

Health Scrutiny Panel Meeting

Thursday, 21 March 2019

Dear Councillor

HEALTH SCRUTINY PANEL - THURSDAY, 21ST MARCH, 2019

I am now able to enclose, for consideration at next Thursday, 21st March, 2019 meeting of the Health Scrutiny Panel, the following reports that were unavailable when the agenda was printed.

Agenda No Item

- 8 **Black Country Partnership NHS Foundation Trust - Draft Quality Accounts (Pages 3 - 84)**

Under The Health Act 2009 and supporting regulations, there is a legal requirement for all providers of NHS services to produce an annual Quality Report. The format, content and even the order of the Quality Report are determined by NHS Improvement, the regulator for NHS Foundation Trusts in England, in their publication 'Detailed Requirements for Quality Reports 2017/18.'

Please find enclosed the Draft Quality Report 2018-19 from the Black Country Partnership NHS Foundation Trust.

Regulation 5 'Written statements by Other Bodies,' sets out the requirement for a Quality Report to include any written statements sent to the provider from appropriate stakeholders. Local Authority Health Scrutiny Panels are invited to comment but are not obliged to do so. Please note if you choose to respond, **your comments will be copied verbatim into the report** and should not exceed a maximum of 1,000 words.

Comments should be submitted by no later than **Wednesday 01 May 2019**.

If you have any queries about this meeting, please contact the democratic support team:

Contact Martin Stevens
Tel 01902 550947
Email martin.stevens@wolverhampton.gov.uk
Address Scrutiny Office, Civic Centre, 1st floor, St Peter's Square,
 Wolverhampton WV1 1RL

Encs

Draft Quality Report

2018-19



Section 3 of the Annual Report

Contents

Part One		
3.0	Introduction	3
3.1	Statement on Quality from the Chief Executive	4
Part Two		
3.2	Priorities for Improvement	6
3.3	Looking Back - Review of Priorities 2018/19	6
3.4	Looking Forward - Priorities for 2019/20	11
3.5	Statements of Assurance from the Board of Directors	15
3.5.1	Review of Services	15
3.5.2	Participation in Clinical Audits and National Confidential Enquiries	16
3.5.3	Participation in Clinical Research	21
3.5.4	Goals agreed with Commissioners	23
3.5.5	Statements from the Care Quality Commission	24
3.5.6	Data Quality	24
3.5.7	Learning from Deaths	26
3.6	Reporting against Core Quality Indicators	27
Part Three		
3.7	Reporting against Local Quality Indicators	32
3.7.1	Patient Safety	33
3.7.2	Clinical Effectiveness	38
3.7.3	Patient Experience	43
3.8	Reporting against Other Quality Indicators	51
3.9	Local Quality Improvements	56
3.9.1	Local quality developments	56
3.9.2	Local quality improvement plans	57
3.9.3	Time to shine – staff who excelled to deliver better quality services	67
Annex 1		
	Statements from Commissioners, local Healthwatch organisations and local authority overview and scrutiny committees	75
Annex 2		
	Statement of Directors' Responsibilities for the Quality Report	65
	Glossary of Terms	77
	How to Provide Feedback	81

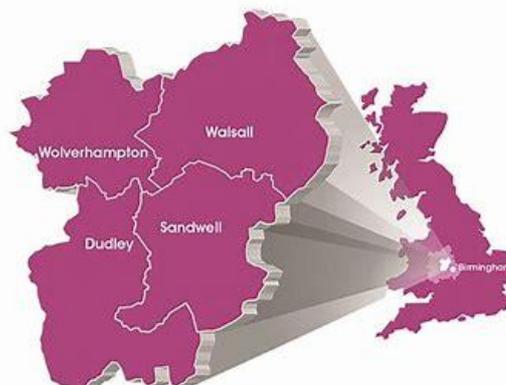
Part One

3.0 Introduction

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 four local authority areas of Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Walsall Council and Wolverhampton City Council in the West Midlands, a combined population of almost 1.2 million people.

The Black Country is an ethnically diverse area made up of many different people from many different cultures, communities, and backgrounds.



About our Trust

Black Country Partnership NHS Foundation Trust delivers mental health, specialist health learning disabilities and community healthcare services for people of all ages in the Black Country. 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 include mental health nurses, psychiatrists, healthcare support workers, health visitors, psychologists, occupational therapists, speech and language therapists, physiotherapists and dieticians

Our vision is to improve health and well-being for the diverse range of 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 services about the quality of services they deliver and their priorities for improvement. This 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 2018/19.' 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 seventh 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.

All providers of NHS services are required to publish their Quality Report on the NHS Choices website each June, summarising the quality of their services during the previous financial year. By publishing on NHS Choices, this fulfils each provider's obligation to submit the report to the Secretary of State for Health and Social Care.

3.1 Statement on Quality from the Chief Executive

On behalf of the Board of Directors, I welcome this opportunity to introduce this year's Quality Report to you. The 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.

It is hard to believe another year has passed by so quickly and that so much has happened during this time. In last year's report, I explained how after careful consideration the decision was taken not to form a partnership with two neighbouring NHS trusts. No sooner than the decision had been taken we received notification that the Care Quality Commission, the regulator for health and social care, would be undertaking another inspection of our services.

While preparations for their visit were taking place, we continued to consider the future and how best to protect the services we deliver to patients. This work continued through the year and I am delighted to inform you that Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust have agreed to work together to become one organisation to serve the whole of the Black Country area. Both trusts believe that coming together as one organisation will deliver better clinically led quality services.

At the beginning of July 2018, the NHS celebrated its 70th birthday. To recognise this special occasion, staff and services across the Trust held events and took part in a celebration video to reminisce on the key milestones that have taken place over the years, to improve the quality of care given to patients and to express what makes them most proud to work in the NHS.

Shortly afterwards, CQC inspectors arrived to carry out a detailed quality inspection of our services for the next two months and published the report of their findings in January 2019. They awarded an overall rating of 'requires improvement'. While the overall rating is disappointing, the majority of our core services were rated as 'good', and we were rated 'good' overall for being caring, responsive and well led. The report concluded that the Trust's ability to focus on day to day governance had been hampered because of the delays around the proposed merger but they saw evidence the trust board was re-establishing its control of performance following the cancelled merger. We have produced a robust local improvement plan to address the areas identified by the CQC that require improvement.

Throughout the year, I have worked with my executive team to bring greater stability to the organisation and set out a new direction for the Trust moving forward. A key focus was to work even more closely with our staff, to look afresh at how best we can support them to deliver high quality services and produce better outcomes for the diverse range of patients they care for. We have visited teams and services across our many different locations to connect with staff, patients and carers to listen to their views and create a common understanding of what we want to achieve.

Like many other trusts in the NHS, we have had another challenging year on the financial front as we strive to live within our means but we have agreed a financial plan for the current financial year with NHS Improvement that sees the Trust significantly reducing our deficit this year and moving towards balancing our books in the near future. Our aim is for the Trust to be as strong a business entity as it is a high quality clinical provider.

It was therefore very welcome news to learn that the Trust has been awarded a £7.5m funding boost from the Department of Health and Social Care capital fund. The funding is to develop a new state of the art purpose built unit for people across the Black Country with learning disabilities. Receiving this money will enable us to continue to improve the access and quality of our services to support people with learning disabilities across 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 this year, 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.

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.

I would like to take this opportunity to pay tribute to our staff and thank them for another year of 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, their families and carers.

3.3 Looking Back – Review of Priorities 2018/19

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 2018/19

Division	Priority
Adult Mental Health Services	Translating risks identified into risk management and care plans
Older Adult 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

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

Why this is a priority for improvement



The Department of Health's best practice in the management of risk in mental health services defines risk as relating to the likelihood, imminence and severity of a negative event occurring i.e. self-harm, self-neglect or aggressive behaviour towards others. Risk assessment is not a checklist and categorising risk in such a way is unhelpful in guiding the treatment and management of a patient and has poor predictive value.

A good risk assessment will combine consideration of psychological (e.g. current mental health) and social factors (e.g. relationship problems, employment status) as part of a comprehensive review of the patient to capture their care needs and to assess their risk of harm to themselves or

other people.

Risk will fluctuate and be 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.

How quality will be improved

- Every service user will have 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
- A measurable question will be devised to gain assurance that identified risks are translated into individualised care plans
- Record keeping audits carried out across adult 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

Progress in 2018/19

- A measurable question was developed to gain assurance that identified risks are translated into individualised care plans in line with the Trust's Clinical Risk Management Policy.
- A baseline audit was undertaken to assess whether presenting risks identified by risk assessments are translated into individualised risk management plans and care plans
- The results of a baseline audit were presented to the mental health quality and safety group in October 2018 and indicated an 81% compliancy rate
- A review of the findings of the baseline audit led to the development of an action plan, which included delivering additional training to inpatient staff



Next Steps

- A re-audit will take place in March 2019 to review progress with the aim to achieve 95% compliance rate
- This important aspect of care will continue to be audited and the results reported to and monitored by the mental health quality and safety group
- Success will be measured by whether current practice consistently reflects that risks identified are translated into individualised risk management care plans across all services

3.3.2 Older Adult 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. They cost the NHS and social care an estimated £630 million annually. In 2017 approximately 250,000 patients had a fall in hospital.

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, sensory and continence problems plus other health issues that may increase their risk of falling such as their medication, 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.

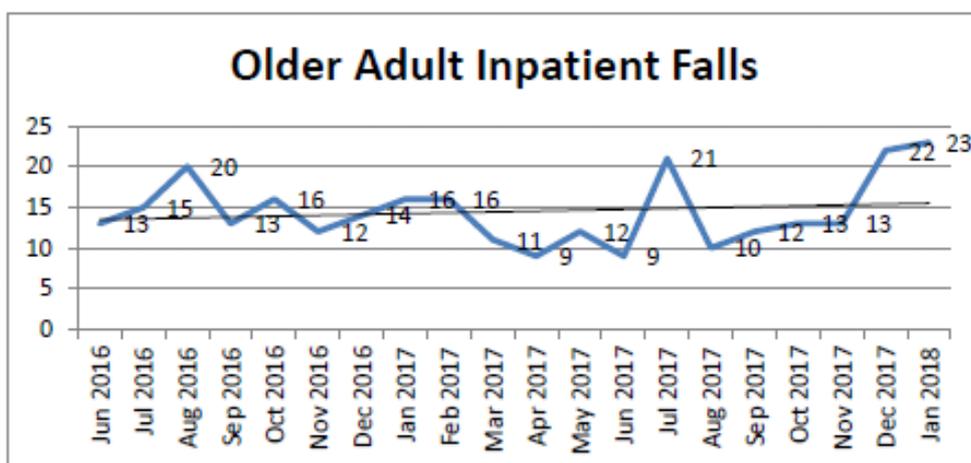
How quality will be improved

- A falls screening tool will 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
- We will 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
- We will 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
- We will aim to reduce the number of falls occurring on older adult psychiatric wards by 10% in 2018/19

Progress in 2017/18

- Continual monitoring incidents of falls as shown in Figure 1 below, indicated that an average of sixteen falls per month occurred across all older adult psychiatric wards.

