

Statement from Healthwatch Birmingham on Birmingham Women's and Children's Hospital NHS Foundation Trust Quality Account 2016/2017

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Women's and Children's Hospital NHS Trust 2016/17. In line with our role, we have focused on the following:

- The use of patient and public insight, experience and involvement in decision-making
- The quality of care patients, the public, service users and carers access and how this aligns with their needs
- Variability in the provision of care and the impact it has on patient outcomes.

Patient feedback

We are glad to see that the Trust has used a number of different methods to collect patient feedback. These include surveys, complaints, comments and concerns, a feedback App, consultations, feedback cards and patient stories. This has not only enabled the Trust to monitor performance but to develop solutions to performance issues. What is equally positive is that the Trust has demonstrated how patient feedback and experiences were used to develop priorities for the 2017/18 Quality Account.

It is positive to see that the Birmingham Women's Hospital Trust has developed a Patient Experience and Engagement Strategy. This demonstrates that there is agreement on how and why the Trust uses patient experience and feedback to inform decision-making. This strategy represents an opportunity to ensure that there is commitment across the Women's and Children's Trust to the use of patient and public insight and experience data and to their involvement in the design of services. To be effective, the strategy needs to be understood by all staff, promoted, and arrangements for collating feedback and experience should be clearly outlined. We look forward to seeing in the 2017/18 Quality Account evidence of the use of this strategy across the Trust and an evaluation of the usefulness of using patient experience and feedback.

Although we acknowledge the positive changes outlined above, all forms of patient feedback presented in the Account (i.e. formal complaints, FFT; PALS contact) indicate a lack of communication and that some patients still do not feel heard. In addition, NHS Digital data shows that the Trust's (Birmingham Women) responsiveness to the personal needs of patients during the reporting period is twelve percent lower than the highest Trust (73.8% versus 86.2%). This indicates there is room for improvement, ensuring that service users, the public and families are more central to decision-making.

The Trust could also improve its use of patient feedback and experience by using it to identify, understand and address health inequality. This will help identify any gaps in service provision and the needs of different groups, particularly those that seldom give feedback. For instance, this may help the Trust to understand barriers to improved health outcomes in perinatal mortality for individuals or groups, thereby developing solutions that facilitate the successful implementation of Small Gestational Age assessment at booking.

PLACE scores for food

At the Birmingham Children's Trust, the PLACE (Patient Led Assessment of the Care Environment) scores for food show that in:

- 2014/2015: 29% of feedback was positive and 71% indicate a need to improve
- 2015/2016: 43% (positive) and 57%; (need to improve)
- 2016/17: 46% (positive) and 54% (need to improve).

Although the gap between 'positive' and 'need to improve' has decreased, the 'need to improve' numbers are still high. We are pleased that the Trust will continue to collect qualitative data to understand patient's concerns and to develop solutions accordingly. Although the Trust is not continuing with PLACE as a priority, we hope the Trust will make 'Listening to Patients, carers and family' key to making decisions for the 'making food better' project.

Cancelled Operations

We notice that the Birmingham Children's Trust did not meet the 2016/17 target for all planned operations cancelled the same day. The assessment the Trust has made on this priority provides a clear picture of where the Trust needs to improve. Cancelled operations can lead to significant variability in care. We are pleased that this continues to be a priority for the Trust in 2017/18. We commend the plans set out in order to address the issues identified as leading to cancellations. However, we question whether these will address the problem of staff unavailability as increased number of beds and operating theatres could mean more patients and therefore require more staff. The Trust could consider including in the 2017/18 report information on how many of these cancelled operations were offered another date within the national guidance of 28 days. This will demonstrate the Trusts' response to cancellations.

MRI Scan Waits

In the Birmingham Children's Trust, the number of children and young people who waited over the national waiting time continued to increase between April 2016 and March 2017. As stated in the Account, this can be key in their care pathway. Healthwatch Birmingham is concerned that this variability in accessing services can lead to poor health outcomes for those concerned. We note that this is no longer a local priority. We hope that the plans for 2017/18 will address this issue.

Safe Domain

Healthwatch Birmingham is concerned that the Birmingham Children's Trust received a 'requires improvement' for the safe domain by the CQC due to seven never events that occurred, and poor quality of care on the neonatal surgical ward. We also observe that despite following and implementing the WHO surgical safety checklist compliance, three surgical never events occurred at the Children's Hospital and one at the Women's Hospital. The report indicates that the Trusts' response to these surgical never events will continue to be monitored through the Quality Committee. It would be useful for the public to know what specific actions have been taken under the 'Theatres Project Board' to address this.

This shows that the Trust is rectifying the problem, which helps patient choice and improves confidence in services.

Neonatal non-elective readmissions

At the Birmingham Women's Hospital, the level of neonatal non-elective readmissions within 28 days of delivery has varied widely over the last year. We therefore welcome the inclusion of this issue as a priority for 2017/18. We commend the Trust for making plans to develop outpatient services to support breastfeeding mothers, and a business case to set up a neonatal outreach service for supporting babies with complex needs. Healthwatch Birmingham suggests the Trust engage with patients, carers and the public in the development of this business case. This will enable decisions to reflect the needs of the population.

We agree with the Trusts' comment that perinatal mortality is partly explained by the nature of the population served by the Trust. Hence, identifying those at risk would help improve their health outcomes. It is therefore concerning that the Trust has not met its target in terms of the number of patients who are risk assessed for small gestational age. Consequently, patients requiring serial scans are not being identified, presenting a real risk of poor health outcomes. We note that this is no longer a priority but welcome the plans put forward for making improvements in small gestational age risk assessments (included in the 2017/18 Quality Account as a supplementary indicator).

To conclude, Healthwatch Birmingham congratulate Birmingham Children's Hospital for their overall rating of outstanding, in particular on their outstanding rating for critical care and transitional services; and for medical and end of life care. We also congratulate the Women's Hospital for achieving an outstanding rating in maternity inpatient services. We hope that the new Trust will share best practice to ensure that it receives an outstanding CQC rating and ensure improvement in the effective, responsive, well-led and safe domains. We would be interested to read in the 2017/18 Quality Account how the hospitals have learned from each other, leading to an improvement in the quality of care.



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