

Statement from Healthwatch Birmingham and Healthwatch Solihull on University Hospital Birmingham NHS Foundation Trust Quality Account 2020/21

Healthwatch Birmingham and Healthwatch Solihull welcome the opportunity to provide our statement on the Quality Account for University Hospital Birmingham (UHB) NHS Foundation Trust. As we give our comments to UHB's 2020/21 Quality Accounts, we recognise the tremendous challenges and difficulties Covid-19 has presented as the Trust carried out its work throughout the year. The importance of the NHS, and indeed our hospital Trusts in Birmingham, has never been more visible than at this time. Indeed, feedback from service users has highlighted the commitment and hard work of the staff at UHB during this period:

From my initial diagnosis to being given the all clear the QEHB have been truly excellent. The level of care has been outstanding. I have had three in patient stays and cannot find any fault in the standard of treatment I have received which has been brilliant. From my consultant downwards the entire team have been absolutely amazing and I cannot believe the treatment I have received in such difficult times I cannot thank QEHB enough.

The infectious disease department at Heartlands Hospital worked really well during the lockdown.

I was sent there by my G.P. The service I received was first class from start to finish. I was treated with the utmost respect and good humour, and left there feeling very reassured (Good Hope Hospital)

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, rite from the get go in A & E to leaving 4 days later the staff from the cleaner to the doctor could not have done more. I hated having to press the call button but I had to at times and it was no trouble for anyone to see to my needs THANK YOU to everyone at that hospital.

We note the work that the Trust has carried out over the past year in standardising the quality of patient care across the four main hospitals. In addition to digital and technological transformation to enable quality of care to be measured, compared, monitored and improved across the Trust. We look forward to reading in the 2021/22 Quality Account a significant improvement in the adoption of the use of digital and technology, particularly at Good Hope, Heartlands and Solihull. For instance, the use of PICS for timely and complete observations including pain assessment is not fully adopted across the Trust. Indeed that some sites are still recording observations on paper and we wonder the extent to which these sites are able to provide timely and appropriate clinical treatment to all patients without the prompt that PICS offers staff. We note and welcome plans to continue to roll out PICS at Good Hope and remaining Heartlands ward.

Over the past year, we have been pleased with how the Trust has responded and acted on patient feedback Healthwatch Birmingham and Healthwatch Solihull has shared through our research reports and our right to respond program. More recently, we have collaborated on a project to improve the health information that the Trust provides to its Romanian and Urdu/Mirpuri speaking patients. In addition, we have worked together to improve communication with patients about waiting times following the pausing of appointments and operations during the pandemic. We note that throughout the Quality Account and the priorities set for 2021/22, there is not much focus on the role of service users in decision-

making, implementation and evaluation of services. We welcome that the Trust recognises that an essential part of improving quality continues to be the scrutiny and challenge provided, through proper engagement with staff and other stakeholders. We would like the role of service user experiences, insight and experiences to be much more explicit and evidence of use of this and impact, much better presented in the Quality Account.

Therefore, we would like to see this focus on service user engagement, use of their feedback, experiences and insight, as a signal for quality of care in 2021/22. In particular, we would like to read in the 2021/22 Quality Account how service user experiences and feedback are informing improvement in the priorities from last year and this year, and core quality indicators, especially those where the Trust needs further improvement. We would like to read in the 2021/22 Quality Account, how feedback and experiences are being used to understand and act on:

- Reducing harm from falls including identifying risk factors, reasons for falls and prevention.
- Improving VTE prevention - to what extent will the actions under this priority include the role of patients and their families/carers in preventing VTE, this can include understanding whether those at risk understand what they can do to help/support staff to prevent VTE and educating them on their role.
- Improving ward rounds (including timely medical review) - how will service users and their carers/families be involved in the development of a framework for local ward round standards. This could include understanding the impact of these changes for service users, their families and carers.
- Improving nutrition and hydration - is an issue that we hear about from service users, especially those nil by mouth. Although we would like to read about the numbers of staff trained in the 2021/22 Quality Account, we would also like to read about the impact of this on practice. For instance, service user's experiences and whether this is changing following the training. In addition, consultations to understand the difficulties staff face in managing patient's nutrition and hydration should include service user insights.
- Improving the safety of invasive procedures - Indeed the staff view is critical but the patients/carer/families view can add to progress on these measures, for instance, through audits of compliance following the introduction of safety standards.
- DNAR - we note plans to ensure the validity of DNARs and consent given. The feedback we have heard around DNARs shows that there needs to be a clear process, engagement and communication with families on this issue. We believe it is important that actions taken to address this should include the insights of families/carers and in some cases, service users.

