

Statement from Healthwatch Birmingham on Birmingham Women's and Children's Hospital NHS Foundation Trust Quality Account 2020/21

The year 2020/21, which this Quality Accounts covers, has been a year of tremendous challenges and difficulties presented by the Covid-19 pandemic. On the other hand, however, the Covid-19 pandemic has further highlighted the value of the NHS. Healthwatch Birmingham's comments to BWCH's Quality Account for 2020-21, are made cognizant of the hard work of the Trust and its staff (including non-clinical and volunteer staff) throughout the pandemic. Indeed, feedback from users of the Trust's services have highlighted the commitment and hard work of the staff:

My daughter has had two complex ENT operations both during lockdown in May and then November this year. The care has been consistently excellent. Her nursing care was very good, they communicated really well with both of us and were caring and thoughtful. Her surgeon has gone above and beyond and if he had not been for him she would have very likely had been severe complications. We are very lucky to have had such expert care. He also takes time to communicate really carefully with us as parents but also with my daughter, and has really helped her to trust doctors again after difficult experiences locally. We have travelled from Cambridge for treatment here and we would travel twice as far if needed for treatment of this quality. All the staff cannot be praised enough for continuing such high quality care in the difficult circumstances currently.

During the lockdown, what worked well for us is that my child was able to have a liver transplant at Birmingham Children's Hospital.

We note all the work that the Trust has carried out during the lockdown to improve the quality of services, for instance the harm review process carried out and the Trusts commitment to ensuring that recovery plans reflect the differing needs of women, children and young people. Indeed, as a local Healthwatch we were pleased to see the Trust continue to live by its values, in particular by continually challenging yourselves to improve care. Healthwatch Birmingham have seen these values in practice through the number of collaborative work we have carried out throughout the past year to help improve the use of patient experiences and insight. We have been pleased with how the Trust has responded and acted on patient feedback Healthwatch Birmingham has shared through our research reports and our right to respond program.

We would like to see this focus on service user feedback, experiences and insight as a signal for quality to continue in the coming year. In particular, we would like to read in the 2021/22 Quality Account how these experiences and feedback are informing improvement in the 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:

- Emergency readmission for those between 0-16 years which are significantly higher than those for 16+,
- Patient safety incidents including understanding the cause, type of incidents, patients groups most likely affected and evaluate the effectiveness of learning that has taken place,

- What the issues underlying the key themes from general feedback and complaints such as communication, clinical treatment and the behaviour of staff. Including how these are being addressed,
- What is causing self-harm and violence and aggression towards staff within the FTB service, and
- We would like to see how experiences and feedback are informing actions to be taken to address the overall CQC ratings for FTB in particular the effectiveness and responsive domains and the CQC rating for BWH for the safety domain.

Quality Committee priorities

We are pleased to see that there is focus on how safely services can be restored during the recovery process and that recovery plans adequately reflect the different needs of women, children and young people who use the service. We welcome that this is supported by plans, under the Friends and Family Test quality indicator, to use a wider range of demographics (e.g. age, gender, ethnicity and disability) to understand the needs of service users. The introduction of a sixth focus area on equity and equality for the 'savings lives care bundle version two' is welcome indeed.

The disproportionate impact of Covid-19 on people with protected characteristics under the Equality Act and the most deprived areas has further highlighted the important role of health and social care organisations in promoting equality for everyone. We believe that a focus on inequality is ever more important as the Trust works to restore services. It will be important for the Trust to understand the various experiences that lead to health inequality and use this to inform the 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 Trust's priorities. Healthwatch Birmingham recently shared our ['Health Inequalities: Somali people's experiences of health and social care services in Birmingham'](#) with the Trust. We are pleased with the actions the Trust committed to, to ensure that it is addressing the impact of inequalities on its service user's access to and outcomes from services it provides. We would like to read in the 2021/22 examples of how a focus on equality is informing the restoration of services.

Quality priorities

We are pleased that the Trust continues to use a wide range of stakeholders, including service users, carers, staff and volunteers to develop the Trust's priorities for quality improvement. We note the different sources of evidence (e.g. safety incidents reports, internal and external reviews, complaints, national targets and clinical audits) to inform the development of the 2021/22 quality priorities.

We are pleased to see that the pilot of the Birth Afterthoughts has seen a significant amount of referrals in their first month. This shows the importance that patients attach to sharing their experiences. We would like to read in the 2021/22 Quality Accounts examples of how feedback from these sessions is helping the Trust to improve the patient

experience. We note that an independent evaluation of PEWS (Paediatric Early Warning System) has found that improvements have been made in the involvement of parents who have been enabled to share feedback that has improved staff's ability to identify deterioration in children. We are pleased to see that PEWS has been recognised and won a Patient safety and Improvement award, and learning is being used to develop a national PEWS for England. Having their views heard and acted on by staff is an area that parents have told us is important to them. We would like to read more examples of this in the 2021/22 Quality Accounts.

