NHS
Black Country Partnership
NHS Foundation Trust

Quality Report

2017-18

Section 3 of the Annual Report

Contents

Part One

3.0 Introduction

About our Trust

Black Country Partnership NHS Foundation Trust is a major provider of mental health, specialist health learning disabilities and community healthcare services for people of all ages in the Black Country. The first trace of 'The Black Country' as an expression dates from the 1840s, when it was one of the most industrialised parts of Britain with coalmines, iron foundries and steel mills producing a high level of air pollution and the name was used to portray the soot from these industries that covered the area.

The Black Country area covers the 4 local authority areas of Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Walsall Council and Wolverhampton City Council in the West Midlands, with a population of almost 1.2 million people. We provide:-

▪ Mental health and specialist health learning disabilities services to people of all ages in Sandwell and Wolverhampton
▪ Specialist learning disability services in Walsall and Dudley
▪ Community healthcare services for children, young people and families in Dudley

There are over 2000 staff working in the Trust. Our staff carry out a wide range of roles, working together to provide integrated care and support to all those using our services. Frontline staff working in the Trust include:-

- mental health nurses
- psychiatrists
- healthcare support workers
- health visitors
- psychologists
- occupational therapists
- speech and language therapists
- physiotherapists
- dieticians

Our vision is to improve health and well-being for people of all ages across the Black Country. We want to provide better services for our communities, to improve their choice and access, and make the most efficient use of our resources so we can reinvest in patient care.

What is a Quality Report?

Quality Reports are annual reports to the public from providers of NHS healthcare about the quality of services they deliver and their priorities for improvement. The report allows our directors, clinicians, governors and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

We welcome this opportunity to place information about the quality of our services into the public domain, and for our approach to quality to be subject to scrutiny, debate and reflection.

How we produce the Quality Report

The format, content and order of the quality report are determined by NHS Improvement, the regulator for all NHS Trusts in England, in their publication 'Detailed Requirements for Quality Reports 2017/18.'

The Executive Director of Nursing, Quality, Allied Health Professionals and Psychology, is the Trust's Executive Lead, with responsibility for quality and the production of this report. Clinical staff from mental health, learning disabilities and children's services are involved in producing the content of the report.

The report provides a summary of our performance and our progress against the quality priorities we set last year and looks ahead to those we have set for the coming year. The report reflects the sixth full year of operation as the Black Country Partnership NHS Foundation Trust.

The Trust routinely reports quality measures to both executive and board level. Data quality is assured through the Trust's data quality governance structures, with the Board of Directors confirming a statement of compliance with responsibilities in completing the quality report. However, there are a number of inherent limitations in the preparation of a quality report, which may impact on the reliability or accuracy of the data reported. These include:-

- Data is derived from a large number of different systems and processes. Only some of these are subject to external assurance, or included in internal audits programme of work each year.

- Data is collected by a large number of teams across the Trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably classified a case differently.

- National data definitions do not necessarily cover all circumstances, and local interpretations may differ.

- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to re-analyse historic data.

Our key stakeholders are given the opportunity to review and comment upon a draft of the quality report. The Trust's Audit Committee also reviews the draft report as part of their review of the Trust's Annual Report. The Board of Directors are responsible for final approval of the quality report.

The quality report is also subject to detailed scrutiny by external auditors. NHS Improvement requires the auditors to provide a limited assurance report on the content of the quality report. This includes whether anything has come to their attention that leads them to believe it has not been prepared in line with the requirements set out in NHS Improvement's 'NHS Foundation Trust Annual Reporting Manual' and/or, it is not consistent with the other information sources set out in the detailed guidance.

3.1 Statement on Quality from the Chief Executive

On behalf of the Board of Directors, I am delighted to introduce the quality report to you. The quality report shares a wealth of information about our performance and our progress against the priorities we set last year and looks ahead to those we have set for the coming year. The aim of the report is to provide an honest account of the quality of the services we provide.

In last year's report we informed you of the inspection of our services by the Care Quality Commission and their decision to award the Trust an overall rating of 'Good.' This was a tremendous vote of confidence in our dedicated and hard working staff and since then there has been a renewed focus on driving quality and productivity to deliver improved services and better outcomes for patients.

You may have seen coverage in the media about the NHS in relation to its finances and the growing demand, and like many healthcare organisations, we have had another challenging year on the financial front. While we continue to strive to live within our means, we have been considering the future and how best to protect the services we deliver to patients. We have therefore spent time exploring different options and talking to other local NHS trusts about the potential of working together.

Following consultations with our commissioners, stakeholders, the general public and their local representatives, we announced last year the decision to form a partnership with two neighbouring NHS trusts. 'Transforming Care Together' (TCT) was the title of the partnership the Trust formed with Birmingham Community Healthcare NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust. Over the last year, the boards of each trust worked together to define more detail about the partnership, and to inform and involve people about these plans.

After spending time reviewing the proposals and after careful consideration, the boards of the three trusts involved in TCT have agreed that the integration of the three trusts into one organisation will now not happen. The key factors taken into account in reaching this decision were:-

Strategic fit – recent NHS planning guidance for 2018/19 has highlighted the strengthening role of Sustainability and Transformation Partnerships (STPs) in developing models of care appropriate to their geographical locations, and the TCT proposal would have operated across both Birmingham & Solihull and the Black Country;

Clinical concerns – discussions around how best to integrate the three trusts' clinical areas have raised a number of challenges for all three organisations;

Financial – the financial plan for the integrated organisation would not meet the requirements that are set for the transaction.

I am very aware and extremely appreciative of the considerable work that staff have put into TCT over the last year and I am determined to ensure that we capture as much learning as possible and continue to share good practice.

In reviewing the benefits identified through the hard work in developing the TCT proposal, it is clear that the clinical case identified from working collaboratively on the benefits of a Black Country-wide approach to mental health, learning disabilities and children's services should continue to be developed further, by the two Black Country Trusts working closely with our commissioners and the STP. This is something that we will work on with Dudley and Walsall Mental Health Partnership NHS Trust and our other partners.

As Chief Executive, I consider it a privilege to be leading such a caring organisation and to be playing my part to improve the quality of services for people with mental illness, learning disabilities, and for children, young people and families, living in the Black Country.

Throughout this report, you can learn about both our performance and the range of activities that we have undertaken across the Trust during 2017/18, to improve the quality of the services we provide. The report also gives us the opportunity to share some of the challenges we have faced during the year and the efforts we have made to overcome them.

I would like to take this opportunity to pay tribute to our staff and formally thank them for their support, dedication and commitment to provide high quality services. I hope you will enjoy reading about their achievements and the progress they have made over the last year.

In publishing the report, the Board of Directors have reviewed its content and verified the accuracy of the details contained therein. I therefore confirm, in accordance with my statutory duty, that to the best of my knowledge, the information provided in this Quality Report is accurate.

Lesley Writtle
Chief Executive

Part Two

3.2 Priorities for Improvement

We begin this part of the report with a review of the priorities for quality improvement that we identified in last year's report and to explain the rationale behind the quality improvement priorities we have chosen for the year ahead. The priorities were chosen following a process of reviewing our current services, consulting with our key stakeholders and listening to the views of our service users and carers.

3.3 Looking Back – Review of Priorities 2017/18

Below are brief summaries of the progress made over the last year by our divisional services with the quality improvement priorities they identified in last year's report. Table 1 below lists the priority for each division:

Table 1: Quality Improvement Priorities for 2017/18

Division	Priority
Adult Mental Health Services	Introducing a Recovering Quality of Life (ReQoL) outcome measure
Older Adult Mental Health Services	Improving discharge notifications
Learning Disabilities Services	The management of epilepsies across inpatient units
Children's Services	Learning and improving from complaints

3.3.1 Adult Mental Health Services – Introducing a Recovering Quality of Life (ReQoL) outcome measure

Why this was a priority for improvement

Recovering Quality of Life (ReQoL) is a new patient reported outcome measure, developed to assess the quality of life for people with different mental health conditions. ReQoL was developed by a scientific group led by the University of Sheffield and funded by the Department of Health Policy Research Programme for use in the NHS.

A patient-reported outcome is a health outcome reported by the person who experienced it, in contrast to an outcome reported by a health professional such as a doctor, nurse or psychologist. ReQoL is a short, easy to use questionnaire developed by service users, with inputs from clinicians, national and international experts, to capture how their mental health affects their quality of life.

The introduction of ReQoL into routine practice will provide immediate, measurable feedback and focus clinical interventions and services on personal recovery and improving the quality of life of people with mental health problems:

o To educate staff and integrate an outcome measure that captures the presence of key mechanisms for recovery for the service user
o To have a recovery focused tool that is integrated into team and service dashboards to enable monitoring of the focus of the interventions delivered by services
o Feedback from the use of the tool is used at team and clinician level, through team meetings, caseload management and clinical supervision to revise and improve recovery practices within services
o Improve decision-making on what support and services people using our services, experiencing mental health problems require

Progress in 2016/17
- Service users and staff from adult mental health services were involved in the national research programme that developed the ReQoL outcome measure

- Service users, carers and clinicians began to collaborate on refocusing adult mental health services in order to embed recovery
- Development of a skills based approach that makes explicit the behaviours required from staff to trigger the recovery mechanisms

Progress in 2017/18

- An implementation group 'Refocus on Recovery' was established and meets monthly with relevant stakeholders to maintain an overarching view of the strategic development of a recovery focus across mental health services. Three subsequent groups were developed locally to establish specific recovery focused culture within urgent care, planned care and older adult mental health services. Each group meets monthly to address local service specific needs.
- Community mental health teams based in West Bromwich were selected to be the first wave to be trained in 'Refocus on Recovery' and the use of ReQol, identifying the training needs of staff to understand the processes/pathways involved and establishing supervision and clinical systems to support this process.
- The first wave of 'Refocus on Recovery' training has been completed and the trained staff are acting as the leads/mentors for their teams in the pilot implementation sites. In addition, education and training sessions have taken place within the teams and with service users and stakeholders, including a recovery launch event at Quayside, the West Bromwich community services base, in September 2017. Two further launch events took place at Hallam Street Hospital, West Bromwich and Penn Hospital, Wolverhampton. All events were successful in 'starting the recovery conversation' and asked all participants 'what recovery means to them'. Events were supported and promoted by the Trust communications team and on social media.
- Plans for ReQoL to be incorporated into electronic data collection systems to facilitate regular reporting arrangements have been delayed pending the rollout of electronic health records across the Trust.
- Work is continuing to ensure the questionnaires are ready and staff are reviewing the current paperwork and processes for the Care Programme Approach (CPA) to include ReQOL.
- Data collection using the tool and the outcomes identified is currently taking place by the first group of staff trained in use of the tool. Outcomes will be reported initially through local recovery practices groups, then to the trust-wide implementation group and divisional quality and safety group. The reports will ensure the project is monitoring the transfer into routine clinical practice at every level from clinical supervision to team meetings to service-wide committee meetings.

Next Steps

- The use of data currently being collated for the first wave of ReQoL will be evaluated to review processes and pathways before implementation into second wave teams
- ReQoL will be embedded into evaluation of courses for all students attending the Recovery College.
- Work will continue to embed a recovery and safety focus into the ongoing review of CPA, care planning and assessment paperwork and processes across all services.
- We will continue to work towards electronic data collection systems that support the use of ReQoL in clinical practice.

3.3.2 Older Adult Mental Health Services – **Improving discharge notifications**

Why this was a priority for improvement

Paper based discharge notifications can be problematic if they are incomplete or received too late for the information to be considered clinically useful. Following discussions with local commissioners, it was agreed there was a need to improve discharge notifications to general practitioners (GPs). A number of improvements would be made to the current notification form to make it more comprehensive and clinically effective, in particular, changes which will ensure that any risks have been clearly assessed and highlighted to GPs and any other agencies in a timely manner.

Medical secretaries currently type discharge notifications on the day of discharge and fax them to the patient's GP. In future, the completed discharge form will be sent electronically to GP surgeries using nhs.net emails (a secure email service approved by the Department of Health for sharing patient identifiable and sensitive information within the NHS). This is considered the most effective method of communication in the absence of electronic networks connecting secondary mental health services to primary care. The discharge notification will be sent on the same day of discharge for all planned discharges.

The improvements we wanted to make
o GP surgeries will receive notification of all discharges of elderly inpatients on the same day of discharge in a safe and effective manner
o Longer term, the service will work towards the use of an electronic discharge system to further improve the quality of information sharing between primary and secondary care services

Progress in 2016/17
- Discussions were held with local commissioners to discuss the current weaknesses in discharge notifications and to explore ways to improve them
- Work began on developing a new standardised discharge notification template

Progress in 2017/18
• A list of nhs.net email addresses of all GPs surgeries in Sandwell and Wolverhampton was provided to medical secretaries and ward clerks in April 2017
• The new discharge notification form was approved by local commissioners and implemented at both Penn Hospital, Wolverhampton and Edward Street Hospital, West Bromwich in June 2017
• Discharge notifications have been sent via NHS net email on the same day of discharge since June 2017; the only exception is when a discharge occurs after office hours when it is sent the next working day
• An audit of discharge notifications was undertaken for the month of September 2017 to assess how well the changes were working.
• The results of the audit showed that all notifications were sent on the same day of discharge during the month of September 2017 with the exception of one patient who was discharged on a Sunday. The discharge notification was completed the next working day but because the ward doctor was new in post, the discharge was required to be signed off by the consultant in charge and was sent two days after discharge.
• To monitor how well the improvements made were working a further audit was undertaken six months later. The results showed that all notifications were sent on the same day of discharge during the month of March 2018 except for one when the discharge occurred after office hours and this was sent the next working day.

Next Steps
▪ Progress will continue to be reported to and monitored by the older adults mental health quality and safety group
▪ The service will continue to work towards the use of an electronic discharge system to further improve the quality of information sharing between primary and secondary care services

3.3.3 Learning Disabilities Services – The management of epilepsies across inpatient units

Why this was a priority for improvement

Epilepsy is a tendency to have recurrent seizures and is considered one of the most common serious neurological conditions. Epilepsy is not a single condition. There are over forty different types of epilepsy and those affected may have one or several different seizure types.

Accurate estimates of incidence and prevalence are difficult to achieve but the prevalence rate of epilepsy amongst people with learning

disabilities has been reported as twenty times higher than for the general population.

Quality reviews and audit feedback showed inconsistencies in practice across our learning disabilities inpatient units, in relation to the national guidance for the management of epilepsies produced by the National Institute for Health and Care Excellence (NICE), and the national good practice recommended by the Joint Epilepsy Council.

The improvements we wanted to make
o   All inpatients with epilepsy will have a comprehensive care plan for the management of this condition, to include standardised documentation for use across all learning disabilities inpatient units
o   Every plan will be agreed with each patient, their family and/or carers as appropriate
o   The learning disabilities inpatient service will be able to evidence safer practices in care for patients who are at risk of sudden death in epilepsy (SUDEP)

Progress in 2016/17
-   Best practice review of the recommendations from Southern Health NHS Foundation Trust's independent investigation report into the tragic death of Connor Sparrowhawk
-   Benchmarking against the NICE standards for epilepsy management
-   Snap shot audit of current practice across all areas showed inconsistencies in relation to epilepsy care plans, risk assessments and protocols
-   Matrons' audits confirmed that inconsistencies remain
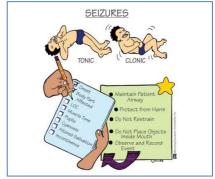
Progress in 2017/18
•   An epilepsy improvement group was established, led by the Head of Nursing for Learning Disabilities, to oversee this priority
•   A baseline audit was undertaken to review the quality of epilepsy care plans in place using standards from the NICE clinical guideline on epilepsy (CG137) i.e. all children, young people and adults with epilepsy should have a comprehensive care plan agreed between the person, family and/or carers; the plan should include lifestyle issues as well as clinical matters
•   The audit of epilepsy care plans indicated a compliance rate of 38% against national standards

•   Local epilepsy champions were introduced across all inpatient units
•   The improvement group devised a new standardised documentation epilepsy pack which includes forms for completing initial assessments, risk assessments, seizure recording tool, seizure recording chart, a flowchart for the administration of buccal midazolam (medication used to control seizures)
•   The new epilepsy documentation pack was formally approved for use across all inpatient areas and includes setting timescales for completion following a patient's admission
•   The epilepsy documentation pack has been distributed across all inpatient areas
•   A further audit of epilepsy care plans was carried out in March 2018 to measure improvement and the results showed 73% compliance against national standards.

Next steps
▪   Inpatient nursing staff will continue to receive training and support with the new documentation pack in order to work collaboratively with patients, relatives and carers, to co-produce each comprehensive care plan
▪   Further audits will be undertaken to measure improvement and compliance against national standards
▪   The epilepsy improvement lead will provide regular updates to the divisional quality and safety group which will be responsible for monitoring compliance against national standards

3.3.4 Children's Services – Learning and improving from complaints

Why this was a priority for improvement

Healthcare complaints offer a valuable insight into a patient's experience and an opportunity to learn why we failed to meet their expectations. They primarily identify areas of concern and acting upon these concerns can help us to improve and deliver services, which are responsive to the views of children, young people and families. While the numbers of complaints received are relatively low, work undertaken over the previous year suggests it is perhaps even more important to ensure that our processes are robust and responsive so we take every opportunity they provide to learn from them.

The improvements we wanted to make

o The principles of good complaint handling are followed and actions taken to address any areas for improvement
o Action plans are developed for every partially or fully upheld complaint and completed within specified timescales
o Lessons learned are always recorded for every partially or fully upheld complaint
o Lessons learned are routinely shared through the quality and safety group and across all services

Progress in 2016/17

- A review of complaints was undertaken in line with the Parliamentary Health Service Ombudsman's principles of good complaint handling
- The review identified scope for improving the recording and sharing of lessons learned and the development and monitoring of action plans for complaints which are upheld or partially upheld
- Improvements were made to the Trust's incident recording system to collate information relating to complaints more effectively

Progress in 2017/18

- Quarterly complaints audits were completed and presented to the quality and safety group
- Each complaint was categorised using a nationally recognised complaints analysis tool to record each complaint. The categories are set out in Table 2 below.

Table 2: Categorisation of complaints

Clinical Problems:	**Quality**: Clinical standards of healthcare staff behaviour
	Safety: Errors, incidents, and staff competencies
Management Problems:	**Environment:** Problems in the facilities, services, clinical equipment, and staffing levels
	Institutional Processes: Problems in bureaucracy, waiting times, and accessing care
Relationship Problems:	**Listening**: Healthcare staff disregard or do not acknowledge information from patients
	Communication: Absent or incorrect communication from healthcare staff to patients
	Respect and patient rights: Disrespect or violations of patient rights by staff

- An assessment of the impact each of the issues raised in a complaint had on the service user and their family was added to indicate if it was low, medium or high. Table 3 below provides examples of the levels of impact for the seven categories of complaints.

Table 3: Examples of the level of impact

Level	Low	Medium	High
Quality:	Patient was not involved in their care plan	Aspect of a patient's care plan overlooked	Failing to heed warnings in patient notes
Safety:	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication was administered
Environment:	Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment

Level	Low	Medium	High
Institutional Processes:	Patient notes not ready for consultation	Patient notes temporarily lost	Another patient's notes used as the basis for the consultation
Listening:	Staff ignored question	Staff ignored mild patient pain	Staff ignored severe distress
Communication:	Patient received incorrect directions	Patient received conflicting diagnoses	Patient given wrong test results
Respect and patient rights:	Private information divulged to the receptionist	Private information divulged to family members	Private information shared with members of the public

- Figure 1 below shows an analysis of the ten complaints received during the period 2017/18 by both category and impact.
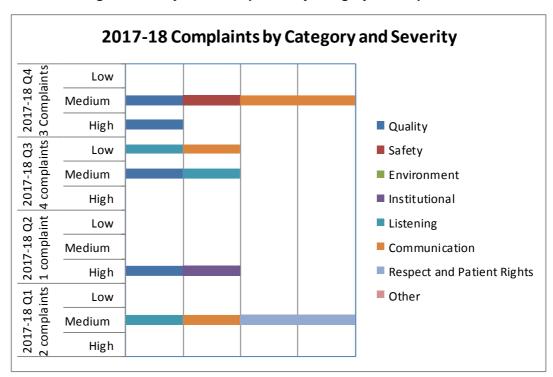
Figure 1: Analysis of Complaints by category and impact

In addition to recording and the analysis of complaints, the quarterly audits assessed adherence to internal timescales for acknowledging and responding to complaints, whether action plans had been developed in response to partially upheld or upheld complaints, and whether lessons learned had been recorded for each complaint.

Next Steps
- The audits indicate that possibly due to the relatively low number of complaints, clinical leads require and will receive greater support to consistently meet the timescales for responding to complaints
- Quarterly complaints audits will be completed and presented to the quality and safety group to ensure timescales to respond to complaints are consistently met
- All complaints received will continue to be analysed by category and impact to collate information relating to complaints more effectively
- Lessons learned will be extracted for every partially or fully upheld complaint and routinely shared through the quality and safety group and across all services
- Action plans and lessons learned from complaints will be included in monthly quality and safety reports, so they can be shared at quality and safety meetings with local commissioners

3.4 Looking Forward – Priorities for 2018/19

The Trust's divisional services have listened to feedback from service users, staff and stakeholders over the past year in order to determine their quality improvement priority for the year ahead (see Table 4 below). Other Trust quality priorities and goals are set out in detail in the Trust's Annual Plan on the Trust's website www.bcpft.nhs.uk

Table 4: Quality Improvement Priorities for 2018/19

Division	Priority
Adult Mental Health Services	Translating risks identified into risk management and care plans
Older Adults Mental Health Services	The management of patients at higher risk of falls
Learning Disabilities Services	The management of epilepsies by community learning disabilities teams
Children's Services	Personalised care plans for children and young people

3.4.1 Adult Mental Health Services – Translating risks identified into risk management and care plans

Why this is a priority for improvement

Patient safety is at the centre of all good health care and clinical risk management is integral to the co-ordination and delivery of effective and safe care.

Risk assessment is linked to the practice of risk management whereby a mutually agreed plan aimed at reducing identified risks is negotiated between each service user and their mental health professional. The plan incorporates specific therapeutic strategies and is a collaborative, interactive and dynamic process within a multi-professional context that involves other relevant disciplines.

From a mental health perspective, risk fluctuates and is influenced by the experiences, perceptions and interactions that an individual is subject to at any point in time. Therefore, risk management plans must be constantly evaluated and amended for the minimisation of risk and the prevention of harm or further harm.

