

19th May, 2019

Statement from Healthwatch Birmingham on Birmingham Women's and Children's Hospital NHS Foundation Trust Quality Account 2018/19

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Women's and Children's Hospital NHS Trust 2018/19. We recognise the work the Trust has focused on over the year in order to align its governance model across Birmingham Children's Hospital (BCH) and Birmingham Women's Hospital (BWH). We note the development of a new process for the investigation of Serious Incidents Requiring Investigation (SIRI) and the Partnership Governance Model that ensures quality is embedded within clinical teams and learning shared across the Trust.

We also recognise the work being carried out in response to a previous CQC inspection, particularly at BWH and Forward Thinking Birmingham (FTB), whose ratings were 'requires improvement' and 'inadequate' respectively. We hope to see this work lead to an improved rating as the CQC re-inspect in 2019/20.

Patient and Public Involvement

The Quality Account does demonstrate that the Trust uses various methods to engage with patients, service users and carers. For instance, the use of feedback cards, patient stories, consultations, social media, complaints, surveys, expert groups, websites like NHS choices and patient opinion, Pals, comments and concerns. We are particularly pleased that the Trust is listening to groups protected under the equality act, such as the Young Persons Advisory Group at BCH. This is important as it ensures that the views of the diverse population the Trust serves are heard and reflected in changes and improvement. We hope to see more examples of the Trust collecting feedback from spaces where seldom heard groups are, in the 2019/20 Quality Account.

We welcome that a wide range of stakeholders, including service users, carers and staff, have been involved in developing the Trust's priorities for quality improvement for 2019/20. Of importance to Healthwatch Birmingham is that the Trust has also used reports (i.e. safety incidents reports, internal and external reviews and clinical audits) to inform the development of the 2019/20 quality priorities.

It is also positive to see the actions taken by the Trust across the three services (BCH, BWH, and FTB) in response to patient feedback. We note the consultation on a 'visiting approach' taking place at BWH following patients and family feedback about the limited access to loved ones. Also, at FTB, the creation of a Mental Health Passport that young people can use to track appointments, reflect on progression, and express their preferences. We are particularly pleased with the introduction of 'interpreting on wheels', which uses interactive video technology to provide face to face interpreting. The Trust has also increased times of availability of BSL interpreters to a minimum of two hours and will provide patients with the agency number to check if an interpreter has been booked prior to their appointment. We look forward to reading about the impact of these initiatives on access for deaf people in the 2019/20 Quality Account.

This is important for Healthwatch Birmingham as our recent report into people's experience of Birmingham's hospital waiting rooms reported particular problems for people who are hearing impaired and need a British Sign Language Interpreter during their visit. Generally, the experiences of people with a disability were less positive in relation to communication, access, the environment and so on. We believe the findings of the report will continue to be useful as the Trust continues to look for innovative ways to improve access for people with a disability. The report can be found here: <http://bit.ly/2H1ZKMD>.

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We welcome the structured approach the Trust is taking to working with patients, service users, and carers. The use of a Patient Experience and Engagement Strategy at BWH is positive and will help the Trust embed patient, service user and carer experience in service improvement and the redesign. We note the four aims that were implemented by BWH in 2017/18 regarding patient experience (i.e. involve patients in service design and redesign, listening to feedback and act, empower staff, and making it easier for service users to feedback). Healthwatch Birmingham still believes that the Trust should use the BWH Patient Experience and Engagement Strategy as a foundation for developing a Trust-wide patient involvement (PPI) strategy. This will ensure commitment across BCH, BWH and FTB to the use of patient and public insight and experience data, and to their involvement in the design of services. We also believe that such a strategy would support the achievement of the Trust's 2019/20 Quality Priorities: '*Engagement, patient, family and staff partnership*' and '*deliver effective care and identify outcomes that are important to patients and co-design solutions with them (women, children and young people)*.' 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 PPI processes using Healthwatch Birmingham's Quality Standard. This enabled 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 engagement staff at the Trust on this project and we hope to continue supporting the Trust's PPI activities in 2019/20.