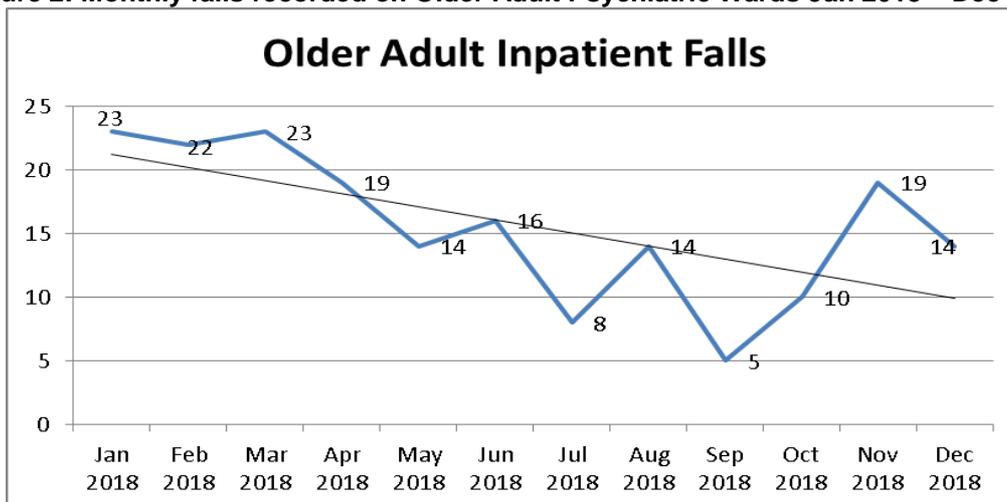
Figure 1: Monthly falls recorded on Older Adult Psychiatric Wards June 2016 – Jan 2018



Progress in 2018/19

- Staff in the older adults mental health service joined NHS Improvement's falls collaborative to reduce inpatient falls and to improve reporting and care. NHS Improvement are supporting trusts taking part in the collaborative to adopt improvement methodologies and creating a learning community for them to discuss the changes they are implementing and share their findings. Our falls improvement project team (see image) launched a poster campaign providing key messages for all staff to follow in order to contribute to the falls prevention agenda.
- A range of initiatives were introduced to help staff including a multi-disciplinary team falls risk assessment, an integrated care plan, hot spot mapping and at a glance mobility charts.



Figure 2: Monthly falls recorded on Older Adult Psychiatric Wards Jan 2018 – Dec 2018

- The NHS Improvement 90 day project successfully delivered a 42% reduction in falls across the two pilot sites from July to September 2018. These initiatives continue to be embedded into frontline practice and adopted by all three older adult wards. However, Figure 2 demonstrates that reducing the number of falls each month remains a challenge. These falls were due to individual patients with complex mental health and physical health conditions. Patient safety has to be balanced with independence, rehabilitation, privacy and dignity - a patient who is not allowed or not supported to walk alone will soon become a patient who is unable to walk alone.

Next Steps

- The initiatives in place will continue to be implemented and the number of falls reported and analysed each month with the aim to reduce the number of falls occurring on older adult psychiatric wards by 10% at the end of 2018/19
- An update of the number of falls that occurred for the whole of 2018/19 will be included in the final report.
- We are committed to continuously improving the way we carry out falls risk assessments and the management of patients at higher risk of falls.

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

Why this is a priority for improvement



Epilepsy is a condition whereby a person is prone to recurrent seizures, an abnormal movement or behaviour as a direct result of a change in the electrical activity of the brain. 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.

In last year's report we provided information on 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 that work to ensure our learning disabilities community services are meeting national standards and recommendations.

How quality will be improved

- 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 as detailed in last year's quality report

Progress in 2018/19

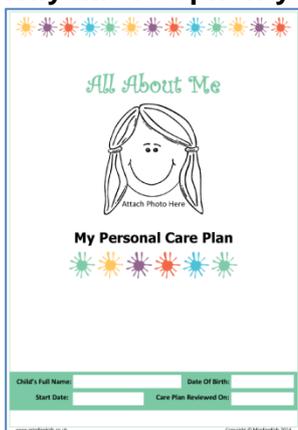
- Epilepsy link nurses working in the community joined the epilepsy improvement group chaired by the Head of Nursing for learning disabilities services
- The epilepsy improvement group decided not to undertake a baseline audit of community records for patients with epilepsy but proceed to trialling the new documentation pack developed following the review of inpatient services. This would inform the need to make any adjustments to the documentation pack for community areas.
- The pilot of the new documentation across all community learning disabilities services is still continuing until the end of 2018/19

Next steps

- The pilot of the new documentation across all community learning disabilities services will be completed and the feedback will be used to produce a new documentation pack for the management of epilepsies.
- The new epilepsy documentation pack 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 undertaken to measure improvement and compliance against national standards

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

How quality will be improved

- Every children's service will ensure there is a personalised approach to care in place
- Health professionals in each service will be planning, monitoring and reviewing plans in a time-framed manner for each child or young person on their caseload
- Each plan will be discussed and agreed with the child or young person where appropriate and the person with parental responsibility

- The plan will be clearly documented and include agreed objectives and the delivery of identified goals within set time frames

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

Progress in 2018/19

- Care planning "champions" have been recruited across all children's services
- An improvement group has been established and meets on a quarterly basis
- The group has reviewed existing evidence of good practice and made recommendations

Next Steps

- Due to the limited progress during 2018/19 this will continue to be the improvement priority for children's services in 2019/20 (see section 3.4.4)
- Quarterly audits will be undertaken against professional standards to determine whether best practice is being embedded or not
- Completion of relevant action plans and lessons learnt will be monitored by the governance team
- 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 Looking Forward – Priorities for 2019/20

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 2 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 2: Quality Improvement Priorities for 2019/20

Division	Priority
Adult Mental Health Services	Consistent application of the Care Programme Approach
Older Adults Mental Health Services	Translating risks identified into risk management and care plans including crisis plans
Learning Disabilities Services	Improving the management of Constipation
Children's Services	Personalised care plans for children and young people

3.4.1 Adult Mental Health Services – Consistent application of the Care Programme Approach

Why this is a priority for improvement



The Care Programme Approach (CPA) is a package of care for people with mental health problems. The care package aims to support mental health recovery by providing a care co-ordinator usually a nurse or a social worker, to support with a range of issues such as help with managing finances, support at home and taking part in activities within the local community. Each person on CPA will draw up a care plan and a crisis plan with their care co-ordinator and take part in regular reviews to assess their progress.

The main issue for our services is the low percentage of patients on CPA compared to other mental health

trusts and why this percentage has decreased in recent years. A review is necessary to ensure that patients are receiving the right level of care to meet their needs.

How quality will be improved

- We will understand the reasons for the low percentage of patients on CPA compared to other mental health trusts.
- There will be a more robust process to identifying patients who meet the criteria for this package of care
- All patients that are identified will have the CPA package of care applied appropriately
- Patients receiving the CPA package of care will be allocated a care co-ordinator, receive regular reviews of their care needs and an up to date crisis plan and care plan.
- The CPA package of care will improve engagement with patients in developing their care and crisis plans.



Progress in 2018/19

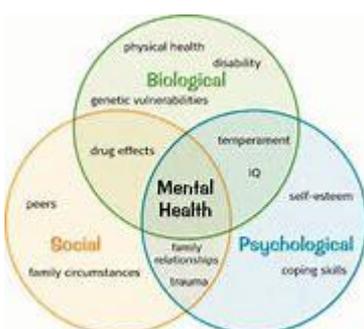
- A CPA Review Group was established with local commissioners to review the current policy
- The annual safety scorecard published by the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness highlighted a low percentage of patients on CPA compared to other mental health trusts
- A review into the possible causes was undertaken by the community mental health service manager and a report presented to the Trust's Quality and Safety Steering Group
- The Medical Director requested action to be taken by community mental health teams to address this issue
- A new policy was produced for staff on the Care Programme Approach

How we will monitor, measure and report on progress during 2019/20

- All frontline clinical staff will be made aware of the Trust's new CPA policy content and its application in practice
- The work of the CPA Review Group will continue to identify the numbers of patients currently on CPA within community mental health services.
- The group will complete a review of each patient's CPA eligibility based on current need and apply the standards of the new policy so that all patients that qualify for this care package are allocated a care co-ordinator, receive reviews of their care needs and an up to date crisis plan and care plan.
- Audits will be undertaken to assess continued compliance and the results will be reported to the Mental Health Quality and Safety Group who will monitor this priority each month until completion.
- There will be additional oversight by the Trust's Quality and Safety Committee

3.4.2 Older Adults Mental Health Services – Translating risks identified into risk management and care plans including crisis plans

Why this is a priority for improvement



This is a continuation of the work reported in section 3.3.1 for adult mental health services. A good risk assessment combines consideration of psychological (e.g. current mental health) and social factors (e.g. relationship problems, employment status) as part of a comprehensive review of the patient to capture their care needs and to assess their risk of harm to themselves or other people.

Risk will fluctuate and be 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.

How quality will be improved

- Every service user will have 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 and crisis plan
- A measurable question will be used to gain assurance that identified risks are translated into individualised care plans and crisis plans
- Record keeping audits carried out across older adult mental health services will include the measurable question to gain assurance that risk management care and crisis plans are reflective of identified risks

Progress in 2018/19

- A measurable question was developed for adult mental health services to gain assurance that identified risks are translated into individualised care plans in line with the Trust's Clinical Risk Management Policy.
- A baseline audit was undertaken to assess whether presenting risks identified by risk assessments are translated into individualised risk management plans and care plans
- A review of the findings of the baseline audit led to the development of an action plan, which included delivering additional training to inpatient staff



How we will monitor, measure and report on progress during 2019/20

- 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 and crisis plans across all older adult mental health 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 to the Mental Health Quality and Safety Group
- There will be additional oversight by the Trust's Quality and Safety Committee

3.4.3 Learning Disabilities Services – Improving the management of constipation

Why this is a priority for improvement



People with learning disabilities are more likely to experience constipation than other people. A European study of adults with learning disabilities living in institutions found that almost 70% had constipation compared to 15% of the general population.

Constipation is a symptom not a diagnosis and means different things to different people. Many people with learning disabilities can find it difficult to communicate their symptoms and this may lead to delay in diagnosis and treatment. If left untreated it can lead to serious consequences and nationally there have been two serious case reviews where patients with learning disabilities died in hospital as a result of complications linked to constipation.

How quality will be improved

- The development of a constipation clinical pathway of practices will result in better outcomes for learning disabilities patients who experience constipation
- Introducing a standardised bowel monitoring chart and care plan across all inpatient areas will ensure the risk factors linked to constipation are consistently recorded and monitored
- Producing an evidence-based practice training and health promotion resource pack will provide staff and carers with the knowledge and confidence on how to manage and help people with learning disabilities avoid constipation
- Inpatient multi-disciplinary staff teams will undertake a consistent approach to the management of constipation based on national best practice



Progress in 2018/19

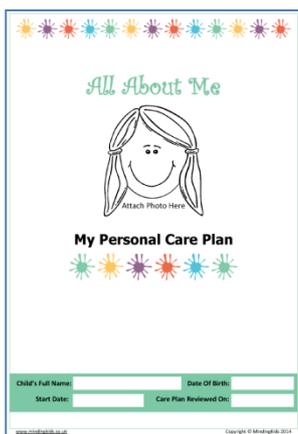
- Matrons' audits of current practice showed inconsistencies in how well bowel monitoring charts are completed across all inpatient areas
- Issues were also identified from Care and Treatment Reviews (CTRs). These reviews are part of NHS England's commitment to transforming services for people with learning disabilities and autism. CTRs help to improve the quality of care people receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment. They reduce the amount of time people spend in hospital and bring people together to help to resolve any problems which can keep people in hospital longer than necessary. They do this by helping to improve current and future care planning, including plans for leaving hospital.
- Within our learning disabilities community services there have been safeguarding concerns linked to constipation and subsequent hospital admissions for treatment

How we will monitor, measure and report on progress during 2019/20

- We will establish a multi-disciplinary task and finish group with a project lead, local promoting of access to main stream health services (PAHMS) nurses and a senior member of the leadership team to support the initiative
- Consult with patients, carers and representatives to ensure the clinical pathway and care plan are co-produced
- The proposed monitoring chart, pathway and care plan will be formally approved by the Learning Disabilities Quality and Safety Group
- We will devise an implementation plan
- Liaise with key managers and stakeholders regarding the implementation plan
- Offer briefing sessions to staff across all learning disabilities services
- Distribute assessments, monitoring tools, care plan template and training pack to all services
- Provide regular updates to the Physical Health Strategy Group and the Learning Disabilities Quality and Safety Group who will monitor this priority each month until completion
- There will be additional oversight by the Trust's Quality and Safety Committee

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

Why this is a priority for improvement



As indicated in section 3.3.4, due to the limited progress during this year, personalised care planning will continue as the quality improvement priority for the Children's Division during 2019/20.