The improvements we want to make
o Every service user has an individualised risk management care plan, appropriate to their needs, with their risks identified through specific relevant risk assessments and translated into their individualised care plan
o Devise a measurable question to gain assurance that identified risks are translated into individualised care plans
o Record keeping audits carried out across all mental health services will include the measurable question to gain assurance that risk management care plans are reflective of identified risks
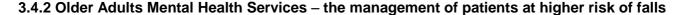
Progress in 2017/18
- Record keeping audits were completed across services on a weekly basis and reported through the quality and safety reporting structure
- Examination of themes and trends arising from investigations into patient safety incidents through root cause analysis, indicated a quality gap around the translation of risks into care plans

- While record keeping audits are quite extensive it was identified that they do not include a measurable question for this aspect of care delivery to gain assurance
-

How we will monitor, measure and report on progress during 2018/19
- Audits will be undertaken to review progress and make any adaptations as required
- Audit results will be presented to the mental health quality improvement sub-group
- Success will be measured by whether current practice reflects that risks identified are translated into individualised risk management care plans across all services
- Actions to address underperformance will be assigned to nominated leads as necessary
- Completion of action plans will be monitored by the mental health quality improvement sub-group
- Updates will be provided via the monthly quality and safety report.
- Oversight and monitoring will be undertaken by the divisional quality and safety group

3.4.2 Older Adults Mental Health Services – the management of patients at higher risk of falls

Why this is a priority for improvement

Inpatient falls are common and remain a great challenge for the whole of the NHS. Older people with a mental health condition are at increased risk of falling during their inpatient stay as they often have additional risk factors such as cognitive, visual impairment and continence problems and other health problems that may increase their risk of falling such as their medication, postural instability, mobility and balance.

These circumstances mean that not all falls are preventable. Prevention depends upon prompt assessment to identify potential risk factors followed by clinical responses to put appropriate interventions in place. This is a complex task requiring a multidisciplinary team approach.

We will strive towards better falls risk assessment and management of patients at higher risk of falls through the re-launch of the 'Robust Falls Prevention Strategy' in our older adult wards at Penn Hospital in Wolverhampton and Edward Street Hospital in West Bromwich.

The improvements we want to make
- Falls screening tool and falls bundle to be consistently applied so there is a detailed analysis of each patient's falls assessment together with a small set of evidence-based interventions that, when performed collectively, reliably and continuously are proven to reduce inpatient falls
- Utilise technology and equipment effectively to prevent falls
- Improve the way we map and analyse incidents of falls to identify any environmental or other factors on our wards so we can move quickly to take preventative action
- Adopt the audit tool used in the 2015 National Audit of Inpatient Falls for acute hospitals to better assess all of the possible factors that contribute to falls
- To reduce the number of falls occurring on older adult psychiatric wards by 10% in 2018/19

Progress in 2017/18
- Continual monitoring of incidents of falls, as shown on Figure 2 below, indicates that an average of sixteen falls per month occurs across all older adult psychiatric wards.
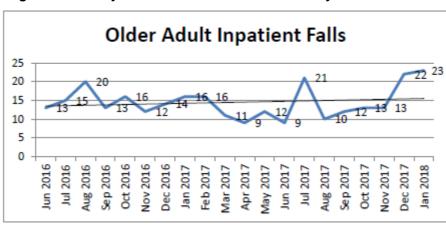
Figure 2: Monthly falls recorded on Older Adult Psychiatric Wards

How we will monitor, measure and report on progress during 2018/19
- Falls champions will be re-launched with clear roles, training and links to clinical forums
- Falls improvement meetings will continue to meet monthly to explore new initiatives and monitor all falls incidents
- Collaborate with other NHS trusts who have achieved a reduction in falls on their wards over the past year
- The divisional quality and safety group will have oversight and responsibility for this project

3.4.3 Learning Disabilities Services – The management of epilepsies by community learning disabilities teams

Why this is a priority for improvement

Accurate estimates of incidence and prevalence are difficult to achieve but the prevalence rate of epilepsy amongst people with learning disabilities has been reported as twenty times higher than for the general population.

You will have read earlier (3.3.3) of the work that has taken place to improve the management of epilepsies across our inpatient units. This quality improvement priority is intended to build on the work undertaken over the last twelve months to ensure our learning disabilities community services are meeting national standards and recommendations.

The improvements we want to make
- All community patients with epilepsy will have a comprehensive care plan for the management of this condition, to include standardised documentation for use across all learning disabilities community teams
- Each plan will include lifestyle issues as well as clinical care
- Every plan will be agreed with each patient, their family and/or carers as appropriate
- Learning disabilities community teams will be able to evidence safer practices in the care of patients who are at risk of sudden death in epilepsy (SUDEP)

Progress in 2017/18
- A comprehensive review of the management of epilepsies was undertaken across all inpatient units

How we will monitor, measure and report on progress during 2018/19
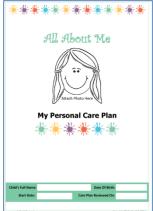- Epilepsy link nurses working in the community will join the epilepsy improvement group to continue this work
- A baseline audit of community records for patients with epilepsy will be undertaken to review the quality of epilepsy risk assessments and epilepsy care plans in place against national standards
- This will inform the need to make any adjustments to the documentation pack developed for inpatient areas
- The new epilepsy care plan will be formally approved for use across all community areas
- Staff will receive training and support as part of the implementation plan
- An audit will be carried out to measure improvement and compliance against national standards
- The epilepsy improvement lead will provide regular updates to the learning disabilities quality and safety group, who will monitor this priority each month until completion.

3.4.4 Children's Services – Personalised care plans for children and young people

Why this is a priority for improvement

Personalised care planning encourages health professionals to work together with children, young people, their parents and carers to clarify and understand what is important to each child's or young person's development and progress.

Effective planning can transform an individual's experience from a largely reactive service, which responds when something goes wrong, to a more helpful proactive service centred on the needs of each individual.

"It means professionals seeing me as a whole person not simply focusing on a list of conditions to be treated. It means designing my health care and support in partnership with me to help me manage my own health and live the life I want."

We wish to ensure that every child and young person has a current care plan appropriate to his or her needs and development. Objectives are set and evaluated and they and their family are engaged in the formulation of the plan, the delivery of identified goals and when reviews take place.

The improvements we want to make
- Every children's service will ensure there is a personalised approach to care in place
- Health professionals in each service are clearly planning, monitoring and reviewing plans in a time-framed manner for each child or young person on their caseload
- Each plan is discussed and agreed with the child or young person where appropriate and the person with parental responsibility
- The plan is clearly documented and communicated with those involved in their care

Progress in 2017/18
- Record keeping audits for all children and young people receiving care were completed on a quarterly basis.
- Care planning, risk assessments and patient, family, carer involvement formed part of the audit criteria.
- The audits identified variations in compliance across children's services

How we will monitor, measure and report on progress during 2018/19
- Care planning "champions" will be recruited within each children's service
- An improvement group will be established and meet on a quarterly basis
- The group will review existing evidence of good practice and make recommendations
- Quarterly audits will be undertaken and presented to the group
- Actions to address underperformance will be assigned to nominated leads as necessary
- Completion of relevant action plans and lessons learnt will be monitored by the governance team
- Success will be measured by auditing the levels of compliance against professional standards and whether practice is being embedded or not
- Updates will be provided via the monthly quality and safety report
- Oversight and monitoring will be undertaken by the divisional quality and safety group

3.5 Statements of Assurance from the Board of Directors

The aim of this section is to provide information to the public, which will be common across all quality reports, thereby enabling the public to gain a more informed and transparent view about what different healthcare organisations have reported. The statutory statements in this section aim to offer assurance from the Board of Directors to the public that the Trust is:-

- Performing to essential standards
- Measuring our clinical processes and performance
- Involved in national projects and initiatives aimed at improving quality

3.5.1 Review of Services

During 2017/18, Black Country Partnership NHS Foundation Trust provided and/or sub-contracted fifteen relevant NHS services:-
- Adult mental health inpatient services for people in Sandwell and Wolverhampton
- Specialist male adult mental health inpatient services for people in Sandwell and Wolverhampton
- Older adult mental health inpatient services for people in Sandwell and Wolverhampton
- Adult mental health community services for people in Sandwell and Wolverhampton
- Specialist electroconvulsive therapy (ECT) services for people in Sandwell and Wolverhampton
- Older adult mental health community services for people in Sandwell and Wolverhampton
- Improving access to psychological therapies (IAPT) services for people in Sandwell and Wolverhampton
- Counselling services for adults living in Sandwell and Wolverhampton
- Eating disorders services for young people and adults in Sandwell and Wolverhampton
- Early intervention services for young people and adults in Sandwell and Wolverhampton
- Specialist learning disabilities inpatient services for people in Dudley, Walsall, Sandwell and Wolverhampton
- Specialist learning disabilities community-based services for people in Dudley, Walsall, Sandwell and Wolverhampton
- Child and adolescent mental health services (CAMHS) for children and young people in Sandwell and Wolverhampton
- Specialist learning disabilities community-based services for children and young people in Sandwell and Wolverhampton
- Community healthcare services for children, young people and their families in Dudley

All of the above services also provide some cross-boundary activity outside of their designated areas

The Black Country Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant NHS services.

The income generated by the relevant health services reviewed for 2017/18 represents 100% of the total income generated from the provision of relevant health services by the Black Country Partnership NHS Foundation Trust for 2017/18.

3.5.2 Participation in Clinical Audit and National Confidential Enquiries

Commissioners, regulators and royal colleges all recognise clinical audit as an effective way to continually learn about the services we provide. Clinical audit is a quality improvement process that can be used to check whether a service is meeting the standards that people who use it should receive. It is also a valuable component of each health professional's knowledge and skills set to evidence how quality improvement is an integral part of their professional practice.

National confidential enquiries are undertaken to detect areas of deficiency in clinical practice and devise

recommendations to resolve them. They are 'confidential' as details of the patients remain anonymous although reports of the overall findings are made public. The confidential enquiry process goes beyond audit as the details of each death or incident are critically reviewed by a team of experts to establish whether clinical standards were met and that the right clinical decisions were made in the circumstances.

During 2017/18 five national clinical audits and two national confidential enquiries covered relevant health services that Black Country Partnership NHS Foundation Trust provides.

During that period, Black Country Partnership NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential inquiries, which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Black Country Partnership NHS Foundation Trust was eligible to participate in, and for which data collection was completed during 2017/18 are listed in Table 5 below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 5: Participation in National Clinical Audits and National Confidential Enquiries 2017/18

Title	Participation	Cases submitted
National Confidential Enquiry into mental health conditions in young people	Yes	100%
National Confidential Enquiry into homicide and suicide	Yes	98%
National Audit of Psychosis	Yes	100%
POMH-UK Topic 16a Rapid Tranquillisation	Yes	70%
POMH-UK Topic 1g and 3d Prescribing high dose and combined antipsychotics on adult psychiatric wards	Yes	86%
POMH Topic 17a: Use of Depot/LA antipsychotic injections for relapse prevention	Yes	100%
POMH Topic 15b: Prescribing valproate for bipolar disorder	Yes	100%

The reports of two completed national clinical audits in 2017/18 (see Table 6 below) have been reviewed by the Trust and details of the actions to improve the quality of healthcare provided are listed below:-

Table 6: Completed Reports received in 2017/18

Title	Action taken/to be taken
POMH-UK Topic 16a Rapid Tranquillisation Acutely disturbed behaviour is common in inpatient psychiatric settings, placing both the patient and others at risk. Psychotropic medication is commonly used to calm a severely agitated patient in order to reduce the risk of imminent and serious violence to self or others, rather than to treat the underlying psychiatric condition. Use of medication in these circumstances is part of a comprehensive approach to managing disturbed behaviour, alongside other strategies for de-escalation and the use of therapies to assist patients who are agitated and unsettled. The importance of preventing and appropriately managing such behaviour is addressed by the NICE clinical guideline NG10: violence and aggression: short-term management in mental health, health and community settings. They define rapid tranquillisation as the 'use of medication by the parenteral route (usually intramuscular) if oral medication is not possible or appropriate and urgent sedation with medication is needed.'	The audit findings were reviewed by the Trust's Medicines Management Committee. The National Institute for Health and Care Excellence NICE) recommend oral medication for behavioural disturbance, wherever possible, which our clinical teams implemented in 93% of cases. Clinical Directors have written to clinical teams to reiterate the importance of physical monitoring (pulse, blood pressure, respiratory rate, temperature) of the patient for at least every hour until there are no further concerns if ever intramuscular medication is administered. An improvement group has been established to review the Trust policy and to make any additional recommendations as necessary to ensure full compliance with the standards for the administration of intramuscular medication. The Trust is taking part in a re-audit organised by the Royal College of Psychiatrists in March 2018.
POMH-UK Report Topic 1g and 3d: Prescribing high dose and combined antisychotics on adult psychiatric wards A high-dose is defined as a prescribed total daily dose of a single antipsychotic, which exceeds the upper limit stated in the British National Formulary (BNF), or a prescribed total daily dose of two or more antipsychotics, which exceeds the BNF maximum using the percentage method. The percentage method converts each drug dosage to a percentage of the respective maximum recommended dose; where the percentages added together are above 100%, this constitutes a 'high-dose'. While there is considerable evidence for the effectiveness of antipsychotic drugs in the treatment of psychosis (Lehmann and Ban, 1997), there is no evidence to suggest that doses of antipsychotics higher than the recommended dosages are more effective than standard doses (Lehman et al, 1998).	The audit findings were reviewed by the Trust's Medicines Management Committee. The results were positive and showed a high level of compliance with the NICE standards for prescribing high dose and combined antipsychotics on adult psychiatric wards. The Trust's Pharmacy team will undertake periodic local audits to monitor the level of compliance for high dose antipsychotic prescribing.

The Trust also uses local clinical audit as a way of improving the quality of its services. A sample of 6 local clinical audits reviewed by the Trust in 2017/18 are set out in Table 7 below and it intends to take/has taken the following actions to improve the quality of healthcare provided:-

Table 7: Local Clinical Audits reviewed in 2017/18

Title	Action taken/to be taken
Health Visiting Antenatal Pathway To assess whether the antenatal pathway for the Health Visiting Service is followed so that women using this service receive clinically effective interventions in accordance with national guidance and Trust policy. The aim of this re-audit was to ensure that the recommendations from the audit undertaken in June 2016 had been implemented. The recommendation was for the Health Visitors to document on the antenatal reference card the date of discussion with the midwife / GP. 10 antenatal reference records were randomly selected from each Health Visiting Team equating to 50 records in total.	The findings from the audit were positive and demonstrated the antenatal pathway for Health Visiting is being followed. There had been an improvement from 61% to 94 % of the records where the date of discussion with the midwife /GP had been documented in the antenatal reference cards. Whilst completing the audit, it was noted there was a difference between the electronic lists of pregnant women received from Dudley Group and the list of pregnant women received when the Health Visitor meets with the midwife. This anomaly will now be the subject of a future audit.
Social Anxiety Disorder: Recognition, Assessment and Treatment for children and young people NICE Clinical Guideline (CG159) This audit was undertaken by Sandwell Child and Adolescent Mental Health Service (CAMHS), to assess compliance with the guideline, and to identify any recommendations to improve their service for children and young people presenting with a social anxiety disorder. Ten sets of case notes were retrospectively audited against the twenty-nine standards of the guideline.	The overall results indicated good compliance but three standards where further action was required to achieve full compliance:- Standard 7: Improving the identification and recording of "safety-seeking" behaviours Standard 15: The use of formal instruments to assess social anxiety symptoms, the service currently utilise a range of other tools e.g. HONOSCA and SDQ. Standard 27: Cognitive Behavioural Therapy to include psychoeducation and skills training for parents Following a period to improve, the three standards will be re-audited to assess if compliance has been achieved.
Record Keeping Audit This audit was undertaken by Walsall's Community Learning Disabilities teams. Two sets of notes for each practitioner were audited against forty-two standards based on Nursing & Midwifery Council standards and the requirements of the Trust's Record Keeping Policy in relation to documentation and assessments. A total of twenty notes were audited.	The results of the audit revealed a good level of compliance for thirty-eight of the forty-two standards. Team leaders have discussed the four standards requiring further improvement, with staff who are not meeting the required standard and this will be monitored during supervision. A re-audit has been scheduled to measure improvement.
Standards of practice and communication between Learning Disabilities psychiatric services and local GPs This audit was undertaken by Learning Disabilities Psychiatrists in Wolverhampton. The purpose of the audit was to assess compliance against the Royal College of Psychiatry standard for sending outpatient letters to GPs, to improve the quality of letters where possible and so improve communication with local GPs.	An initial audit was undertaken of twenty cases which identified deficiencies in the documentation of essential clinical information. Changes were recommended and implemented. An unannounced re-audit of sixty cases was subsequently undertaken to complete the audit cycle and ascertain whether standards had improved. The re-audit revealed significant improvements on key parameters:- - ICD-10 code documented from 0% (0/20) to 98% (59/60) - Risk assessment from 10% (2/20) to 100% (60/60) - Changes to medication from 65% (13/20) to 98% (59/60)

Title	Action taken/to be taken
The impact of dysphagia awareness training on everyday practice This audit was undertaken by the Older Adult Mental Health Speech and Language Therapy Team. The Royal College of Speech and Language Therapists (RCSLT) highlight that one of the key roles for Speech and Language Therapists working in dementia care is providing training in dysphagia. Dysphagia is the clinical term for swallowing difficulties. The RCSLT states that 'It is crucial that those responsible for providing food and drink to people with dysphagia have the necessary understanding to follow the recommendations from a swallow assessment. The aim of the audit was to assess the impact of dysphagia awareness training on staff behaviour/practice during mealtimes	5 key standards based on dysphagia awareness training session content were audited. 15 mealtimes were randomly selected for the audit, 7 at breakfast and 8 at lunchtime. The results showed good compliance with three of the standards with the following action taken to improve adherence:- - At every handover, ward staff to be reminded of patients' swallow recommendations, where to refer to for information and signs of difficulty with swallowing and eating/drinking to look out for - Additional time in training spent on food/fluid consistencies to support staff to identify correct consistencies/increase awareness - Staff reminded to ensure they report all incidents for diet/ fluid consistency errors in order to support the ward manager to identify which members of staff require more training and/or additional support - Re-audit to be undertaken to measure improvement
NICE Clinical Guideline CG133: Longer-term care and treatment of self-harm in adults Self-harm refers to any act of self-poisoning or self-injury carried out by an individual irrespective of motivation; self-harm is associated with many mental health disorders. The aim of the audit was to measure current practice in the longer-term management of self-harm against the recommendations in the NICE guideline and to identify areas for improvement in order to enhance patient care and services.	15 patients with a history of self-harm were selected for the audit. Four standards in respect of each patient's care plan were the focus of the audit. The results of the audit showed that in every case, the aims of longer-term treatment were discussed and agreed with each individual and documented in the care plan and shared with their GP. Please refer to section 3.7.2.1 for a more detailed description of the work undertaken on self-harm during 2017/18

Clinical Audit improvement action plans are monitored by the four divisional quality and safety groups that cover Trust services; each group is chaired by a Clinical Director.

3.5.3 Participation in Clinical Research

Research enables the NHS to improve the current and future health of the people it cares for. 'Clinical research' is research that has received a favourable opinion from a research ethics committee, to ensure the interests of those who participate have been fully considered and protected.

The Trust continues to be research active and has an established Research and Innovation Group which meets every month. Senior clinicians attend representing their different services and professions. The Trust is a member of the Clinical Research Network, West Midlands and this collaborative approach enables the Trust to participate in national large-scale research projects, to improve the quality of care we offer and to contribute to the wider health economy.

The Clinical Research Network, West Midlands set a target of 304 for the number of participants voluntarily taking part in national large-scale research projects in 2017/18. The number of patients receiving NHS services provided by Black Country Partnership NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee was 412 (136%) - see Figure 3

below. The Clinical Research Network (CRN), West Midlands, part of the National Institute for Health Research, supplied this information.
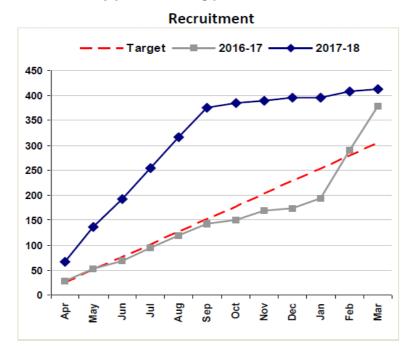
Figure 3: Recruitment of voluntary patients taking part in clinical research network projects

3.5.3.1 Patients' stories of taking part in research

Edwin, who receives services from the Trust took part in our DAPA (Dementia and Physical Activity) research project about the impact of exercise on dementia.

Edwin said, "Being part of this research has helped me and I am happy to share my experience with others. Before I took part in the research I was provided with lots of information that gave me the confidence to say 'yes' and take part in the trial. I was happy to do it. I decided to take part as I could get out of the house and I enjoyed the company of the exercise group.

I got on well with the other people who attended the group. The physiotherapist who ran the group was lovely and even telephoned me after the trial had finished to see how I was after I'd been in hospital. The research has helped me to get out of the house and see other people, which also took my mind off my health problems. The physical exercises were beneficial to my body as well.

It didn't cost me anything to take part in the trial as transport was paid for and we sometimes had free refreshments at the exercise class as well. As part of the trial, I had to complete memory tasks at home, which didn't take up too much time and it took my mind off things.

I was happy to do the memory tasks and I was happy that the researcher visited me. The instructions for the memory tasks and at the exercise group were easy to follow and I cannot fault them. I would definitely recommend taking part in research to friends and family"

Barry and Judy from Wolverhampton were invited to take part in the MADE (Minocycline in Alzheimer's Disease Efficacy) research trial by a nurse at the memory clinic that Barry attends. They had never taken part in research before and were not aware of medication trials for dementia but after discussing it with the research team and Barry's consultant agreed to take part.

Every day Barry remembered what trial tablet he had to take in the morning, and which one to take in the evening. Judy explained that it was hard to tell if the trial medication had an impact on Barry, as he had been having a slight decline in memory for the last two years but felt the daily routine of taking the medication was helpful.

Overall Barry and Judy had a positive experience of the MADE trial and in particular they both enjoyed the regular contact with the research team at the hospital and during home visits. Judy told us that being involved in the trial meant a lot to them and how nice it was to deal with such friendly and kind staff.

When asked about taking part in research again and recommending research to others, both Barry and Judy agreed they would be involved in studies again, and would encourage people with dementia and their families to take part.

3.5.3.2 Journal of Geriatric Care and Research

Dr. Nilamadhab Kar, Consultant Psychiatrist at Penn Hospital, Wolverhampton, edits this international research journal covering all areas related to the care of the elderly. The journal is affiliated to the international Geriatric Care and Research Organisation and publishes articles from all fields relevant to old age such as geriatric medicine, psychiatry, neurology, nursing, end of life care, public health and related fields like gerontology, sociology, psychology, culture and law.

3.5.3.3 Research celebrated in Annual Event

Colleagues and service users from across Black Country Partnership, Dudley and Walsall Mental Health and Birmingham Community Healthcare gathered together to attend the Research and Innovation Annual Event at The Village Hotel, Dudley.

The annual event provides a chance to showcase research taking place across the three Trusts, promote research involvement and innovation and for guest speakers to update on the progress of studies.