Regarding the Friends and Family Test (FFT), we are pleased that the FFT positive responses for maternity and gynaecology have been consistently at or above 90% throughout 2017/18, except for genetics which was at 80% in December 2018. On the other hand, the NHS Staff Survey shows that 80.7% of staff would recommend BCH and BWH as a provider of care to their family or friends. We ask the Trust to look into the difference between staff and patient views and feed the findings into service improvement.

We also note that there has been a decrease in the number of staff responding to the NHS Staff Survey; only 33% of the 1250 staff sampled responded. In addition, only 56.7% (62.4% in 2017) of staff said they would recommend BCH and BWH as a place to work. We welcome that the Trust is working to ensure that senior leaders understand and agree on why staff need to be engaged. We believe that for this process to be effective, staff have to be engaged so that the Trust can understand the staff's needs. A PPI strategy would be useful not only for setting out how and why to engage with staff but ensuring that staff also understand their role in patient and public involvement. We would like to read in the 2019/20 Quality Account the actions that have been developed in response to staff feedback and involvement.

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Trust Performance 2018/2019

Quality Priorities 2018/19

We welcome that the audit of the Bliss Baby Charter has been carried out as stated in the 2018/19 Quality Account. We note that gaps were identified, and an action plan is in place. The Trust should consider including an explanation in this current Quality Account, of what the gaps identified are in order to understand whether the actions being taken are responsive to these. Regarding the early identification and treatment of jaundice, we are pleased that there is a significant improvement (at least 50%) in the incidents reported by departments between April 2018 and March 2019. We would like to read in the 2019/20 Quality Account the impact of the review of phototherapy equipment on the number of reported cases, especially in the departments with the highest incidents (such as neonatal unit, neonatal surgical ward, Stratford road, Charlotte road midwives, ward 4 post-natal care and baby clinic).

We note that the Trust is facing challenges regarding neonatal non-elective readmissions within 28 days of delivery. We note that over the year BWH has had

- 281 neonatal readmissions within 28 days of discharge;
- 263 readmissions within 28 days of delivery;
- 40 A & E attendances at the Children's Hospital within 14 days of discharge from the Women's Hospital;
- and 387 unplanned admissions at the Children's Hospital within 14 days of discharge from the women's hospital

We note that a Trust audit has identified that most readmissions are due to issues relating to weight loss and jaundice. We would like to read in the 2019/20 Quality Account the impact of plans to remodel and refocus the hospital-based feeding support team and plans to improve pathways of support within the community, on readmissions.

We welcome the work that has been undertaken to improve abortion care services, including staff training, increased provision of emotional support for staff and patients, access to bereaved services, counselling and 1:1 supervision. However, we note the challenges the service is facing around the increase in patient numbers, which is impacting waiting times. We note plans around workforce and creating the outpatient capacity to address this. We would like to read in the 2019/20 Quality Account how many have been trained to take on the gynaecology nurse specialist roles and the impact of the additional outpatient clinic on waiting times.

We are pleased that the Trust took an honest evaluation of the antenatal radiology pathway and the challenges it was facing around capacity and waiting times. We note the various initiatives the Trust put in place to address this and are pleased that waiting times and staff satisfaction have improved. We note that the radiology department is still facing a capacity challenge and is unable to scan all patients under their criteria, leading to the use of agency staff. We hope to read in the 2019/20 Quality Account that increased numbers of staff have been recruited (e.g. sonographers) and the improvement in waiting times.

We welcome the initiatives implemented to address waiting times under the antenatal clinic pathway. We note that the Trust has increased the number of women being seen in community clinics by the midwifery team and we welcome the initiatives put in place to improve the patients waiting experience. Initiatives, such as better communication/information throughout the wait, provision of refreshments, and change to

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layout and décor, reflect what people told us in our report into people's experiences of waiting rooms. We would like to read in the 2019/20 Quality Account, the impact of these initiatives, the impact of a waiting times monitoring system, and the increase in the specialist midwife clinics.

