

Statement from Healthwatch Birmingham on Birmingham Women's and Children's Hospital NHS Foundation Trust Quality Account 2017/18

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Women's and Children's Hospital NHS Trust 2017/18. We are pleased to see that the Trust have taken on board some of our comments regarding the previous Quality Account. For example the Trust:

- Has outlined a clear process of how it develops its priorities and the evidence that informs this process.
- Has given clear examples of patient experiences, and how these are used to develop solutions that improve the quality of services.
- Has provided details of how poor quality of care will be addressed.

Patient and Public Involvement

We commend the Trust for drawing from various sources of feedback to develop their priorities for the 2018/19 period. The 'listening to you' initiative, and the community listening events, are examples of good practice in terms of listening to patients and using their feedback to improve the quality of services. We are also happy to see examples of feedback being used to understand the needs of particular groups (e.g. those for whom English is not their first language).

In our response to the 2016/17 Quality Accounts, we expressed concern that all forms of feedback (i.e. formal complaints, FFT, Pals Contact) showed that there was a lack of communication and some patients did not feel heard. We note that the 2017/18 Quality Accounts still shows that patients, families and carers are concerned about communication across the women's and children's hospital trust, and Forward Thinking Birmingham services. Also of concern are clinical treatment/patient care, values, attitudes and behaviour of staff, appointments and access to treatment/drugs. We welcome the actions the Trust intends to take to address these issues, and hope to see the impact of these actions in the 2018/19 Quality Account.

We commend the Trust for the process taken for each service when a death occurs, and look forward to reading in the 2018/19 Quality Accounts the impact of the actions outlined on page 50-53 of the draft Quality Account (Learning from deaths). However, we note from the processes outlined for case reviews and investigations into the death of a patient, the Trust has not stated how it involves and engages meaningfully with bereaved families and carers. It is not clear how the Trust is listening to these families and carers, and informing them of their rights and how they can access support or advocacy. Involving families and carers in case reviews

and investigations offers a more rounded view and understanding of patient experience. We would like to read in the 2018/19 Quality Accounts about how families and patients are involved in various stages of case reviews and investigations; and how the Trust weights families and patients views compared with those of clinical staff. This will support the findings of the Trust's review of clinical audits and confidential enquiries (learning from death review) that the Trust should do more to engage with families within the mortality review process.

We welcome the Trust's plan to conduct an audit in September 2018 in order to gain a Bliss Baby Charter accreditation. As per the Bliss Baby Charter's guideline, we would like to read in the 2018/19 Quality Accounts about how families have been involved in the audit. Involving families in this audit will help the Trust to understand whether they are providing quality family-centred care.

Cancelled Operations

In our review of the Trust's 2016/17 Quality Accounts, Healthwatch Birmingham raised concerns about the rate of planned operations cancelled on the day of operation. We asked the Trust to report how many of the patients who had 'on the day' cancellations were offered another date within the 28 day standard according to the NHS constitution. In addition, how many were recorded as a breach because they were not treated within 28 days of the cancellation. The data provided for the 2017/2018 Quality Account shows that cancellations of operations remains a concern, especially at the Birmingham Children's Hospital. In addition, there are no reasons given for these cancellations, whether they were clinical or non-clinical reasons; and the type of patients affected by the cancellations (i.e. whether they were cancer, liver, neuro or cardiac surgery patients). As we indicated in our last response, including this information in the Quality Account will show how the Trust is responding to cancellations, and will demonstrate that they appreciate the impact this has on patients and their families. Healthwatch Birmingham is concerned about the potential impact these cancelled operations may have on patient's quality of life, especially where treatment is time sensitive. The Trust's 2017-18 Quality Accounts report (p27) states that these issues will be reported next year. We therefore look forward to reading about the experiences of children, young people and their families as to how cancellations affect them and impact their quality of life in the Trusts 2018/19 Quality Account.

The Trusts Priorities for 2018/19

Healthwatch Birmingham has taken note of the Trust's priorities for 2018/2019. We believe that a continued focus on cancelled operations is important, as are plans to ensure consistent use of the WHO checklist. Improving understanding across the team will ensure that staff understand the rationale behind the use of the checklist in preventing never events. In particular, we are pleased to see that Forward Thinking Birmingham (FTB) has been added as a new priority for the Trust. As per Healthwatch Birmingham's role, we have received both positive and negative feedback about Forward Thinking Birmingham (during the reporting period 2017/18) and believe the reporting areas outlined (improved CQC rating in 2018/19; Improved self-assessment rating through Hub care plans; and waiting times are within nationally required standards - 18 week target) are consistent with what we are hearing.

However, based on the feedback we receive about Forward Thinking Birmingham, we also suggest that you consider the following issues: clear pathways for patients in crisis - who provides care and support; joined up care and transfer processes from FTB to adult services, continuity of care when patients change specialists etc.

Aligning the Trusts Quality Systems, Processes and Priorities

Healthwatch Birmingham also notes that the Trust has used this critical juncture in its history – following the merging of women's and children's Trusts – to develop clear joint strategies. In particular, the New Complaints Management Approach, the learning from deaths process and the integrated patient experience strategy that will inform the first joint Quality Strategy in 2018.

This juncture also presents the perfect opportunity for the Trust to partner with Healthwatch Birmingham through our 'Patient and Public Involvement Quality Standard' and our investigations. Healthwatch Birmingham is running various projects to support providers in Birmingham to meet their statutory role of consulting/engaging with patients and the public. Consequently, we are helping Trusts ensure they are using public and patient feedback to inform changes to services, improve the quality of services and understand inequality in access to services and health outcomes. We have worked with some Trusts to review their patient and public involvement processes (PPI), identify areas of good PPI practice and recommend how they can make PPI practice more effective. As you develop these processes for the joint Trust, it is an opportune time for the Trust and Healthwatch Birmingham to work together to develop a strategy for PPI and build on best practice.

In addition to the above, Healthwatch Birmingham has recently carried out an investigation: 'Patient Involvement and the CCGs Complaints System'. This looked

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at the benefits and barriers of seeking feedback about the process of making a complaint to a Birmingham CCG. We believe that the findings of this investigation may be useful in the Trust's approach to complaints management.

To conclude, Healthwatch Birmingham would like to commend the Trust for taking action in response to our comments on the 2016/17 Quality Accounts. We would, however, like to see communication improve; this issue was raised in the 2016/17 and 2017/2018 Quality Accounts. We also suggest the following data on cancelled operations are included in the 2018/19 Quality Accounts: meeting the 28-day standard; reasons for cancellations; and the types of patients affected by the cancellations.

It is positive to see how the Trust uses feedback to develop actions and improve services. It is evident from the Quality Account that the Trust is using patient experience, feedback and insight to understand and address issues of health inequality. Also, it is positive to see that the use of patient experience and feedback is evident across the Trust's three services. We hope there will be further improvements in this area, particularly as the Trust implements its patient experience and engagement strategy.



Andy Cave

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Healthwatch Birmingham