

Statement from Healthwatch Birmingham on Birmingham and Solihull Mental Health Foundation Trust Quality Account 2016/2017

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for the Birmingham and Solihull Mental Health Foundation 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 experience and feedback

The Quality Report's recognition that the Trust needs to do more in order to improve patient and public involvement, is a principle Healthwatch Birmingham supports. In particular, that service users and carers are adequately informed or engaged in the development of their care and recovery plan. Public feedback shared with Healthwatch Birmingham, concerning the Trust, highlights the importance of engaging with patients and the public in their care. As this service user states; *"although the team members I see are excellent..... Written risk assessments/crisis plans are barely recognisable as about me especially around past history (Feedback 19/04/2017)"*

The Trusts' patient experience scores in the *National Community Mental Health Survey* show that, despite an improvement in patient experience, the target has not been met. Not all patients are aware of who is responsible for their care and what to do in a crisis. The survey data shows that the percentage of patients who know who to contact in a crisis out of office hours has continued to fall below the national benchmark figure. Healthwatch Birmingham, therefore, appreciates the formation of a Programme Board for Patient Experience and Recovery, and work being done with 'experts by experience' to produce a recovery strategy and training on 'my care and recovery'. Involving patients and carers on this Board will enable the Trust to understand the needs of the different groups better. We therefore welcome the fact that the Families and Carers task group and Service User Feedback and Intelligence task group, work closely with the board.

Similarly, we are concerned that consultations on the quality priorities for 2017/18 have not included service users, carers and the public. We observe that the goals the Trust has outlined indicate co-production, but it is not made clear what this means in practice. In particular, who the Trust will be co-producing with, for instance staff, stakeholders, patients or carers. In addition, the idea of co-production is not followed through as an enabler for achieving these goals. The Trusts' focus appears to be on one-way communication, where the Trust does something for service users with no real indication in



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the Quality Account of service users and carer's roles in decision-making. For instance, two enablers for improving patient experience scores (goal 5¹) state that:

- Better crisis planning for service users;
- Ensure that patients, carers, and families recognise and understand crisis plans.

Conversely, it is unclear how patients and carers will be involved in reviewing the Trust's approach to quality improvement and developing best practice framework for quality improvement (Goal 10²). We believe that for this framework to lead to an improvement in 'patient experience and effectiveness', patients and their carers need to be involved in identifying/understanding quality issues and in developing solutions. This will enable the Trust to develop solutions that align with the needs of patients.

We believe that one of the enablers to achieve goal 2³ should be 'to better communicate, **involve** or **engage** service users and their families in producing crisis plans'. For goal 5⁴ and 6⁵, one of the enablers should be to develop a clear strategy for how to involve patients, the public, service users and carers in understanding the barriers to improvement in health outcomes. A strategy will ensure that there is agreement across the organisation to how and why patient and public insight, experience and involvement is used to drive improvement and identify where variability in care might lead to health inequality.

We commend the Trust for recognising the importance of understanding that health outcomes are different between people within similar groups and different groups. We are pleased to see that PLACE Assessments into how well provider premises are equipped to meet the needs of service users have been extended to include dementia patients (2015) and people with disabilities (2016). A strategy for engaging patients and the public will enable the Trust to use patient and public insight and experiences to identify health inequalities and barriers different groups face; involve patients and the public to understand the causes and impact of these inequalities; and involve patients/public in developing initiatives to address health inequalities across the organisation.

Complaints

The Quality report has clearly outlined plans that have been implemented in order to improve the complaints process. A second review by the Patients Association into the Trusts' complaints process has led to the creation of independently trained investigators. This has

¹ Goal 5 – To achieve improvements in patient experience scores in the National Community Mental Health Survey

² Goal 10 – Further develop the Quality Improvement Framework

³ Goal 2 – Our Service Users have reduced mortality through coproduced crisis plans, learning from mortality case note reviews and we will reduce the number of suicides.