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

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.

How quality will be improved

- Every children's service will ensure there is a personalised approach to care in place
- Health professionals in each service will be 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 includes agreed objectives and the delivery of identified goals within set time frames

Progress in 2018/19

- Care planning “champions” have been recruited across all children’s services
- An improvement group has been established and meets on a quarterly basis
- The group has reviewed existing evidence of good practice and made recommendations

How we will monitor, measure and report on progress during 2019/20

- Quarterly audits will be undertaken against professional standards to determine whether best practice is being embedded or not
- 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
- Updates will be provided in the monthly quality and safety report
- Oversight and monitoring will be undertaken by the divisional quality and safety group
- There will be additional oversight by the Trust’s Quality and Safety Committee
- Success will be measured by auditing the levels of compliance against professional standards and whether practice is being embedded or not

3.5 Statements of Assurance from the Board of Directors

This section of the report 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 2018/19, 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 at the end of Quarter 3 for 2018/19 represents 100% of the total income generated from the provision of relevant health services by the Black Country Partnership NHS Foundation Trust for the first three quarters of 2018/19.

3.5.2 Participation in Clinical Audit and National Confidential Enquiries



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.

Commissioners, regulators and royal colleges all recognise clinical audit as an effective way to continually learn about services delivered by NHS providers.

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 the right clinical decisions were made in the circumstances.

During 2018/19 seven national clinical audits and one national confidential enquiry 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 2018/19 are listed in Table 3 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 3: Participation in National Clinical Audits and National Confidential Enquiries 2018/19

Title	Participation	%Cases submitted
National Audit of Anxiety and Depression Core Audit	Yes	98%
National Audit of Care at End of Life	Yes	100%
National Audit of Psychosis Early Intervention Service Spotlight Audit	Yes	100%
National Audit of Anxiety and Depression Psychological Therapies Spotlight Audit	Yes	100%
National Audit of Rapid Tranquillisation (POMH-UK Topic 16b)	Yes	100%

National Audit of the use of Clozapine (POMH-UK Topic 18a)	Yes	100%
National Audit of the side effects of depot/LAI antipsychotics (POMH-UK Topic 6d)	Yes	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	Yes	95%

The reports of four completed national clinical audits and one completed national confidential inquiry report in 2018/19 (see Table 4 below) have been reviewed by the Trust and details of the actions to improve the quality of healthcare provided are listed below:-

Table 4: Completed Reports received in 2018/19

Title	Action taken/to be taken
<p>National Audit of Psychosis</p> <p>Over recent years various initiatives have been developed, aimed at improving the quality of care that people with psychotic disorders receive. In 2006 the Quality and Outcomes Framework (QOF) provided an incentive for primary care physicians to conduct an annual physical health review for people with severe mental illness. In 2014 the national Mental Health Commissioning for Quality and Innovation (CQUIN) was introduced to provide financial incentives to Trusts to improve the physical health care of people with psychosis</p> <p>The Improving Access to Psychological Therapies (IAPT) programme was established by the Department of Health in 2008 to improve access to such therapies for people with anxiety and depressive disorders. In 2012, a parallel programme was set up to improve access to psychological therapies for people with severe mental illness through the development of demonstration sites and staff training programmes.</p> <p>This audit was to discover whether important elements of care have improved.</p> <p>The audit focused on four issues relating to the quality of care provided for people with psychotic disorders: management of physical health, prescribing practice, access to psychological therapies and outcomes. Twelve audit standards and two outcome measures were developed to examine these issues. The minimum sample number for all Trusts was 100 patients.</p>	<p>The audit findings were reviewed by the Mental Health Quality and Safety Group.</p> <p>A new clinical pathway will be created that will trigger an annual assessment of cardiovascular risk of all patients with psychosis rather than those considered at a higher risk</p> <p>We will continue to explore different ways to recruit and retain staff who can deliver cognitive behavioural therapy for psychosis (CBTp) and family interventions to ensure that all people with psychosis can be offered these services.</p> <p>Clinical Directors will reiterate to consultant teams and clinicians to provide information related to patient's current antipsychotic medication in leaflet form and to include documented discussion about benefits and adverse effects of the medication in the patient notes</p> <p>Community mental health teams will continue to support people with psychosis who are unable to attend mainstream education, training, or work, to take up alternative educational or occupational activities, according to their individual needs. Further, that all interventions offered are documented in their care plan.</p> <p>As part of the implementation of electronic health records across all mental health services an Annual Summary of Care will be introduced for each patient in their digital care record. This will include information on medication history, therapies offered and physical health monitoring/ interventions. It will be updated annually and shared with the patient and their primary care team.</p>
Title	Action taken/to be taken
<p>National Audit on the use of long acting antipsychotic injections for relapse prevention (POMH-UK Topic 17a)</p> <p>Partial or total non-adherence to prescribed medication is extremely common. Most intermittent non-adherence is probably down to forgetfulness and is characteristic of all long-term medicine use, but the impairments and disorganisation characteristic of severe mental illness also play a part as of course does deliberate discontinuation.</p>	<p>The audit findings were reviewed by the Trust's Medicines Management Committee.</p> <p>The standards for the audit were derived from NICE Clinical Guideline CG178 'Psychosis and schizophrenia in adults: prevention and management' and focused on the patient's care plan, the initiation and the annual review of long acting injectable antipsychotic medication.</p>

<p>Non-adherence averaged 42% in patients with schizophrenia in a recent meta-analysis of 38 studies involving 51,796 patients.</p> <p>Long-acting injectable antipsychotics (LAIs) were introduced in the 1960s and quickly taken up as a means of dealing with non-adherence. They simplify treatment by providing a known dose of medication at regular intervals, administered by a health professional who is alert to clinical change and to non-adherence by monitoring missed or delayed appointments.</p>	<p>This was the first ever national prescribing audit for the use of long-acting injectable antipsychotic medication for relapse prevention and as is often the case with an audit of a new topic area, it identified areas for improvement</p> <p>Results were positive for reviewing medication but Clinical Directors have written to clinical teams to reiterate the importance of completing relevant information in the patient's care plan in the detail required to comply with this standard.</p>
<p>Title</p>	<p>Action taken/to be taken</p>
<p>National Audit of valproate for bipolar disorder (POMH-UK Topic 15b)</p> <p>Valproate is the term often used to describe different formulations of valproic acid. Valproate is endorsed by the 2014 NICE clinical guideline for Bipolar Disorder as a second-line agent after lithium for long-term treatment of bipolar disorder although Valproate is more commonly prescribed (36%) than lithium (23%) nationally. This may partly reflect a reluctance to use lithium because of concerns about potential toxicity and the burden of biochemical monitoring.</p> <p>Valproate has been singled out for concern because of apparently higher risks of developmental impairments in children who were exposed to valproate in the womb. The audit report coincided with the Medicines and Healthcare products Regulatory Agency's new safety regulations issued on 25 September 2018 that Valproate medicines must not be used in women of childbearing potential unless a Pregnancy Prevention Programme is in place.</p>	<p>The audit findings were reviewed by the Trust's Medicines Management Committee.</p> <p>The audit findings revealed only a small percentage (11%) of women 50 years of age or younger were prescribed valproate.</p> <p>The Medicines and Healthcare products Regulatory Agency's new safety regulations require clinical teams to take the following action:</p> <ul style="list-style-type: none"> - book in review appointments at least annually with women and girls under the Pregnancy Prevention Programme and re-evaluate treatment as necessary - provide supporting information and explain clearly the conditions as outlined in this information - complete and sign with the patient or their responsible person the Risk Acknowledgement Form - copies of the form must be given to the patient or responsible person and sent to their GP
<p>Title</p>	<p>Action taken/to be taken</p>
<p>National Audit of Rapid Tranquillisation (POMH-UK Topic 16b)</p> <p>Acutely disturbed behaviour is common in inpatient psychiatric settings, placing both the patient and others at risk. 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.</p> <p>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.</p> <p>The importance of preventing and appropriately managing such behaviour is addressed in NICE clinical guideline NG10: violence and aggression: short-term management in mental health, health settings. They define rapid tranquillisation as the use of medication by the parenteral route (usually intramuscular).</p>	<p>The audit findings were reviewed by the Trust's Medicines Management Committee.</p> <p>An improvement group has recently completed a review of the Trust's policy for rapid tranquillisation.</p> <p>The revised policy provides staff with the latest guidance to better understand and comply with the physical monitoring standards for the administration of intramuscular medication.</p> <p>Clinical Directors have written to clinical teams to reiterate the importance of physical monitoring (pulse, blood pressure, respiratory rate, temperature) of the patient when intramuscular medication is administered.</p>

Title	Action taken/to be taken
<p>National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) Safer Care for Patients with Personality Disorder</p> <p>Personality disorder (PD) refers to a complex psychiatric condition characterised by emotional changeability and difficulty relating to other people. It is often linked to previous traumatic events. PD does not refer to a single diagnosis, the International Classification of Diseases; Tenth Revision (ICD-10) classification system currently defines 10 types.</p> <p>Individuals with PD are often frequent users of mental health care, they are at high risk of suicide and commonly feel marginalised from mainstream mental health services.</p> <p>NCISH used data to identify patients across the UK with PD who died by suicide or were convicted of a homicide. NCISH asked patients to share their experiences of services by completing an online survey and asked staff to participate in focus group discussions.</p> <p>The report found that management of PD patients is especially challenging. Nationally, staff felt they had a lack of understanding of patients' behaviour, little training in managing those at high risk and insufficient knowledge of appropriate treatments</p>	<p>The Trust has established a personality disorder strategy working group.</p> <p>Mental Health PD Leads have held workshops to improve awareness and understanding of personality disorder</p> <p>Staff attending the workshops have been surveyed to determine how useful they found the content to inform future planning</p> <p>The work of the strategy group is feeding into the wider Black Country Sustainability and Transformation Plan* for the future commissioning of services for personality disorder</p> <p>An internal Intranet web page is being designed for staff to be able to access resources specifically for the care and treatment of personality disorder. This will provide helpful information for clinicians including documents on national guidance and practice for staff to refer to.</p> <p>*A collaboration of 18 organisations from primary care, community services, social care, mental health and acute and specialised services across the Black Country to improve health and care for local people</p>

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 2018/19 are set out in Table 5 below and it intends to take/has taken the following actions to improve the quality of healthcare provided:-

Table 5: Local Clinical Audits reviewed in 2018/19

Title	Action taken/to be taken
<p>Delivering evidence-based treatment for Post Traumatic Stress Disorder(PTSD)</p> <p>Post-traumatic Stress Disorder is the name given to the psychological and physical problems that can sometimes follow particular threatening or distressing events.</p> <p>This audit was undertaken by the Child and Adolescent Mental Health Service (CAMHS).</p> <p>The audit was to assess the service they offer to children and young people for this condition in comparison to the standards set out by the National Institute for Health and Care Excellence (NICE) in their clinical guideline No. 26.</p>	<p>Awareness training session and a PTSD checklist will be provided to clinicians to provide a more cohesive understanding and approach to the assessment and care of patients demonstrating PTSD symptoms</p> <p>Funding has been made available for three clinicians to receive training in Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) to enable the service to deliver the range of treatments recommended by NICE</p> <p>In the absence of any self-help groups currently operating in the local area, the local authority and relevant charities will be contacted to make them aware of this. The service will work with them to promote the creation of a local self-help group</p>