Cancelled Operations

The Trust continues to face challenges in relation to cancelled operations. We note that in total 2899 operations were cancelled between 2018/19 and 1551 operations were cancelled on the day of operation. The Trust should include in the 2018/19 Quality Account report information on how many of these cancelled operations were offered an alternative date within the national guidance of 28 days. This will demonstrate the Trust's response to cancellations and commitment to patient care.

Patient safety incidents

We note that the level of Patient Safety Incidents has increased for BCH and BWH, from 4269 (April 2017 - March 2018) to 5286 (April 2018 - March 2019). However, the number of Safety Incidents resulting in severe harm/death have decreased from 25 (April 2017 - March 2018) to 18 (April 2018 - March 2019). We note that a single risk management system ensures the identification of themes and the feedback of incidents to staff in real time. It would be useful for patients and the public to know the themes identified from these safety incidents, lessons learnt, and actions taken to address these themes.

Forward Thinking Birmingham

The Trust reports improvements in personalised care planning and risk assessments for service users and increasing physical health assessments. As performance data is not provided in the draft, we are unable to comment and ask the Trust to include this information in the final 2018/19 Quality Account. We note that increasing demand has meant increases in waiting times and treatment. We would like to read the impact of online platforms for mental health assessments and treatment on waiting times and treatment in the 2019/20 Quality Account. We would also like to read examples of the services being delivered in primary care, secondary care and urgent care centres to improve access. We welcome the work being done to ensure that young people are supported early, and interventions delivered through school programmes to build emotional resilience and mental well-being.

Learning from Audits

We note the number of national and local clinical audits the Trust has taken part in 2018/19. We welcome that the Trust has taken the time to develop actions to address the findings of the audit reviews. We particularly welcome plans around the area of neurology where the Trust has met only 7 out of the 30 recommendations on care for patients with a chronic neurodisability disorder with 10 are partially met and 13 not met. In addition, actions taken on monitoring neonatal early warning score (NEWS) chart, at the correct time frames and NEWS score actioned correctly; ensuring that weight measurements are documented in Discharge CPA reports from an eating disorders unit and ensuring that junior doctors are completing documentation for assessing and managing risk within CAMHS Tier 4 inpatient units. These issues reflect what patients and members of the public have told Healthwatch Birmingham and we would like to read in the 2019/20 Quality Account, the impact of these actions on patients' safety.

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Learning from deaths

We note that during 2018/19 195 of the Trust's patients died. Of these, 64 case reviews were carried out. We are pleased that the review process has judged none of these deaths to have been caused by problems in the care provided to the patient. However, we note that the Trust identified issues (although not causing death) that fell below the standards the Trust expects. For instance, in some cases monitoring of physiological observations did not meet Trust standards and at other times those attending A & E did not receive a full set of observations upon discharge. We welcome the developments taking place to the Trust's PEWS system, on domestic violence screening and smoking cessation. We would like to read the impact of these actions in the 2019/20 Quality Account.

Complaints/PALs

The concerns raised by patients and carers to Healthwatch Birmingham are reflected in the complaints and PALs themes identified by the Trust. Over the past year, we have heard about issues with waiting times, delayed care, lack of information, poor communication, wrong diagnosis, poor behaviour of staff, transition and prescribing issues. We note that the themes identified are being tracked on a monthly basis and some are part of the 2019/20 priorities. We look forward to reading about the impact of these in the 2019/20 Quality Account. To aid the ability of the public to monitor and track improvement, the complaints and PALs data could be better presented by including the specific number of complaints across different sites.

Duty of Candour (DoC)

We welcome the work done around the Duty of Candour especially the production of a joint policy for BCH and BWH. We look forward to reading how many have had one to one training on this and the impact of the launch of the DoC policy and toolkit on practice. We particularly welcome the work with patients and families to determine the type and format of information they prefer to receive or would like to receive and how they feel they are involved in investigations into their care.

Trust Priorities 2019/2020

Healthwatch Birmingham has taken note of the Trust's priorities for 2019/2020. A continued focus on improving patient experience, safety and the delivery of effective care is important. We are pleased that the Trust has included patient and public involvement in the delivery of these areas. We look forward to collaborating with the Trust on these priorities over the coming year.



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