The day also hosts the R&I annual awards and celebrates the research successes throughout the year. Congratulations go out to all our winners for their contribution to research in 2017.

3.5.3.4 Research and Innovation Studies

Research and Innovation: Studies

The Research and Innovation Department are currently working on clinical studies in the following areas:

Mental Health

Nalaxone (bulimia) Trial – trialling a nasal spray to see if it has an effect on binging and purging urges in bulimia patients.
Our first clinical trial in the area of eating disorders

DPIM Schizophrenia – a genetic study investigating factors contributing to the development of schizophrenia
Also part of the national study looking into genetic differences in a variety of illnesses.

PPiP – reviewing the prevalence of pathogenic antibodies in first episode psychosis.
An innovative study looking into immune system differences in psychosis

Clozapine study – aims to understand why some people have an adverse drug reaction to Clozapine and why some people do not.
A personalised medicine study!

ReQoL – a questionnaire being developed to help understand feelings and monitor progress of recovery and quality of life for people with different mental health conditions.
A study funded by the Department of Health.

Join dementia research

ELAD – a study designed to evaluate the effect of a drug that is already used for the treatment of diabetes in Alzheimer's disease.
The Trust is one of only two sites running this trial in the Midlands.

ALOIS (in follow up) – an observational study looking at the progression of mild to moderate Alzheimer's disease
A study taking into account the patient and relative/carer perspective

AD Genetics - A study aiming to expand the number of genetic variants and biomarkers in Alzheimer's Disease
Our first study collecting information from people with Early Onset and Late Onset Alzheimer's Disease and their relatives.

Children, Young People & Families

FEM-NAT – A five year study into factors contributing to the existence of Conduct Disorder in young people.
First of its kind!

Learning Disabilities

Adult Autism – A qualitative study looking at the lives of people with autism to help improve services and support
Our first study focused on adults with Autism!

3.5.4 Goals agreed with Commissioners

CQUIN's The Commissioning for Quality and Innovation (CQUIN) Framework was introduced into the NHS as a financial incentive to secure improvements in quality of services and better outcomes for patients. A proportion of each NHS provider's total contract value is made conditional on the provider achieving nationally agreed quality improvements with their commissioners.

A proportion of Black Country Partnership NHS Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Black Country Partnership NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation Payment Framework (CQUIN). Please see Tables 8 and 9 below:-

Table 8: CQUIN Schemes 2017/18   **Table 9: CQUIN Schemes 2016/17**

2017/18			2016/17		
CQUIN Scheme	Value	Achieved	CQUIN Scheme	Value	Achieved
Staff Health & Wellbeing: Introduction of health and wellbeing initiatives	£159,973	£63,989	Staff Health & Wellbeing: Introduction of health and wellbeing initiatives	£190,352	£190,352
Staff Health & Wellbeing: Healthy food for NHS staff, visitors and patients	£159,974	£159,974	Staff Health & Wellbeing: Healthy food for NHS staff, visitors and patients	£190,352	£190,352
Staff Health and Wellbeing: Improving the uptake of flu vaccinations for frontline staff	£160,436	£160,436	Staff Health and Wellbeing: Improving the uptake of flu vaccinations for frontline staff	£190,352	not achieved
Improving services for people with mental health needs who present to A&E	£335,247	£335,247	LD Positive behavioural support	£426,164	£426,164
Personalised care and support planning for children with long-term conditions	£148,789	£148,789	Children's services to adopt a multi-disciplinary team approach with primary care	£140,830	£140,830
Recovery College for medium and low secure patients	£21,768	£21,768	Recovery College for medium and low secure patients	£21,745	£21,745
Reducing restrictive practices within adult low and medium secure services	£50,792	£50,792	Reducing restrictive practices within adult low and medium secure services	£50,736	£50,736
Improving physical healthcare: to reduce premature mortality in people with serious mental illness	£268,199	£234,033	Improving physical healthcare: to reduce premature mortality in people with serious mental illness	£129,748	£67,360
Improving physical healthcare: Collaboration with primary care clinicians	£67,049	£57,997	Improving physical healthcare: Collaboration with primary care clinicians	£32,438	£32,438
Preventing ill health by risky behaviours – alcohol and tobacco	£335,246	£267,925	Mental Health: Health of the Nation Outcomes Scale (HONOS)	£324,373	£324,373
Transitions out of Children and Young People's Mental Health Services (CYPMHS)	£335,247	£335,247	Health of the Nation Outcome Scale for Children and Adolescent Mental Health (HONOS-CA)	£324,371	£324,371
Total Financial Value	£2,042,720		Total Financial Value	£2,021,461	
Total Amount Achieved	£1,836,197		Total Amount Achieved	£1,768,721	

Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically at http://www.bcpft.nhs.uk/

3.5.5 Statements from the Care Quality Commission (CQC)

The Care Quality Commission is the independent regulator of all health and social care services in England. The CQC regulates, monitors and inspects hospitals, general practices and other care services, to make sure they provide people with safe, effective and high-quality care.

Black Country Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions attached to the registration.

The Care Quality Commission has not taken enforcement action against Black Country Partnership NHS Foundation Trust during the period 1 April 2017 - 31 March 2018.

Black Country Partnership NHS Foundation Trust has not participated in any reviews by the Care Quality Commission during the period 1 April 2017 - 31 March 2018.

Black Country Partnership NHS Foundation Trust did not receive an inspection by the Care Quality Commission during the period 1 April 2017 - 31 March 2018.

Table 10 below shows the ratings given by the Care Quality Commission published in February 2017.

Table 10: CQC Ratings Grid

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Not rated	Not rated	Not rated	Not rated	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Outstanding ☆	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆
Forensic inpatient/secure wards	Requires improvement	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Requires improvement	Outstanding ☆	Good	Good	Good
Wards for older people with mental health problems	Not rated	Good	Not rated	Not rated	Not rated	Good
Wards for people with learning disabilities or autism	Good	Not rated	Not rated	Not rated	Not rated	Good

Services shown as 'not rated' in the grid were assessed as 'good' in the previous inspection

Black Country Partnership NHS Foundation Trust has addressed all but one of the issues the CQC rated as 'requires improvement', further details can be found in our 2016/17 Quality Report. There are two longer-term projects which will continue into 2018/19:-

- The introduction of electronic health records - the Board of Directors Board have agreed to progress this in collaboration with Dudley and Walsall Mental Health Partnership Trust in order that the introduction of electronic health records will take place in 2018

3.5.6 Data Quality

Data is generally considered high quality if it is fit for its intended uses in operations, decision-making and planning to provide better patient care, wellbeing and safety. Poor data quality puts organisations at significant risk of weakening frontline service delivery incurring financial loss and providing poor value for money.

3.5.6.1 NHS Number and General Medical Practice Code Validity

Everyone registered with the NHS has a unique patient identifier called NHS Number, which helps healthcare staff and service providers identify each person correctly and match their details to their health records, to ensure they receive safe and efficient care. The General Medical Practice Code is the organisation code of the GP Practice that each patient is registered with.

The Secondary Uses Service is the single comprehensive repository for healthcare data in England. When a patient is treated or cared for information is collected which supports their treatment. This information is also useful to commissioners and providers of NHS-funded care for 'secondary' purposes i.e. purposes other than direct or 'primary' clinical care such as healthcare planning, commissioning of services and development of national policy.

Hospital Episode Statistics is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.

Black Country Partnership NHS Foundation Trust has submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data, which included the patient's valid NHS number and General Medical Practice Code are provided in Tables 11 and 12 below.

Table 11: NHS Number

NHS Number	2013/14	2014/15	2015/16	2016/17	2017/18
Admitted Patient Care	98.8%	98.6%	99.0%	99.6%	99.2%
Outpatient Care	99.9%	100%	99.6%	99.8%	99.7%

Table 12: General Practice Medical Code

General Practice Medical Code	2013/14	2014/15	2015/16	2016/17	2017/18
Admitted Patient Care	99.6%	99.9%	99.9%	100%	100%
Outpatient Care	99.5%	100%	100%	100%	100%

3.5.6.2 Information Governance Assessment Report

Information governance is the way in which the NHS handles all of its information particularly personal and sensitive information relating to patients and staff. Good information governance means the public can depend on their data being handled legally, securely and effectively in order to deliver the best possible care.

The information governance assessment report is an online system, which allows NHS organisations to assess themselves annually against forty-five requirements set by NHS Digital. The online system allows the public to view overall percentage scores and grade for each NHS organisation's published assessment.

Black Country Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2017/18 was 70% and was graded green. The results of the assessment are provided in Table 13 below.

Table 13: Information Governance Assessment Report

Initiative	2013/14 Achieved	2014/15 Achieved	2015/16 Achieved	2016/17 Achieved	2017/18 Achieved
Information Governance Management	80%	80%	86%	93%	80%
Confidentiality & Data Protection Assurance	66%	74%	88%	96%	66%
Information Security Assurance	68%	80%	82%	95%	68%
Clinical Information Assurance	66%	73%	80%	86%	73%
Secondary Use Assurance	66%	66%	75%	87%	66%
Corporate Information Assurance	66%	66%	66%	77%	77%
Overall	68%	74%	81%	91%	70%

3.5.6.3 Clinical Coding Error Rate

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis, treatment, or reason for seeking medical attention, into standard, recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of patient records.

Black Country Partnership NHS Foundation Trust was not subject to a Payment by Results clinical coding audit. The Trust still commissions an independent clinical coding audit of inpatient records every year to check that diagnosis and procedures are coded correctly and consistently across the Trust. The audit covered adult mental health, older adult mental health and learning disabilities services. The results of the audit are provided in Table 14 below.

Table 14: Clinical Coding Error Rate

Clinical Coding	2013/14	2014/15	2015/16	2016/17	2017/18
Primary diagnosis coding incorrect	0%	6%	0%	4%	6%
Secondary diagnosis coding incorrect	3.5%	10.4%	3.4%	4.9%	5.5%

The clinical coding results should not be extrapolated further than the actual sample size audited.

Black Country Partnership NHS Foundation Trust will be taking the following actions to improve data quality:-

- Joint procurement of an Electronic Health Record with Dudley & Walsall Mental Health Partnership NHS Trust including:
  - pre migration data cleansing
  - alignment of configuration and documentation across services and localities
- Assess and implement a new data warehouse and data reporting tool to ensure data is processed and reported consistently

3.5.7 Learning from Deaths

A review by the Care Quality Commission in 2016, found there was no single framework for NHS trusts that sets out what they need to do to maximise learning from deaths that may be the result of problems in care. There were a range of systems and processes in place but practice varied widely across providers. As a result, learning from deaths was not always given enough consideration in the NHS and opportunities to improve care for future patients were often missed.

Following the review, all NHS trusts are required to ensure their processes give due focus to the review, investigation and reporting of deaths, including those deaths that are determined more likely than not to have resulted from problems in care. There is no standard definition of an avoidable death and each trust makes its own judgment but each trust is required to use the same methodology to determine whether a death was preventable or not.

During the period 1 April to 31 March 2018, 321 of Black Country Partnership NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 59 in the first quarter; 69 in the second quarter; 83 in the third quarter and 110 in the fourth quarter.

By 31 March 2018, 0 case record reviews and 24 investigations have been carried out in relation to 24 of the deaths recorded above. In 0 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was 4 in the first quarter; 7 in the second quarter; 6 in the third quarter and 7 in the fourth quarter.

NHS Improvement in their publication 'Detailed Requirements for Quality Reports 2017/18' have requested that the following statements are also included and for the Trust to report on this information.

[Number] representing % of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: [Number] representing % for the first quarter; [Number] representing % for the second quarter; [Number] representing % for the third quarter. These numbers have been estimated using the [name, and brief explanation of the methods used in the case record review or investigation].

A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified above. A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period. An assessment of the impact of the actions described above which were taken by the provider during the reporting period.

[Number] representing [number as percentage of number of the relevant document for the previous reporting period]% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the [name, and brief explanation of the methods used in the case record review or investigation].

[Number] representing [number as percentage of number of the relevant document for the previous reporting period]% of the patient deaths during [the previous reporting period] are judged to be more likely than not to have been due to problems in the care provided to the patient.

We are unable to provide the information requested in the statements above as we do not carry out investigations with a view to determining whether the death was wholly or partly due to problems in the care provided to the patient. The purpose of the investigations we do carry out, called root cause analyses

(RCAs), is for learning and to understand what we can do differently in future rather than to determine whether problems in care directly caused a death.

The new policy therefore requires an additional judgment to be made once an investigation is complete. The Royal College of Psychiatrists have been commissioned by NHS England to propose a methodology to provide clarity about how mental health services should interpret this aspect of an investigation but this will not be concluded until later in 2018.

3.6 Reporting against Core Quality Indicators

Our performance

Find out how we are performing according to national standards.

In this section, we report our performance against a core set of quality indicators using data made available to the Trust by NHS Digital, the national provider of health care information in England.

NHS Improvement, the regulator for NHS foundation trusts, has refreshed the list of indicators from previous years. Table 15 below provides a summary of the indicators for 2017/18. A more detailed explanation and analysis of each indicator is also set out below.

Table 15: Core Quality Indicators 2017/18

Indicator	Target	Achieved	
Patients on Care Programme Approach followed up within 7 days of discharge from psychiatric inpatient care	95%	98.6%	
Admissions to inpatient services that had access to the Crisis Resolution Team prior to admission	95%	99.6%	
Patients aged 16 years or over re-admitted to hospital within 28 days of discharge	<15.3%	13.9%	
Patient experience of community mental health services	—	—	
Patient safety incidents and the percentage that resulted in severe harm or death (there is no specific target, the percentage is the national average)	1.0%	0.2%	

3.6.1 Patients on Care Programme Approach followed up within 7 days of discharge from psychiatric inpatient care

The Care Programme Approach (CPA) is a method used by mental health professionals to assess, plan and review someone's mental health care needs. All patients on CPA discharged from psychiatric inpatient care to their place of residence, care home, or residential accommodation must be followed up within 7 days of discharge, either by face to face contact or by telephone to reduce the risk of neglect, self-harm, or suicide.

The national target for this indicator is to follow up 95% of patients within 7 days which the Trust achieved for all four quarters of the year.

Black Country Partnership NHS Foundation Trust considers that this data is as described in Table 16 below for the following reasons:-

- this information has been supplied by NHS Digital (columns 4-7)

- in line with Board assurance requirements, the Trust is required to publish internally reported information for this indicator (column 3*). There can be a slight variance between internally reported information and that available from NHS England Statistics website due to post-submission validation arrangements

Table 16: Percentage of patients followed up within 7 days of discharge

Reporting Periods	National Target	BCPFT achieved*	BCPFT achieved	National Average	Highest Trust	Lowest Trust
Qtr. 4 January - March 2018	95%	98.1%	98.6%	95.5%	100%	87.2%
Qtr. 3 October - December 2017	95%	94.6%	95.5%	95.4%	100%	69.2%
Qtr. 2 July - September 2017	95%	96.8%	96.7%	96.7%	100%	91.6%
Qtr. 1 April - June 2017	95%	96.1%	96.8%	96.7%	100%	93.7%

Black Country Partnership NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services by:-

o ensuring our staff understand the clinical evidence underpinning this target and are committed to maintaining a high level of compliance
o promote the standard operating procedure in place that clearly explains the roles and responsibilities for both community and inpatient staff in respect of 7 day follow up
o continue to monitor performance each month and review those occasions where follow up has not been possible to see if we could do anything differently in the future.

3.6.2 Admissions to inpatient services that had access to the Crisis Resolution Team prior to admission

Crisis Resolution teams (CRT) offer intensive short-term support for people in mental health crises in their own home to prevent hospital admissions to a psychiatric inpatient ward. The national target for this indicator is for teams to assess 95% of all patients prior to their admission to a psychiatric inpatient ward, which the Trust achieved for all four quarters of 2017/18.

Black Country Partnership NHS Foundation Trust considers that this data is as described in Table 17 be low for the following reasons:-

- the information below has been supplied by NHS Digital (columns 4-7)
- in line with Board assurance requirements, the Trust is required to publish internally reported information for this indicator (column 3*). There can be a slight variance between internally reported information and that available from NHS England Statistics website due to post-submission validation arrangements.

Table 17: Percentage of Admissions to psychiatric inpatient wards via Crisis Teams

Reporting Periods	National Target	BCPFT achieved*	BCPFT achieved	National Average	Highest Trust	Lowest Trust
Qtr. 4 January - March 2018	95%	99.6%	99.6%	98.7%	100%	88.7%
Qtr. 3 October - December 2017	95%	99.6%	100%	98.5%	100%	91.4%
Qtr. 2 July - September 2017	95%	99.3%	98.8%	98.6%	100%	94.0%
Qtr. 1 April - June 2017	95%	100%	100%	98.7%	100%	88.9%

Black Country Partnership NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services by:-

o continuing to monitor this indicator and review any occasion where this did not happen as we aim to achieve 100% every quarter

3.6.3 Patients aged 16 years or over re-admitted to hospital within 28 days of discharge

Some patients discharged from an inpatient stay can find themselves back in hospital within a short period. Some of these re-admissions may be planned; others part of the natural course of treatment for specific conditions but most hospital re-admissions are thought of as avoidable and indicators of poor care or missed opportunities to better co-ordinate care.

This indicator is to help trusts monitor potentially avoidable re-admissions by reporting their performance throughout the year.

Black Country Partnership NHS Foundation Trust considers that this data is as described in Table 18 below for the following reasons:-

- it is based on a locally produced percentage in the absence of information available from NHS Digital
- we are therefore unable to compare our performance against other trusts for this indicator
- NHS Improvement do not provide a national target for this indicator and local commissioners no longer monitor our performance so the Trust uses an internal target of less than 15.3% to monitor this indicator

Table 18: Re-admissions within 28 days

Reporting Periods	Local Target	BCPFT Achieved
Qtr. 4 January - March 2018	<15.3%	13.9%
Qtr. 3 October - December 2017	<15.3%	10.3%
Qtr. 2 July - September 2017	<15.3%	14.2%
Qtr. 1 April - June 2017	<15.3%	14.6%

Black Country Partnership NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services by:-

o ensuring that discharge planning and community treatment following discharge are kept under continual review to look at ways to minimise the chance of a re-admission being required

3.6.4 Patient experience of community mental health services

Every year, the Care Quality Commission (CQC) undertakes a national survey of community mental health services across England by sending out a questionnaire to a representative sample of people, to obtain their views on the service they receive from their local mental health provider.

The survey assesses people's experiences of the care and support they receive such as in clinics and in their own homes for conditions ranging from mild depression to psychosis. The survey asks for their views on aspects of their care such as whether they felt they were treated with dignity and respect and whether they felt involved in decisions about their care.

Black Country Partnership has always taken part in the survey but the CQC were unable to include the Trust in the survey for 2017. The Trust has always operated with two different patient administration systems in Sandwell and Wolverhampton but during 2016 the data was migrated on to one system. The

CQC recognises that it is good practice for trusts to employ consent systems to record the wishes of service users around the use of their personal information. However, following the migration of data, the CQC concluded that a bias would be introduced to the survey results due to the apparent number of service users who had indicated they did not wish to be included and decided it was best if we did not take part this year to clarify this anomaly.

Following the decision by the CQC, the Trust reviewed its processes to ensure it would be eligible to take part in the 2018 survey. A new process was introduced so the patient administration system shows all community mental health patients 'opting in' unless they specifically ask their clinician to be "opted out" from mailing. A new flag was created on the system for clinical staff to be able to record patients who want to 'opt out' of taking part.

A notification was sent to all clinical staff detailing the new method and how this could be put into practice. Clinical staff working in community teams were asked to check when they next saw a patient what the 'opt out' status should be and update the patient administration system via the new flag if anyone still does not wish to receive communications by post.

Workforce training on the patient administration system for new and existing clinical staff was reviewed to highlight the importance of accurately recording the 'opt in' and 'opt out' communication status.

The 'opt out' rate is now continually monitored through the number of community patients seen each month in preparation for the 2018 community survey.

Posters were displayed in all public facing areas such as receptions and consultation rooms across the Trust to promote participation in the 2018 Community Mental Health Survey but also to inform those patients eligible for the survey if they do not wish to take part of their right to opt out.

Following these actions, the CQC has confirmed our eligibility to take part in the 2018 survey.

3.6.5 Patient safety incidents and the percentage that resulted in severe harm or death

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. All NHS trusts are required to report patient safety incidents to the NRLS every week. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care. This greater level of transparency provides an opportunity for the NHS at both local and national level to share experiences and learn from them. NRLS publish this information every six months in March and September.

This indicator covers patient safety incident reports for all incidents including those that resulted in severe harm or death. The target for this indicator is to be below the national average for the percentage of incidents that resulted in severe harm or death.

Black Country Partnership NHS Foundation Trust considers that this data is as described in Tables 19 and 20 below for the following reasons:-

- this information is provided independently by NHS England and offers a comparison of the Trust's performance against forty seven other mental health providers across England
- the information provided covers the period 1 October 2016 – 30 September 2017 as more current data was not available from NHS England
- the approach taken to determine the classification of each incident will often rely on clinical judgement so this judgement may, acceptably, differ between health professionals
- the classification of the impact of an incident may be subject to a lengthy investigation which may result in the classification being changed; this change may not be reported so the data held by a trust may differ to that held by NRLS

Table 19: Patient safety incidents resulting in severe harm or death Oct 16 – Mar 17

Reporting period: 1 October 2016 - 31 March 2017				
Patient safety incidents that resulted in severe harm or death	Total Number of Reported Incidents	Reporting Rate per 1000 bed days	No. resulting in severe harm or death	% resulting in severe harm or death
Black Country Partnership	863	27.8	8	0.9%
National Average	3,126	46.6	36	1.2%
Highest Trust	2,619	17.9	110	4.2%
Lowest Trust	3,912	77.4	2	0.1%

Table 20: Patient safety incidents resulting in severe harm or death April - Sept 17

Reporting period: 1 April 2017 – 30 September 2017				
Patient safety incidents that resulted in severe harm or death	Total Number of Reported Incidents	Reporting Rate per 1000 bed days	No. resulting in severe harm or death	% resulting in severe harm or death
Black Country Partnership	1,652	54.6	2	0.2%
National Average	3,159	47.6	33	1.0%
Highest Trust	1,533	34.8	57	3.7%
Lowest Trust	2,253	42.4	1	0.0%

Black Country Partnership NHS Foundation Trust has taken the following actions to improve the above percentages and so the quality of its services by:-

o A review of the data submitted to NRLS for the period 1 October 2016 - 31 March 2017 shown in Table 19 above indicated that the Trust's low patient safety incident reporting rate was due to an administration error, whereby low harm and no harm incidents were deemed not to meet the criteria for uploading to NRLS. Following a review of our internal processes, the uploading of incidents is monitored every week to ensure consistency with the application of the NRLS criteria. Table 20 above shows a return to previous reporting rates for the period 1 April 2017 - 30 September 2017.

o All serious incidents are reported to our commissioners and regulators via the Strategic Executive Information System (STEIS), NHS England's web-based serious incident management system. The Trust will continue to work with local commissioners and regulators to learn lessons and to prevent the likelihood of recurrence of harm

o The Trust has established a Mortality Review Group to oversee the introduction of a new policy for identifying, reporting, investigating and learning from deaths in care, setting out the process for staff to follow to ensure all deaths are reviewed appropriately

Part Three

3.7 Reporting against Local Quality Indicators

In this section of the report, we present information on our performance against three local indicators for each of the three recognised domains of quality - patient safety, clinical effectiveness and patient experience as set out in Table 21 below.