⁴ Goal 5 – To achieve improvements in patient experience scores in the National Community Mental Health Survey

⁵ Goal 6 – Families and carers have a positive experience and feel involved in and supported by our services



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ensured that investigations into complaints are not undertaken by the team being complained about. In terms of the responsiveness to complaints, the use of different methods is welcome. For instance, sending questionnaires to complainants to measure how well the Trust is responding and using the Patient Experience Team (service users, carers and complainants) to review the responsiveness of the complaints process. We are therefore, pleased to see that 100% of complainants receive a written reply within the agreed response time. We would like to see examples in the 2017/18 Quality Account of how the Trust learns from complaints and consequently, how the quality of service and access to the complaints process is improved.

Mortality

The Trust has not met its goal to reduce the number of deaths that resulted in a Prevention of Future Deaths (PFD) report. We note that the Trust had 3 PFDs by March 2017 compared to 2 in 2015/16). We acknowledge that the Trust has addressed issues raised by a PFD report into an incident at Reaside Clinic, thereby, improving the handling of emergency incidents. Regarding long term solutions to PFDs, the report states that the Trust is reviewing its transfer arrangements for patients aged between 0 - 25 years and delays in accessing an approved Mental Health Professional from the Council. We would like to see in the 2017/18 Quality report how service users and carers have been involved in these reviews and what impact this has had.

Suicide rate

The Trust did not meet its target of zero inpatient suicides for 2016/17. A 'root cause analysis' of the incidents by the Trust made recommendations that will follow the 'learning process'. The Trust should consider including an explanation of what the 'learning process' is and how lessons are used to improve services. We commend the Trust for taking immediate action following the incidents. Particularly, supporting the ward concerned in conducting risk assessments in order to formulate inpatient care plans that met service user's needs. Healthwatch Birmingham believes that formulating care plans should be an integral part of admitting patients and this should be updated through observations. We therefore welcome the electronic recording of observations that started in April and the development of crisis care plans for all service users.

Care Support Plans (CPA)

We welcome the actions taken by the Trust in response to Healthwatch Birmingham's report into care plans for patients with severe mental illness. The report states that the percentage of inpatients with a care plan has increased by 40% during the monitoring period 8/01/17 to the 28/3/17. Whilst we commend the Trust for this achievement, we would have liked to see how the Trust has performed over the 2016/17 period. The Trust should consider aggregating this data by month and service so that we can see the compliance rate for each service. Conversely, we note that the percentage of CPA reviews in the previous 12 months has reduced by 4.4% and has steadily decreased from 97.2% in 2014/15; 96.4% in 2015/16



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and 92% in 2016/17. The percentage of patients with a completed multidisciplinary review is variable; decreasing from 94.9% in 2014/15; to 69.1% in 2015/16 and 79.8% in 2016/17. It is also concerning that for people on the CPA in 2016/17, only 86% had a completed risk assessment. We recognise that the number of completed risk assessments are increasing but this represents a variability in care; those patients with a risk assessment are more likely to receive care that addresses their needs effectively than those without such an assessment. We believe that the potential failure to address the issue of reviews and risk assessments will be a contributory factor to not meeting the targets set for suicide and mortality rates.

Commissioning for Quality and Innovation (CQUIN) 2016/17

We note that a proportion of BSMHFT income was based on achieving quality and innovation goals through the commissioning for Quality and Innovation payment framework. The report predicts that the CQUIN position at the end of the year will be 88.5% completion. This represents an 11.5% loss. This is due to failure to achieve CQUIN 2b (Communication with General Practitioners) and 1c (uptake of flu vaccinations for frontline clinical staff). There is no explanation of why these two measures have not succeeded nor actions for improvement. Considering that communication with GPs (Goal 8) is one of the goals for 2017/18 we hope to see in the Quality Account how this has improved.

To conclude - we recognise the successful application by the Trust to be one of seven Trusts to lead the way in pioneering digital technologies for mental health care. As an exemplar, we look forward to seeing digital innovations that will positively impact patient outcomes. In addition, we congratulate the Trust on receiving an inpatient mental health service accreditation in seven of its wards. We also note that a service user led initiative regarding Appreciation Awards has been shortlisted for the final of the National Service User Awards 2017.

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