

Statement from Healthwatch Birmingham on Birmingham and Solihull Mental Health Foundation Trust Quality Account 2017/18

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham and Solihull Mental Health NHS Foundation Trust. We are pleased to see that the Trust has taken on board some of our comments regarding the previous Quality Account. For example, the Trust has:

- Given some examples of patient experience and feedback, and how these are used to develop solutions that improve the quality of services.
- Demonstrated how it communicates with service users and families following the use of their feedback and experiences.
- Provided details of how they will address poor quality of care.

Patient and Public Involvement

It is positive to read how the Trust has involved service users in various activities over the 2017/18 period. We note that the Trust has adopted recommendations from the CQC on Positive and Pro-active Care, in order to address physical risk and patient safety concerns. We are happy to learn that the Trust's Positive and Proactive care Panel includes a service user representative, and the panel collects data and experiences from service users and staff. It is positive to see examples of changes that have been informed by service user feedback. As the work of the panel continues, the Trust should consider using feedback from staff and service users to understand and identify groups who are most likely to be restrained, as the use of prone restraints have not improved over the years. The CQC has found staff are more likely to restrain women (particularly young women) and black people. Understanding the underlying causes for restraints generally is useful, but also understanding this from the perspective of different groups will help the Trust develop strategies that are more appropriate.

In our response to the 2016/17 Quality Accounts, we expressed concern about the lack of involvement of service users and carers in various reviews the Trust carries out. We are pleased that one of the emerging themes following a review into eight avoidable deaths was the recognition that the Trust could learn from 'improved family and carer involvement and engagement'. We commend the Trust for publishing a 'learning from deaths policy', which clearly outlines how the Trust should involve families and carers when the death of a loved one occurs. 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, how families and patients have been involved in various stages of case reviews and investigations. In addition, how the Trust weights families and patient's views, compared with how they weight the views of clinical staff.

Regarding the Trust's patient experience scores in the National Community Mental Health Survey, we note that the Trust has failed to achieve its goal of improving these scores. However, we welcome the initiatives being implemented in response to the results of the patient survey.

Firstly, the review of care planning through the Clinical Development Programme. We note that three clinical teams identify what they perceive stands in the way of delivering care and supporting initiatives to remove barriers. Healthwatch Birmingham believes that this is an opportunity for the Trust to

incorporate into this process, discussions with service users on the specifics of their experience. This will help the Trust to ensure person-centred care.

Secondly, the use of focus groups with service users about crisis planning, and what they would like in them is a useful approach. Focus group discussions will help the Trust understand service user experiences when they are in a crisis; pinpointing areas that need change or understand where services are working well. We would like to read in the 2018/19 Quality Account the impact these initiatives have had on patient experience scores.

At Healthwatch Birmingham, we believe that demonstrating to patients how their feedback is used to make changes or improvements shows service users and the public that they are valued in the decision-making process. Consequently, this has the potential to increase feedback. We note that the Trust is using various ways to communicate with staff and service users how their feedback is used to make changes. We welcome the use of roadshows, and displays at various sites to demonstrate that the Trust is listening and actively using feedback. We particularly welcome the development of the new 360 degree feedback tool, and are pleased that this enables team managers to give feedback on the effectiveness of patient experience on their wards. We believe that this is quite an innovative way for the Trust to gain buy-in from staff to the importance of using patient experience and feedback to improve services. We look forward to reading in the 2018/19 Quality Accounts the impact of this across the Trust.

Ensuring that health and social care organisations are addressing health inequality is a key priority for Healthwatch Birmingham. We are pleased to see how the Trust is engaging with local communities from different ethnicities and those for whom English is not their first language. We note the introduction of courses around deaf awareness and signing skills introduced in response to service user's feedback at Barberry centre.

Complaints

In our response to the Trust's 2016/17 Quality Accounts, we asked to see examples of how the Trust learns from complaints, and consequently how the quality of service and access to the complaints process is improved. We welcome that the Trust is demonstrating that it is learning from complaints. In particular projects being implemented to ensure that new families and carers have a positive experience and feel more involved and supported by the Trust's services. We note the Carers Assessment project, and the resulting Trust carer's assessment that has been included on the patient information system. In addition, the production of a 'caring into the future booklet', which ensures consistency of care and continued involvement of families when the carer is not available.

