

Statement from Healthwatch Birmingham on Birmingham Community Healthcare NHS Foundation Trust Quality Account 2018/19

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Community Healthcare NHS Foundation Trust. We recognise that the Trust has gone through a period of restructurising, leading to the production of a new strategy, vision and values to support the development of the Fit for 2022 Improvement Programme. We are happy to have seen the active engagement of stakeholders, including patients and members of the public, in this process.

Patient and Public Involvement

The Quality Account does demonstrate that the Trust uses different methods to engage with patients, service users and carers. We are particularly pleased that quality performance monitoring includes patients being invited to share their stories to the board, and patient safety walkabouts/visits where Executive and non-executive teams engage with patients, service users and staff by visiting the wards and clinical areas. We welcome that a wide range of stakeholders, including service users and Birmingham residents, have been involved in developing the Trust's priorities for quality improvement 2019/20.

Regarding performance on the 2017/18 'enhancing patient experience priority', we note the work that has been carried out; especially the use of co-design approaches to develop service plans and service information.

As per our comments on the 2017/18 Quality Accounts, we believe patients and the public would benefit from reading about the impact of these initiatives on decision-making and service improvement in the Quality Account. 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. Therefore, we would like to see the inclusion of:

- Examples of the use and impact of patient experience reports;
- The next steps for the 'Lessons Learned Group' following the review by the Director of Nursing and Therapies, The Patient Experience, and Risk Management Departments;
- Specific details (i.e. aims, expected benefit, who will be engaged, how and why they will be engaged) on the plans to hold an improvement workshop in 2019/20.

Regarding the Friends and Family (FFT) Scores, we note that the Trust has used varied approaches such as cards for patients and electronic devices to increase the FFT response rate. This has seen an increase from 1233 in December 2018 to 3492 responses in February 2019. Although this demonstrates that a significant number of patient's views are reflected in the feedback, it does not tell us whether this is representative of the different groups in Birmingham. Our key concern is that, although various methods are used by the Trust to engage with patients, it is not clear 'who' the Trust is engaging and listening to. How the Trust is listening to seldom heard people? In line with our response to the Trust's last Quality Account, Healthwatch Birmingham still believes that the Trust would benefit from developing a Patient Public Involvement (PPI) Strategy that would ensure that engagement activities are equitable and representative of the localities the Trust works in. A PPI strategy would outline:

- Why the Trust is listening

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- What the Trust is listening for
- How the Trust listens
- Who the Trust wants to hear from (including 'seldom-heard' groups)
- How the Trust will use what it hears
- Clear arrangements for collating feedback and experience.

Over the past year, Healthwatch Birmingham has worked with clinical commissioning groups (CCGs) and trusts to benchmark their patient and public involvement (PPI) processes using Healthwatch Birmingham's Quality Standard. We have worked with Birmingham Community Healthcare Foundation Trust and benchmarked the Trust's PPI processes against our Quality Standards in October 2018. We have an agreement to return to monitor progress in 2019. We hope to continue this work with you to embed systems that continue to deliver consistently high-quality PPI.

We welcome the activities that have taken place to enable staff to have a voice and be heard. From activities such as the Big Conversations, CEO visits, Listening into Action events, Monthly Team Talk and Email the Chief Executive. We would like to read more about the impact of these activities in the 2019/20 Quality Accounts. However, the Trust has been unable to achieve the goals around the 'improving staff engagement' priority that was set out in the 2018/19 Quality Account. The 2018 Staff Survey only increased by 4% on the 2017/18 response of 40%. Of these 44% of staff that responded, on average 67% would recommend the Trust to their family and friends and only 53% would recommend the Trust as an organisation to work with. This data shows that this performance is below average.

We have noted that whilst 95% of patients report good or excellent care, only 67% of staff would recommend the Trust to their family and friends. We recommend that the Trust investigates this further and use the findings to inform service improvement plans.

