

## Statement from Healthwatch Birmingham on Birmingham Community Healthcare NHS Foundation Trust Quality Account 2020/21

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Community Healthcare NHS Foundation Trust. As we give our comments to the quality accounts 2020-21, we would like to first thank the Trusts' staff for their hard work throughout the pandemic, their commitment to the trusts vision and values. Indeed, feedback from service users has highlighted the commitment and hard work of the staff at BCHC:

*Really quick service, staff were fantastic and really welcoming. Very COVID secure (March 2021)*

*I am the daughter of a resident at Perry Trees Care Centre. I would just like to say a very big thank you to the manager and all his staff for all the hard work, care and compassion they show to not only my mum but all the residents. We understand how difficult and challenging these times are and would just like to pass on our appreciation and gratitude to everyone involved at Perry Trees. It's so comforting to know we can phone and speak to a member of staff or to Mum and get updates on her wellbeing. The manager and his staff are amazing and a credit to Perry Trees (April, 2020).*

### Patient and Public Involvement

We are pleased to see that patient experience has remained at the heart of the Trusts work. We note that patient stories are still leading board meetings enabling the trust to maintain focus on the quality of services.

The development of a new Engagement Strategy for Patients, Service Users and Communities is welcome. Equally that the trust has appointed a new Associate Director of Community Engagement and Partnerships that will oversee the community elements of the engagement strategy. We look forward to working with the trust on the implementation of the engagement strategy. Without in-depth knowledge of the engagement strategy, we would like to urge the Trust to ensure that the strategy has the overall objective of using 'patient and public insight, experience and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing independence and preventing worsening ill-health)'. This will enable the Trust to meet its two public sector legislative duties of involving patients and the public; and addressing inequality. This will complement the Trusts commitments to inclusion and equality and as it starts to put the 'healthy communities' vision into practice. We would like to see in the 2021/22 Quality Accounts how the Trust has used the engagement strategy to *identify and engage with deprived communities, ethnic minority communities, inclusion health populations and people with disabilities (people with learning disabilities, autism or both, people experiencing mental ill-health and people experiencing frailty) and the full diversity of the local population.*

Key to achieving the above will be how well the trust is collecting data and using public health data to understand the community it serves. We believe that this should be a critical part of the trusts focus on data quality. The trust should consider linking the Data and Information Strategy 2019 -22 to its commitment to address health inequalities and make

sure that the trust is collecting demographic data, how accurate this is, how it's being used and so on.

The creation of the 'Engagement toolkit 'what matters to you' demonstrates the importance that the trust places on the use of patient experience. We would like to read in the 2021-22 Quality Accounts how many members of staff have been trained in the use of the toolkit, the extent of the roll out across the trust and examples of the impact of using the toolkit.

In our comments to the 2018/19 Quality Accounts, we asked the Trust to demonstrate to patients how their feedback is used to make changes or improvements so that service users and the public know they are valued in the decision-making process. We are pleased to see examples throughout the Quality Accounts of the use of service user experiences and actions taken as a result.

## Equality and Diversity

The unequal impact of Covid-19 on people with a disability and Black, Asian and Ethnic Minority groups has further highlighted the important role of health and social care organisations in promoting equality for everyone. We are pleased to see the Trust making a commitment to inclusion and equality with a focus on discrimination and inequality. We believe that this focus is ever more important as the Trust works to restore services. It will be important for the Trust to understand the various experiences of discrimination that lead to health inequality and use this to inform restoration of services.

We note all the work being done to address equality and diversity issues within the trust. We are pleased that, in addition to the workforce activities undertaken progress has been made in relation to service equality. We welcome the work that has commenced to develop a BCHC vision for addressing health inequalities as well as the leading role the Trust is taking to drive the health inequalities agenda at the Integrated Care System level. Healthwatch Birmingham's recently shared our ['Health Inequalities: Somali people's experiences of health and social care services in Birmingham'](#) with the Trust. We would like to know how the findings of this report are informing the Trust's health inequalities work; how the Trust is improving its knowledge about the issues facing minority ethnic groups, improving engagement with ethnic minority groups, and how it is designing and delivering services in a manner that addresses issues of discrimination and stigma.