Title	Action taken/to be taken
<p>Paediatric Continence Service – Do not attend rates</p> <p>The service assists parents, carers and children with the management of bladder and or bowel dysfunction, for example managing a child’s day or nighttime bed-wetting. The service is available to every child age 5 to 16 years (up to age 19 if the child has special needs) who have a Dudley registered GP.</p> <p>The service accepts referrals from GPs, School Nurses, Health visitors, Occupational Therapists, Paediatric Consultants, and other professionals within a school or medical setting</p> <p>This audit was to identify the reasons why children and families do not attend so many appointments. This involved speaking directly to children and families and by monitoring activity and contacts on electronic systems.</p>	<p>Where first initial appointments are missed, evidence suggests families are more likely not to attend the second appointment offered. An ‘opt in’ system will be introduced for 6 months to allow a comparison against the previous 6 months to measure the impact of this scheme</p> <p>Clinics are to be increased at Stourbridge Health Centre where most demand for this service was identified</p> <p>The introduction of a late night clinic will also be considered to increase take up</p> <p>Saturday clinic attendance will be added to the Trust’s patient administration system so this can be monitored more effectively</p>
<p>The documentation of diagnostic formulation in new outpatient clinic letters</p> <p>A paper written by the Royal College of Psychiatrists (Jan 2017) ‘Using Formulation in General Psychiatric care: good practice’ stated that writing a diagnostic formulation (a comprehensive patient evaluation that includes the patient’s history, results of psychological tests, diagnosis of the disorder and the treatment plan) is a skill and core competency for all psychiatrists.</p> <p>However, there has been little consensus among psychiatrists about what constitutes good practice in formulation and trainees often identify it as an area of difficulty.</p> <p>The audit undertaken by the Adult Psychiatry Service was designed to assess awareness and current practice on how well diagnostic formulation is recorded in outpatient letters for general practitioners (GPs).</p>	<p>The audit findings were presented to both senior and junior doctors at a local postgraduate teaching session.</p> <p>The presentation has increased awareness of good practice and in particular, the potential consequences if no formulation is recorded, or if it is not recorded in sufficient detail to understand the rationale for coming to a diagnosis. The presentation also increased awareness of the importance of coding diagnoses accurately, ensuring that the diagnostic code matches and compliments the formulation.</p> <p>A group teaching session has also been delivered to junior doctors on writing formulations to further increase awareness and to help them improve their practice</p> <p>A re-audit will be undertaken in six months to assess the impact of these actions</p>
<p>Positive Behaviour Support Plans (PBS)</p> <p>This audit was conducted by the Learning Disabilities Behaviour Support Team.</p> <p>PBS plans provide a multi-component intervention that supports people with challenging behaviour through positive practices to reduce the frequency and severity of these behaviours and to improve the quality of their life.</p> <p>Each plan is comprehensive and covers eight different areas including medication but a patient’s likes and dislikes and detailed prevention strategies are the focus of the plan.</p> <p>The audit was designed to review a sample of PBS plans produced across different units to assess the quality of each plan and the overall standard across all Learning Disabilities services.</p>	<p>A workshop will be arranged for staff to improve the standard of PBS plans particularly focusing on post-crisis and reactive strategies.</p> <p>The Community Services Manager is to meet with lowest scoring team to discuss training and other issues staff may have, to improve the standard of PBS plans</p> <p>Similarly unit managers will meet with inpatient staff who did not score as well in the audit to discuss ways to improve the standard of their PBS plans</p> <p>The PBS audit tool is to be revised to measure how well person-centred language is used in behaviour support plans</p>

Title	Action taken/to be taken
<p>Health Visitors Recording the Ages and Stages Questionnaire</p> <p>All children in England are eligible for a development review around their second birthday, led by the local health visiting service. This is an opportunity to identify children who are not developing as expected and who may require additional support in order to maximise their learning and development so that they are ready for school by age 5. This development review is currently assessed using the Ages and Stages Questionnaire Third Edition (ASQ-3TM).</p> <p>This audit was undertaken by the Health Visitors' Team to ensure all children across its 5 locations receive the review and this is recorded.</p>	<p>The audit findings showed that all health visiting teams were recording 100% compliance.</p> <p>To assist health visiting teams to maintain 100% compliance, the case note audit will not be repeated but replaced through weekly reporting.</p> <p>This method will provide more effective monitoring throughout the year and the results will be reported to local commissioners on a quarterly basis.</p>
<p>The impact of dysphagia awareness training on everyday practice</p> <p>Dysphagia is the clinical term for swallowing difficulties. The identification and treatment of dysphagia in the learning disabilities population, to reduce the risk of early death and address health inequalities was highlighted in the Learning Disabilities Mortality Review (LeDeR) Report in 2018.</p> <p>This audit was undertaken by the Learning Disabilities Speech and Language Therapy Team.</p> <p>There is now one training package for staff used in all locations. This audit was designed to look at the scope and success of the new training package for future evaluation and service planning.</p>	<p>Training sessions will continue to be offered every 4-6 weeks in each location. Training data will be reported to the LD Training Manager to update the training database.</p> <p>Person-centred information and dysphagia demonstrations will continue to be included in clinical interventions with family carers which are home-based due to the low take-up of family carers accessing training. Training is still offered as another resource and option available.</p> <p>Incidents of dysphagia non-compliance to be linked to levels of training recorded for residential care providers or individual family intervention episodes.</p> <p>Audit data collection, team data, training attendance and outcomes will continue to be recorded for future evaluation and monitoring. Audit data collection will be revised and re-audited in 2020.</p>

Clinical Audit improvement action plans are monitored by four divisional quality and safety groups that cover Trust services, each quality and safety 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 Research and Innovation Department also offer good clinical practice training free for anyone who would like to get more involved and all staff and service users are welcome from across the Trust.

The Trust is a member of Clinical Research Network West Midlands. This collaborative approach enables the Trust to participate in national large-scale research projects to improve our clinical practice and the quality of care we offer to patients as well as contribute to the wider health economy.

Research and Innovation: Studies

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



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.

PPiP2 – reviewing the prevalence of pathogenic antibodies in first episode psychosis.

An innovative study looking into immune system differences in psychosis

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.

Molgen – to understand the mechanisms of adverse drug reactions. To learn about particular functional chemical groups which predispose to toxicity, and thereby provide important lessons for more rational drug design in the future;

A study running until 2120

Thrive to work - a trial of new services to improve health and work outcomes for participants out of work/interrupted work due to mental health issues.

Investigating support mechanisms for citizens who have long-term health problems or disabilities.

Cope – A study evaluating an on-line support intervention for carers of individuals affected by psychosis, in promoting carers' mental wellbeing.

The study is hoping to gain essential knowledge and coping-strategies to support the service users in their caring role

EMHeP – Investigating into such things as the process by which MH Trusts decide how their scarce resources, such as staff, should be used in the production of mental healthcare outputs.

How much do MH Trusts vary with respect to cost and quality?

National Centre for Mental Health (NCMH) - To better understand the causes, triggers and course modifiers of mental disorders.

A study conducted by the National Centre for Mental Health (NCMH) is a Welsh Government funded Research Centre.



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 or Late Onset Alzheimer's Disease and their relatives.

Assistive Technology - This project aims to determine current practice of professionals working in memory services in the provision of information on, And access to, AT for families living with dementia

Assistive Technology (AT) could potentially support people with dementia to live independently.



Impact of CYP Care Plan – To understand the perceptions, experiences and impact of the of the Child and Young Person's Advance Care Plan on young people, parents and healthcare professionals in order to inform improvements in supportive and palliative care.

Findings will be used to develop a theoretically informed improvement strategy.



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!

The number of patients receiving NHS services provided by Black Country Partnership NHS Foundation Trust that were recruited up to 31 December 2018 to participate in research approved by a research ethics committee was 234. This information was produced independently of the Trust by Clinical Research Network West Midlands, part of the National Institute for Health Research.

3.5.4 Goals agreed with Commissioners



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 2018/19 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 6 and 7 below:-

Table 6: CQUIN Schemes 2018/19

Table 7: CQUIN Schemes 2017/18

2018/19			2017/18			
CQUIN Scheme	Value	Achieved	CQUIN Scheme	Value	Achieved	
Staff Health & Wellbeing: Introduction of health and wellbeing initiatives	160,346	This Information will not become available until the end of the financial year and will be included in the final report	Staff Health & Wellbeing: Introduction of health and wellbeing initiatives	£159,973	£65,001	
Staff Health & Wellbeing: Healthy food for NHS staff, visitors and patients	160,346		Staff Health & Wellbeing: Healthy food for NHS staff, visitors and patients	£159,974	£159,974	
Staff Health and Wellbeing: Improving the uptake of flu vaccinations for frontline staff	160,828		Staff Health and Wellbeing: Improving the uptake of flu vaccinations for frontline staff	£160,436	£160,436	
Improving services for people with mental health needs who present to A&E	334,123		Improving services for people with mental health needs who present to A&E	£335,247	£335,247	
Personalised care and support planning for children with long-term conditions	201,996		Personalised care and support planning for children with long-term conditions	£148,789	£148,789	
Recovery College for medium and low secure patients	21,790		Recovery College for medium and low secure patients	£21,768	£21,768	
Reducing restrictive practices within adult low and medium secure services	50,843		Reducing restrictive practices within adult low and medium secure services	£50,792	£50,792	
Improving physical healthcare: to reduce premature mortality in people with serious mental illness	267,298		Improving physical healthcare: to reduce premature mortality in people with serious mental illness	£268,199	£235,727	
Improving physical healthcare: Collaboration with primary care clinicians	66,824		Improving physical healthcare: Collaboration with primary care clinicians	£67,049	£58,422	
Preventing ill health by risky behaviours – alcohol and tobacco	334,123		Preventing ill health by risky behaviours – alcohol and tobacco	£335,246	£270,192	
Transitions out of Children and Young People's Mental Health Services (CYPMHS)	334,123		Transitions out of Children and Young People's Mental Health Services (CYPMHS)	£335,247	£334,542	
Total Financial Value	£2092,640			Total Financial Value	£2,042,720	
Total Amount Achieved	to be included in the final report			Total Amount Achieved	£1,840,890	

Further details of the agreed goals for 2018/19 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 2018 - 31 December 2018.

Black Country Partnership NHS Foundation Trust has participated in one national review by the Care Quality Commission relating to the following area during the period 1 April 2017 - 31 December 2018:

The use of restraint, prolonged seclusion and segregation in settings for people who may have mental health problems, a learning disability and/or autism

The CQC do not expect to publish the full findings of the review with recommendations until March 2020. Following publication of the report, Black Country Partnership NHS Foundation Trust will take appropriate action to address the conclusions or requirements reported by the CQC.

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 2018/19 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, will not become available until after 31 March 2019 and will be included in the final report. Tables 8 and 9 below provide the results from previous years.

Table 8: NHS Number

NHS Number	2014/15	2015/16	2016/17	2017/18	2018/19
Admitted Patient Care	98.6%	99.0%	99.6%	99.2%	
Outpatient Care	100%	99.6%	99.8%	99.7%	

Table 9: General Practice Medical Code

General Practice Medical Code	2014/15	2015/16	2016/17	2017/18	2018/19
Admitted Patient Care	99.9%	99.9%	100%	100%	
Outpatient Care	100%	100%	100%	100%	

3.5.6.2 Data Security and Protection 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.

In April 2018, the Information Governance Toolkit was replaced by the Data Security and Protection Toolkit. This new toolkit is an online self-assessment tool that all organisations must use if they have access to NHS patient data and systems. The online self-assessment tool enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards, to provide assurance that they are practising good data security and that personal information is handled correctly.

Black Country Partnership NHS Foundation Trust's Data Security and Protection Assessment Report overall score will not become available until after 31 March 2019 and will be included in the final report.

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. These codes are taken from the International Classification of Diseases 11th Revision or ICD-11, the internationally recognised standard for the classification of diseases. 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 that audit will not become available until after 31 March 2019 and will be included in the final report. Table 10 below provides the results from previous years.

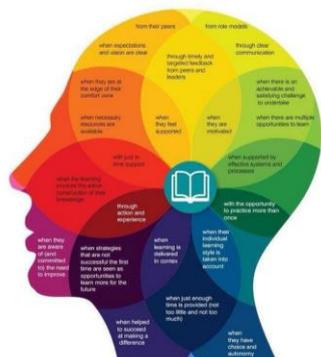
Table 10: Clinical Coding Error Rate

Clinical Coding	2014/15	2015/16	2016/17	2017/18	2017/18
Primary diagnosis coding incorrect	6%	0%	4%	6%	
Secondary diagnosis coding incorrect	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 set out the actions to improve data quality following the results of this year's audit and they will be included in the final report.