Table 21: Local Quality Indicators 2017/18

Domain	Indicator
Patient Safety	▪ **Influenza Vaccinations**
	▪ **Patient Safety Thermometer**
	▪ **Infection Prevention and Control**
Clinical Effectiveness	▪ **Self-harm**
	▪ **Improving services for people with mental health needs who present to Accident & Emergency**
	▪ **Transitions out of Children and Young People's Mental Health Services**
Patient Experience	▪ **Complaints**
	▪ **Friends and Family Test**
	▪ **Patient Led Assessments of the Care Environment (PLACE)**

Following the theme of previous years, the Board of Directors in consultation with stakeholders, provide a mix of new and established indicators to reflect both their ongoing priorities and to highlight progress on other quality initiatives. Data from previous year(s) are provided for each indicator where applicable to give greater context, and where possible, data provided from an independent source has been used. The results of our performance against all nine indicators are set out below:-

3.7.1 Patient Safety

3.7.1.1 Influenza Vaccinations

The Department of Health and Social Care recommends that healthcare workers directly involved in patient care are vaccinated annually; it is also encouraged by the General Medical Council and by the British Medical Association.

This year it has been particularly important with Public Health England revealing that since the beginning of this year's flu season, the number of cases is almost 10 times higher than the same point in 2015 with more than 1.7m patients seen by GPs across the country during this flu season.

The Trust began planning well in advance for this year's flu vaccinations taking the following actions:
- We teamed up with our TCT partners to share best practice, exchange ideas and produce promotional materials to be used across all three organisations
- A flu coordinator was recruited for the first time to help with the flu campaign – Jane Ridd (pictured with Non-Executive Director, Fayaz Malik)
- Patient Group Directions were authorised i.e. written instructions by which specific medicines can be supplied and administered without a doctor

- A 'Health and Wellbeing Day' was held on 28 September 2017 to officially launch the flu vaccination programme
- A Flu Vaccination Tour Bus visited the different sites across the Trust to make it easier for staff to receive their vaccination
- A monthly draw for the prize of an extra day's annual leave was held for the first four months of the campaign to incentivise staff to be vaccinated
- The Trust's electronic staff records (ESR) system was utilised for the first time to identify any teams/sites/services where there was less uptake so extra effort could be directed to these areas
- As part of the incentive to encourage staff vaccination, the Trust is helping children around the world by making a donation to UNICEF for their 'get a jab, give a jab campaign' and we are pleased to have contributed over 5,700 vaccines.

Table 22 below shows the success of these initiatives and the progress made over the last three years encouraging staff to receive their influenza vaccination.
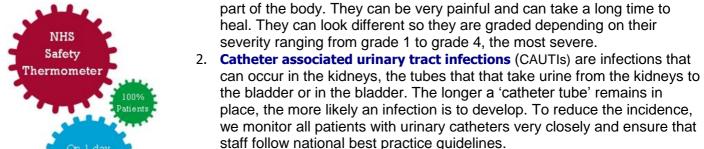
Table 22: Staff Vaccination Rates

Year	% of staff vaccinated
2017-18	**70.1%**
2016-17	**60.6%**
2015-16	**38.1%**

3.7.1.2 Patient Safety Thermometer

The Patient Safety Thermometer is a national initiative used by our frontline staff to check basic levels of care to identify where things are going wrong and take action. It is called a 'safety thermometer' because it is a quick and simple method to measure and track the proportion of patients in our care with the 'four harms' of:-

1. **Pressure ulcers** (bedsores) are ulcerated areas of skin caused by irritation and continuous pressure on part of the body. They can be very painful and can take a long time to heal. They can look different so they are graded depending on their severity ranging from grade 1 to grade 4, the most severe.

2. **Catheter associated urinary tract infections** (CAUTIs) are infections that can occur in the kidneys, the tubes that that take urine from the kidneys to the bladder or in the bladder. The longer a 'catheter tube' remains in place, the more likely an infection is to develop. To reduce the incidence, we monitor all patients with urinary catheters very closely and ensure that staff follow national best practice guidelines.

3. **Falls** a fall is defined as unintentionally coming to rest on the ground, the floor, or a lower level regardless of whether or not an injury has occurred that takes place mainly within inpatient settings

4. **Venous thromboembolisms** often referred to as VTEs (a patient may be defined as having a new VTE if they are being treated for a deep vein thrombosis (a blood clot in the calf), pulmonary embolism, (blood clot in the lung) or any other recognised type of VTE with appropriate therapy such as anticoagulants (medication to prevent the blood from clotting).

We successfully surveyed all at risk patients in all appropriate settings on a set day in each month and all our submissions were received by the NHS Information Centre. We achieved above 95% of all patients who were 'harm free' for the four harms explained above for every month during 2017/18. NHS Improvement provides the information in Tables 23 and 24 below independently of the Trust.

Table 23: Patients 'harm free' in 2017/18   **(Data supplied by NHS Improvement)**

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients	156	169	154	151	158	155	149	147	153	166	142	154
% of Patients that were harm free	99.4%	99.4%	100%	100%	100%	98.7%	99.3%	100%	97.4%	99.3%	98.1%	98.7%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Table 24: Patients 'harm free' in 2016/17   **(Data supplied by NHS Improvement)**

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients	146	158	149	167	167	159	159	169	162	163	155	155
% of Patients that were harm free	98.6%	97.5%	97.3%	97.6%	98.8%	97.5%	98.1%	98.8%	97.5%	98.8%	97.4%	98.2%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

3.7.1.3 Infection Prevention and Control

Infection prevention and control is an essential component of our care. We want our patients to feel they are safe and receiving the best possible healthcare with us. While the risk of an infection is small, continuing to reduce the risk of infections remains of paramount importance. The Trust has a zero tolerance to healthcare associated infections.

Our Infection Prevention and Control Team use a surveillance system to monitor and record data on Alert Organisms and Alert Conditions found in the patients that we care for. Alert organisms and alert conditions are those that may give rise to outbreaks. The tables below are based on locally produced information in the absence of information available from an independent source.

Alert Organisms are those bacteria responsible for several difficult to treat infections in humans e.g. MRSA, MSSA & E-Coli bacteraemia and Clostridium difficile diagnosed through laboratory tests. Preventing outbreaks depends on prompt recognition of one or more infections with alert organisms and instituting special control measures to reduce the risk of spread of the organism. Table 25 below shows our performance.

Table 25: Alert Organisms

Year	MRSA Bacteraemia	E Coli Bacteraemia	MSSA Bacteraemia	Clostridium Difficile
2017/18	0	0	0	0
2016/17	0	0	0	0
2015/16	0	0	0	0

Alert Conditions are identified through clinical diagnosis, not laboratory tests and staff in clinical areas alert the infection prevention and control team of any suspected occurrence of these conditions at the earliest opportunity. Alert conditions include chickenpox, shingles, diarrhoea, vomiting, mumps, measles, and scabies. The most challenging alert condition for the Trust continues to be cases of diarrhoea and vomiting as recorded in Table 26 below.

Table 26: Diarrhoea and Vomiting Cases

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
2017/18	3	5	4	16	28
2016/17	4	7	6	12	29
2015/16	26	4	1	7	38

Between 600,000 and 1 million people in the UK catch Norovirus every year, sometimes known as the winter vomiting bug, the most common stomach bug in the UK, which can affect people of all ages. As there are so many different strains, we do not develop immunity and staff are equally susceptible as patients.

The classification of an outbreak of a serious infectious illness occurs when an unusual number of patients with similar symptoms present in the same area or with a shared exposure. A marker for diarrhoea or vomiting outbreak is 2 or more patients with the same symptoms in the same area within 24 to 48 hours or 3 or more patients within one month. Respiratory viruses such as Seasonal Influenza and Rhinovirus (common cold) occur worldwide and can quickly spread in a closed environment such as a hospital. Table 27 below shows our performance:

Table 27: No. of Outbreaks of Serious Infection Illness

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2017/18	0	0	0	1
2016/17	0	0	0	0
2015/16	0	0	0	0

Our Infection Prevention and Control Team manage all outbreaks of infection. Weekly surveillance helps with the early identification of potentially transmissible infections enabling early implementation of prevention and control measures to limit spread. There was 1 outbreak of diarrhoea and vomiting (presumed Norovirus) in Quarter 4 affecting 9 patients and 7 members of staff. This resulted in the closure of the affected ward for a period of 9 days. In the case of possible/confirmed outbreaks specific actions are taken in order to try and contain such infections and minimize the risk to patients, staff and visitors:-

- Closure of affected ward/unit(s) to stop the spread of the outbreak until all patients and staff are symptom free for at least 48 hours
- Isolation of affected patients to their rooms as much as reasonably practical
- Staff use of personal protective equipment e.g. aprons and gloves for all contact with affected patients and/or their immediate environment
- Minimise as much as possible the movement of patients and staff between affected and unaffected areas
- Observation of practice undertaken to ensure the risks of transmission is reduced as far as possible
- Communications to all staff and visitors informing them of a potential or confirmed outbreak and advice on minimising the risk of transmission to themselves and others
- Thorough cleaning of affected areas using the most effective chlorine releasing disinfectant, through liaison with the Facilities Team
- Strict hand hygiene for all patients, staff & visitors, before meals, after toileting, before and after any patient/environment contact and before entering and leaving the ward – using soap & water.
- Detailed investigations and tests for each outbreak to determine where possible the cause of the outbreaks

3.7.2 Clinical Effectiveness

3.7.2.1 Self-harm

Self-harm is a broad term to describe behaviour associated with a range of other symptoms and psychological disorders which results in acts that cause personal harm. Patients who engage in self-harm behaviour do so for a range of different reasons including, as a demonstration of anger, a way of finding relief and distraction from significant and unrelenting life problems, or difficulties managing a range of emotions, including anxiety, sadness, shame, guilt and humiliation.

Self-harm is poorly understood in society and even people who regularly encounter cases of self-harm through the course of their work such as social workers, police officers and health professionals may find the care of people who have harmed themselves particularly challenging. The management of self-harm behaviours is a difficult and emotive aspect of giving care.

All incidents of self-harm including the level of severity are reported and recorded on the Trust's incident reporting system. Patient safety monitoring of self-harm incidents showed there were notable differences in rates of self-harm incidents across psychiatric wards. We decided to investigate the rates of self-harm occurring across psychiatric wards and to review the Trust's 'Management of Self Harm' Guidelines produced two years ago, to investigate whether they provide a useful framework for staff.

A number of methods were used to achieve these aims including a detailed analysis of local incident reporting, discussions with groups of ward staff, medical staff and interviews with managers, modern matrons and the lead nurse.

Patients used a variety of ways to self-harm across all wards including cutting or scratching, ligature tying, self-poisoning or burning. For every incident reported, staff are required to rate the severity of each incident from level 1 (negligible) through levels 2 (minor), 3 (moderate) and 4 (severe). Most incidents across all wards were rated at levels 1 or 2.

Table 28 below shows the breakdown of severity by ward and for 329 out of 334 incidents i.e. 98.5%, the level of harm was assessed as negligible or minor in severity.

Table 28: Severity Ratings by Ward

Ward	Level 1	Level 2	Level 3	Level 4	Total
Abbey	3	18	0	0	21
Brook	3	9	0	0	12
Chance	2	2	0	0	4
Charlemont	10	21	0	0	31
Dale	98	88	4	1	191
Friar	9	36	0	0	45
MacArthur	6	7	0	0	13
Meadow	0	1	0	0	1
Salter	6	10	0	0	16
Totals	137	192	4	1	334

Self-harm incidents tended to cluster around particular months. Table 29 below provides a breakdown of the clustering of incidents by ward and by month.

Table 29: Clustering of self-harm incidents, by ward and by month

Ward	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
Abbey	1	3	4	0	1	3	3	0	0	2	3	1	21
Brook	1	0	0	0	1	2	1	1	4	1	0	1	12
Chance	0	0	0	0	1	0	2	1	0	0	0	0	4
Charl	4	0	3	2	2	2	5	2	4	3	2	2	31
Dale	1	3	32	24	22	39	12	10	7	16	16	9	191
Friar	4	1	4	15	1	6	2	2	0	6	2	2	45
Mac	0	0	0	0	1	0	7	3	0	2	0	0	13
Mead	0	0	0	0	0	0	1	0	0	0	0	0	1
Salter	0	0	2	3	3	4	0	2	2	0	0	0	16
Total	11	7	45	44	32	56	33	21	17	30	23	15	334

Interviews with staff suggested that particular patients on a ward could provide an explanation for higher rates of self-harm during certain months. Incident reporting of these events supported this impression that often one patient was accounting for many of the episodes. An analysis of incident rates on Dale Ward showed that just three patients accounted for 76% of the self-harm incidents between March and June on that ward.

There was no evidence suggesting that the clustering was related to particular staff factors such as sickness or annual leave.

Incident reporting data showed that patients used a wide variety of everyday objects to carry out their self-harm. Examples included a catheter belt, a strip of towel, a jumper lace, a ring pull off a can of pop, a bin liner, broken plastic spoons, torn bed sheets, underwear, clothing, a broken pen and a comb.

Staff adopt a mixture of two separate approaches to the management of self-harm, a protective approach and a therapeutic approach. A protective approach involves direct actions such as close observation, room searches, removal of potentially harmful objects and patient searches on return from leave. A therapeutic relationship with patients allows patients to build trust and ventilate their feelings so they are more likely to talk to staff first before they self-harm.

During the assessment of the Trust's guidelines, when staff who had not read them were asked to describe what they would find helpful to have in self-harm guidance, they cited content that already exists in the current guidelines. The review found the guidelines are in line with national and professional guidance, they were evidence based and provide a useful framework for staff assessing, formulating and managing self-harm in ward environments.

We plan to relaunch the Trust's 'Management of Self Harm' Guidelines to ensure they are embedded into current practice and support staff to develop their knowledge and confidence when dealing with people who self-harm. Our patient safety team will continue to monitor all incidents of self-harm and investigate any rise in the number of incidents

3.7.2.2 Improving services for people with mental health needs who present to Accident & Emergency

People with mental ill health are three times more likely to present to Accident and Emergency (A&E) departments than the general population. Bridging the gap between physical and mental health care is essential as a busy, often noisy, emergency department can be a frightening and disorientating place for a person suffering a mental health crisis.

Black Country Partnership provides dedicated mental health liaison staff to support the A&E departments at Sandwell General Hospital and Wolverhampton's New Cross Hospital, who are able to manage

a diverse range of mental health problems.

Evidence from a range of sources suggests that while these services really help people with mental health problems there is still further work to do to reduce the frequency with which a significant number continue to attend A&E. They typically include people with complex mental health needs, older people with a combination of multiple and deteriorating physical health problems, people with complex social needs including housing, domestic violence, loneliness/social isolation and financial difficulties.

Together with our partners, we wanted to introduce a new era of working collaboratively to reduce frequent attenders. We decided to identify those people who attended each A&E most frequently during 2016/17 (people who attended 10-15 times or more making adjustments for deaths, relocations out of area etc.)

Improving collaboration with A&E departments and our other partners e.g. police, ambulance, social care, the voluntary sector, to provide a more integrated service has the potential to reduce the number of attendances by those people who attend A&E departments most frequently. The benefits could include improved health and social outcomes for this group, reduced healthcare usage and a reduction in avoidable pressures on A&E departments and GP services.

Abbie Gogarty, the Trust's clinical project lead, attended a national conference at the Birmingham City Football Club ground in October 2017, to present the Trust's strategy to reduce frequent attendance to A&E departments by patients with mental health problems.

Abbie said, "The conference which featured delegates from all over the country created a lively discussion on this topic and it was a great opportunity to share good practice and talk about how we can work together to overcome these challenges."

Working with our partners, Abbie identified a subset of people who attended 10-15 times or more during 2016/17 to set a baseline as shown in Tables 30 and 31 below.

Table 30: Frequent Attenders

Sandwell General Hospital	
Number of patients in Subset	18
Number of attendances 2016-17	303

Table 31: Frequent Attenders

New Cross Hospital Wolverhampton	
Number of patients in Subset	15
Number of attendances 2016-17	483

The number of attendances to A&E by this selected group of frequent attenders in 2017-18 and 2016-17 are shown in Tables 32 and 33 below. Two patients left the area during 2017/18 requiring a re-calculation of the number of attendances in 2016/17 to reflect this.

Table 32: Reduction in attendances

Sandwell General Hospital	
Number of patients in Subset	17
Number of attendances 2016-17	284
Number of attendances 2017-18	227
Reduction in no. of attendances	20%

Table 33: Reduction in attendances

New Cross Hospital Wolverhampton	
Number of patients in Subset	14
Number of attendances 2016-17	419
Number of attendances 2017-18	311
Reduction in no. of attendances	26%

The results indicate that through collaboration with our partners and providing frequent attenders with alternative options to going to A&E departments, a 20% reduction in the number of attendances was achieved. We will continue to work with our partner agencies and organisations to build on this progress.

3.7.2.3 Transitions out of Children and Young People's Mental Health Services

We use the term 'transition' to describe the process of preparing, planning and moving young people from young people's mental health services to adult mental health services. The age of transition can vary with most young people transitioning at 18 years of age.

The point of transition can be a time of potential upheaval for young people, who may find it difficult to manage their mental health following discharge, or the move into adult mental health services. It is a vulnerable point in their development as they leave secondary education, move towards more independent living and gain legal responsibility for their choices.

We decided to review our processes to ensure this group of young people are properly prepared for their transition. The aim was to improve young people's experience of transition and the outcomes for them during this difficult period in their lives.

We started by developing a transition pack, with a step by step guide, standard referral template and transition checklist to improve the transition process. We refreshed our implementation plan so that once it is appropriate for a young person to transition to adult mental health services, the clinician within young people's mental health service starts the transition process at least 6 months beforehand, to ensure a gradual and smooth transition.

A joint meeting is arranged for the most complex/high risk cases between consultants and clinical managers from young people's mental health service and adult mental health services. If the young person is on a 'child in need' or 'child protection' plan the 'safeguarding lead' for children's services will liaise with the 'safeguarding lead' for adult mental health services so that automatic transfer of safeguarding responsibility takes place.
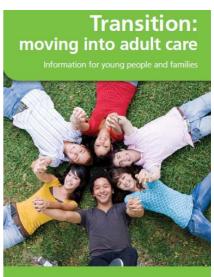
Young people with lower level mental health needs are supported by psychological interventions such as Improving Access to Psychological Services (IAPT). Those with a diagnosis of attention deficit hyperactivity disorder (ADHD) requiring continuing mental health care are referred to Dudley and Walsall Mental Health Partnership Trust, who have a specialist service for treating adults with ADHD.

All young people with a learning disability are referred to the Trust's adult learning disabilities services; for the most complex cases, a joint meeting is arranged with the adult learning disabilities team, with a specialist liaison nurse in attendance specifically to support each young person.

During the period September 2017 to March 2018 twelve young people transitioned out of young people's services to a specialist adult mental health service. We carried out an audit of their case notes to check how well transitioning had been implemented.

a) 100% of young people approaching transition who had been with young people's mental health services longer than six months had a meeting to prepare for transition at least six months before transitioning. However for those who were less than six months from transition age when they came under young people's services only 40% had a meeting at least one month before transition.

b) A transitional meeting should include the young person, the appropriate key worker and where appropriate and the young person agrees, the young person's parent(s)/carer(s). One young person whose mental health deteriorated at transition asked to be excused so their parents attended on their behalf while another young person requested for professionals to meet without wanting to be present.

There were two cases where medical staff made referrals via telephone and letter without a pre-meeting with the young person and arrangements were subsequently made for this to take place post transition.
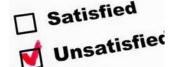
c) 92% of the transition plans audited included the young person's personal transition goals and the contact details of the key worker had been shared with the young person.

d) 75% of transitions plans contained evidence that they had been agreed and signed off by the young person, or where appropriate and where consent was given they had been signed off by the young person's parent(s).

To further assess whether these arrangements were working well, we designed questionnaires for young people to complete both before and after transition. During the period January – March 2018, 57% of the pre- transition questionnaires sent out were received back. However, the audit offered no clear evidence that clinicians were handing out post-transition surveys for young people to complete.

These results show that while we have made progress over the last year, more work is required to ensure that each young person has a positive experience when they transition from young people's mental health services to adult mental health services.

3.7.3 Patient Experience

3.7.3.1 Complaints

We recognise that sometimes things go wrong and people will wish to complain and have that complaint investigated. All complaints are taken seriously and treated in the strictest confidence. We use information gathered from complaints as a way of improving services and the effectiveness of the organisation. We look to identify learning points that can be translated into positive action and provide redress to set right any shortcomings that have occurred.

Our approach to dealing with complaints follows the 'six principles for remedy' recommended by the Parliamentary Health Service Ombudsman:-

✓ getting it right
✓ to be patient focused
✓ open and accountable
✓ act fairly and proportionately
✓ put things right
✓ seek to make continuous improvements

We monitor all complaints and concerns closely noting any recurring themes, trends and increases and share this information with our local commissioners to make sure we are doing everything we can to prevent their re-occurrence. Reviewing complaints is a central part of the independent inspections of hospitals carried out by the Care Quality Commission.

Just one complaint is one too many, but in relation to all the work our clinical staff carry out each year (see Table 34 below), the complaints we receive amounts to 0.05% of all Trust activity.

Table 34: Total Trust Activity 2016/17

Type	Totals
Admissions	1,598
Outpatient appointments	29,697
Contacts with people in the community	325,683
Total Trust Activity	356,978

Table 35 below reflects the main themes where complaints arise in comparison to previous years based on locally produced information.

Table 35: Analysis of Complaints

Recurring Themes for Complaints	2013/14	2014-15	2015/16	2016/17	2017/18
Admission	1	1	2	2	0
Attitude of Staff	28	44	35	40	21
Care	65	42	56	34	46
Communication	11	8	15	11	15
Discharge	7	7	6	4	5
Information about the Trust	3	2	1	0	0
Medication	10	11	4	8	6
Mental Health Act	1	1	2	4	0
Outpatient Appointments (cancellation & delay)	11	12	5	8	2
Personal Records (including medical)	1	1	3	3	3
Personal Safety	9	2	1	2	3
Transport issues	1	1	1	0	1
Total	148	132	131	116	102

All issues raised will try to be resolved through local resolution which will usually involve face-to-face meetings followed by a formal letter to present the findings of the complaint.

