

## Statement from Healthwatch Birmingham and Healthwatch Solihull on West Midlands Ambulance Service (WMAS) University NHS Foundation Trust Quality Account 2020/21

The year 2020, which this Quality Account covers, has been both a difficult and challenging time but also a time where the value of the NHS has never been more recognised. Healthwatch Birmingham and Healthwatch Solihull's comments to WMAS's Quality Account for 2020-21, are made cognizant of the hard work of the Trust and its staff throughout the pandemic. Indeed, feedback from users of the Trust's services have highlighted the commitment and hard work of the staff:

*Friend went into hospital 3 times across lockdown NHS 111 very helpful also - I had Covid at the end of October NHS 111 were useful to have on the end of the phone*

*The response I had from the life monitoring service and your own ambulance service was fantastic, taking me to Hospital for general repairs and advice. Thank you all so much.*

*I contacted 999 and the person I spoke to was very helpful, supportive, and provided full information. Very good service.*

*I had Covid and it was bad, ended calling 111 they send 2 ambulances as my wife had it too only she has terminal lung cancer and COPD, she was ok but I was rushed to the Queen Elizabeth hospital in Birmingham. THANK YOU to everyone at that hospital and the medics that come to my home and looked after me and my wife and also the crew in the transport that took me back home after my stay.*

*During the first lockdown it took me 4 hours to get through to a member of staff who sounded incredibly exhausted but was so kind and polite and got my son an emergency appointment. During the second lockdown I spoke to a member of staff who was very efficient and empathetic and received a call back from another lovely member of staff within 30 minutes.*

### Care Quality Commission (CQC)

We are pleased to see that the Trust has retained its overall rating of outstanding following a CQC inspection in 2019. We note that during this inspection, there are some areas that were identified by CQC as areas of focus. We are pleased that actions required were implemented. We would like to read in the Quality Account 2020-21 what these areas are and the specific actions that were taken to enable Healthwatch Birmingham and Healthwatch Solihull to support the Trust. The service user experiences we hear throughout the year can potentially inform the work that the Trust is implementing. As these areas remain under review, we would like to read about the impact of the actions taken on patient experience in the 2021/22.

### Quality Priorities for 2021/22

Healthwatch Birmingham and Healthwatch Solihull are pleased that feedback from patients, staff and stakeholders has been used to develop the Trusts quality priorities for 2021/22. The collating of data from different sources (e.g. events, surveys, compliments, complaints) to develop these priorities is indeed welcome. A continued focus on cardiac arrest management, maternity, patient safety (reduction of harm) and patient experience is important.

It was of concern for Healthwatch Birmingham and Healthwatch Solihull to see that in a significant number of the Ambulance Quality Indicators, the Trusts performance has been lower than in 2019-20 with the exception of the sepsis care bundle, and stroke care bundle. We were therefore pleased to see that the Trust has included some of these areas in the 2021/22 priorities. We would like to read in the 2021/22 Quality Accounts, about the improvements made in these areas.

We note that actions under the cardiac arrest management priority include conducting a review of all serious incidents to identify strategic themes and make recommendations. A key learning from Covid-19 has been the importance of understanding how responsive health services are to the needs of different groups, particularly ethnic minority groups and those with a disability. We therefore ask that that this review should also endeavour to understand any issues related to inequality, looking at the demographics of those affected by serious incidents to understand if there is an impact on particular groups (e.g. ethnic minority groups and those with a disability) who we know tend to have poorer outcomes. Other actions under this priority, such as learning from experience and excellence are welcome and hope that this helps the Trust to understand the groups most affected and identify areas that could lead to variability in care and outcomes. We would like to read in the 2021/22 Quality Account the outcome of this review, examples of how it has informed service improvement and help the Trust be responsive to the needs of different groups. We would also like to read examples of lessons learnt from service user experience and how these lessons have been shared across the Trust.

Healthwatch Birmingham and Healthwatch Solihull agree with work plan developed under the maternity priority aimed at developing staff skills, improving interaction with the wider health community and increasing communication with patients. We note the use of online surveys and the inclusion of information on the Trusts website on the appropriate use of an emergency ambulance in maternity situations, what patients can expect from the trust, the and the need for patients to share their electronic pregnancy records to WMAS staff on arrival. All these are quite important issues and some can (such as the sharing of electronic records) can have an impact on health outcomes for service users. Therefore, it becomes important that all potential service users have access to this information, in a way that meets their needs. We are concerned with the overreliance on online tools to engage with service users. The area that the Trust covers is diverse, both in terms of language, affluence and poverty levels. Based on the feedback we have received over the past year, we know that the methods you have outlined will not be appropriate for all people within the community that the Trust serves. NHS Digital observes that one in ten people in England lacks basic digital skills and nearly six million people have never used the internet. Therefore, the number of people digitally excluded is significant and needs to be taken into account when relying on online engagement. For people from ethnic minority groups language might be a barrier to accessing this information and for people with sensory disabilities, the use of technology can be both enabling and a barrier to accessing services. It is not clear under this priority how the Trust will to ensure that varied ways which include the use of online technology are offered to all individuals according to their needs.

Healthwatch Birmingham's most recent work with the Trust on Health inequalities has resulted in some actions that WMAS will take which can be a partial solution to enabling access. This include the introduction of the language line app instead of the phone line through a sim enabled IPad that can aid interaction with service users. Another action is the

use of software to enable the Trusts external facing website to be converted into 40 different languages. We are pleased that these actions have been included in the Trusts strategy 2021-2026. On the other hand, we suggest that through plans to improve interaction with the health community under this priority, the Trust should aim to identify how this information can be shared with partners who engage with service users more regularly (e.g. through leaflets). We would like to read in the 2021/22 Quality Accounts how the Trust ensured that varied methods have been used to engage and communicate with service users and ensured that the various needs have been met.