3.5.7 Learning from Deaths



Learning from deaths can help providers improve the quality of care they provide to patients and their families. The Trust has an established multi-disciplinary Mortality Review Group, led by the Medical Director to ensure all deaths are reviewed appropriately. The Trust produces and publishes information on deaths for every quarter throughout the year.

During the period 1 April to 31 December 2018, 247 of Black Country Partnership NHS Foundation Trust's patients died of which 212 had a severe mental illness and 35 were people with learning disabilities.

This comprised the following number of deaths which occurred in each quarter of that reporting period:

72 in the first quarter of which 64 had a severe mental illness and 8 were people with learning disabilities

83 in the second quarter of which 72 had a severe mental illness and 11 were people with learning disabilities

92 in the third quarter of which 76 had a severe mental illness and 16 were people with learning disabilities

By 31 December 2018, 0 case record reviews and 14 investigations had been carried out in relation to 14 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 5 in the first quarter, 5 in the second quarter and 4 in the third quarter.

NHS Improvement in their publication 'Detailed Requirements for Quality Reports 2018/19' 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 yet 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.

On 26 November 2018, the Royal College of Psychiatrists published a mortality review tool for use by mental health services on how they should 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 tool allows explicit judgements around a patient's care to be made, with a score given for each phase of care. The aim of the tool is to make it possible for trusts to screen all deaths of patients in contact with mental health services and, through thematic analysis of a number of completed forms, to determine areas of good care and to recognise areas where care can be improved

The Royal College of Psychiatrists have indicated there is no central training resource available to roll out training in how their guidance can best be used by mental health trusts across the country and to spread learning from it both locally and nationally. They are continuing to pursue funding for training with NHS England and other national bodies and will update mental health trusts on progress during 2019.

3.6 Reporting against Core Quality Indicators



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

The list of indicators required by NHS Improvement to be disclosed in this section of the quality report are unchanged from last year. Table 11 below provides a summary of these indicators. A more detailed explanation and analysis of each indicator is set out afterwards.

Table 11: Summary of Core Quality Indicators 2018/19 as at 31.12.18

Indicator	Target	Achieved
Patients on Care Programme Approach followed up within 7 days of discharge from psychiatric inpatient care	95%	97.1%
Admissions to inpatient services that had access to the crisis resolution team prior to admission	95%	97.7%
Patients aged 16 years or over re-admitted to hospital within 28 days of discharge	<15.3%	12.5%
Patient experience of community mental health services	71%	71%
Patient safety incidents and the percentage that resulted in severe harm or death (there is no specific target, the target is taken to be the national average)	1.1%	0.3%

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. Black Country Partnership NHS Foundation Trust considers that this data is as

described in Table 12 below for the following reasons:-

- this information has been published independently by NHS England (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 12: Percentage of patients followed up within 7 days of discharge as at 31.12.18

Reporting Periods	National Target	BCPFT achieved*	BCPFT achieved	National Average	Highest Trust	Lowest Trust
Qtr. 4 January - March 2019	95%	The results for this quarter will be included in the final report				
Qtr. 3 October - December 2018	95%	97.7%	98.5%	95.5%	100%	81.6%
Qtr. 2 July - September 2018	95%	98.3%	98.4%	95.7%	100%	83.0%
Qtr. 1 April - June 2018	95%	94.8%	94.5%	95.8%	100%	73.4%

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 reminding staff to refer to 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 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 the first three quarters of 2018/19.

Black Country Partnership NHS Foundation Trust considers that this data is as described in Table 13 below for the following reasons:-

- the information below has been published independently by NHS England (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 13: Percentage of Admissions to psychiatric inpatient wards via Crisis Teams as at 31.12.18

Reporting Periods	National Target	BCPFT achieved*	BCPFT achieved	National Average	Highest Trust	Lowest Trust
Qtr. 4 January - March 2019	95%	The results for this quarter will be included in the final report				
Qtr. 3 October - December 2018	95%	96.5%	96.5%	97.8%	100%	78.8%
Qtr. 2 July - September 2018	95%	99.2%	98.4%	98.4%	100%	81.4%
Qtr. 1 April - June 2018	95%	98.2%	98.2%	98.1%	100%	85.1%

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

- 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 14 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 14: Re-admissions within 28 days as at 31.12.18

Reporting Periods	Local Target	BCPFT Achieved
Qtr. 4 January - March 2019	<15.3%	The results to be included in the final report
Qtr. 3 October - December 2018	<15.3%	9.7%
Qtr. 2 July - September 2018	<15.3%	14.3%
Qtr. 1 April - June 2018	<15.3%	13.6%

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

- ensuring that discharge planning and community treatment following discharge are kept under continual review so that re-admissions are avoided wherever possible

3.6.4 Patient experience of community mental health services



Community mental health services provide care and treatment for people in the community who have complex or serious mental health conditions. Every year, the Care Quality Commission 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 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.

In 2017 the annual questionnaire was sent to people receiving community mental health services to obtain their views about 56 mental health providers across the country and over 12,500 people responded, a response rate of 28%. 827 questionnaires were sent out to people receiving community mental health services from Black Country Partnership NHS Foundation Trust and 220 responses were received, a return rate of 27%. The results of the survey were published in 2018.

For this quality indicator, NHS Improvement chose one particular aspect of the survey, the results of service users' experience with a health or social worker and their response to the following questions:

Q5. Were you given enough time to discuss your needs and treatment?

Q6. Did the person or people you saw understand how your mental health needs affect other areas of your life?

Black Country Partnership NHS Foundation Trust considers that the data is as described in Table 15 below for the following reasons:-

- the community mental health survey is commissioned externally by the Care Quality Commission
- the results of the survey are produced and published independently of the Trust
- there is no target for this indicator so the Trust's performance is measured against the national average of the fifty-six providers that took part in the survey.

Table 15: Service users' experience of contact with a health or social care worker

Questions asked in the survey	National Average	BCPFT achieved	Highest Trust	Lowest Trust
Were you given enough time to discuss your needs and treatment?	73.7%	72.1%	80.0%	61.3%
Did the person or people you saw understand how your mental health needs affect other areas of your life?	69.6%	70.5%	74.5%	56.5%
Aggregated score for this indicator	71.6%	71.3%	77.2%	58.9%

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

- continuing to obtain service users' views on how frequently they feel they need to see someone from community mental health services
- offering service users a range of communication methods to suit their particular needs e.g. a text messaging service
- adopting a flexible person-centred approach wherever possible to meet the needs of individual service users so they always have the opportunity to be involved in decisions about what care they will receive
- developing better links with GPs to improve services between primary and secondary care

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 16 and 17 below for the following reasons:-

- incident data is produced and published independently of the Trust by NHS Digital
- they offer a comparison of the Trust's performance against fifty-two other mental health providers across England
- the information provided covers the period 1 April 2017 – 31 March 2018 as more current data was not available from NHS Digital
- the highest and lowest trusts reporting the total number of incidents for the period will be different to the highest and lowest trusts reporting the number of incidents resulting in severe harm and death
- 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 16: 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 No. of Reported Incidents	Reporting Rate per 1000 bed days	No. incidents 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%

Table 17: Patient safety incidents resulting in severe harm or death Oct 17 – Mar 18

Reporting period: 1 October 2017 - 31 March 2018				
Patient safety incidents that resulted in severe harm or death	Total No. of Reported Incidents	Reporting Rate per 1000 bed days	No. incidents resulting in severe harm or death	% resulting in severe harm or death
Black Country Partnership	1,439	49.4	4	0.3%
National Average	3,207	47.4	36	1.1%
Highest Trust	1,965	37.6	86	4.3%
Lowest Trust	1,808	35.8	2	0.1%

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

- Incidents of disturbed behaviour resulting in violence and aggression currently account for between 40%-60% of all incidents reported by staff. The Trust has established a reducing violence and aggression group to oversee a trust-wide action plan and to monitor a range of patient safety measures including 'safewards', positive behaviour support and person-centred physical intervention plans.
- Staff on older adult mental health wards are currently taking part in a national NHS Improvement falls initiative to reduce the number of falls in the older adult in-patient population
- In 2019, the Trust will be part of a national zero inpatient suicide initiative by NHS England and will develop plans to meet this ambition.
- 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 our local commissioners and regulators to learn lessons to prevent the likelihood of recurrence of harm

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.



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 years are provided for each indicator where applicable to give greater context, and where possible, data provided from an independent source has been used.

Table 18 below provides a summary of these indicators. The results of our performance against all nine indicators are set out afterwards.

Table 18: Summary of Local Quality Indicators 2017/18

Domain	Indicator
Patient Safety	▪ Managing Self-harm
	▪ Patient Safety Thermometer
	▪ Managing clinically related challenging behaviour
Clinical Effectiveness	▪ Infection Prevention and Control
	▪ Medicines Management
	▪ Influenza Vaccination Programme
Patient Experience	▪ Complaints
	▪ Friends and Family Test
	▪ Patient Led Assessments of the Care Environment (PLACE)

3.7.1 Patient Safety

3.7.1.1 Managing Self-harm



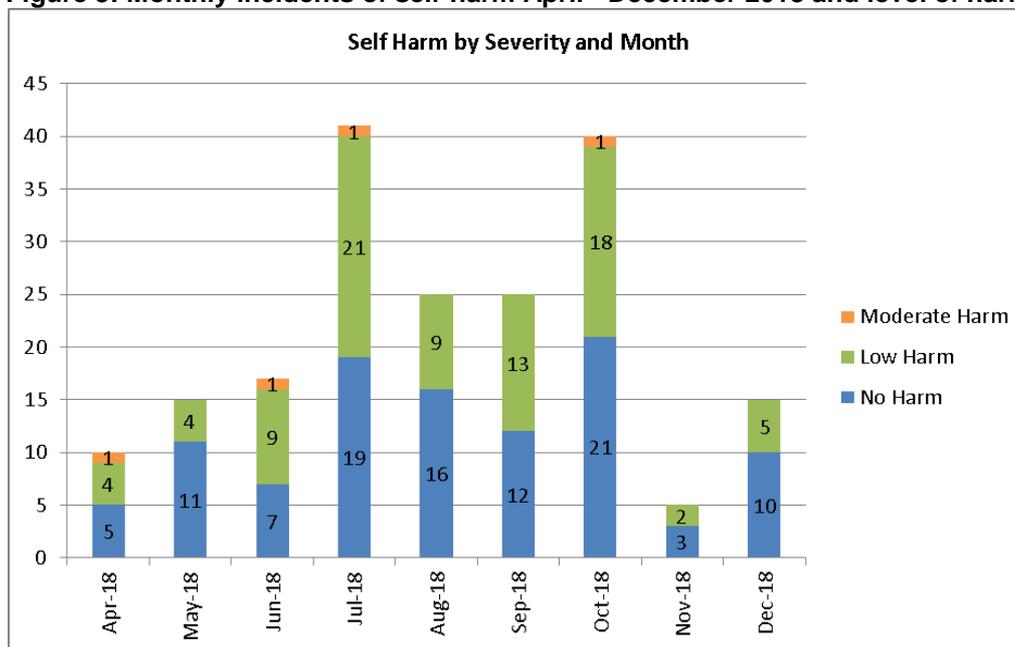
Self-harm is a broad term to describe behaviour associated with a range of other symptoms and psychological disorders which results in acts that cause personal harm. Patients who engage in self-harm behaviour do so for a range of different reasons including, as a demonstration of anger, a way of finding 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 to facilitate monitoring and analysis. In last year’s report, we provided an analysis of the levels of self-harm that occurred across all inpatient psychiatric wards to understand why there were notable differences in the rates of self-harm incidents across these wards. The analysis showed that one ward accounted for more than half of all incidents and more than the other eight wards combined.

We decided to investigate further into the reasons why this particular ward had higher rates of self-harm. The investigation included the levels of harm suffered by patients, the methods they used to self-harm and whether their mental health condition was a significant factor. Figure 3 below shows the monthly incident rate of self-harm together with the levels of harm.