However, if someone is not happy with the outcome of the complaint, they may take this to the Parliamentary Health Service Ombudsman. During 2017/18 the Trust received notification that four complaints had been referred to the Parliamentary Health Service Ombudsman for review. One was subsequently withdrawn by the complainant, one was closed as requiring no further action by the Parliamentary Health Service Ombudsman while two cases remain under investigation.

The Trust also collates and analyses all compliments received in respect of the services it provides. Figure 4 below shows the Trust received a total of 914 compliments during 2017/18. 248 compliments were received for care, 131 for the attitude of staff and 16 for communication.
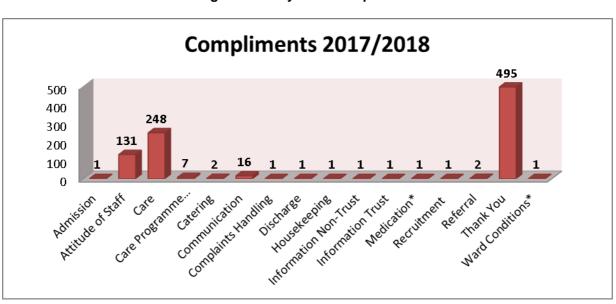
Figure 4: Analysis of Compliments

3.7.3.2 Friends and Family Test

The NHS Friends and Family Test (FFT) is a national scheme introduced by NHS England. The scheme helps both providers and commissioners to understand whether patients are happy with the service provided or if improvements are needed. FFT is embedded in the Trust's strategic objectives and is a key deliverable with the patient experience and involvement strategy and quality and safety agenda. It is an important feedback tool that supports the fundamental principle that people who use our services have the opportunity to provide feedback on their experience.

It provides a quick and anonymous way for people to give their views and results are available for the public to view at any time on the NHS Choices website. The FFT does not produce results that can be used to directly compare our performance against other providers due to the flexibility of data collection methods and the variation in local populations.

All answers are voluntary but we value and respect each person's feedback as it provides valuable information for our services to celebrate and build on what is working well and to identify areas where improvements could be made. FFT does not replace the complaints procedure or other forms of feedback that we use to learn about our services.

In last year's report we stated that after receiving high levels of feedback for the first two years the numbers of people providing feedback using this method has tapered off. We therefore decided to review our approach in conjunction with the NHS England Lead for the Friends and Families test, to explore new ways to encourage people to utilise this method of feedback.

The result was that in June 2017, the Trust launched a new combined friends and family test and patient experience and involvement form, to enable our patients to give confidential feedback about our services. This feedback enables teams to make improvements that really matter to patients.

1,092 patients responded to the Mental Health services Friends and Family test. A breakdown of their responses is shown in Figure 5 below.

Figure 5: Friends and Family Test Mental Health Services

97 patients responded to the Learning Disability Friends and Family test. A breakdown of their responses is shown in Figure 6 below.
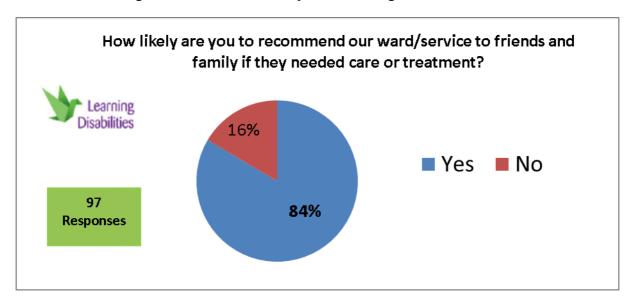
Figure 6: Friends and Family Test Learning Disabilities Service

572 people responded to the Children, Young People and Families Friends and Family test. A breakdown of their responses is shown in Figure 7 below.
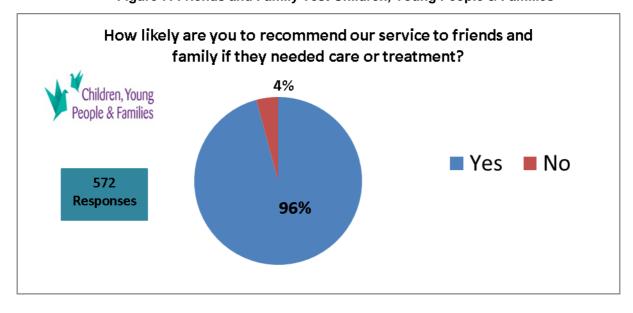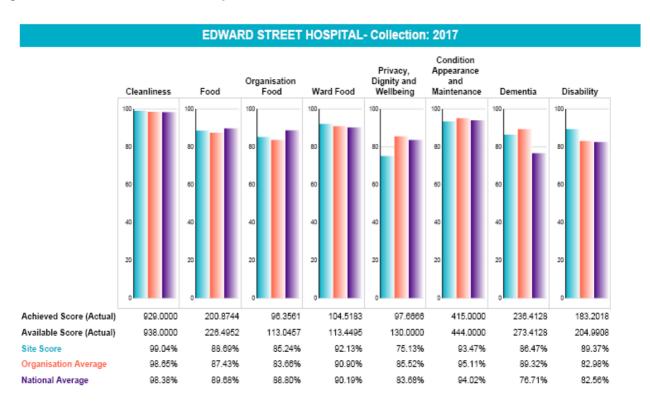
Figure 7: Friends and Family Test Children, Young People & Families
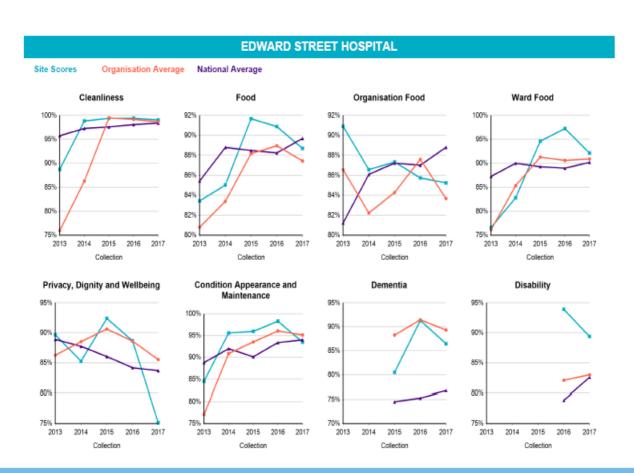
3.7.3.3 Patient-Led Assessments of the Care Environment (PLACE)

Patient-Led Assessments of the Care Environment, better known as 'PLACE' are assessments led by patient assessors, supported by matrons and facilities teams. The assessment covers environmental, cleanliness, food, privacy and dignity, access and dementia for the Trust's four main hospital sites.
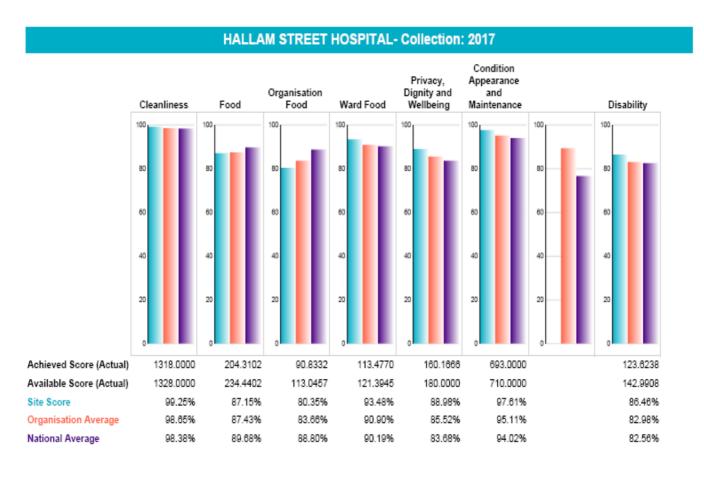
The results provided in the charts below were produced independently by NHS Digital. Each year changes are made to the criteria and questions to make them as relevant as possible so it is not practical to directly compare results with previous years. However the following results show the progress made to improve the patient experience for each of the Trust's inpatient areas.
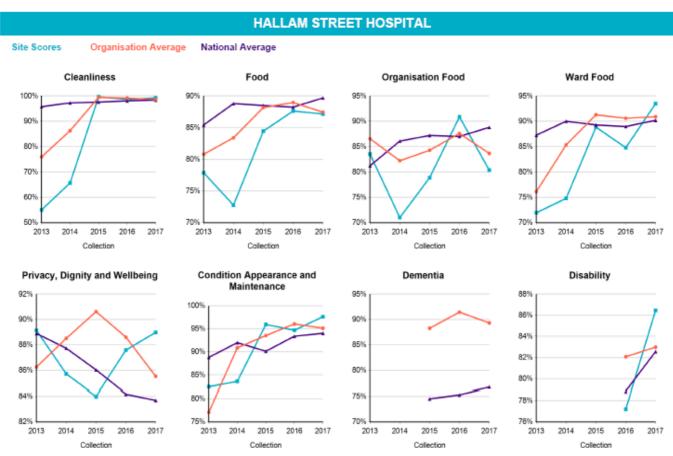
Figures 8 and 9: Edward Street Hospital - 2017 PLACE Results

EDWARD STREET HOSPITAL- Collection: 2017

	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	929.0000	200.8744	96.3561	104.5183	97.6666	415.0000	236.4128	183.2018
Available Score (Actual)	938.0000	226.4952	113.0457	113.4495	130.0000	444.0000	273.4128	204.9908
Site Score	99.04%	88.69%	85.24%	92.13%	75.13%	93.47%	86.47%	89.37%
Organisation Average	98.65%	87.43%	83.66%	90.90%	85.52%	95.11%	89.32%	82.98%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

EDWARD STREET HOSPITAL

Site Scores   Organisation Average   National Average

Figures 10 and 11: Hallam Street Hospital - 2017 PLACE Results (Dementia is not applicable)
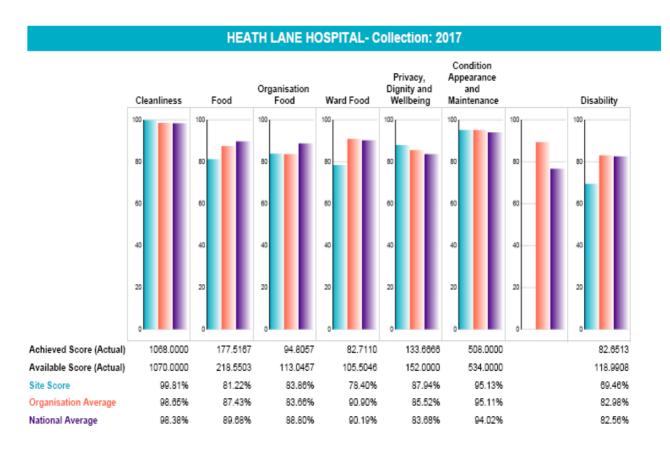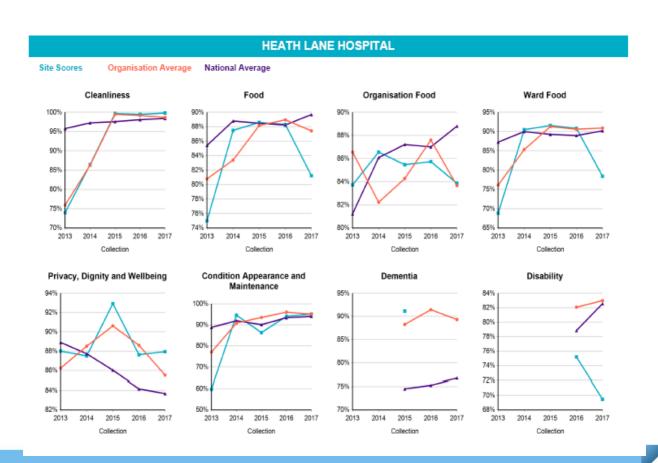
Figures 12 and 13: Penn Hospital - 2017 PLACE Results

PENN HOSPITAL- Collection: 2017

	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	1075.0000	215.8194	98.3561	117.4633	114.6666	529.0000	129.4128	133.2018
Available Score (Actual)	1112.0000	236.4402	113.0457	123.3945	132.0000	570.0000	141.4128	160.9908
Site Score	96.67%	91.28%	87.01%	95.19%	86.87%	92.81%	91.51%	82.74%
Organisation Average	98.65%	87.43%	83.66%	90.90%	85.52%	95.11%	89.32%	82.98%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

PENN HOSPITAL

Site Scores   Organisation Average   National Average

Figures 14 and 15: Heath Lane Hospital - 2017 PLACE Results (Dementia is not applicable)

	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance		Disability
Achieved Score (Actual)	1068.0000	177.5167	94.8057	82.7110	133.6666	508.0000		82.6513
Available Score (Actual)	1070.0000	218.5503	113.0457	105.5046	152.0000	534.0000		118.9908
Site Score	99.81%	81.22%	83.86%	78.40%	87.94%	95.13%		69.46%
Organisation Average	98.65%	87.43%	83.66%	90.90%	85.52%	95.11%		82.98%
National Average	98.38%	89.68%	88.80%	90.19%	83.69%	94.02%		82.56%

3.8 Reporting against Other Quality Indicators

NHS Improvement require NHS foundation trusts to report in this section on other information relevant to the quality of health services provided or sub-contracted by the provider during the reporting period. NHS Improvement has refreshed the list of indicators required to be disclosed in this section for 2017/18 to reflect developments in the Single Oversight Framework. Performance is reported as the arithmetic average for the year of the monthly reported performance during the year.

Table 36 below provides a summary of all the relevant quality indicators for 2017/18. A more detailed explanation and analysis of each indicator is set out afterwards.

Table 36: Summary of Other Quality Indicators 2017/18

Indicator	Target	Achieved	
People experiencing a first episode of psychosis are treated with a NICE approved care package within two weeks of referral	50%	74%	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:			
a) inpatient wards	90%	pending *	
b) early intervention in psychosis services	90%	pending #	
c) community mental health services (people on care programme approach)	90%	pending *	
Improving access to psychological therapies - people with common mental health conditions are treated within 6 weeks of referral	75%	94.2%	
Improving access to psychological therapies - people with common mental health conditions are treated within 18 weeks of referral	95%	99.6%	
Improving access to psychological therapies - proportion of people completing treatment who move to recovery	50%	60.8%	
Admissions to adult facilities of patients under 16 years old	Zero	Zero	
Inappropriate out-of-area placements for adult mental health services (average number of bed days per month patients have spent out of area)	—	72	

* The data for these indicators has been collected from the National Audit of Psychosis by the Royal College of Psychiatrists; the results are not expected until later in 2018

\# The data for this indicator has been collected from self-assessments collected by the Royal College of Psychiatrists' Early Intervention in Psychosis Network; the results are not expected until later in 2018

3.8.1 People experiencing a first episode of psychosis are treated with a NICE approved care package within two weeks of referral

The World Health Organisation indicates that schizophrenia and other forms of psychoses which affect young people represent a major public health problem. Despite the availability of interventions that can reduce relapses not all affected young people have access to them in a timely and sustained way. Failure to engage and intervene effectively in early psychosis leads to poorer outcomes for individuals and their families and high levels of expenditure for both NHS and other public services.

The provision of evidence based care recommended by the National Institute for Health and Care Excellence (NICE) can prevent the development of psychosis in a significant proportion of cases, preventing much illness, disability and distress to young people and their families.

The Early Intervention in Psychosis Access and Waiting Time standard requires that more than 50% of people with first episode of psychosis are treated with a NICE-approved package of care within two weeks of referral.

Table 37 below shows Black Country Partnership's performance as the arithmetic average for the year of the monthly reported performance for 2017/18 based on information provided by NHS England.

Table 37: Percentage of patients treated within two weeks of referral   (data provided by NHS England)

Month	Apr -17	May -17	Jun -17	Jul -17	Aug -17	Sep -17	Oct -17	Nov -17	Dec -17	Jan -17	Feb -17	Mar -17	Total	Average
No. treated within two weeks of referral	6	4	7	2	7	3	4	4	0	5	7	2	51	4.3
No. still waiting after two weeks from referral	1	0	0	3	1	0	2	1	2	4	2	2	18	1.5
% treated within two weeks of referral	86%	100%	100%	40%	88%	100%	67%	80%	0%	56%	78%	50%		74%
National Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%		50%

NHS Improvement has selected this indicator for substantive sample testing by independent external auditors as part of the assurance process for the quality report. The auditors will provide a limited assurance report to the Trust's Assembly of Governors on whether this indicator has been reasonably stated in all material respects.

3.8.2 Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:
a) inpatient wards
b) early intervention in psychosis services
c) community mental health services (people on care programme approach)

People with severe mental disorders on average tend to die earlier than the general population. The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension. Many of these deaths are preventable so increasing access to quality care for patients with severe mental disorders and improving the treatment of coexisting physical conditions is an important indicator.

This indicator requires providing regular physical health checks for patients on inpatient wards, under community mental health teams and receiving early intervention in psychosis services. The range of checks include smoking status, alcohol intake, body mass index and blood pressure to assess their cardio-metabolic risk factors that determine the chances of developing diabetes, heart disease or stroke.

In addition, when this group of patients are screened for these measures and where it is clinically indicated, they are provided with interventions or referred to other services for interventions to improve their physical health.

The national target for this indicator is to ensure that 90% of patients in the defined audit

sample have both a completed assessment for each of the cardio-metabolic parameters with results documented in the patient's record, and a record of interventions offered where indicated, for patients who are identified as at risk.

The Royal College of Psychiatrists has collected the data for inpatients and people under the care of community mental health teams through the National Audit of Psychosis. The results are not expected to be published until later in 2018 and will be included in next year's report.

The Royal College of Psychiatrists' Early Intervention in Psychosis Network has collected the data for patients under the care of early intervention in psychosis services. The results are not expected to be published until later in 2018 and will be included in next year's report.

3.8.3/4 Improving access to psychological therapies (IAPT) for people with common mental health conditions

Improving Access to Psychological Therapies (IAPT) is an NHS programme which provides services across England offering low and high intensity interventions approved by the National Institute of Health and Care Excellence (NICE) for treating people with depression and anxiety disorders.

Psychological therapies involve working with a trained professional to understand and deal with emotional and mental health problems. Therapy starts with a detailed assessment that aims to identify the main problems that are currently holding people back in their lives followed by learning new ways of managing these problems.

The national targets for these two indicators are to ensure that 75% of people with common mental health conditions referred to the IAPT programme are treated within 6 weeks of referral and 95% within 18 weeks of referral.

Tables 38 and 39 below show Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2017/18. It is based on a locally produced percentage in the absence of information available from NHS Digital.

Table 38: Referrals made within 6 weeks

Month	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Average
Referrals made within 6 weeks	92%	93%	93%	93%	95%	97%	96%	94%	94%	94%	94%	96%	94.2%
National Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Table 39: Referrals made within 18 weeks

Month	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Average
Referrals made within 18 weeks	100%	100%	99%	100%	100%	99%	100%	100%	99%	98%	100%	99%	99.6%
National Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The Trust's Assembly of Governors have selected the 6 weeks indicator for substantive sample testing by independent, external auditors as part of the assurance process required for the quality report. The auditors will provide a limited assurance report to the Trust's Assembly of Governors on whether this indicator has been reasonably stated in all material respects.

3.8.5 Improving access to psychological therapies - proportion of people completing treatment who move to recovery

This indicator shows the proportion of people completing treatment who have shown significant improvement and recovered.

To achieve reliable recovery, a person's symptoms will have improved by a significantly large margin from the start to end of treatment for people who were considered a clinical case at the start of treatment. This is important in showing the proportion of people completing treatment who have shown significant improvement and recovered.

This indicator identifies the proportion of people who showed a change in symptoms from above a clinical threshold (defined by a cut-off point in the outcome questionnaires PHQ-9 and ADSM) at the start of treatment to below this threshold at the end of treatment, for whom this change was significantly reliable.

PHQ-9 is a questionnaire used to measure the severity of depression based on the frequency with which relevant symptoms are experienced. ADSM (anxiety disorder specific measures) are used to measure the severity of anxiety disorders. There are several ADSMs and the relevant one is chosen in each case based on the specific type of anxiety being experienced (e.g. social anxiety, generalised anxiety, etc.).

The national target for this indicator is to ensure that 50% of people completing a course of IAPT treatment moved to recovery. Table 40 below shows Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2017/18. It is based on a locally produced percentage in the absence of information available from NHS Digital.

Table 40: Proportion of people moving to recovery

Month	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Average
No. completing a course of IAPT treatment	304	347	339	334	281	272	279	312	197	250	230	209	280
No. moving to recovery	171	201	213	210	155	166	178	199	129	162	135	121	170
National Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
% moving to recovery	56%	58%	63%	63%	55%	61%	64%	64%	66%	65%	59%	58%	61%

3.8.6 Admissions to adult facilities of patients under 16 years old

There is no minimum age limit for detention in hospital under The Mental Health Act 1983. When the Government reviewed the Act, it pledged that children and young people under the age of 18 are to be treated in an environment in hospital which had suitable regard to their age, and the inappropriate admission of children and young people to adult acute mental health wards would be avoided.

There is no national target for this indicator but progress should be in line with the Government's pledge that the inappropriate admission of children and young people to adult acute mental health wards should be avoided.

In accordance with the Government's initiative, it is the policy of Black Country Partnership NHS Foundation Trust not to accept a referral of a young person under the age of 16 years of age for admission to an adult acute mental health ward.

Table 41 below shows Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2017/18. It is based on locally produced data in the absence of information available from NHS Digital.

Table 41: Admissions to adult facilities of patients under 16 years old during 2017-18

Month	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Average
Admissions to adult facilities of patients under 16 years old	none	none	none	none	none	none	none	none	none	none	none	none	none

3.8.7 Inappropriate out-of-area placements for adult mental health services

When local services cannot meet the needs of an individual who requires adult mental health acute inpatient care, an 'out of area placement' is found elsewhere, outside of the usual local network of services.

This group of service users can sometimes remain in a high-cost placement, often many miles away from where they once lived, when they should be treated in a location which helps them to retain the contact they want with family, carers, friends and their local environment.

The Government has therefore set a national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020/21.
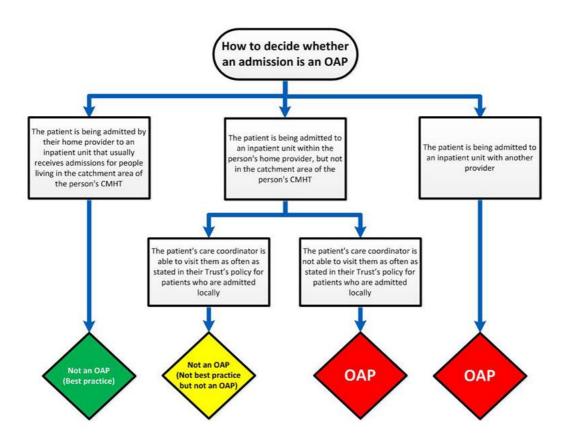
Sending providers determine if a placement is classed as an OAP. The definition necessarily allows providers to apply knowledge of local catchment arrangements and the patient's circumstances in taking a decision if a placement is an OAP.