Care Support Plans (CPA)

In our response to the 2016/17 Quality Accounts, we expressed concern that, whilst the percentage of completed CPA reviews was increasing, not all service users that should have, had a completed care plan, completed risk assessment and a health and social care assessment. Based on the data provided in the 2017/18 Quality Account, the situation has not changed. For those on a CPA (2017/18), only 82.4% had a completed CPA care plan, 81.9% had a risk assessment done, and 81.5% had a health and social care assessment. A reduction on the 2016/17 Quality Accounts percentage, which was 88.3%, 86.3% and 86.9% respectively. Whilst we commend the Trust for improving the percentage of CPA reviews carried out from 92% in

2016/17 to 97% for 2017/18, the above reductions represents a variability in care. Those with a completed assessment will tend to receive care that is tailored to their needs. Equally, failure to carry out assessments might contribute to the Trust not meeting other targets such as suicide and mortality rates.

In addition, Healthwatch Birmingham is concerned that the quality of care plans are inconsistent and there is no consistent approach to the recording of care plan documentation - according to audits and the CQC inspection. These indicated that:

- The Trust does not always include statements in care plans when prescribing high dose antipsychotic drugs for all acute and psychiatric intensive care patients.
- The Trust does not always update patient's care plans following episodes of rapid tranquilisation incidents.
- The standard is not being met for updating care plans within a week of an incident occurring and updates to care plans on patient preferences and include details of management of future incidents.
- The standard is not being met for the provision of injections (e.g. haloperidol) with heart monitoring information.
- The quality of care plans are inconsistent at point of discharge.

We recognise that the Trust has initiated a number of actions in relation to these concerns. For instance, care planning training has been extended to Associate Nursing Staff and student nurses; and a listening in action engagement event has taken place. We note that, based on this event, the Trust will be implementing various actions from April 2018. We would like to read in the 2018/19 Quality Accounts, the impact these actions have had on the quality of care plans and continued service user involvement in the care planning process.

Communication with General Practitioners

In our response to the 2016/17 Quality Accounts, we observed that the Trust had failed to meet its target to improve communication with GPs; to ensure timely information exchange. We are concerned that the 2017/18 Quality Accounts still shows that targets set under this goal have not been achieved and are way below the set target. For instance, regarding letters sent to GPs following a CPA review and routine outpatient appointment, only achieved to send 55% for patients on CPA and 35% for patients on care support against a target of 90%. Equally, only 12% discharge summary from inpatient stay and 0% for home treatment team episodes were sent to GPs. This means that there is a delay in other health professionals receiving important information about diagnoses, prescriptions and ongoing monitoring and treatment. All of which can have a negative impact on patients. We note that this has not been carried into the 2018/19 Quality Account priorities. We ask the Trust to consider reporting on the progress on this in the 2018/19 Quality Account.

The Trusts Priorities for 2018/19

Similar to our comments to the 2016/17 Quality Accounts, we are concerned that consultations, on the quality priorities for 2018/19, have not included service users, carers and the public. Although we commend the Trust for drawing from various sources of feedback (from Clinical Governance Committee; Integrated Quality Committee; and Council of Governors) to develop its priorities for the 2018/19 period, it is still not clear how the Trust uses the public and service user feedback to inform its priorities. Healthwatch Birmingham has taken note of the Trusts priorities for 2018/19 relating to patient and public engagement.

We believe that continued focus on the involvement and engagement of families and carers when undertaking various activities, such as risk assessments and care planning, is important. As are plans to make improvements to Question 37 of the National Community Mental Health Service User Survey. So that the Trust can better understand whether mental health services are effectively involving families and carers. In particular, we are pleased to see that the Trust plans to scope all opportunities for co-production and family, carer and service user involvement from ward to board.

Healthwatch Birmingham believes that the above scoping exercise presents an opportunity for the Trust to partner with Healthwatch Birmingham through our 'Patient and Public Involvement Quality Standard'. Healthwatch Birmingham and the Trust have had discussions about partnership working, which we would like to develop further. Healthwatch Birmingham is running various projects to support providers in Birmingham to meet their statutory role of consulting and 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 the Trust scopes for opportunities for co-production and engagement, 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.

To conclude, Healthwatch Birmingham would like to commend the Trust for taking action in response to our comments on the 2016/17 Quality Accounts. It is positive to see how the Trust uses feedback to develop actions and improve services. As well as using patient experience, feedback and insight to understand and address issues of health inequality. It is our wish to see further improvements in this area. We would welcome the opportunity to explore how we can support the Trust to improve this aspect of their work in the year ahead.



Andy Cave
CEO
Healthwatch Birmingham