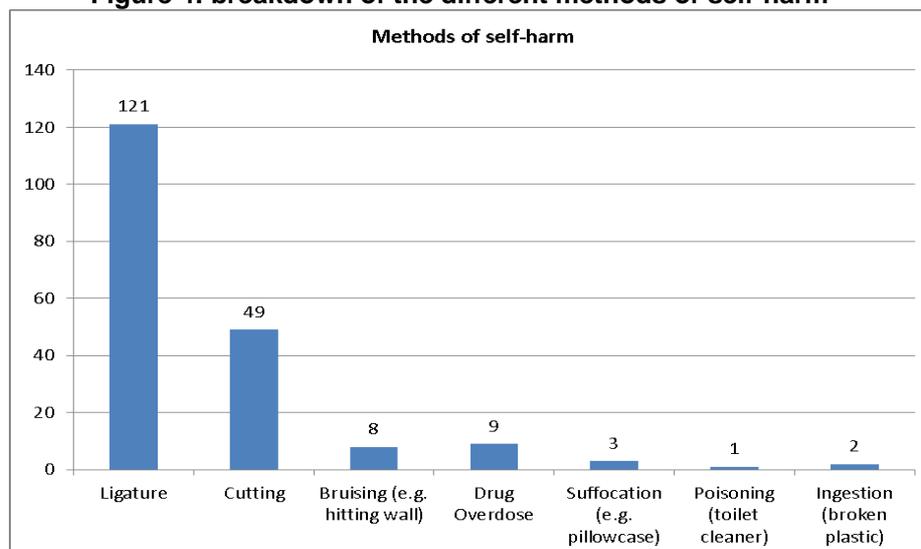
Figure 3: Monthly incidents of self-harm April - December 2018 and level of harm



This analysis showed that although the incidence of self-harm was high, the level of harm experienced by patients was categorised as either low or no harm. There were no incidents of serious harm and two incidents that were classified as moderate harm which required more than a minimal intervention. The majority of incidents (71%) were reported during observations or by a patient informing staff either verbally or by using the nurse call system. This would indicate that patients do not hide their self-harm behaviour from staff which enables staff to manage this more safely than when it is hidden.

Figure 4 below provides a breakdown of the different methods used to self-harm. The majority of self-harm incidents were by unsuspended ligature and the usual method was by use of clothing or hospital linen.

Figure 4: breakdown of the different methods of self-harm



The investigation revealed there are a number of issues that appear to be unique to this ward. Firstly, it is a 16 bed female psychiatric ward and historically admissions to the ward have contained a number of patients with a diagnosis of personality disorder, in particular emotionally unstable personality disorder. This diagnosis is characterised by an inability to manage emotions and by displaying mal-adaptive coping mechanisms such as self-harm. The high levels of patients with this diagnosis offers some understanding as to the high levels of self-harm displayed.

The numbers of patients admitted to the ward with emotionally unstable personality disorder has significantly increased over the past two years. Table 19 below reveals that 7 patients were responsible for 91% of the self-harm incidents recorded between April and December 2018. The table also shows their care cluster allocation where a score of 8 is indicative of a diagnosis of personality disorder.

The allocation of a care cluster is a clinically informed decision based upon an assessment of the patient's need. The clinician will match these needs with the most appropriate level of care and intervention which is defined within that care cluster and associated care pathway

Table 19: Incidents of self-harm by patient

Patient	Care Cluster	No. of Incidents
1	8	42
2	8	33
3	8	30
4	8	18
5	8	18
6	8	18
7	8	16
8	8	5
9	8	4
10	–	3
11	–	2
12	–	1
13	–	1
14	–	1

Patient	Care Cluster	No. of Incidents
15	–	1
Total		192

The Trust does not have a female psychiatric intensive care unit (PICU) or ready access to one for these female patients. PICUs are designed to look after patients who cannot be managed within open psychiatric wards due to the level of risk the patient poses to themselves or others. Accessibility to female psychiatric intensive care units has been a challenge throughout this period due to limited availability in other units, often many miles away in another part of the country. Consequently, there were occasions when patients that should have been managed in a PICU either for self-harm or anti-social behaviour continued to be managed on this ward.

In order to manage patients with emotionally unstable personality disorder and therefore self-harm risk effectively it is important that there is a co-ordinated and consistent approach from the multi-disciplinary team. The ward operates with six consultant psychiatrists inputting into the ward and any difference in approach to managing personality disorder and self-harm does not support a consistent approach to management of this patient group.

A number of actions have been taken to improve the management of self-harm on the ward including:

- 4 bedrooms have been set aside for the use of high-risk patients. These rooms have moulded fittings that reduce ligature risks and they are closest to the nursing office and communal areas for ease of observations
- Matron 'on the floor' time is embedded weekly to support the management of high risk patients including patient centred, individualised care plans linked to risk assessments
- Reintroduction of group psychological intervention for managing emotions inpatient groups
- Reflective practice groups for staff already take place weekly on the ward and the ward psychologist will establish an additional group to discuss high risk / more challenging patients
- The ward is taking part in a Health Education England quality improvement programme on the management of self-harm through the introduction of updated self-harm guidelines aligned to the latest national guidance and best practice
- The Trust is part of a Black Country-wide personality disorder pathway group with Dudley and Walsall Mental Health Partnership NHS Trust. One of the focuses of this group is to produce an agreed, multi-disciplinary shared protocol and implementation plan for the management of personality disorder.



Staff continue to 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 them to build trust and ventilate their feelings so they are more likely to talk to staff first before they self-harm.

Our patient safety team will continue to monitor all incidents of self-harm and investigate any rise in the number of incidents.

3.7.1.2 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 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 to the end of December 2018. NHS Improvement publishes the information in Tables 20 and 21 below independently of the Trust.

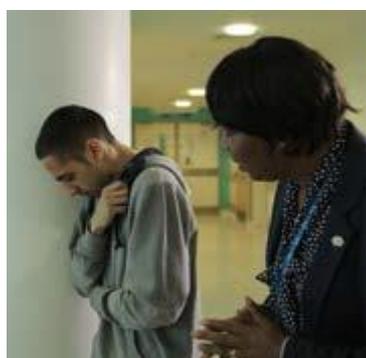
Table 20: Patients 'harm free' in 2018/19 as at 31.12.18 (Data supplied by NHS Improvement)

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients	164	158	158	154	158	156	156	150	150			
% of Patients that were harm free	98.0%	98.7%	97.1%	99.1%	100%	100%	100%	99.4%	98.8%			
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%			

Table 21: 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%

3.7.1.3 Managing clinically related challenging behaviour

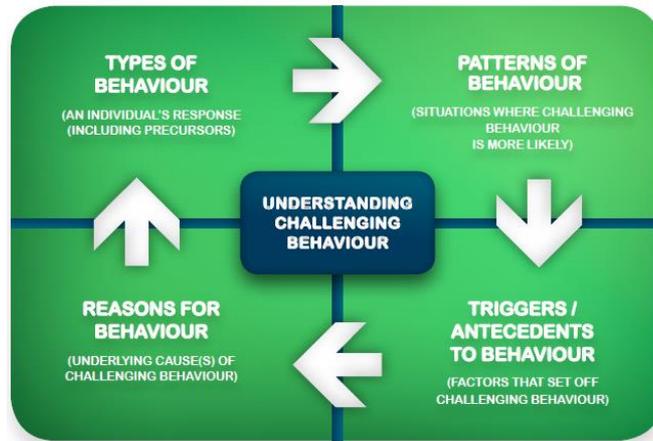


Clinically related challenging behaviour is common in inpatient psychiatric settings and is defined as any non-verbal, verbal or physical behaviour which makes it difficult to deliver good care safely. It can include grabbing, biting, scratching, punching, kicking and self-harm. If this behaviour is left unchecked, it can pose a significant risk to the safety of that person, other patients and staff.

Immediate management of patients outwardly exhibiting challenging behaviour is necessary to ensure they are kept safe at times when they may be especially vulnerable due to an incomplete or distorted perception of their surroundings.

Before an effective management plan can be put in place to manage challenging behaviour, it is important to understand why the patient's behaviour is disturbed. There is always a cause of clinically related challenging behaviour even if it is not evident at the time. Patients are often in an unfamiliar setting, are not feeling well and may be frightened.

Multi-disciplinary ward teams can then incorporate preventive strategies into the patient’s care plan that include avoiding factors or triggers that will exacerbate disturbed behaviour and early warning systems to identify when patients are most likely to become agitated. Good communication is an important part of managing challenging behaviour to de-escalate the situation, calm the patient down and reduce distress and anxiety.

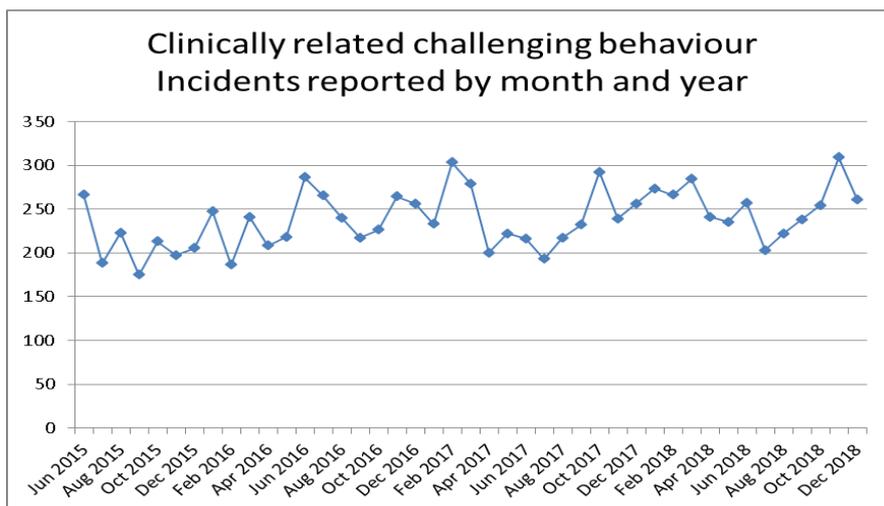


The Trust follows the National Institute for Health and Care Excellence recommendations for all health organisations to give staff training in de-escalation, which includes:

- recognising the early signs of agitation, irritation, anger and aggression;
- understanding the likely causes of aggression or violence;
- techniques for distraction and calming, and ways to encourage relaxation;
- recognising the importance of personal space;
- responding to a patient’s anger in an appropriate, measured and reasonable way to avoid provocation.

Figure 5 below charts the number of incidents of clinically related challenging behaviour by month over recent years.

Figure 5: Incidents of clinically related challenging behaviour



The numbers of incidents of clinically related challenging behaviour have not decreased significantly over this time period but there are legitimate reasons to explain why this has not happened.

While difficult to evidence, front line clinicians consider that inpatient wards take a higher proportion of patients who present with more complex and challenging symptoms than in previous years as the demand for mental health services increases among the general population.

These figures are unable to represent the individual journey of each patient. As each patient progresses to discharge, their behaviour and well-being will improve accordingly and the number of incidents involving them will reduce. Conversely, new patients admitted to inpatient units will generate more incidents of clinically related challenging behaviour than those they have replaced until they have adapted to their new surroundings and responded to their care and treatment regime.

The Trust remains committed to reducing the number of incidents of clinically related challenging behaviour wherever possible. In last year's report, we explained how 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 has continued to examine ways and initiatives that could help to improve this aspect of care. A trust-wide Quality Improvement Summit was held on the theme of violence and aggression to which front-line staff, senior clinicians and managers were all invited. 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. A quality improvement plan is in place to drive initiatives forward which include the implementation of 'safe wards', security training, 'See, Think, Act' training, and staff debriefing following incidents.



The Trust is also collaborating with NHS Improvement on national patient safety initiatives to reduce challenging behaviour and incidents of violence and aggression.

3.7.2 Clinical Effectiveness

3.7.2.1 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 22 below shows our performance.

