to see outlined in the draft Quality Account specific actions to specific issues raised by the CQC. We hope to see these included in the published Quality Account. In addition, that the work outlined in the Quality Account will lead to an improved in future CQC inspections.

We appreciate our continued close working relationship with the Trust. For example, through our online feedback centre 'right to respond' function, our patient and public involvement (PPI) quality standard and our recent waiting room study. We are pleased with the Trust's response to our recommendations in that report. We hope to continue to work with the Trust to improve the experiences of patients and carers as they access the Trusts services.

Patient and Public Involvement

We welcome the various initiatives that were implemented during 2018/19 under the patient experience priority. These include the introduction of a Carer Coordinator role, which led to the development of training for staff. We are pleased that this has increased staff awareness of carer's needs, and the ability to signpost for further support (e.g. carer's assessment). It is positive to see that the Trust is developing feedback methods to ensure that it is listening to 'hard to reach' groups by making the necessary changes so that the views of these groups are reflected in changes and improvements. For instance, changes made to ensure that demographic information collected by the Trust is compliant with the Stonewall LGBT Guidance and the planned pilot of an easy read Friends and Family Test (FFT) survey to collect experience from patients with a learning disability. We look forward to reading about the impact of these initiatives in the 2019/20 Quality Account. We would also like to read the impact on numbers of patients leaving feedback following the introduction of tablet devices to all wards to enable patients to feedback electronically.

At Healthwatch Birmingham, we believe that having a staff team that understands the Trust's strategic approach for patient experience is important for developing a shared vision around the use of patient experience and feedback. We, therefore, welcome continued staff engagement in relation to patient experience. In particular, the inclusion of sessions on

patient experience, carer support and compassionate care during Trust staff induction and Trainee Nursing Associate training sessions.

Regarding the Friends and Family Test (FFT) scores, we note that the Trust continues to face challenges in meeting the target for A & E positive recommender score. Since 2016/17, the positive recommender score for A & E has decreased year on year and over the past year has been mostly below or equal to the West Midland average of about 80%. Equally, the positive recommender for maternity (birth) has remained below the national and West Midlands average throughout the past year. The positive recommender scores for inpatients, outpatients, and especially community tend to perform better than A & E. This reflects the experiences people have told Healthwatch Birmingham over the past year. We note that the Trust is planning to review scores for maternity. We would like to read about the themes that have been identified from the review of these scores and the impact of the actions taken. We encourage the Trust to extend this review to A & E scores to understand better the challenges being faced, and why the introduction of an information screen in A & E has not had the desired impact on the score.

We are unable to comment on the patient experience indicators, as the National Inpatient Survey results for 2018 are not yet published. However, we note that the scores across the different questions asked have remained the same from 2015/16 to 2017/18 and lower in at least three cases. It is disappointing that the score for the '*involvement in decisions about care and treatment*' question has remained on average 7.4 against the score of 10 for the past three years.

Equally, there has been a decrease in the scores for the Trust's responsiveness to the personal needs of patients. According to the National Inpatient Survey, there has been a decrease in the responsiveness to patients for QEHB (from 72.5% in 2017/18 to 70.1% in 2018/19) and for BHH/GHH/SH (from 65.1% in 2017/18 to 63.4% 2018/19). With the different activities around engagement the Trust has outlined in the Quality Account, we would have hoped to see an improvement in this. We would like to read in the 2019/20 Quality Account the actions taken following the collection and evaluation of patient experience the Trust is planning to carry out.

Healthwatch Birmingham believes that the Trust should consider taking a structured approach towards its PPI activities. The best way for the Trust to improve on its scores, such as the patient experience indicators and responsiveness to personal needs, is to understand these needs. This can only be done by listening to what these needs are from patients, service users and carers. We therefore still believe that the Trust would benefit from developing a Patient Public Involvement (PPI) Strategy that would ensure that engagement activities are equitable and representative of the localities the Trust works in. A PPI strategy would outline:

- Why the Trust is listening
- What the Trust is listening for
- How the Trust listens
- Who the Trust wants to hear from (including 'seldom-heard' groups)
- How the Trust will use what it hears
- Clear arrangements for collating feedback and experience.