We welcome that for 2021/22 (under the preventing avoidable death priority) the Trust has included a sixth focus area on equity and equality of care to improve outcomes for black, Asian and ethnic minority women. We welcome the introduction of Continuity of Care Midwifery teams and the establishment of these in areas of high deprivation and high concentration of people from black, Asian and Ethnic communities. We note plans to recruit additional Continuity of Carer teams through overseas recruitment, the refugee appointment pilot and career development of the Trust staff from the black, Asian and Ethnic Minority community. We are particularly pleased with the use of the refugee appointment pilot and use of existing staff to recruit staff into the service. In our study into health inequalities (link shared above) participants told about the importance of having staff that reflect them within health and social care services. We would therefore like to see the Trust use demographic and public health data to understand the BME make-up of the community it serves and use this information to guide its recruitment plans. We believe that understanding the community that the Trust serves will help the Trust to understand how representative its staff is.

Divisions and Recovery of Services

We welcome the numerous service innovations and developments over the last 12 months to ensure continued access to services. In particular we note the use of virtual appointments. For instance, the delivery of services within FTB through remote, video or telephone consultation. We note that the Trust, through its evaluation, has found this to have been a huge success. Whilst this may be the case for some service users, the feedback Healthwatch Birmingham has heard shows that for other service users this presented a barrier. We believe that important that the Trust evaluates this to understand what works for people. Experiences shared with us show that the use of phone appointments and other technology was appropriate during lockdown circumstances but as services are restored varied ways for engaging with the Trust are required. For some service users, the use of technology may enhance their use of services, for other it may serve as a barrier. Therefore, we ask that the following be considered:

- Existing barriers such as language should not be ignored. It is therefore important that guides on how to access services using digital technology are developed in various languages and accessible formats.
- The digital divide that exists among socio-economic classes in Birmingham should be taken to account. People from lower socio-economic status often have reduced accessibility to digital technologies. In addition, due to lower household income, people from lower socio-economic status are likely not to have broadband, own a computer or smart phone or indeed afford credit for internet use on their phones.

- According to NHS Digital, 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 considering transforming with digital. For instance, familiarity with new technology for the elderly and those with language barriers is difficult. It is important that the Trust engages with various groups to ensure that their needs are met.
- It is important that the Trust considers developing a digital communication strategy that identifies the different ways of engaging using digital technology alongside the relevance of these for different service users.

The recognition of rising demand on the Trust's mental health services (FTB) is important. We are pleased to see that funds have been mobilised to manage this rise in demand. Healthwatch Birmingham looks forward to share the findings of our investigation into service user experiences of accessing FTB services to inform Trusts plans.

Having a clear plan to prioritise patients on the waiting list is commendable. We therefore note the adoption of the RCS style prioritisation which means that patients are seen based on clinical urgency, not where they are on the waiting list. As the Trust recognises, this increases the length of waits for some patients. We would like to know how the Trust is communicating this to patients, especially taking into account waiting time standards.

National and Local Audits

We welcome the audits that the Trust has participated in and the actions taken as a result. We note the work done on physical monitoring of patients experiencing mental health issues, the use of parent's experiences of caring for their babies on NICU during Covid-19 and parents experiences of the neonatal unit. We note plans to repeat the audit for the neonatal unit and we look forward to reading about the progress made. In particular, how many staff members have been trained to improve communication and partnership working with families as well as examples of barriers identified and actions taken.

We also note plans to continue telephone pre-operative assessments for elective CS. We would like to read how the needs of those with barriers has been addressed, for instance those with hearing impediments, language barriers and how well staff are trained to ensure that the needs of different groups are met thus reducing variability. We note that 92% said they would prefer a telephone assessment. We would like to know what the makeup of this group was, was the make-up of the group representative of the community the Trust serves and whether there were groups that the Trust failed to access through the telephone. We would also like to read in the 2021/22 Quality Account the outcomes of the prospective surveys of virtual outpatient clinics in a tertiary referral centre. We are pleased that the Trust has collected demographic data including age, gender and ethnicity. We would like to read in the 2021/22 Quality Account how these relate to views on usability.

We note audit carried out on what works for discharge of children with medical complexity. We are pleased that the Trust is looking at this important area for patients. The themes identified reflect what we hear from service users, families and carers, issues such as patient centred plans, supporting families, communication and collaboration with families.

29th June, 2021

We look forward to reading in the 2021/22 Quality Account, about the actions taken and the impact on improving the discharge process.

Data Quality and FFT

Healthwatch Birmingham has taken note of the seven actions to be carried out in the 2021/22 period in relation to data quality. We particularly welcome that training courses will include the importance of accurate data and proactive notification of issues, use of reporting to identify potential issues. We agree that good quality data is crucial for understanding quality of care and variability in care for some groups.

We therefore welcome the use of a wider range of demographic data to enable a more extensive deep dive and understanding of needs. We look forward to reading in the 2021/22 Quality Accounts on the use of this data and how it is informing service improvement approaches. Healthwatch Birmingham welcomes the new FFT question, as it will help the Trust not only capture qualitative detail of what worked well but also suggestions for improvement. We look forward to working with the Trust as they implement the priorities for 2021/22.



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