We welcome that the Trust will continue to learn from patient harm incidents, especially during transportation. We note that although there has been a reduction in patient harm during transportation, quarter three reporting period showed an increase in comparison to the same period last year. We would like to read in the 2021/22 Quality Account, examples of lessons learnt and how this learning has been shared across the Trust.

We note plans under the patient experience priority around learning from patient feedback. We are pleased to see this included but again as per our comments above, we are concerned about the use of online surveys exclusively. We note that plans around these actions are still being developed and we would like to see varied methods used to capture service user views and experiences. We would like to read in the 2021/22 Quality Account the different methods used to capture feedback, who the Trust has heard from and how it is using the feedback to improve services such as the PTS. We welcome plans to carry out further targeted surveys through the Discharge or Renal Co-ordinators and look forward to reading examples in the 2021/22 Quality Account of the various experiences shared, lessons learnt and actions taken to improve services.

### Participation and National and Local Audits

We note the number of audits the Trust has participated in both national and local. We welcome the actions resulting from these audits. In particular, the following actions:

- Communications including compliance with indicators through the Trust “Weekly Briefing” and “Clinical Times”
- Awareness campaign to reduce 999 on scene times.
- Development and review of individual staff performance from the Electronic Patient Record.
- Improve assessment and documentation of children through education and promotion of the appropriate assessment using NICE guidance.

These actions will address some of the issues service users raise through the feedback they share with us. We hear both positive and negative experiences from users of the Trusts services which we share with the Trust throughout the year. We would like to read in the 2021/22 Quality Account, the impact of these actions on services and service user experience.

### Data Quality

We are pleased to see that care is being taken to ensure the accurateness of the data that the Trust holds ensuring this meets GDPR standards. Also important is quality assurance

ensuring that data can be used confidently to inform decision making and service development. Healthwatch Birmingham and Healthwatch Solihull believe that key to ensuring that data confidently informs decisions and service development is to ensure the completeness of data. For instance, identifying if there are any significant gaps in the data the Trust holds. We know from experience that it has been a challenge for many Trusts to ensure that demographic data is collected. What Covid-19 has taught us is the importance of ensuring that the Trust understands the community it serves. Therefore current practices relating to the capture of demographic information from patients should be reviewed and improved to support efficient and accurate data collection of these key elements of data. We believe that this should be a critical part of the Trusts focus on data quality including how well the Trust is using other sources of data (e.g. Public Health Data) to understand the community it serves.

### **Staff Surveys, WRES<sup>1</sup> and WDES<sup>2</sup>**

We note that the percentage of staff responding to the staff survey is lower than last year, although in comparison this is slightly higher than other Trusts. However, we are concerned that 44% of staff are not engaging which means that their needs and concerns are not heard. This has become more important with Covid-19 and the potential impact this will have on staff. We would like to suggest that the Trust tries to understand why the response rate is low as this could be anything from the timing of the survey, or mode of engagement (e.g. if only available online) and how the Trust communicates how it has used the feedback collected from staff and what changes the Trust has made as a result. In addition to the WRES and WDES, to what extent does the Trust analyse the staff survey data to understand the issues that affect BME communities and other groups covered under the equality act (e.g. disabilities, age).

We are pleased to see that there has been an increase of responses from BME staff with 331 BME staff taking part this year compared to 199 in 2019 and 184 in 2018. We would like to read in the 2021/22 Quality Account how the Trust is using the findings to make changes. What specific lessons and gaps have been identified through the WRES and WDES?

We recognise the various things that have been put in place to enhance recruitment from BME community. In particular, we note the employment of the Recruitment Engagement Officer to encourage BME applicants and marketing materials using BME staff. However, to what extent is the Trust using demographic and public health data to understand the BME make-up of the community it serves? In our most recent report, '[Health Inequalities: Somali people's experiences of health and social care services in Birmingham](#)' service users told us the importance of having staff that reflect them within health and social care services. We believe that understanding the community that the Trust serves will help the Trust to understand how representative its staff is.

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<sup>1</sup> Workforce Race Equality Standard

<sup>2</sup> Workforce Disability Equality Standard

## Conclusion

At Healthwatch Birmingham and Healthwatch Solihull, we believe that patient and public involvement is key to ensuring services meet the needs of service users. We have therefore been pleased to see the different ways that the Trust has demonstrated that they are engaging and how they are using service user experiences. We welcome plans to carry out surveys to understand various issues such as safe discharge on scene. We would like to see the Trust ensure the following as they implement actions around the patient experience priority:

- Ensuring that a key objective of collaboration and engagement is ‘to use patient and public insight, experience and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing independence and preventing worsening ill-health)’. This will enable the Trust to meet its two public sector legislative duties of involving patients and the public; and addressing inequality. It will link particularly well with the trusts public health focus and health inequalities. For instance, how can engagement be used to identify and understand the reasons why some communities face barriers when accessing WMAS services, even in circumstances where tools are in place to ease access (e.g. interpreters).
- Public health data should inform engagement plans to ensure that the trust is hearing from all sections of the community particularly those impacted negatively by plans in the strategy and seldom heard groups. In particular, also use this to understand wider impact on health inequalities that have an impact on how the trust delivers its services.
- Ensure that there is buy-in across the trust (all staff, service leads and managers) to the use of service user feedback in decision making. This should include clarity how learning from feedback is shared across the trust.
- The Trust is using varied ways of engaging with services users and members of the public that go beyond the use of online methods to ensure that the communication needs of different groups are met.



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