Over the past year, Healthwatch Birmingham has worked with clinical commissioning groups (CCGs) and trusts to benchmark their patient and public involvement (PPI) processes using Healthwatch Birmingham's Quality Standard. Thus enabling them to identify areas of good PPI practice or areas that need to improve. This has led to the development of actions aimed at embedding systems for delivering consistently high-quality PPI. Healthwatch Birmingham

has been in contact with the patient experience staff at UHB on this project and we hope to continue supporting the Trust's PPI activities in 2019/20.

Regarding the NHS Staff Survey, the Trust should provide more information on how many responded to the survey, including BAME Staff. More information could have been given on how staff are engaged apart from through the 'speak up guardian' and how staff view the Trust as a place to work. We note that 72% of the staff would recommend the Trust as a provider of care for their family and friends. This is significantly lower than the FFT positive recommender scores. We ask the Trust to look into the difference between staff and patient views and feed the findings into service improvement.

Trust Performance 2018/2019

Quality Priorities 2018/19

It is disappointing that performance on the 2018/19 priorities has been inconsistent and mixed across priorities and across different sites.

During 2018/19, QEHB has seen an increase in the number of reported incidents of grade 2 pressure ulcers (non-device related) from 62 during 2017/18 to 84 in 2018/19. This is above the agreed target with the CCG of 75. Regarding device related grade 2 pressure ulcers, we note that although there was a slight increase from 14 to 15, this was below the agreed target of 42. We note that in Quarter 2 both non-device and device-related pressure ulcers were lower than the other quarters. The Trust needs to investigate this and see what led to this difference and feed the findings into service improvement.

We note that BHH, GHH and SH have surpassed the target set by the CCG of a reduction of 20% for grade 2 pressure ulcers reducing this by 43.8%. What lessons are being shared across the Trust in terms of practices that led to this reduction? We are, however, still concerned that incrementally the number of grade 2 ulcers increased quarter on quarter within these three hospital sites.

We note the changes in definitions and terminology to be implemented in 2019/20, which could potentially affect numbers. In addition, that the Trust is in the process of aligning policies, documentation and tissue viability processes across the Trust. We still hope that the Trust's actions, as outlined in the Quality Account, have been developed with these changes in mind and are challenging enough to lead to an improvement in this area. We, therefore, hope to read in the 2019/20 Quality Account the impact of the leaflet promoting patient movement, the revised Prescribing Information and Communication System (PICS) repositioning tool, and the various campaigns planned such as the safe side lying or moved, heel drag.

Regarding the timely and complete observation and pain assessment priority, we note that whilst BHH/GHH/SH met the target of 95% (within six hours of admission or transfer) consistently during 2018/19, QEHB did not. We, however, are mindful that this was an improved score (94.3%) on 2017/18 (93%). It is concerning that the indicator for patients (QEHB) receiving pain relief medication following a high pain score has remained between 74% and 75% throughout 2018/19, below the target of 85%. We would like to read in the 2019/20 Quality Account, the actions taken following the review of this data to identify reasons the indicator is not being achieved.

We note the initiatives that the Trust plans to implement in 2019/20 to address the 'timely treatment for sepsis' priority. In particular, we note the introduction of a sepsis dashboard where performance can be monitored in real time at ward level. We would like to read about the impact of these in the 2019/20 Quality Account.

Patient Safety Indicators

We note that there has been some improvement in some indicators such as patients with C.difficile infection /100,000 bed days from 19.05 (QEHb) and 12.4 (BHH/GHH/SH) to 10.79 across the Trust. On the other hand, there has been an increase in the number of patients with MRSA infection/100,000 bed days from 0.4 (BHH, GHH, SH) and 0 at QEHb in 2017/18 to 1.47 across the Trust in 2018/18 (although still lower than peer group average).