The decision tree in Figure16 below is for the sending provider to use when determining whether an admission is an out of area placement. However, an out of area placement may be appropriate when:

- the person becomes acutely unwell when they are away from home (in such circumstances the admitting provider should work with the person's home team to facilitate repatriation to local services as soon as this is safe and clinically appropriate)
- there are safeguarding reasons such as gang related issues, violence and domestic abuse
- the person is a member of the local service's staff or has had contact with the service in the course of their employment
- there are offending restrictions
- the decision to treat out of area is the individual's choice e.g. where a patient is not from the local area but wants to be near their family and networks

This list is not exhaustive. There are other reasons why treatment in an out-of-area unit may be appropriate. In these cases, discharge and/or return to an appropriate local unit should be facilitated at the earliest point.

Figure 16: Out of area placements decision tree

There is no national target for this indicator but progress should be in line with the agreed trajectory for the elimination of inappropriate adult acute out of area placements by 2021. The process for agreeing trajectories has been jointly led by the NHS England and NHS Improvement regional teams. They are currently working with clinical commissioning groups and mental health providers to develop provider level baselines and trajectories.

Table 42 below shows Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2017/18. The total number of bed days patients have spent out of area each month during 2017/18 is based on locally produced data in the absence of information available from NHS Digital.

Table 42: Out of Area Placements

Out of area placements	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Average
No. of bed days patients have spent out of area each month	54	90	102	78	76	74	176	87	50	39	9	28	72

NHS Improvement has selected this indicator for substantive sample testing by independent external auditors as part of the assurance process for the quality report. The auditors will provide a limited assurance report to the Trust's Assembly of Governors on whether this indicator has been reasonably stated in all material respects.

3.9 The Wider Quality Improvement Agenda

In this section of the report we provide brief summaries on the progress we are making to embed and improve quality across the range of services we provide. This is a continuation of the process to integrate the quality report with our wider quality improvement agenda and for quality to be at the heart of everything we do.

MERIT (Mental Health Alliance for Excellence, Resilience, Innovation and Training)

ORIGINS: MERIT was established following a successful joint bid to be part of the latest wave of NHS England's New Care Models Vanguard programme. The purpose of the vanguard programmes is to develop radical new care models as outlined in the NHS Five Year Forward View.

PARTNERS: Birmingham and Solihull Mental Health NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust, Coventry and Warwickshire Partnership NHS Trust and Black Country Partnership NHS Foundation Trust. In early 2018, we welcomed a fifth partner: Forward Thinking Birmingham, the city's mental health partnership for people aged 0-25.

AIM: The MERIT Vanguard programme is an innovative partnership of mental health organisations in the West Midlands which have come together to develop new ways of working to improve the way mental health services are provided for the future. The programme aims to deliver greater resilience, innovation and training across the metropolitan West Midlands and Warwickshire, covering a population of some 3.4 million people.

FOCUS: MERIT is focusing on three priority areas where the greatest challenges for urban mental health services exist. These are:
- every day services (previously known as seven day working)
- crisis care and reduction of risk
- recovery and rehabilitation

Where possible we will use the same systems across our four organisations to make sure our work is consistent. By sharing the way we do things we can make it easier and simple for our patients and staff.

PROGRESS: Over the last year, the four trusts have continued to work together and created a 'ME in MERIT' initiative, to establish a network of experts by experience across the West Midlands to help public engagement across each of the MERIT work streams. The vanguard has also established a non-executive director assurance group consisting of one non-executive director from each trust.

MERIT is developing a co-ordinated bed management system across its four partners. This will use an electronic bed viewer to enable bed managers from each trust to see bed availability in real time across all four trusts. A shared patient record system is being developed to support this which enables patient records to be accessed

The shared bed management system has not yet been fully implemented. However, even without full implementation bed managers report that the improved relationships developed as part of the programme has meant that they have begun to informally allocate beds from within the MERIT trusts. This has resulted in seven patients being admitted to a bed at another partner trust who would previously have been sent out of area – saving a total of 93 out of area bed days. It is expected that once the system is fully implemented the impact will be significantly larger.

Reducing the reliance on agency staff is another driver and MERIT is developing a flexible staff bank for clinical and non-clinical staff across its four partners. Reviewing the training needs and skill-mix of staff, including developing a training 'passport', helps staff to move more flexibly between organisations. The

Vanguard forecasts this will help partners achieve annual reductions in agency staff costs of between £3-4 million.

NEXT STEPS: Central funding from NHS England for the MERIT programme draws to a close in Spring 2018 but the work will continue. Following agreement of the most senior clinicians and managers in the four organisations, work will continue on five key areas over the coming year:
1. Further development of the MERIT Bed Finder which allows bed managers in the partner trusts to see the status of each other's beds
2. Adding further data to our innovative Electronic Health Record Viewer so that clinicians have more background on those service users who are seen outside their 'home' trust
3. Developing our Crisis Care website to make it a standalone product
4. Expanding our Staff Training Passport, which allows staff to transfer more easily between jobs in different organisations, and associated work on the skills staff need to work in mental health roles.
5. Working with our partners to offer Mental Health First Aid training across the West Midlands

For the last two quality reports we have provided information on our commitment to the 'Sign up to Safety' campaign, a national initiative to make the NHS the safest healthcare system in the world. Below details our progress against two of the key pledges we made.

Reduce the number of medication errors by 10% over the next three years
Medicines are a central component in the delivery of high quality healthcare for patients and their effective use contributes to achieving positive outcomes for patients. The effective use of medicines is dependent on staff administering them correctly and that staff undertaking this important task are suitably trained and work to the required standard. The number and complexity of prescriptions written in mental health trusts is considerable and as administration of medicines is a high volume, high risk activity, it can sometimes unfortunately go wrong.

Figure 17 below illustrates the reduction in the number of medication errors since the start of the initiative in July 2015.
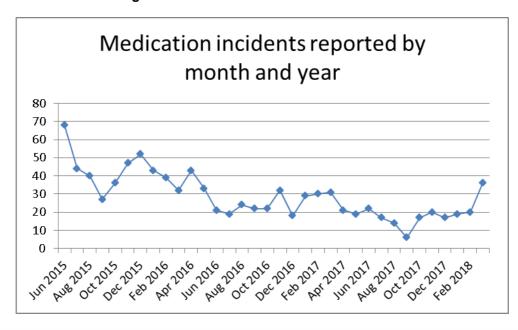
Figure 17: Medication Incidents

Since that time, the number of medication incidents reported per month has continued on a downward trend from 68 to 37 per month, a positive reduction exceeding the target of 10%. The increase in the last couple of months was mainly due to administration errors whereby doses of medication had been missed. No harm was reported for any patient. All medication incidents are reported on the trust's electronic incident reporting system and collated centrally. This allows clinical managers and modern matrons to identify and monitor the frequency and places where errors occur and to provide enhanced training programmes for staff.

Reduce the number of physical violence and aggression incidents by 10% over the next three years

This continues to prove a demanding target to achieve due to the challenging behaviour of a small number of patients with particularly complex needs and new admissions that present with challenging behaviour until they have received appropriate care and treatment

Figure 18 below illustrates the number of physical violence and aggression incidents since the start of the initiative in July 2015.
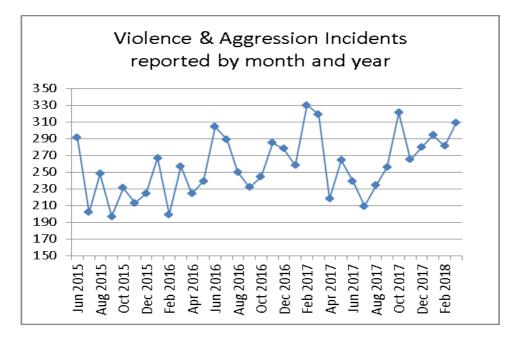
Figure 18: Violence and Aggression Incidents

In May 2017, the Trust's Quality and Safety Group considered the continued levels of aggressive incidences across the organisation and established an improvement group to examine the issue further. The group led by the Deputy Director of Nursing was given the following remit:

- collate information regarding individual pieces of work that address violence and aggression taking place within inpatient areas
- oversee the implementation of 'Safewards' (a new model of care to reduce conflict and containment on acute adult mental health inpatient units developed by Professor Bowers at the Institute of Psychiatry)
- revisit and refresh the existing 'restrictive interventions reduction plan'
- consider and support a possible piece of research entitled 'REsTRAIN Yourself' within the region led by Professor Duxbury
- identify and support any further pieces of work that may reduce violence and aggression

More recently, the group carried out a confidential three week staff survey to ascertain staff opinions on what they think works well to manage aggressive behaviour on the ward and how safety could be improved further on the wards. Sixty-six replies were received.

The Trust arranged a Quality Improvement Summit in March 2018 on the theme of violence and aggression to which front-line staff, senior clinicians and managers were all invited. The work of the improvement group, the feedback from the staff survey and the consideration of new initiatives were the basis for the event. Three common themes were identified, boundaries and team working; how to bridge the gap between substantive staff and bank staff; working closer with the police and restorative actions following an incident. These themes formed the basis of workshops on the day.

Feedback from the workshops together with presentations and discussions at the summit will be used to both inform and renew our determination to reduce current levels of aggression over the next year.

DUTY OF CANDOUR

Duty of Candour is a legal duty on NHS trusts to be open and transparent and to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Verbal apologies are essential because they allow face-to-face contact between the patient, their family and carers and the healthcare team. A verbal apology should be given as soon as staff are aware an incident has occurred and a face-to-face meeting offered within 5 working days of the incident where possible. This will be followed within 10 working days by a letter from the appropriate manager. The letter will include a sincere apology which clearly states the Trust is sorry for the suffering and distress resulting from the incident.

Triggers for the statutory duty of candour are:-

- The death of a patient when due to treatment received or not received (not just their underlying condition)
- Severe harm - in essence permanent serious injury as a result of care provided
- Moderate harm - in essence non-permanent serious injury or prolonged psychological harm
- The Trust has added its own trigger, that the duty of candour will apply to all self-harm incidents resulting in moderate or above harm to patients in Trust in-patient settings

All incidents are reported via the Trust's electronic incident reporting system and when any of the above triggers are met, duty of candour is initiated. During 2017/18, there were 24 incidents where the criteria for duty of candour applied. The Trust fulfilled the requirements of duty of candour in 24 of the 24 incidents, a compliance rate of 100%.

The Board of Directors monitor duty of candour every month through the Quality Performance Report to ensure it is embedded into everyday practice and the Trust fulfils its statutory requirements

SAFEGUARDING

Every adult has the right to live their life free from violence and abuse. This right is underpinned by the duty on public agencies under The Human Rights Act 1998 to intervene proportionately to protect the rights of their service users. The NHS has a positive obligation to uphold these rights and protect patients who are unable to do this for themselves as set out in the NHS Constitution.

The Care Act 2014 placed adult safeguarding on a statutory footing and Section 11 of The Children Act 2004 places a legal duty on all health organisations to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

Through this mandatory guidance, health and social care organisations have a duty of partnership to work together to put in place services which act to prevent abuse of vulnerable adults and children, provide assessment and investigation of abuse and ensure people are given an opportunity to access justice.

The development of multi-agency policies is led by local authorities with agreed commitment to them by partner agencies. As a partner agency, Black Country Partnership NHS Foundation Trust is committed to West Midlands Adult Safeguarding Policy and Procedures.

The Trust's philosophy in safeguarding children and adults in our care is based on the 'think family' model. This approach aims to improve outcomes for families and focuses on children and adults and the multiplicity of needs of these individual service user groups and how best they can be dressed when services, 'think child, think parent and think family.'

To embed this model, the Trust has a dedicated safeguarding structure led by the Associate Director of Safeguarding. The team consists of a Head of Children's Safeguarding, Head of Adult Safeguarding and specialist practitioners focusing on safeguarding children, looked after children, domestic abuse, safeguarding adults, paediatric liaison and the child death review process.

This structure is designed to provide advice, support training and supervision to clinicians in this often complex and challenging area of practice. The Trust has its own Safeguarding Forum which provides strategic and operational direction for safeguarding in line with national, regional and local guidance to ensure the Trust is meeting all of its commitments. A safeguarding strategy is also in place and staff training is organised as set out in Table 42 below:

Table 42: Staff Safeguarding Training Q4 2017/18

Level of Training	Frequency	Target Audience	Target	March 2018
One - Basic Awareness	Induction / Supervision	All staff	85%	**98.2%**
Two – Awareness, recognition and responses	3 yearly	All non-clinical and clinical staff who have any contact with service users	85%	**95.0%**
Three – Assessment and specialist referral	3 yearly	All qualified clinical staff	85%	**92.7%**
Four/Five – Specialist roles	3 yearly	All named professionals	85%	**100%**

Eva Rix, Associate Director for Safeguarding Children and Adults writes, "Safeguarding is everyone's business, and as an organisation that looks after some of the most vulnerable groups of people, our safeguarding training for both children and adults improves quality of care, patient safety and supports patient experience."

The Trust is a member of 7 local safeguarding Boards and the sub groups addressing quality, performance, learning and serious cases reviews. Additionally, the safeguarding team actively participates in weekly multi-agency risk assessment conferences (MARAC) sharing relevant and proportionate information relating to service users who may be experiencing or perpetrating the highest level of domestic abuse, with the local police, health colleagues, child protection and other specialists.

Mental Health Act Safeguards and Scrutiny

The Mental Health Act 1983 provides the legal framework for the assessment, treatment and rights of people with mental health problems. In particular it provides the legislation by which people at risk of harm to themselves or others can be detained in hospital and have their condition assessed or treated against their wishes.

Our doctors and other health professionals only consider admission to hospital against someone's will after reviewing all other treatment options first and when it is essential to ensure their well-being or safety or for the protection of other people. This section provides a brief summary of the how the Trust discharges its responsibilities under the Act and the range of safeguards in place, to protect the rights and dignity of people admitted to hospital.

The Mental Health Act Code of Practice 2015: The Code provides guidance to health professionals on how to carry out their responsibilities under the Act to provide high quality and safe care. There are five overarching principles our practitioners consider when making decisions under the Act. They are:

Least restrictive option and maximising independence - wherever possible each patient's independence is encouraged and supported with a focus on promoting recovery

Empowerment and involvement - patients are fully involved in decisions about care, support and treatment and the views of families, carers and others if appropriate are fully considered when taking decisions

Respect and dignity - patients, their families and carers are treated with respect and dignity

Purpose and effectiveness - care and treatment has clear therapeutic aims, promotes recovery and is performed to current best practice national guidelines

Efficiency and equity – to work in conjunction with other services to facilitate timely, safe and supportive discharge from detention

Independent Mental Health Advocates (IMHA): When someone is detained in hospital it can be a very confusing and distressing experience. An Independent Mental Health Advocate (IMHA) is a specialist advocate, independent of mental health services who will help patients get their opinions heard and make sure they know their rights under the law. Our staff foster good working relationships with IMHAs as we recognise they can make a big difference to people's experience of detention.

Hospital Managers' Hearings: People who are subject to detention under the Mental Health Act can ask for their case to be reviewed by Hospital Managers for possible discharge. Hospital managers are independent of the hospital and the Trust which runs the hospital because they cannot be officers or employees. This is an important and responsible role as it helps the Trust ensure people's rights under the Act are upheld, provide support and the opportunity to talk to an independent person about any issues they may have. The Trust arranged 128 hearings during 2017/18.

Mental Health Tribunals: If someone feels the decision to treat them against their will is unfair or unnecessary they can challenge the decision to stay in hospital and a mental health tribunal will be held. This is an independent panel of three people, a judge who is in charge of the tribunal, a tribunal doctor and a specialist lay member who has detailed knowledge of the Mental Health Act. The tribunal can order a patient's release, recommend their transfer to a different hospital, ask that their doctor considers treatment in the community, or that they are allowed to leave the hospital for periods of time to see if they are ready for life in the community. The Trust arranged 188 tribunals during 2017/18.

Mental Health Act Administration Team: The Trust employs a dedicated administration team with specialist knowledge of the Mental Health Act, Code of Practice and associated policies and procedures. They support Hospital Managers and the continued improvement of services for people detained under the Act. They ensure there are robust trust-wide systems and processes in place and compliance with the legal requirements of the Act.

Mental Health Legislation Forum: The Forum is chaired by the Trust's Medical Director and includes clinicians, managers and staff representing their different services and professions. The purpose of these meetings is to discuss quality improvements and developments relating to the application of the Mental Heath Act in practice. The forum monitors the training, support and skills provided to staff to promote safe and legal practice.

Mental Health Act training is an integral part of ensuring that our staff are confident and competent in this area of their practice. Table 43 below provides a summary of the training provided during 2017/18.

Table 43: Staff Training on the Mental Health Act

Level of Training	Frequency	Target Audience	Delivery Method	Target	31.03.18
Basic Awareness	Induction / Supervision	All staff	Staff Information leaflet	85%	**98.7%**
Level One	Three yearly	All registered clinical staff working with patients within the MHA	Training and Resource Guide	85%	**83.9%**
Level Two	Three yearly	All second opinion consultees and Community registered staff	Face-to-face training – training venues and on-site	85%	**91.5%**
Level Three	Three yearly	Inpatient registered nurses	Face-to-face training – training venues and on-site	85%	**89.7%**
Level Four	Every 5 years	Section 12 Approved Doctors/Approved Clinicians	Face-to-face – training organised regionally	100%	**100%**
Level Five	Hospital Managers Twice yearly - This training is provided as an extension of the Hospital Managers' meetings and monitored via the MH Administration Team				

Mental Heath Legislation Scrutiny Committee: The Committee is a sub-committee of the Board of Directors where non-executive directors hold officers of the Trust to account and seek assurance that the rights and dignity of people admitted to hospital under the Mental Health Act are protected.

Care Quality Commission (CQC): The CQC provide external assurance to the public that patients' basic human rights are maintained while they are being cared for or treated under the Act. Specialist CQC inspectors called Mental Health Act Reviewers check that the powers of the Mental Health Act are used properly. Reviewers can visit patients detained in hospital and meet with them in private to find out about their experiences, listen to their issues, raise problems with ward managers, help patients write letters or complain, check documentation and publish reports on wards.

In addition the CQC provides a second opinion appointed doctors (SOADs) service which safeguards the rights of patients detained under the Act who either refuse the treatment prescribed to them or are deemed incapable of consenting. The role of the SOAD is to decide whether the treatment recommended is clinically defensible and whether due consideration has been given to the views and rights of the patient. The CQC are responsible for the appointment of SOADs and manage the SOAD service.

Promoting Staff Health and Wellbeing

The Trust recognises that promoting the health and wellbeing of our workforce plays a vital role in ensuring that staff feel valued, involved and supported which is essential to the delivery of good patient services.

In 2017, the Trust launched the 'Staff Health and Wellbeing Roadshow' to help make staff more aware of the support and advice available on their doorstep to help them keep healthy and well. A range of organisations and support services were on hand to talk to and help staff improve their health and wellbeing including:-

- Cycle to Work scheme
- Occupational Health
- Flu campaign
- Human Resources to discuss flexible working, childcare and staff benefit policies
- Catering stand with health goodie bags
- Staff Support services
- Diversity and Spirituality

Angie Dunkley, Human Resources Advisor said "One of the key aims of the roadshow is to ensure that staff have access to information and support so they can better manage their own health and care more easily. By bringing together different stands in this way, we've been able to showcase what's available locally and help staff to make those connections in a relaxed and informal environment."

In last year's report, we gave details of how the Trust responded to 'Freedom to Speak Up' an independent review into whistleblowing in the NHS in England, chaired by Sir Robert Francis QC. As a Trust, we believe that openness and honesty is important, and we are working hard to develop an open, inclusive and collaborative culture.

Andy Green, Company Secretary, is the Trust's Freedom to Speak Up Guardian. The Guardian is an independent and impartial source of advice for staff who will facilitate raising issues at the highest level in the Trust. The Guardian will also support a focus on safety, learning and proper handling of cases, and be an honest broker by monitoring separation of human resource issues from raising concerns under the freedom to speak up process.

Andy is ably assisted by our Freedom to Speak Up Champions, based in different parts of the Trust who work alongside the Guardian to raise awareness of how to raise concerns.

Allied health professionals (AHPs) are the third largest workforce in health and care in England. Allied health professionals in Black Country Partnership consist of three professional groups; Occupational Therapy, Physiotherapy and Speech and Language Therapy and work across all clinical divisions.

Our allied health professionals are an important presence within regional and national professional groups with many staff being members of both their professional bodies and specialist groups within these. Examples include: Dudley physiotherapy colleagues are key members of the regional Cerebral Palsy Integrated Pathway and the Association of Paediatric Chartered Physiotherapists. Our Principal Occupational Therapist and AHP Lead is a member of the national executive committee of the Royal College of Occupational Therapists Specialist Section Mental Health.

Our Speech and Language Therapy professionals are represented at a number of regional and national forums within the Royal College of Speech and Language Therapists these include; West Midlands Learning Disability Clinical Excellence Network, the Adult Neurology Midlands Clinical Excellence Network and the National Adult Learning Disability Network. The Trust also hosts the regional Adult Learning Disability Lead Network meetings.

The Trust has established an Allied Health Professions Board to support well led high performing teams at all levels of the organisation in order to best achieve the Trust objectives. The board promotes discussion and monitoring of overarching professional issues for example, governance of professional registration, development of career pathways, student education and professional leadership development. Its purpose is not to discuss local divisional issues as processes are already in place for this and AHPs are represented at local divisional level. Key issues in 2017 were:

Recruitment and retention of AHPs, to include succession planning, career pathway development, leadership and management - Four priorities for AHPs were identified:

1. Physiotherapy recruitment / recruiting difficult to fill posts: Whilst this remains a challenge nationally, by working collaboratively we are taking part in regional and national discussions around this issue and wider conversations with education providers.

2. Developing an allied health professions bank: We have identified and recruited AHPs and AHP support staff to the Trust staff bank with successes in particular within urgent care mental health occupational therapy services.

3. Apprenticeships: Work is currently taking place to identify the opportunity to establish a level 3 AHP apprentice role within the mental health division.

4. The role of the Assistant Practitioner: AHPs are currently the only professional group within the Trust to employ Assistant Practitioners, both uni-professional Occupational Therapy Assistant Practitioners and multi-professional Assistant Practitioners. Work is currently taking place to align the posts already in the Trust with the national assistant practitioner agenda.

Having a Five Year Forward Vision - 'AHPs into Action' is a paper written by NHS England aimed at service leaders and decision makers 'to inform and inspire the system about how Allied Health Professionals (AHPs) can be best utilised to support future health, care and wellbeing service delivery'.

The paper defines how AHPs can support the implementation of the triple aim set out in the Five Year Forward View. AHP Board members, working alongside nursing and psychologist colleagues, have been instrumental in contributing to the development of 'Leading Change, Adding Value: Professions into Action' a multi-professional response to the five year forward agenda for the Trust.