Healthwatch Birmingham is keen to support the Trust in developing this vision. We would also like to know how the health inequalities work and the work under the community engagement strategy complement each other.

## Use of technology to deliver services

We note the use of new and innovative approaches (e.g. use of ipads, letters) in ensuring that patients in inpatient settings kept in touch with families during the pandemic. We also note the use of digital approaches to consultations. We believe that in theory the use of technology for citizens to enhance their use of health and care services is a good thing. However, the experiences we hear demonstrate that use of virtual consultations, video or telephone calls have the real potential to lead to health inequality. As the Trust rightly identifies, issues of poverty are quite significant in impacting use of technology. On the other hand, NHS Digital observes that one in ten people in England lacks basic digital skills and nearly six million people have never used the internet. Therefore, the number of people digitally excluded is significant and needs to be taken to account when making the decision to continue with virtual approaches. The Trust should aim to ensure that varied ways that include the use of technology are offered to all individuals.

Although we are pleased to see that the Trust continues to collect service user feedback in order to understand satisfaction with the use of virtual approaches, we believe that this is inadequate. This approach does not take to account those groups that face such considerable barriers that they do not access the Trust services. We would like to read about the work the Trust has done to understand the community it services in regards to these new approaches, digital capability, who the new approaches will affect, how it will affect them and alternative methods for those excluded.

Regarding the roll out of the electronic patient record (EPR), we welcome this as it has a positive impact on outcomes, and reducing variability in care and support. We hear regularly from service users how important this is to them and how important it is for people to not have to repeat themselves. We note that this priority was partially achieved. We would like to read in the 2021/22 Quality Accounts progress on this.

## Care Quality Commission (CQC) 2020

We note that the Trust continues to face challenges within Children and Young People Services and that a recent CQC inspection rated the service 'requires improvement'. Although, this is an improvement on the previous rating of 'inadequate' the experiences we hear from service users demonstrate that more work is indeed required. The concerns around waiting times and assessments outlined in the Quality Accounts match the experiences Healthwatch Birmingham hears from service users. We note that actions to address these areas are still in progress and we would like to read about the impact of these actions on waiting times for specialist children's services and neuro-developmental assessments in the 2021/22 Quality Accounts.

## Clinical Council and Improving 2Gether Forum

Healthwatch Birmingham would like to commend the Trust for the work that the Clinical Council is doing to support services and also for commissioning the 2Gether Forum to aid learning across the Trust. We are pleased to see examples of learning (from complaints, audits, incidents, patient experience, research innovation) informing the activities of the Forum.

We note that the Clinical Council has become key to decision making within the Trust. We would like to see patient's involvement within the Council. For instance, we note that the Council is currently hearing from different professional groups, the outcome of which will inform an initial workforce strategy. We believe hearing from service users will also be useful to the Trust. One key finding of our study on health inequalities was the lack of diversity of health and social care staff within communities with a high concentration of ethnic minority groups.

## **LEDER**

We welcome that reviews are or have been carried out in all deaths reported to LEDER. We note that key issues identified are around coordinated care especially where there is a dual diagnosis (mental health and learning disability), annual health checks, multi-agency communication, recognition and management of pain. We note some of the changes already made and we welcome that the trust will be signing up to The BSOL Strategic Plan to support action the themes as one of the key stakeholder. We would like to read in the 2021/22 Quality Accounts what has been done to change services as a result of the reviews completed. Including an understanding of the barriers that are faced by ethnic minority groups.

## **Quality Indicators**

Healthwatch Birmingham is pleased to see that the Trust has performed above average for most of the quality indicators with the exception of serious incidents, pressure ulcers, staff appraisals, VTE and mandatory staff training. We would like to see in the 2021/22 Quality Accounts actions taken to address the issues identified such as health promotion, overall clinical pathways, care plans and avoidable harm.

## **Conclusion**

Healthwatch is pleased to see the Trust develop a Homelessness Training package available for all staff at BCHC via eLearning at Moodle in order to increase awareness of Homelessness. We also note the development of a Domestic Abuse training package available for BCHC which has helped raise awareness, and embed the staff's role in prevention.



**Andy Cave, CEO**  
**Healthwatch Birmingham**