The Trust reports that there have been nine never events across the Trust in 2018/19. There were six (QEHb) and eight (BHH/GHH/SH) never events in 2017/18. We note the categories of never events the Trust has provided (e.g. retained foreign object post procedure, unintentional connection of a patient requiring oxygen to an air flow meter, wrong site surgery). We welcome that the Trust took immediate corrective actions and the patients have received the correct procedures where appropriate. We would like to read in the 2019/20 Quality Account the impact of the actions implemented on practice and patients safety.

We are concerned that there appears to be an upward trend in the level of safety indicators:

- The number of patient safety incidents reported to the National Reporting and Learning System has increased 24,568 (2017/18) to 26,342 (2018/19) at QEHb and 19,664 (2017/18) to 21,811 (2018/19) at BHH/GHH/SH.
- The percentage of safety incidents leading to severe harm has increased at QEHb from 0.22 to 0.26%.
- Emergency readmissions within 28 days of discharge (medical and surgical specialties) have increased across the Trust, from 13.87% (2017/18) to 15.39 % (2018/19) at QEHb and from 14.03% (2017/18) to 14.72% (2018/19) at GHH/BHH/SH. Similarly, emergency readmissions within 28 days of discharge (all specialties) - 13.84 to 15.56 at QEHb and 12.25 to 13.06% at BHH/GHH/SH.
- Percentage of patients receiving beta-blockers on the morning of the procedure for patients undergoing first-time coronary bypass graft (CABG) has decreased from 94.8% (2017/18) to 91.9% (2018/19).

We ask the Trust to investigate these areas further, to reflect Trust plans to investigate why the number of patients receiving beta-blockers is decreasing. This will help the Trust understand the lack of improvement and use the findings to inform service improvement.

Learning from deaths

During 2018/19, 5345 of the Trust's outpatients died and by April 2019 4226 case record reviews and 60 investigations were carried out. Thirty-four cases were subject to both a case review and an investigation. Nineteen cases (representing 0.36%) of patient deaths were judged by the Trusts review process to have been more likely than not caused by problems in the care provided. We note that various actions have been implemented in response and this has included responses to individual cases, changes or introduction of policies or guidelines, changing systems and patient pathways. We note action to communicate learning to relevant staff, provide feedback to family and staff involved in the incident, review of timeframes for CT scans and ensure that there is monitoring and tracking for patients entered on the Somerset Cancer Register. We hope to read on the impact of these in the 2019/20 Quality Account especially on changes to practice to ensure high-quality care.

Learning from Audits

We note the number of national (47) and local (4) clinical audits in which the Trust has participated in 2018/19. We note that the Trust carried out reviews of these audits and has developed actions to improve the quality of healthcare. It would be helpful to the public if

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the Trust included some examples of the actions to be taken especially on audit reviews that are relevant to the 2019/20 priorities.

Complaints and Compliments

Patients and carers do tell us positive experiences of care, but they have also told us negative experiences of accessing the Trust's services. The concerns raised by patients and carers to Healthwatch Birmingham are reflected in the complaints reported in the Quality Account. Over the year, we have heard about issues with waiting times, delays in clinics, the waiting room environment, poor A & E treatment, poor follow up checks (e.g. cancer test screening), poor communication with carers, the quality of treatment, poor attitude of staff, poor communication, lack of advice and support. We share real-time patient and carer experiences with the Trust and provide them with the right to respond to feedback left on our online feedback centre. We note the actions that are being taken to address these issues. We would like to see examples and the impact of follow on actions developed in the 2019/20 Quality Accounts.

The Trust's Priorities for 2019/20

Healthwatch Birmingham has taken note of the Trust's priorities for 2019/20. We are pleased that the priorities have been discussed or are to be presented at various Trust groups including to staff, patient and public representatives. We hope this process will help the Trust to develop further the priorities so that they effectively meet the various challenges facing the Trust and reflect the needs of the population. We welcome plans to include experience data relating to nutrition and hydration in all local inpatient surveys to measure success in 'improving patient experience' priority. We look forward to collaborating with the Trust on these priorities over the coming year.



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