Table 22: Alert Organisms as at 31.12.18

Year	MRSA Bacteraemia	E Coli Bacteraemia	MSSA Bacteraemia	Clostridium Difficile
2018/19	0	0	0	0
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 23 below.

Table 23: Diarrhoea and Vomiting Cases as at 31.12.18

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
2018/19	9	1	4		
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 24 below shows our performance:

Table 24: No. of Outbreaks of Serious Infection Illness as at 31.12.18

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2018/19	1	0	0	
2017/18	0	0	0	1
2016/17	0	0	0	0
2015/16	0	0	0	0

The 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.

In quarter one there was an outbreak of Group A Streptococcal Infection. This bacteria is commonly found in the nose and throat where carriage is generally harmless. However in some cases this bacteria is able to enter the blood stream if someone has a break in skin integrity. The bacteria can then cause a clinical infection. As a result of a positive blood culture in one patient screening of all other patients on the ward was carried out. One other patient was found to be colonized with the same bacteria. 4 members of staff were symptomatic with sore throats and were excluded from the workplace whilst receiving a course of antibiotics.

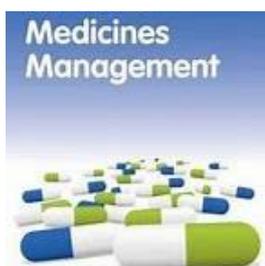
In the case of possible or confirmed outbreaks, specific actions are taken in order to try to contain such infections and minimise the risk to patients, staff and visitors.

- Closure of affected ward to stop the spread of the outbreak until all patients and staff are symptom free for at least 48 hours. In this case the affected ward was closed for a period of 14 days
- 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 and visitors, before meals, after toileting, before and after any patient/environment contact and before entering and leaving the ward – using soap & water

On resolution of the outbreak, surveillance was continued for a further 30 days and no other symptomatic patients or staff were identified during this period.

3.7.2.2 Medicines Management

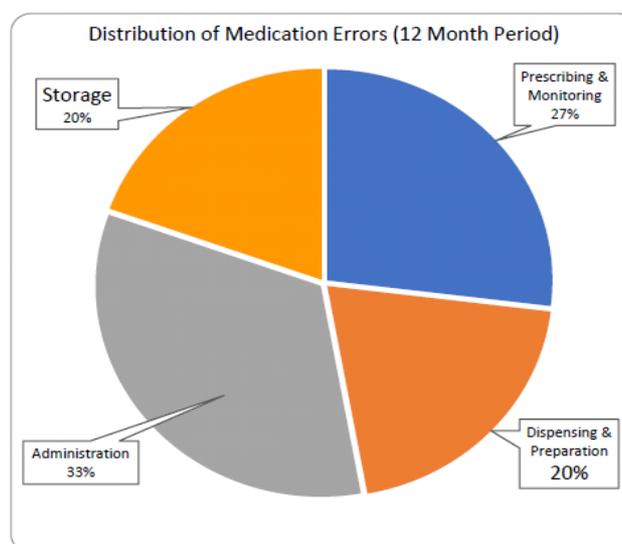


Medicines are a central component in the delivery of high quality healthcare for patients. Medication is the most common medical intervention within the NHS and particularly within mental health services. The high volume and complexity of prescriptions administered in mental health trusts presents a considerable challenge to ensure that this high risk activity is managed effectively all the time.

Whilst every care is taken by staff and the organisation, errors involving medicines do happen. All medication incidents are reported on the Trust's electronic incident reporting system and collated centrally. This provides clinical managers and modern matrons with the information to monitor the seriousness, the frequency and the areas where errors occur and to intervene with enhanced training programmes for staff.

Figure 6 below provides a breakdown of the categories of medication errors that occurred over a twelve month period.

Figure 6: Categories of Medication Incidents



The ratio of storage incidents is normally low but there was an increase over the summer months of 2018 due to the unusually high temperatures during this period which made it more difficult to store medicines at the correct temperatures. Additional temperature checks were introduced to monitor this more frequently.

Figure 7 below shows a breakdown of the level of harm patients experienced when an error occurred. The breakdown evidences that the level of harm from medication incidents remains consistently low across all services.

Figure 7: Level of harm from medication incidents

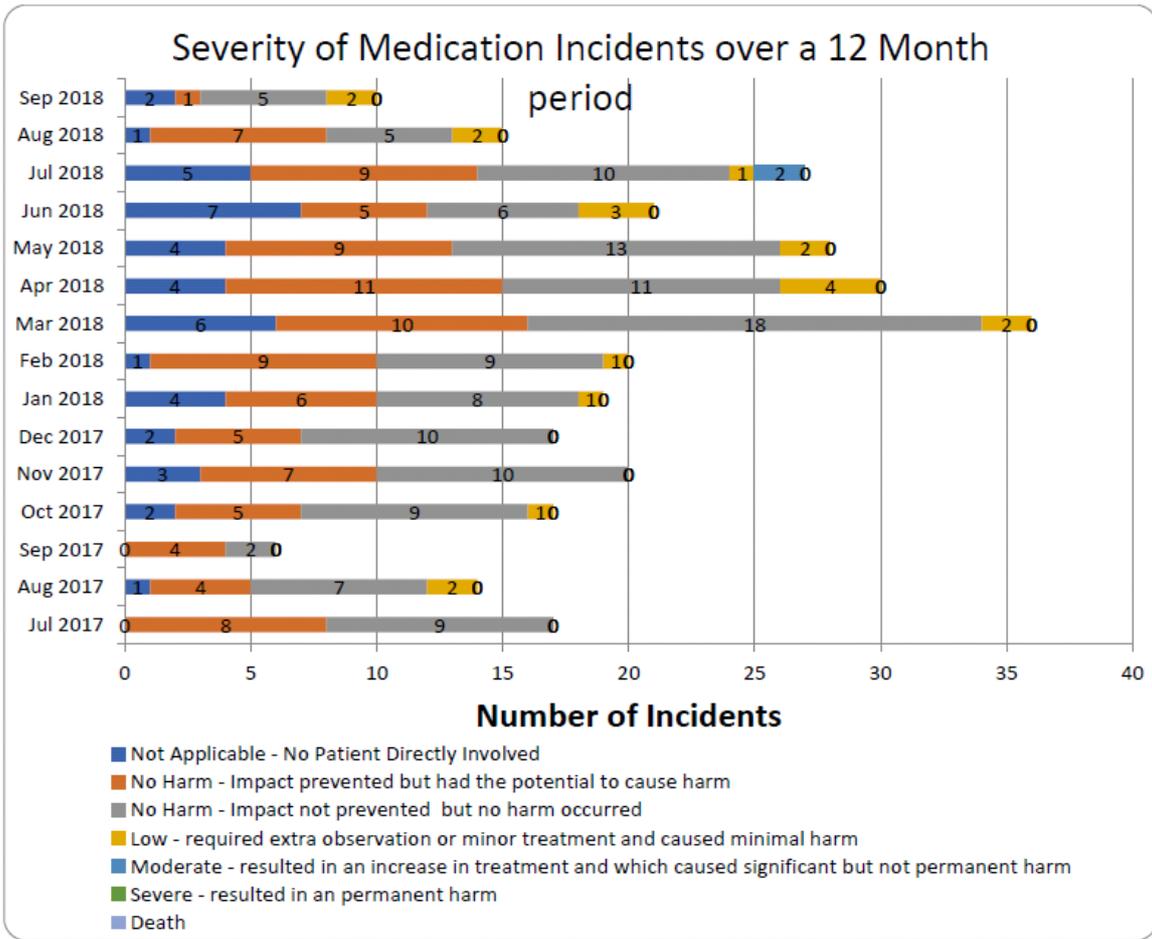
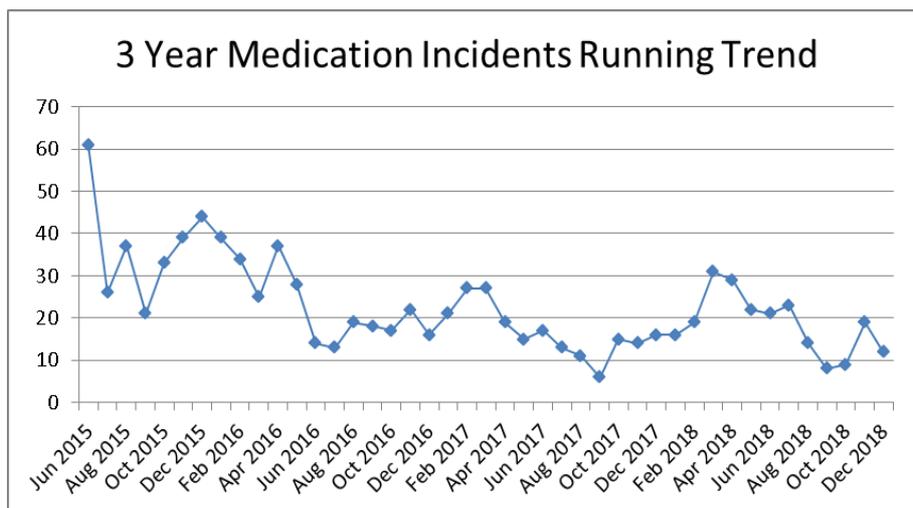


Figure 8 below shows the numbers of medication errors reported over the last three years. From a high point in 2015 when just over 60 incidents were reported each month this had fallen to around 10 per month by December 2018

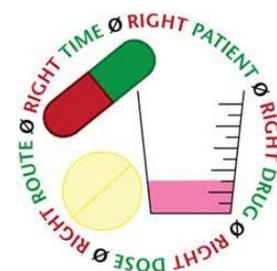
Figure 8: Medication Incidents over the last three years



Studies show that mistakes happen because the safeguards and defences intended to prevent medication errors from happening are inadequate or fail. This reduction is the result of a lot of hard work by staff which together with a number of initiatives and safeguards the Trust has put in place are producing positive results. They include:

Medicines management requires staff who undertake this important task to be suitably trained and to work to the required standard. Medicines management is an important element of training to become a health professional such as a doctor, nurse or pharmacist and when they qualify they are regulated and bound by the professional standards of their regulatory body.

The Trust promotes an open reporting culture, and this is encouraged at all levels in order that staff and the organisation can learn from all incidents that are reported. Much effort has gone into and continues to go into ensuring that staff are supported where relevant to improve their understanding and prevent the avoidable repeating of errors.



The Trust has a dedicated pharmacy team led by a Chief Pharmacist to advise and support front line staff. The introduction of matrons to provide additional experience and expertise across all services. The diligence of Matrons' prescription audits continues to drive health reporting and reduce the level of harm combined with the regular scrutiny of medication processes by the clinical pharmacy teams.

There are a range of policies and procedures in place to guide staff. The Trust has an established Medicines Management Committee led by the Medical Director to oversee the effective management of medicines across all services. The Trust is a member of the Prescribing Observatory for Mental Health (POMH-UK) which aims to help specialist mental health trusts improve their prescribing practice. The project is managed by Royal College of Psychiatrists and is funded by subscriptions from member organisations.

3.7.2.3 Influenza Vaccination Programme



Cutting the number of flu infections among our frontline healthcare staff is paramount as they have the greatest exposure to vulnerable people such as the elderly and the very young. The best way to do this is to make sure they are vaccinated.

In February 2018, the Medical Directors of NHS England and NHS Improvement wrote to all Trusts to request that the Quadrivalent (QIV) vaccine be made available to all healthcare workers for the winter of 2018/19. This vaccine offers better protection against the circulating strains than the previous vaccine. The Trust has followed this recommendation and all staff were offered the QIV for the 2018/19 season.

The Trust has once again run its flu fighter campaign to increase vaccination levels among our healthcare staff to help keep them and those around them healthy during the winter months.