Equality and Diversity

Healthwatch Birmingham has a key role in promoting equality for everyone that uses health and social care services. We welcome the use of EDS2 within the Trust in the last year. Although the Trust has been assessed (through the EDS 2 process) as being underdeveloped in the areas relating to patients/service users and developing in the areas relating to staff, these serve as baselines for improvement. Our involvement in EDS2 activities across the trusts has shown that the evidence presented for each outcome does not tell us the actual impact it has had on people from protected characteristics under the equality act. It is therefore not clear whether people from protected characteristics have good health outcomes as a result of these efforts. We believe that for EDS2 to be effective, the Trust needs to collect demographic data of those patients and members of the public participating in engagement activities. Otherwise, the Trust will not have the necessary information to say confidently that they are reaching hard to reach groups or those under the equality act.

The Staff Survey 2018 has also demonstrated little progress against the Workforce Equality Standard indicators. Indeed a Trust review of trends across the previous 5 years shows that performance in this area has fallen significantly. We welcome that addressing this is a

priority for 2019/20 and moving forward the Trust will focus on equality and inclusion and supporting managers to engage and support their teams.

We would like to read in the 2019/20 Quality Account, the improvement plans implemented in response to EDS2 and actions undertaken to address inequality amongst staff.

CQC Inspection and Special Educational Needs and Disability (SEND)

The findings of the CQC inspection of SEND in June 2018 reflect the concerns that patients and carers have shared with Healthwatch Birmingham. We note that the CQC has rated Community Health Services for children and young people as: inadequate in three domains; requires improvement in two domains; and good for one domain. We have heard concerns about: lack of early intervention; poor follow up support following assessments; lack of clarity on Education, Health and Care Plan (EHCP) forms on who delivers particular aspects of care; long waiting times to get EHC plans completed; delayed referrals by GP; and failure to diagnose appropriately among others. It would be useful to patients and carers if the Trust included the actions it is taking in response to the CQC inspection and the recent SEND consultation responses. We would like to read about the impact of these actions in the 2019/20 Quality Accounts.

Complaints

The concerns raised by patients and carers to Healthwatch Birmingham are reflected in the five complaints themes identified by the Trust. Over the year, we have heard about issues with the quality of treatment, poor attitude of staff at some of the Trusts services, poor communication, lack of advice and support. We share real-time patient and carer experiences with the Trust and provide them with the right to respond. We note the actions that are being taken to address these issues. We would like to see examples and the impact of follow on actions developed in the 2019/20 Quality Accounts.

Patient-Led Assessment of the Care Environment (PLACE)

We are pleased that the Trust is performing above national average for cleanliness, food and hydration, organisational food, dementia and disability (with the exception of Good Hope and West Heath Hospitals where the quality of care for people with a disability is below average). However, we note that the Trust is below average for ward food, privacy, dignity and wellbeing, and condition, appearance and maintenance in all locations (except Moseley Hospital).

Healthwatch Birmingham recently published its report into people's experiences in NHS Hospital waiting rooms. The focus of the report is on people's experiences of waiting times, the environment, communication, accessibility, and dignity and respect. Although the experiences in the report are on waiting rooms, we believe that the findings and recommendations would be useful to the Trust and feed into planned actions. In particular, the report findings and recommendation could inform the review and service redesign being undertaken by the facilities team in order to improve the environment. The report also has specific findings and recommendations that relate to disability, which could be useful. The report can be found here: <http://bit.ly/2H1ZKMD>

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We would like to read in the 2019/20 Quality Account how the review of the PLACE process by the PLACE Steering group and MOCK assessments have improved experiences, especially for people with learning disabilities and children.

The Trusts Priorities for 2019/20

It is difficult for us to comment effectively on the quality priorities as stated on page 16 of the draft Quality Account. This is because there are no activities outlined for each priority and consequently no success measures provided. We cannot tell what the goals stated will look like in practice and what the Trust will be working to achieve for the citizens of Birmingham in 2019/2020. We do believe that the goals outlined reflect the challenges that the Trust is facing as outlined in this draft Quality Account. So, whilst we welcome the priority on 'embedding an approach that builds on listening into action engagement methodology', it is not clear what this looks like in practice. We would like to see more specific and detailed actions or quality indicators in the final 2018/19 Quality Account document.

Healthwatch Birmingham is pleased to see considerable improvements in some of the core indicators. For instance, that 100% of patients on Care Programme Approach (CPA) were followed up within seven days of discharge from psychiatric inpatient care and 92% of patients on a consultant-led pathway start treatment within the 18-week referral target.



Andy Cave, CEO
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