Leading Change, Adding Value

'Leading Change, Adding Value' is a framework that enables all health professionals to lead change and add value, wherever they work, whatever their role. The framework is directly aligned with the Five Year Forward View to develop new ways of working that are person focused and provide seamless care integrating health and social care services. The aim is to target three crucial gaps in:-
- Health and wellbeing
- Care and quality

- Funding and efficiency

In response to the Leading Change, Adding Value and 'AHPs into Action' initiatives, the Trust has established four key areas that our range of health professionals can work together to improve:

- **Clinical Leadership** – ensure there is trusted leadership across all systems, that evidenced based care is at the fore of all we do, that clinical leadership is embedded at all levels, collaborative teams and like-minded teams are working concurrently where viable and appropriate and that clinicians are empowered within their roles

- **Safe Staffing** – an approach to safe staffing that is multi-professional, quality driven and has safety at the fore of all we do, good clinical governance structure and management, and the right workforce with the right skills, attitudes, behaviours at the same time

- **Integrated care pathways delivery systems** – clinically led care and clinical quality outcomes

- **Service development and improvement tools** – a single framework with a consistent approach to staffing ensuring improvement to our recruitment and retention and ensuring that we are achieving best practice

The Trust held an event in December 2017, led by Stacy McCann, Head of Nursing Strategy and Commissioning from the Chief Nursing Office, NHS England, to hear about the work currently taking place via case studies or best practice examples.

Joyce Fletcher, Executive Director of Nursing, AHPs, said: "Everyone can influence and lead improvement and we are really excited about this integrated approach and commend teams for working together."

Always Events - What Matters Most to You?

Always Events are an initiative developed in the United States by the Picker Institute, now led by the Institute for Healthcare Improvement. Always Events are aspects of the patient experience that are so important to patients and families that health care providers must perform them consistently for every patient, every time.

For our Always Event, we decided that we would always base and develop our yearly service delivery plans on what matters most to our service users and carers. We will do this by engaging with service users and carers at the start of each service development by asking them 'What matters most to you?'

This was achieved by the insertion of the question into all mental health service development plans from September 2017: "Please evidence how you have engaged with service users and carers to find out what matters most to them, and how you have/will use this in the planning, design, delivery and improvement of your service."

Sue Ralph, an Expert with Lived Experience and Ruth Harvey-Regan, Head of Patient Experience, presented this work at a national conference organised by NHS England in November 2017.

Sue and Ruth are supporting our clinical teams to use the Always Events methodology in their areas to act on the feedback they receive, to inform and shape the way they plan changes and developments to their services moving forward.

3.9.1 Quality Developments
This section of the report presents brief summaries of other areas of quality development over the last year.

New outside gym for Macarthur patients

A new and improved outdoor therapies area has been unveiled at Macarthur Psychiatric Intensive Care Unit at Heath Lane Hospital. The space includes a gym, therapeutic garden and games area, is now in full use.

Michelle Young, Matron, said: "Originally the garden was used as a designated smoking area for patients so it was associated mainly with smoking rather than it being a therapeutic area. It was a priority that we changed the use to encourage therapeutic use of the space and promote recovery."

Tom Reader, Clinical Exercise Instructor, said: "We really wanted to refocus our use of the area to create a space for service users to enjoy. It took 12 months of planning, hard work and collaboration from everyone involved with the project, and the team is pleased to say there has been a total transformation. The space has been designed to work with the other outside spaces at Macarthur and has enhanced activity opportunities to include sports, gardening and relaxation. All activities harness the benefits of engaging in outdoor pursuits that patients can continue after discharge as part of their on-going recovery and reintegration into the community."

Recovery College Open Day

The Recovery College Open day on 4th September 2017 was a day full of learning and discovery that saw 58 students enroll into the college to take their next step to recovery.

At the event, the new college prospectus was launched featuring more than 27 courses taking place between September and December. They include mindfulness, alcohol and substance misuse, budgeting, bills and savings, and mental health first aid.

Kerry Wilkes, Recovery College Lead, said: "The event has been a great opportunity to meet staff and volunteers, who can explain more about what the recovery college does and how we help local people in the community improve their mental and physical wellbeing. We were really pleased by the turnout on the day and want to express our appreciation to volunteers and staff that helped to make the day a success."

Kerry added, "We are looking forward to developing the college to offer hope and opportunities to people who otherwise may not get this chance. We aim to continue offering our relaxed and welcoming setting to help people make real progress on their recovery journey, and help to reduce the stigma that surrounds mental health."

Trust celebrates opening of garden space for community service users

A new natural 'green space' has been officially opened. The green space garden based at Meadow Field 5, Warwick Close, Oldbury, is an outdoor space intended to be used for a range of therapeutic groups including, creative, woodwork, sensory, and social activities, all aimed at promoting recovery through the use of therapeutic activity.

More than 30 people attended the launch, organised by the Community Occupational Therapy Team based at Quayside House, to celebrate the opening and learn more about the outdoor space.

Sarah Cottingham, Occupational Therapist said: "I feel this project is much more than the traditional allotment group, by facilitating activities outside, we hope to increase attendance and effectiveness."

Carl Simpson, Occupational Therapist added: "This Green space gives us a real opportunity to offer evidence based interventions and assessments away from traditional mental health settings. We hope this project will be truly service user led, allowing the environment to facilitate the development of their own interests and skills. The enthusiasm already generated is exciting to see and all the team are looking forward to seeing it take shape as the weather improves."

Tommy on Tour: Dementia awareness

The Trust was delighted to welcome Tommy Whitelaw, a dementia campaigner, to speak to staff about his experience of care in the NHS gained whilst caring for his late mother, Joan.

Tommy Whitelaw, who after travelling the world running global merchandising operations for the Spice Girls, Kylie and U2, became a full time carer for his late mum, Joan, who had vascular dementia. Tommy brought his *'You can make a difference'* tour to The Metalforming Centre in West Bromwich, hosting three sessions on Monday 4th December.

Among the many valuable messages Tommy shared with staff was the importance of asking 'What matters to you?' rather than 'What's the matter with you?' He said it is the small acts of kindness that make all the difference to the care our NHS staff provide.

Joyce Fletcher, Executive Director of Nursing said: "Having met Tommy some time ago, I felt compelled to invite him to come to our Trust to share his story about his late mother Joan with our staff. Tommy's heartfelt passion for caring for his mother and his experiences was such an eye opening and moving experience."

Joyce added, "I believe everyone that attended the event was moved and went away with the key message of changing the narrative to 'what matters to patients?' and knowing that we can make a difference for improving patient experiences and outcomes. Let's all pledge to make a difference every day."

Summary Care Records pilot success

The Trust's Pharmacy Team successfully went live with a pilot of Summary Care Records (SCR) in 2017. SCR provides pharmacy staff access to key patient information held at a GP practice which allows a faster and better service to be provided to our patients. The information provided includes:

- current medication

- allergies and details of any previous bad reactions to medicines
- the name, address, date of birth and NHS number of the patient

"SCR has already been a huge benefit to the Trust and patient safety. It has enabled pharmacy to quickly check medication for high-risk patients such as epileptics and diabetics on admission. This is a big improvement on waiting days for GP surgeries to fax back lists of medications." **Amanda Nicklin** Senior Technician Medicine Management and Clinical Trials	SCR provides a real opportunity to reduce missed doses of essential medicines when a patient is admitted, as it provides real time, up to date medication histories for our patients. SCR is available 24/7 and we do not need to wait to contact GP's during opening times – so for patients admitted out of hours or over weekends, this provides assurance that we can admit patients and manage their medicines more effectively. **Gurj Bhella** Chief Pharmacist	Immediate access to current prescribed medication and previous prescriptions from the GP, this should make it clear what medication must be prescribed in the first instance. Medication can then be supplied in a timely manner reducing the possibility of 'missed dose' and keeping patients well. The classification of medicines previously prescribed may also give Doctors an insight into medical conditions the patient has not disclosed on admission. **Carolyn Ogden** Senior Pharmacy Technician

Annual Suicide Prevention Symposium

The Annual Suicide Prevention Symposium took place on Friday 8th September 2017 and was attended by over 50 colleagues from mental health services across the Black Country.

There was a rich variety of presentations on different topics. The speakers included Dr Rachel Upthegrove from Birmingham University and Professor Safi Afghan from Dudley and Walsall Mental Health Trust; and Judy McDonald, Dr Andrew Griffiths, Dr Jayashree Viswanathan, Maxine O'Brien and Dr Nilamadhab Kar from Black Country Partnership NHS Foundation Trust.

There were also short videos played, all of which were very well received, particularly the Kevin Hines film, which recognised that it is never too late to intervene for some people.

Cultural Ambassadors Programme Pilot

The Trust is excited to announce we are part of the Royal College of Nursing's *Cultural Ambassador Programme pilot*, which has the aim of ensuring that staff from a black and minority ethnic (BME) background are treated fairly in the disciplinary and grievance process.

The pilot is a 12-month programme designed to help provide staff from a BME background with more confidence in the formal disciplinary and grievance processes. Cultural Ambassadors will, through their training, identify and challenge any cultural issues or cultural bias that may occur during the formal process.

The Cultural Ambassadors will play a crucial role and be an equal member of an investigation team / panel, acting in a capacity that supports the process they are part of.

Our Cultural Ambassadors

Vanessa Falconer   Dalvir Kaur   Surinder Jandu   Yassar Mohammed

Phil Cole, Staff Side Lead, said: "The aim of the cultural ambassador is to act as a critical role focusing on the detail of the disciplinary and grievance process to make sure that it is fair, equitable and bias free."

"Cultural ambassadors are allowed to ask questions for clarity and within their roles included and regarded as part of the investigation teams and grievance / disciplinary hearing panels."

"It is hoped that the introduction of the role brings about fewer cases proceeding toward disciplinary hearing and has a positive impact on cultural behaviour through word-of-mouth dissemination as Cultural Ambassadors share their understanding amongst colleagues."

Health Visiting team supports Dudley Play Week

Health Visitors supported Dudley Play Week in July and August 2017 to help raise the profile of the service and what it can offer to parents. Dudley's popular play week event aims to keep children entertained in five borough parks. Invited young people of all ages come along and enjoy a range of play activities on offer. During the week, there were group games, sports and stalls. Most of the activities on offer are free of charge.

Joy Williams, Service Manager, said: "Play week is always hugely popular and sees thousands of children and families come along to enjoy the activities on offer. It's a great way for children to enjoy traditional activities, learn new skills, make friends and most importantly have fun."

"As a service we aim to empower families to provide the best possible start in life for their children. We encourage parents to drop into our stall and ask any questions they may have about the early years."

Abbey Ward summer event success

Staff, patients and patient relatives enjoyed a fun-filled day of celebration and singing as Abbey Ward held their annual summer party for the second year running!

The day was full of joy, laughter, delicious food – some of which was kindly donated by staff – and dancing. This year's event also saw the return of DJ Jag – former service user – who helped guests boogie the afternoon away and keep spirits up.

Fauzia Khan, Assistant Psychologist said: "Following the success of last summer's cultural awareness event, the team really wanted to host a similar event this year to really bring everyone

together and help to create a real community feel, promote cohesion and integration among everyone at Abbey House. The day was a great success and we want to express thanks to staff that supported the event and gave up their free time to help make it happen!"

Liz Smart, Ward Manager for Abbey House added, "We have received a lot of positive feedback from our patient community meeting about events like these allowing us to see how big of a component they are in aiding recovery and making everyone feel like an important part of the ward community. Having seen the benefits we are planning to host similar events in the future to celebrate the amazing work that everyone is doing and help to bring everyone together!"

Coping with Voices Group Guest Speaker

Staff and patients at Hallam Street Hospital were visited by a guest speaker to discuss the experience of hearing voices and the diversity of experiences among the group's members.

The guest speaker - Rufus May - was invited by Samina Allie, Chartered Psychologist and Fauzia Khan, Assistant Psychologist to the weekly 'Coping with Voice' Group at Hallam Street Hospital. The group is designed to give patients the space to explore difficult feelings and experiences with fellow service users and trained professionals by giving meaning to the voices that they hear through the use of voice dialogue work and other creative means.

Rufus is a Clinical Psychologist and Mental Health Trainer well known for his TV programme 'The Doctor who Hears Voices.' He has also published numerous literature materials and is actively involved in promoting recovery. He was joined by his partner Elisabeth Svanholmer who is a voice hearer and is involved in numerous projects affiliated with the Danish Hearing Voices Network.

Samina Allie, Chartered Psychologist, added: "Patients really appreciated the open space and meeting our guest speakers last week. They have provided some great feedback, letting us know how helpful and informative the day was and how having speakers that are understanding and supportive helps with developing coping strategies to aid recovery. We hope to see more guest speakers like Rufus joining the group."

Smoking Cessation Success at Hallam Street

In September last year, Health Exchange Sandwell was asked to start a 'Living Well, Taking Control' smoking cessation clinic at Hallam Street Hospital. The clinic provides an opportunity for both patients and staff looking for expert advice and information about stopping smoking, and the response across all wards at Hallam has been really positive.

A variety of support is available including: a drop-in smoke free clinic; weekly rounds on every ward; community follow-up; support post discharge; nicotine replacement therapy; emotional psychological support and CBT approaches are offered over the 12-week course. The results are shown below:

Sign-ups to smoke free course since September 2017 (6 months)	Patients	48
	Staff	<u>23</u>
	Total	71

Carbon monoxide measurer:	47 out of 71 sign-ups (66%) were smoke free by week 4 against a national average of 46%

Kayleigh Gibbins, Occupational Therapy Lead said, "We are delighted with the response to our smoke free clinics, and we will continue to raise awareness of the benefits of going smoke free to offer advice and support. We will look to recruit more sign-ups to the next 12 week course as we work towards achieving a smoke free future."

3.9.2 Time to Shine - Staff achievements to improve quality

This section of the report highlights our staff's continuing commitment to quality and excellence to improve patient care.

Trust's Liaison and Diversion team presented with excellence award

Congratulations to Bernadette Light who works within the Trust's Liaison and Diversion Team as a CPN for

receiving the Excellence in Service Delivery Award from West Midlands Police.

The nomination was given to Bernie based upon her work within an ongoing project with Wolverhampton Central Custody to identify individuals who have mental health, learning disability or substance misuse vulnerabilities when they come into contact with the criminal justice system.

Speaking about the nomination and the event, Bernie said: "It is great to be recognised by a partner agency like West Midlands Police. I was overwhelmed by the nomination and to be valued for the care that I provide to vulnerable individuals who come into the custody environment."

Melvena Anderson, General Manager for Planned Care said, "It is brilliant to see both Bernie and the team getting recognition for their hard work. Our excellent working relationships with our partner organisations are something we are very proud of and they help ensure we are delivering better recovery outcomes for the people we work with in the criminal justice system – well done to Bernie."

Pre-school services achieve Stage 3 UNICEF Baby Friendly accreditation

Our health visiting service is celebrating after receiving Stage 3 Baby Friendly accreditation by UNICEF for the second time.

To achieve this recognition the teams have undergone a rigorous assessment process to provide assurance that they deliver the very highest standards of care. The service was assessed against four criteria and scored over 80 per cent for each area. The UNICEF assessor commented how she was "impressed with the knowledge and commitment shown by Trust staff".

Joy Williams, Interim General Manager said, "This is really good news for our Trust and even better news for mothers and babies of Dudley. Our health visiting services are already committed to giving children the best possible start in life; achieving our stage three accreditation will help us ensure that all mothers and babies receive the very highest standards of care, not only by providing expert advice, but also by supporting all parents to build strong relationships with their babies.

All our health visitors attend a training programme which has been approved by UNICEF. This should enable all mothers and fathers to receive the very best information on which to make decisions about how to feed and care for their baby and also ensure that they receive the support that they need to do this".

Memory Matters project picks up Wolverhampton award

The Trust is celebrating after the introduction of a memory awareness project has led to an award win at Wolverhampton's Dementia Action Alliance awards.

Memory Matters was awarded the Innovation in the Community Award for its community work in raising awareness of memory issues and signposting people with concerns to access the correct support for them.

The project was launched by the City of Wolverhampton Council in partnership with Wolverhampton Clinical Commissioning Group and the Alzheimer's Society.

Wendy Goodall, Day Service Manager, received the award on behalf of the Trust, jointly with staff from Wolverhampton Carers Team. Speaking about the win Wendy said, "Winning the award is a welcomed recognition; a real boost to all those that are involved with the project. Memory Matters is a great concept that aims to benefit those in the community and we look forward to building on the work that is currently happening with local authority partners and continuing with its success."

Matron selected for Inspire Improvement Progamme

Congratulations to Michelle Young, Adult Inpatient Services Matron, who was successfully chosen to become a Foundation of Nursing Studies (FoNS) Improvement Fellow and participate in their new practice development programme for 2017/18.

As a registered charity, FoNS operates UK wide across health and social care settings, working with nurses to develop and share innovative ways of improving practice. 'Inspire Improvement' is a new programme to support clinical frontline leaders interested in leading and facilitating culture change and continuous improvement.

Trust name café in tribute to catering team leader

The café at Heath Lane has been re-named in tribute to a catering team leader who has worked for the Trust for over 40 years.

Hillary Stanfield, the lady behind the newly named 'Hillary's' café, still works full time at Heath Lane where she is fondly thought of by patients to whom she acts as "Mum", knowing them by name and their likes and dislikes. She has been working in catering for 47 years in total.

Speaking about the café being named after her, Hilary said: "Over the years I have seen a lot of people come and go but there has always been a friendly face to make me and the team smile. To have the café at Heath Lane named after me is such a lovely gesture by the Trust and I am really delighted to hear how supported it is by staff and patients at the site - it's an honour."

Health visiting services picks up first prize at conference

Congratulations go out to Julie Greenway and her colleagues in Public Health who won first prize in a poster competition held at the Community Practitioners and Health Visitors Association (CPHVA) Annual Conference in October 2017. Julie was invited to attend the conference to present a paper on their research project entitled 'An integrated targeted intervention to prevent obesity in infants born into a diverse community'.

Director of Nursing has tea with the Prime Minister

Joyce Fletcher, Director of Nursing, Quality, Allied Health Professionals and Psychology was invited to afternoon tea with Prime Minister Theresa May in October to mark the 30th anniversary of Black History Month.

At the event attended by numerous dignitaries, the prime minister pledged her commitment to 'making a difference in addressing the uncomfortable truths highlighted in her recently published audit of public services reflecting how a person's ethnicity affects their experience of public services and how that affects their daily lives.

Joyce said, "I was very excited to be invited to attend the Prime Minister's celebrations, to reflect on my personal journey, and to have met so many inspirational people. The afternoon was thought provoking and made me proud to be celebrating the achievements and successes of our black and minority ethnic communities."

Happy 70th Birthday to Eileen

Congratulations to a remarkable member of our catering team at Penn Hospital, Eileen Howell, who celebrated her seventieth birthday this year. Eileen has worked for the Trust as a cook for over thirty years. What is even more amazing is that Eileen works full time hours, has a near perfect attendance record and is definitely not thinking about retirement!

Colleagues and friends gathered to mark this momentous occasion giving Eileen a lovely surprise when she was presented with flowers and gifts. Needless to say, we all think the world of Eileen both as a colleague we look up to and as a friend. Everyone at Penn wants to wish Eileen many more happy years.

Eileen said, "It was a lovely surprise to see so many people gathered to help me start my weekend of celebrations. Penn is like my second home and I've got no intention of retiring. This place keeps me young and I'm not sure I would know what to do with myself if I didn't have work to turn-up to every day."

Trust's Occupational Services receives national accreditation

The Trust's occupational health and wellbeing provider has been recognised for the high standard of service it provides to staff with a nationally recognised re-accreditation.

The team was awarded with the Safe Effective Quality Occupational Health Service (SEQOHS) Accreditation following a formal assessment by independent assessors. SEQOHS is a scheme run by the Royal College of Physicians in association with the Faculty of Occupational Medicine. The accreditation

criteria is measured against a set of comprehensive standards designed to help raise the level and quality of care provided by Occupational Health and Wellbeing providers.

Staff article published by Nursing Times

An article written by Fauzia Khan, Assistant Psychologist and Samina Allie, Chartered Psychologist has been accepted for publication by the Nursing Times Journal. The paper explores the benefits and importance of nursing staff co-facilitation in acute inpatient based hearing voices groups, and how involving nurses in supporting such groups is not only beneficial but an important need.

The group was supported by Nurse Julie Locke whose reflections have been cited in the article. Julie shares that she found the group to be enlightening in changing the way that she viewed the voice-hearing experience and the way she worked with patients.

Before supporting the group, Julie thought that engaging with patients about their voice-hearing experience would potentially "make things worse" and would reinforce their delusional beliefs. However, the group challenged her beliefs and she was able to recognise the benefits that patients experienced as a result of talking about their experiences in the group. Furthermore, Julie found that as well as improving her understanding of voice hearing, she was also able to develop her skills and confidence when working with this presentation.

Annual Staff Awards 2017

Staff were recognised for their contribution at the Trust's annual staff awards on 12 September 2017. More than 100 staff and guests gathered at The Copthorne Hotel, Dudley for the awards ceremony hosted by Martyn Jinks, Trust Chaplain.

Opening the ceremony, the Chief Executive congratulated all those shortlisted. "These awards recognise dedicated teams and individuals in both clinical and non-clinical areas who exemplify our Trust's vision and values, and go all out to make Black Country Partnership a place where people really do matter."

Staff who had reached the milestone of 25 years' service were also recognized along with those who had achieved a range of qualifications and participated in training programmes enhancing their skills.

The highlight of the awards ceremony was the presentation of a Special Recognition Award to Liz and David Gratwick for their tireless work within Older Adult services. Staff joined together in paying an emotional tribute to Liz, who sadly passed away earlier on in the year, thanking her for her support in championing Trust services.

Annex 1 Statements from the Trust's Key Stakeholders

Sandwell & West Birmingham CCG

healthcare
without boundaries

11 May 2018
Joyce Fletcher
Executive Director of Nursing and Quality
Black Country Partnership NHS Foundation Trust

Sandwell and West Birmingham CCG Co-Ordinating Commissioner Comments – Black Country Partnership's Foundation Trust Quality Account 2017/18

This Quality Account, prepared by Black Country Partnerships Foundation Trust (BCP), is a true reflection of the work undertaken during the 2017/18 contract year.

BCP engage fully and openly with its CCG commissioners, providing opportunity for dialogue at both a contract and locality level, via CQRM, and CRM meetings.

BCP has demonstrated its commitment to quality by the introduction of a number of quality improvement schemes during the year, including: the production of a revised Safeguarding Quarterly report (developed in conjunction the Safeguarding teams at Wolverhampton and Sandwell and West Birmingham CCG), the development of more effective lines of communication with external organisations (such as Acute Trusts, GPs and Local Authorities); the continued implementation of the Physical Health Strategy; revision of the cost improvement programme, the implementation of the 'Caring Counts' strategy, and the introduction of the 'See, Think, Act' programme to reduce the risk of violence and aggression incidents.