CQC

We are pleased to see that the Trust has retained its overall rating of good and has not had conditions on its registration with the CQC. However, we are concerned that the Trust has a rating of 'requires improvement for the safe domain following a CQC inspection in December 2020. We would have liked to see outlined in the 2020/21 Quality Account specific actions to be taken across the four sites to make improvement in this area. 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 the Trust continues to see an increase in the number

of patient safety incidents¹, we would like to read about the impact of the actions taken on patient experience in the 2021/22 Quality Account.

Performance against indicators included in the NHS Improvement Single Oversight Framework and Outcomes for Patients

Healthwatch Birmingham and Healthwatch Solihull note that apart from the VTE risk assessment indicator, the Trust is way below meeting the target in the other five indicators reported on p55. We note particularly the 18 weeks waiting time from referral to treatment performance is at 58.4% against a target of 92%; All cancers maximum 62 day wait from urgent GP referral is at 42.6% against a target of 85%; All cancers maximum 62 day wait for first treatment is at 69.6% against a target of 90%. We understand and appreciate the role that COVID-19 has played in this and impacted on these numbers. We would have liked to see in this report a statement on the measures being taken to address this.

This is of great concern to Healthwatch Birmingham and Healthwatch Solihull, especially considering the impact on outcomes for patients. Through listening to patient and user feedback we have identified issues around communication between the Trust and patients. In particular around delayed treatment and cancelled appointments causing high levels of anxiety for patients, and little ongoing support to manage conditions whilst they wait for treatment. Central to all the patient outcome concerns is how the Trust will recover and restore services post the pandemic. We fully understand how the pandemic has hit the hospital, and understand that UHB has been the hardest hit Trust. Undoubtedly this has had an impact on patient care and waiting lists. In a recent meeting with UHB we were informed about plans to reduce waiting lists and recover from the pandemic. We would like to continue supporting the Trust in 2021/22 to develop a robust prioritisation system, that effectively reduces the waiting lists to pre-pandemic levels.

Data Quality and FFT

Healthwatch Birmingham and Healthwatch Solihull have taken note of the actions to be carried out in 2021/22 in relation to data quality. We particularly welcome plans to review the Data Quality Policy and develop associated procedures. We believe that good quality data is crucial for understanding quality of care and variability in care for some groups. We therefore ask that the data quality policy review includes a look into the use of a wide range of demographic data to enable a more extensive deep dive and understanding of needs.

Equality and Diversity

The unequal impact of Covid-19 on people with a disability and Black, Asian and Ethnic Minority groups has further highlighted the important role of health and social care organisations in promoting equality for everyone. As the Nuffield Trust

¹ An increase in the number of never events from 9 to 12; increase in patient safety incidents standing at 70.2 compared to a peer average of 50.66; an increase in percentage of patient safety incidents resulting in severe harm or death from 0.40% to 0.47% and higher than the peer group average of 0.30%.

30th July, 2021

highlighted in their report, inequalities persisted during the Covid-19 pandemic with some groups facing poorer mental health and barriers to accessing services. It is disappointing not to see a commitment from the Trust to inclusion and equality in the 2020/21 Quality Account. We believe that a focus on inequality is ever more important as the Trust works to restore services if it is to reduce variability. It will be important for the Trust to understand the various experiences of discrimination that lead to health inequality and use this to inform restoration of services. We believe that Covid-19 has changed how health and social care collects and uses feedback, and public health data to understand the community it serves. We believe that this should be a critical focus of the Trusts priorities. Healthwatch Birmingham recently shared our ['Health Inequalities: Somali people's experiences of health and social care services in Birmingham'](#) with the Trust. We would like to know how the findings of this report are continuing to inform the Trusts health inequalities work; how the Trust is improving its knowledge about the issues facing minority ethnic groups, improving engagement with ethnic minority groups, and how it is designing and delivering services in a manner that addresses issues of discrimination and stigma. For instance, we note the number of speak up contacts and issues raised under the freedom to speak priority for 2020/21. We would like to read examples of actions taken to address issues around disrespect, bullying, leadership/probity and discrimination or racism.



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