During the 2017/18 contract year, the CCG wishes to acknowledge and congratulate BCP on their continued success in relation to, and meeting services quality standards in regard to, the Improving Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis (EIP) programmes; as well as sustaining long term reductions in medication safety incidents, physical restraints and instances of self-harm. In addition to this, excellent progress has been made within the Trust to ensure mandatory training targets are consistently achieved, particularly in relation to Safeguarding, DOLS, and PREVENT. The CCG also wishes to acknowledge the good results achieved by the Trust in relation to the Friends and Family Test during 2017/18.

The CCG also wish to acknowledge the Trust's success in achieving most Local Quality Indicator targets and National and Local CQUIN schemes for 2017/18, particularly in respect of the Children and Adolescent Mental Health Service (CAMHS), which achieved all its local quality requirements. The CCG also wishes to acknowledge the good performance of the Trust in regard to the National CQUIN (Commissioning for Quality and Innovation) schemes of 2017/19, with excellent results being achieved in the programmes pertaining to: Improving services for people with mental health needs who present at A&E, incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health

Services (CYPMHS), and Improving physical healthcare to reduce premature mortality in people with SMI. Cardio Metabolic assessment and treatment for patients with psychoses.

The CCG also wishes to recognise and acknowledge the challenges faced by BCP to improve the regional and national issue of staffing vacancy rates within wards, units and teams. The Trust has developed short and long term strategies/mitigations to address this issue going forward, with performance closely monitored by Commissioners at monthly Clinical Quality Review Meetings.

Looking forward, the CCG welcome the Trust's Quality Plan Objectives for 2018/19, as well as its aspirations to deliver against its commitments to the Transforming Care Programme (TCP) in accordance with the Black Country STP (Sustainability Transformation Plan).

Andy Williams
Accountable Officer
Sandwell & West Birmingham CCG

WCCG feedback on Black Country Partnership Foundation Trust Draft Quality account report 2017-18

Wolverhampton Clinical Commissioning Group (CCG) welcomes the opportunity to comment on Black Country Partnerships Foundation Trust 2017/18. The Quality Account provides information across a wide range of quality measures in relation to patient experience, clinical effectiveness and patient safety and Commissioners have monitored these domains within the service provided by BCPFT during 2017/2018. The Trust's engagement in the CRM/CQRM's monitoring process provides the basis for commissioners to comment on the quality account including performance against quality improvement priorities and the quality of the data included. The CCG believe that the

Quality Account for 2017/18 meets the required content as set out in national guidance and is a good reflection of the quality of services provided by the Trust.

During 2017/18 commissioners have worked closely with BCPFT, meeting regularly to review the Trust's progress in implementing its quality improvements initiatives including production of revised safeguarding reporting and the continuous implementation of "physical heath" and "caring counts" strategy. WCCG would like to congratulate the trust for achieving significant reductions in pressure injury and instances of self-harm. In addition, the trust has made significant progress in constantly achieving most of the local quality indicators and national and local CQUIN schemes for 2017/2018.

The information provided within this account represents a balanced overview of the quality of care, patient safety and safeguarding at the Trust. The Quality Account clearly articulates where BCPFT has achieved good progress and identifies areas where further improvements are required.

The priorities that have been identified by the trust for 2018/19 are fully supported by WCCGs but consideration of the following areas is also encouraged:-

- *Ensuring safer staffing and workforce strategies*
- *Reduction in number of patients slips, trips and falls*
- *Improving staff experience and improvements in the annual staff survey*

In conclusion, whilst we recognise that the Trust has made progress in a number of areas, we also acknowledge the improvement that is still required in order to deliver, safe, effective and efficient patient care for our population. This will require capacity and capability at all levels and key to this is a leadership team who are responsive, visionary and resilient to make change in care delivery at the pace demanded. Looking forward, this includes changes to models of care and collaborative approaches for future care delivery. We support the priorities identified by the Trust for 2018/19 to further improve the quality, safety and experience for the population of Wolverhampton. We will continue to support the Trust in achieving these priorities.

Dr Helen Hibbs
Chief Officer
Wolverhampton CCG

Thinking Differently

NHS
Dudley
Clinical Commissioning Group

Brierley Hill Health & Social Care Centre
Venture Way
Brierley Hill
DY5 1RU

Tel:01384 321764

3rd May 2018

Joyce Fletcher
Executive Director of Nursing and Quality
Black Country Partnership NHS Foundation Trust
Dear Joyce

The CCG welcomes the Black Country Partnership NHS Foundation Trust Annual report for 2017 -2018 and note the focus on partnership working and taking forward best practice. In relation to the services Dudley CCG commission for children and young people it is encouraging to see a strong focus being placed on learning and continued commitment to valuing the voices and engagement of children, young people and their families.

The Trust has, during 2017 - 18 been working with their partners towards Transforming Care Together, which featured a partnership agreement with Birmingham Community Healthcare Trust and Dudley & Walsall Mental Health Trust. The CCG is aware that the project faced a number of challenges. It is positive to note that despite the complexity of this dynamic plan and the subsequent decision not to proceed, the Trust can evidence how they have used the exercise as an opportunity to improve existing processes and systems and has taken valuable lessons forward to the benefit of the organisation. Dudley CCG would hope and expect the Trust to apply the same diligence as they move towards integrating their children's services with the MCP.

The Trust has re launched the Friends & Family Test, following new guidelines, this national scheme is an important tool used by the Trust to demonstrate an inclusive approach to delivering services.

The CCG recognise that areas for improvement have been identified to further enhance safety and the quality of care for patients. An example of this is the Trust's approach to supporting their clinical leaders by the introduction of a new framework to enhance risk management, clinical assessment and treatment.

The plan to re invigorate the individualised approach to personalised care planning as an integral part of the Trust plan for 2018 /19 will enhance the overall experience for all patients to include children and young people and their families. Additionally, the introduction of the pilot of the electronic health record should serve to better inform staff of treatment planning and provide greater consistency for service delivery and result in better outcomes for patients.

During 2017 recommendations were introduced to review all learning disability deaths as part of the Learning Disability Mortality Review (LeDeR) report. The CCG is reassured that this initiative will aid the Trust to add value to their existing processes with vital opportunities for peer led learning across the Black Country.

The Trust have outlined their commitment to work towards greater staff wellbeing, supporting teams to access opportunities to maintain their own health and care. The national CQUIN has contributed toward ensuring that Trust staff feel valued.

The CCG is pleased to note the Trust's approach to the plans to focus on collaboration, exploring options and partnership working to improve the outcomes for vulnerable patients now and in the future.

Yours

Paul Maubach
Chief Executive Officer

Chair: Dr David Hegarty, MBE   Chief Executive Officer: Mr Paul Maubach

3 April 2018

Black Country Partnership NHS Foundation Trust
Quality Report 2017/18

"Healthwatch Wolverhampton is pleased to have been invited to comment on the Quality Report for the Trust. We recognise the changes and improvements that have been reported over the past 12 months and we welcome the Trust's focus on listening to its service users, their families and also its staff to ensure that it can continue to improve and sustain its service provision.

Healthwatch Wolverhampton would welcome the opportunity to work with the trust to focus on improving patient experience. We will continue to work with the Trust through our engagement work and through the advocacy support we provide to local residents, if complaints arise as we recognise this as crucial to ensuring lessons are learnt from complaints to improve service provision and accountability for actions.

Healthwatch Wolverhampton understands that the last 12 months have been unsettling for both staff and patients. However, it would be good to see that the Trust has captured this learning and starts to share good practice.

Looking at last years Quality Report priorities and the work that the trust has done to ensure these have been met, it is evident that these are ongoing priorities, and more work is still required.

The report format ensures that the priorities for the year ahead are identified as the ongoing programme of work.   However, Healthwatch Wolverhampton are unable to validate the priorities as they have not been involved in specific stakeholder consultation around these priorities.

We welcome the recognition that the trust is focusing on the person as a whole not just the condition that they are being treated for, especially around children and young people and ensuring that they have a personalised care plan.

Healthwatch Wolverhampton looks forward to reviewing progress against the forthcoming years priorities and to reviewing outcomes measured in the 2019/20 Quality Report to be able to assess how the quality initiatives have impacted on the residents of Wolverhampton".

Kind Regards

Tracy Cresswell
Wolverhampton Healthwatch Manager

Sheila Gill
Chair of Healthwatch Advisory Board

**Black Country Partnership NHS Foundation Trust
Quality Accounts 2017/18**

1. **Does the draft Quality Account reflect people's real experiences as reported to the Health Scrutiny Panel during the period 2017/18 by witness evidence?**

The panel considers that the draft Quality Accounts report 2017/18 gives an accurate reflection of the experiences of people with a mental illness or learning disability who have been referred to the service based on reports to the panel. This view is supported by a recent report by CQC - The state of care in mental health services 2014 to 2017. The report stated that Black Country Partnership NHS Foundation Trust (BCPFT) is delivering a high-quality service and is continuing to improve.

2. **From what people have told the Health Scrutiny Panel, is there evidence that any of the basic things are not being done well by the provider?**

The panel has not received any evidence to suggest that the BCPFT are not providing a quality service to the residents of Wolverhampton. A councillor led review of mental health commissioning services report published in February 2018 supports this conclusion.

The panel has representatives from Royal Wolverhampton Hospital Trust, Wolverhampton CCG, Wolverhampton Public Health who attend regularly attend health scrutiny meetings. The panel have no evidence to suggest that there are any major concerns about the quality of services offered. The panel is aware of the pressure on mental services at all levels and support the work being done to respond to this challenge by a range of different organisations.

In addition, representatives of Healthwatch Wolverhampton, who regularly attend panel meetings, have not provided any evidence to suggest there were any concerns about the quality of care provided from their discussions with the public. The Healthwatch Wolverhampton Annual Report 2016/17 details the experiences of service users and it is clear from the evidence presented that the Trust responds positively when concerns about the quality of care have been highlighted.

3. **Is it clear from the draft Quality Account that there is a learning culture within the provider organisation that allows people's real experiences to be captured and used to enable the provider to get better at what it does year on year?**

There is good evidence presented to the panel that BCPFT is a learning organisation and making great effort to encourage service users and their carers to share their experiences. The active involvement of the public has led to improvements in the quality of the mental health services offered and helped to identify areas for improvement. The panel is satisfied that the Board and staff of BCPFT are committed to improving the deliver and quality of mental health services to the residents of Wolverhampton.

The panel welcomed the opportunity to be consulted on plans to create a partnership with two neighbouring NHS trusts with the aim of delivering better mental health services. The plan for the establishment of a partnership with two neighbouring NHS Trusts with the title Transforming Care Together. However, following a

public consultation with members of the individual trust boards and other key groups it was decided not to pursue the proposal further.

4. **Are the priorities for improvement as set out in the draft Quality Account challenging enough to drive improvement and it is clear how improvement has been measured in the past and how it will be measured in the future?**

The panel support the areas suggested are priorities for improvement and consider the methods for measuring progress are appropriate – in particular, the improvement in the quality of provision of mental health services to children and young people receiving care. The issue of mental health provision for young people has been an important focus of the panel work programme during the year. The panel is aware of increased demand on mental health service at all levels and published evidence from the CQC highlights the issue, that many people referred for specialised mental health treatment continue to face long waits.

The panel would like a user-friendly section added to the front of the document which gives a summary of areas for improvement and details about how performance will be measured and monitored during the year.
The panel would welcome the addition in the Quality Account draft a section setting out specific actions aimed at reducing access and waiting times to mental health services for young people and also those with a dual diagnosis; with the aim of working to meet national best performance standards for providing 24-hour crisis cover.

The panel would like a commitment to achieving the vision and aims detailed in THE FIVE-YEAR FORWARD VIEW FOR MENTAL HEALTH and specifically the challenge for all providers to deliver the 7-day NHS – right care, right time, right quality by 2020/21. The panel would like to see details of how the actions below will be achieved included in the final draft of the Quality Accounts reports:

- People facing a crisis should have access to mental health care 7 days a week and 24 hours a day in the same way that they are able to get access to urgent physical health care.
- People experiencing a first episode of psychosis should have access to a NICE-approved care package within 2 weeks of referral.

Cllr Jasbir Jaspal
Chair Health Scrutiny Panel
City of Wolverhampton Council

19 April 2018

Annex 2 Statement of Directors' Responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:-

▪ The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance
▪ The content of the Quality Report is not inconsistent with internal and external sources of information including:-

- Board minutes and papers for the period April 2017 to May 2018
- papers relating to quality reported to the Board over the period April 2017 to May 2018
- feedback from Sandwell & West Birmingham Clinical Commissioning Group dated 11 May 2018
- feedback from Wolverhampton Clinical Commissioning Group dated 11 May 2018
- feedback from Dudley Clinical Commissioning Group dated 3 May 2018
- feedback from Wolverhampton Healthwatch dated 3 April 2018
- feedback from Wolverhampton City Council Overview and Scrutiny Committee dated 19 April 2018
- the Trust's Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009*
- the latest national staff survey dated 24 February 2018
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 18 April 2018
- CQC Inspection Report dated 17 February 2017

▪ The Quality Report presents a balanced picture of the Trust's performance over the period covered;
▪ The performance information reported in the Quality Report is reliable and accurate;
▪ There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
▪ The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
▪ The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Report.

* All complaints and concerns received are reported on and monitored each month. An annual patient experience report is produced in July each year which incorporates a section on all complaints received.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

……………………… Date   …………………………………..   David Stenson, Deputy Chair

……………………. Date   …………………………………..   Lesley Writtle, Chief Executive

Glossary of Terms

Term	Definition
Antipsychotic Medication	A group of medicines that are mainly used to treat mental health illnesses such as schizophrenia
Assembly of Governors	Governors are elected by members of the Trust or appointed to represent stakeholder organisations. They are the individuals that bind a trust to its patients, services, staff and stakeholders. Our Assembly is made up of:- - 22 members of the public - 7 members of staff - 5 people appointed by recognised stakeholder organisations
BCPFT	Black Country Partnership NHS Foundation Trust
Black Country	An area of the West Midlands, it includes Wolverhampton, Dudley, Walsall and Sandwell. During the Industrial Revolution, it became one of the most industrialised parts of Britain with coalmines, iron foundries and steel mills producing a high level of air pollution. The first trace of "The Black Country" as an expression dates from the 1840s and the name is believed to come from the soot from the heavy industries that covered the area.
Body Mass Index	A measure that uses your height and weight to work out if your weight is healthy
British National Formulary (BNF)	A pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology, along with specific facts and details about many medicines available on the NHS
Bundle	A small set of evidence-based interventions that, when performed collectively, reliably and continuously, are proven to improve patient outcomes
CAMHS	Child and Adolescent Mental Health Services
Care Plan	A plan to make sure that patients have care and support; it sets out treatment and goals for recovery and agreed plans between services and the patient
Care Programme Approach (CPA)	A process to co-ordinate the care, treatment and support for people who have mental health needs
Care Quality Commission (CQC)	The independent regulator of health and social care services in England; it also protects the interests of people whose rights are restricted under the Mental Health Act
Clinical audit	A quality improvement process to find out if a service is meeting agreed standards and where improvements need to be made
Clinical Coding	The translation of medical terminology written by the clinician to describe a patient's diagnosis, treatment, or reason for seeking medical attention, into a coded format, that is recognised internationally
Commissioners / Clinical Commissioning Groups (CCGs)	Clinically led statutory NHS bodies responsible for buying health and care services on behalf of local people and planning healthcare services for their local area. Members include GPs and other clinicians, such as nurses and consultants

Term	Definition
Commissioning for Quality and Innovation Payment Framework (CQUIN)	A payment framework that is a compulsory part of the NHS contract between the Trust and local commissioners for quality improvement and innovation goals to be achieved
Dashboards	Provide at-a-glance views of the current status of key performance indicators relevant to a particular clinical or quality objective
Data	Facts and statistics collected together for reference or analysis
Data Quality	Data is generally considered high quality if it is fit for its intended uses in operations, decision making and planning
Dysphagia	The clinical term for swallowing difficulties.
Early intervention	A service that provides expert assessment, treatment and support at an early stage following a young person's first experience of psychosis
Electroconvulsive Therapy (ECT)	A procedure undertaken under general anaesthetic to treat severe depression or sometimes to treat a psychotic episode
Epilepsy	A tendency to have recurrent seizures and is considered one of the most common serious neurological conditions
General Medical Practice Code	The General Medical Practice Code is the organisation code of the GP Practice that each patient is registered with.
General Practitioner (GP)	A physician who does not specialise in one particular area of medicine. GPs provide a wide range of routine health care such as physical examinations, immunizations and assess and treat many different conditions, including illnesses and injuries
Health Visitor	A health visitor is a qualified nurse or midwife , engaged in public health work within the domestic setting. They have special training in child health, public health and education and give help, advice and practical support to families about the care of children under five.
Healthwatch	Independent consumer champion for health and social care in England, comprising of a network of local organisations, to ensure that the voices of local consumers and those who use local services reach the ears of the decision makers
Hospital Episode Statistics	A records-based system that covers all NHS trusts in England, including mental health trusts and contains details of all admissions and outpatient appointments
Improving Access to Psychological Therapies (IAPT)	NHS programme, which provides services across England offering low and high intensity interventions for treating people with depression and anxiety disorders
ICD-10 Code	ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems, a medical classification list by the World Health Organisation; It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
Information Governance	The way in which the NHS handles all of its information, in particular the personal and sensitive information relating to patients and staff; it provides a framework to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

Term	Definition
MARAC (Multi-agency Risk Assessment Conferences)	Victim-focused meetings where information is shared on the highest risk cases of domestic abuse between criminal justice, health, child protection, housing practitioners and other specialists
Mental Health Minimum Data Set (MHMDS)	An approved NHS standard for delivering information on people in contact with specialist secondary mental health services so that it is nationally consistent and comparable
Multidisciplinary team	A group of health care workers who are members of different professions e.g. psychiatrists, social workers, etc., each providing specific services to the patient
National Confidential Enquiry	A review of clinical practice that provides health professionals and policymakers with the evidence and practical suggestions they need to implement change
National Institute for Health and Care Excellence (NICE)	A public body that provides guidance, advice and information for health, public health and social care professionals
National Reporting and Learning Service (NRLS)	National framework for reporting and learning from serious incidents requiring investigation in the NHS
NHS Digital	The trading name of the Health and Social Care Information Centre, which is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care in England
NHSmail (accounts ending in @nhs.net)	A secure email service approved by the Department of Health for sharing patient identifiable and sensitive information within the NHS; any organisation commissioned to deliver NHS healthcare or related activities can use NHSmail
NHS Number	Everyone registered with the NHS has a unique patient identifier called NHS Number, which helps healthcare staff identify each person correctly and match their details to their health records, to ensure they receive safe and efficient care within the NHS.
Overview and Scrutiny Committee (OSC)	Each local authority has statutory powers to scrutinise local NHS bodies and make recommendations that NHS organisations must consider as part of their decision-making processes.
Parliamentary Health Service Ombudsman	Responsible for considering complaints by the public if they are not satisfied with the way the complaint has been dealt with by the NHS
Patient Reported Outcome Measures (PROMs)	Assesses the quality of care delivered to NHS patients from the patient perspective in contrast to an outcome reported by a health professional
POMH-UK (Prescribing Observatory for Mental Health)	Quality improvement projects designed by the Royal College of Psychiatrists to help mental health trusts improve their prescribing practice
Psychosis	A mental health problem that causes people to perceive or interpret things differently from those around them; this might involve hallucinations or delusions
Psychotropic medication	Psychiatric medicines that can impact upon mood and behaviour such as antidepressants and antipsychotics
Quality Report	Annual reports to the public from providers of NHS healthcare
Recovery College	Offers educational courses about mental health and recovery to equip people with the knowledge and skills to get on with their life, despite mental illness challenges

Term	Definition
Root Cause Analysis (RCA)	A recognised way of identifying how and why patient safety incidents happen, it identifies areas for change and makes recommendations which deliver safer care for patients
Royal College of Psychiatrists	Professional organisation of psychiatrists in the United Kingdom, responsible for representing psychiatrists, for psychiatric research and for providing public information about mental health problems
Safeguarding	A term used to describe measures which are taken to protect the health and welfare of children and vulnerable people
Secondary Uses Service	The single, comprehensive repository for healthcare data in England. This information is useful to commissioners and providers for 'secondary purposes' such as healthcare planning, commissioning of services and the development of national policy.
Single Oversight Framework	A framework that applies to all NHS trusts and foundation trusts, designed to help attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'
Sustainability and Transformation Partnerships (STPs)	The NHS and local councils are developing and implementing shared proposals to improve health and care in every part of England. Over the next few years, these represent the biggest national move to join up care in any major western country. STPs will be the main vehicle for health, social care and local government leaders to plan integrated service provision.
Transforming Care Together (TCT)	A proposed partnership between Black Country Partnership NHS Foundation Trust, Birmingham Community Healthcare NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust. The boards of the three organisations subsequently decided this will not take place.

How to Provide Feedback

Thank you for taking the time to read this year's Quality Report. We strive to make this report as informative for you as we can so we would welcome receiving your feedback to help us improve future reports.
If you have any comments, or you would like to provide feedback about the contents of this document, please contact the Trust in any of the following ways:-

Phone: 0845-146-1800

E-mail: bcpft.enquiries@nhs.net

Post: Joyce Fletcher, Executive Director of Nursing, Quality, Allied Health Professionals and Psychology
Black Country Partnership NHS Foundation Trust
Trust Headquarters
Delta House, Delta Point
Greet Green Road
West Bromwich
West Midlands
B70 9PL

لأجل الحصول على نسخة ملخصة من هذه الوثيقة باللغة العربية فالرجاء الأتصال
ب(إيفون مَيَن Yvonne Mayne) على رقم الهاتف أدناه.

এই তথ্যপত্রটির সারসংক্ষেপের বাংলায় একটি কপি পেতে চাইলে দয়া করে নীচে দেয়া নম্বরে ফোন করে 'ইভন মেইন' (Yvonne Mayne) এর সঙ্গে যোগাযোগ করুন।

આ દસ્તાવેજનો ગુજરાતીમાં સારાંશ મેળવવા માટે કૃપા કરી નીચે જણાવેલા નંબર પર ઈવૉન મૈઠનનો સંપર્ક સાધો.

यदि आपको इस प्रलेख का संक्षेप हिन्दी में चाहिए तो कृप्या नीचे दिए गए टैलीफोन नंबर पर इवॉन मेन से संपर्क करें।

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਪੰਜਾਬੀ ਵਿੱਚ ਸੰਖੇਪ ਰੂਪ ਹਾਸਲ ਕਰਨ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਈਵੰਨ ਮੇਨ ਨੂੰ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ ਉੱਤੇ ਫੋਨ ਕਰੋ।

براہِ کرم اس دستاویز کا اُردو میں خلاصہ حاصل کرنے کے لیے نیچے دیئے گئے نمبر پر عوان میئن سے رابطہ کیجئے

If you require large print or braille, please contact Yvonne Mayne on 0845 146 1800.