Planning began well in advance for this year's flu vaccinations with the following actions:

- Monthly seasonal flu planning meetings commenced in May 2018 to complete all the necessary actions to ensure the vaccine was made available from 1 October 2018 through to the end of February 2019, taking into consideration lessons learned from the previous year's campaign.
- 16 peer vaccinators attended a flu vaccination training day and completed competency assessments to enable them to assist the infection prevention and occupational health teams in administering staff flu vaccinations.
- The seasonal influenza policy and the patient group directions were updated and approved (written instructions by which specific medicines can be supplied and administered without a doctor's individual prescription).



- The seasonal flu campaign was officially launched on 1 October 2018 and during the first month the flu vaccination tour bus visited the different sites across the Trust to make it easier for staff to receive their vaccination. In addition regular visits were made to locations in the evening and weekends.
- Each month a prize draw was held (for an extra day's annual leave) during the campaign, to provide an additional incentive for all staff to participate
- A competition was held for all of the peer vaccinators with the winner receiving an iPad to acknowledge all their extra work
- The Trust's electronic staff records system was again used to identify any teams, sites, or services where there was less uptake so extra effort could be directed to those areas. A new database was created to provide more accurate data using up to date staff record.
- As part of the incentive to encourage staff vaccination, the Trust is again helping children around the world by making a donation to UNICEF for their 'get a job, give a job campaign'.

Leading the way to receive her flu vaccine was Lesley Writtle our Chief Executive. Lesley said, "I think it's really important for staff to get their flu jab, not only to protect themselves and colleagues but of course to protect our vulnerable patients. It's really quick and painless too!"



Table 25 below shows the success of these initiatives and the progress made over the last four years encouraging staff to receive their influenza vaccination and the position for this year as at 31.12.18. Figures shown for previous years were those achieved by the end of the campaign which runs from 1 October to the end February for each season

Table 25: Staff Vaccination Rates as at 31.12.18*

Year	Number of vaccines given to frontline staff	% of staff vaccinated
2018-19	862	48.2%*
2017-18	1076	70.1%
2016-17	842	60.6%
2015-16	578	38.1%

Changes to the national reporting requirements for 2018/19 mean that each month the baseline number of staff must be adjusted to take into consideration frontline healthcare workers who start working with or leave a provider during the flu vaccination period. This figure also needs to include all bank and agency staff who work at least one shift for the Trust during the vaccination period.

Staff vaccinations will continue to the end of February 2019 and the closing percentage figure will be included in the final report.

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 26 below), the complaints we receive amounts to about 0.05% of all Trust activity.

Table 26: Total Trust Activity 2017/18

Type	Totals
Admissions	1,400
Outpatient appointments	27,834
Contacts with people in the community	313,784
Total Trust Activity	343,018

Table 27 below reflects the main themes where complaints arise in comparison to previous years based on locally produced information.

Table 27: Analysis of Complaints

Recurring Themes for Complaints	2013/14	2014-15	2015/16	2016/17	2017/18	2018/19*
Admission	1	1	2	2	0	0
Attitude of Staff	28	44	35	40	21	25
Care	65	42	56	34	46	28
Communication	11	8	15	11	15	13
Discharge	7	7	6	4	5	4
Information about the Trust	3	2	1	0	0	0
Medication	10	11	4	8	6	3
Mental Health Act	1	1	2	4	0	0
Outpatient Appointments	11	12	5	8	2	7
Personal Records (including medical)	1	1	3	3	3	1
Personal Safety	9	2	1	2	3	0
Transport issues	1	1	1	0	1	0
Total	148	132	131	116	102	81

*as at 31.12.18

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 for an independent review. During the period 1 April to 31 December 2018, the Trust received notification that three complaints had been referred to the Parliamentary Health Service Ombudsman for their consideration and they are all currently under review.

The Trust also collates and analyses all compliments received in respect of the services it provides. Table 28 below shows the same categories as complaints above and the number of compliments received for each of these categories during the period 1 April to 31 December 2018.

Table 28: Analysis of Compliments

Recurring Themes for Compliments	2018/19*
Admission	1
Attitude of Staff	100
Care	391
Communication	5
Discharge	0
Information about the Trust	1
Medication	0
Mental Health Act	0
Outpatient Appointments	1
Personal Records (including medical)	1
Personal Safety	0
Transport issues	0
Total	500

*as at 31.12.18

3.7.3.2 Friends and Family Test



The Friends and Family Test (FFT) is a national scheme introduced by NHS England. It demonstrates that we want people who use our services to have the opportunity to provide feedback on their experience. The scheme helps both providers and commissioners to understand whether patients are happy with the service provided or if improvements are needed.

The FFT 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. All answers are voluntary. The scheme 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.



We really appreciate 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 explained how we launched a new combined friends and family test and patient experience and involvement form, to enable our patients to give better feedback about our services. This feedback enables teams to make improvements that really matter to patients.

During the period 1 April to 31 December 2018, 1,161 patients responded to the Mental Health Services' Friends and Family test. A breakdown of their responses is shown in Figure 9 below.

Tell us how we did

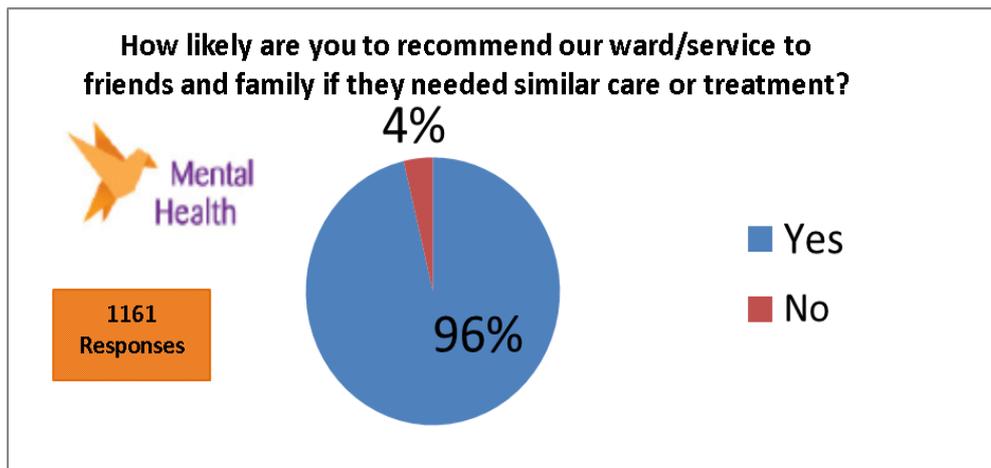
Help us improve services to make them better for everyone.



Would you recommend this service to friends and family? Have you got a compliment, concern or complaint for Patient Experience and Involvement Team - we want to hear from you!

If the format of this form is not suitable an alternative version can be downloaded or completed online <https://www.bcpft.nhs.uk/friendsandfamilytest/>

Figure 9: Friends and Family Test Mental Health Services



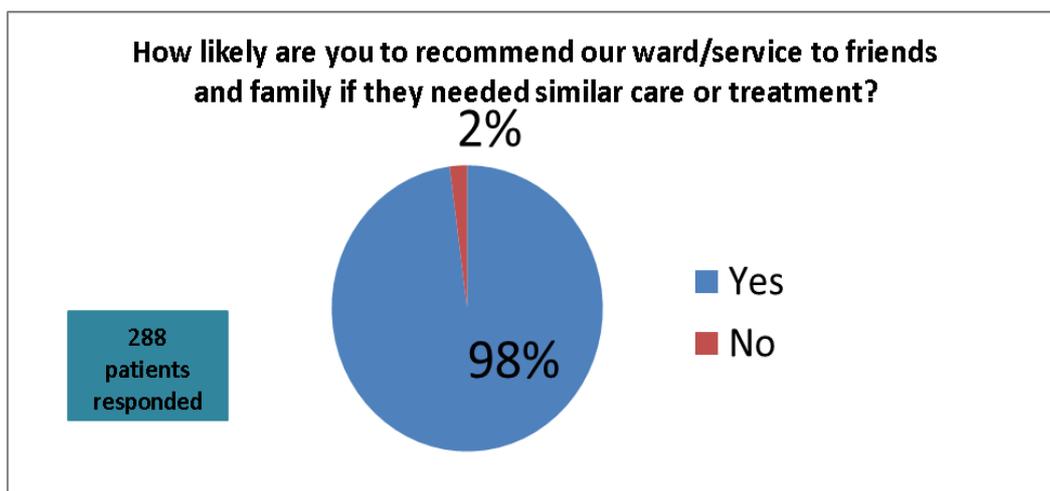
During the period 1 April to 31 December 2018, 23 patients responded to the Learning Disabilities' Friends and Family test. A breakdown of their responses is shown in Figure 10 below.

Figure 10: Friends and Family Test Learning Disabilities Service



During the period 1 April to 31 December 2018, 288 people responded to the Children, Young People and Families Friends and Family test. A breakdown of their responses is shown in Figure 11 below.

Figure 11: Friends and Family Test Children, Young People & Families



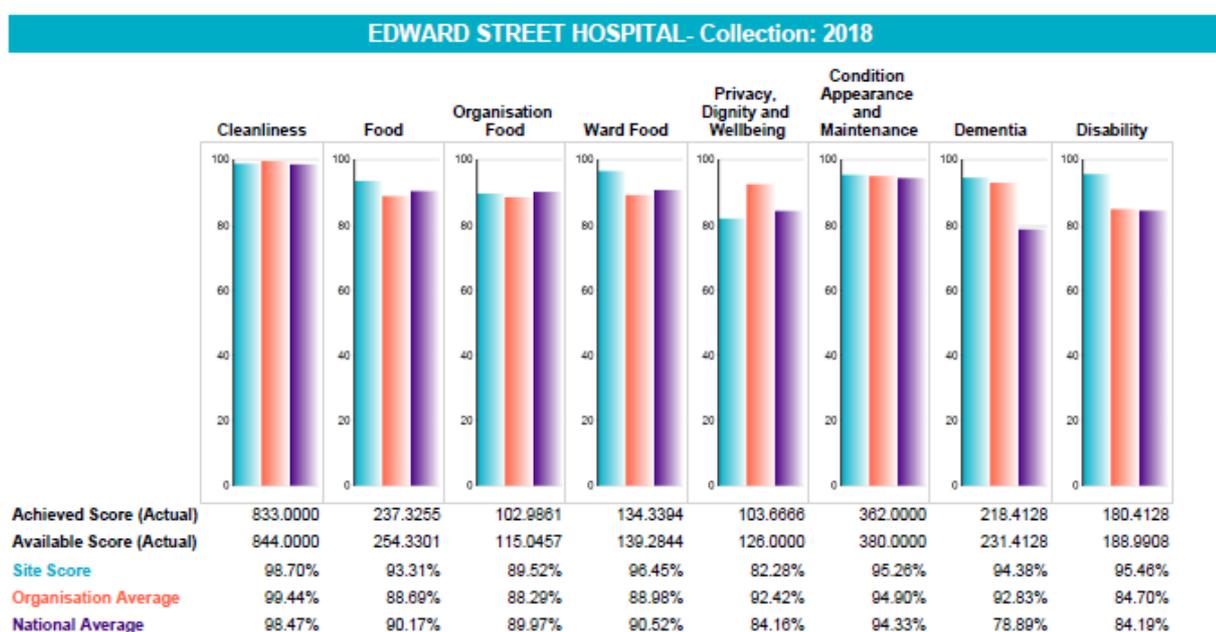
3.7.3.3 Patient-Led Assessments of the Care Environment (PLACE)

Patient Led Assessment of the Care Environment (PLACE) are self-assessments of a range of non-clinical services which contribute to the environment in which healthcare is delivered across Black Country Partnership NHS Foundation Trust.

The assessments are led by local people known as Patient Assessors, who visit our inpatient buildings with matrons, clinical team leaders, cleaning and catering staff, to assess how the environment supports the provision of clinical care. The inspection covers key areas of importance to patients such as privacy and dignity, food, cleanliness, general building maintenance and more recently the extent to which the environment is able to support the care of people with dementia. The inspections took place during April and May 2018 across the Trust's four main hospital sites

The results provided in the charts below were published 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 12 and 13: Edward Street Hospital - 2018 PLACE Results



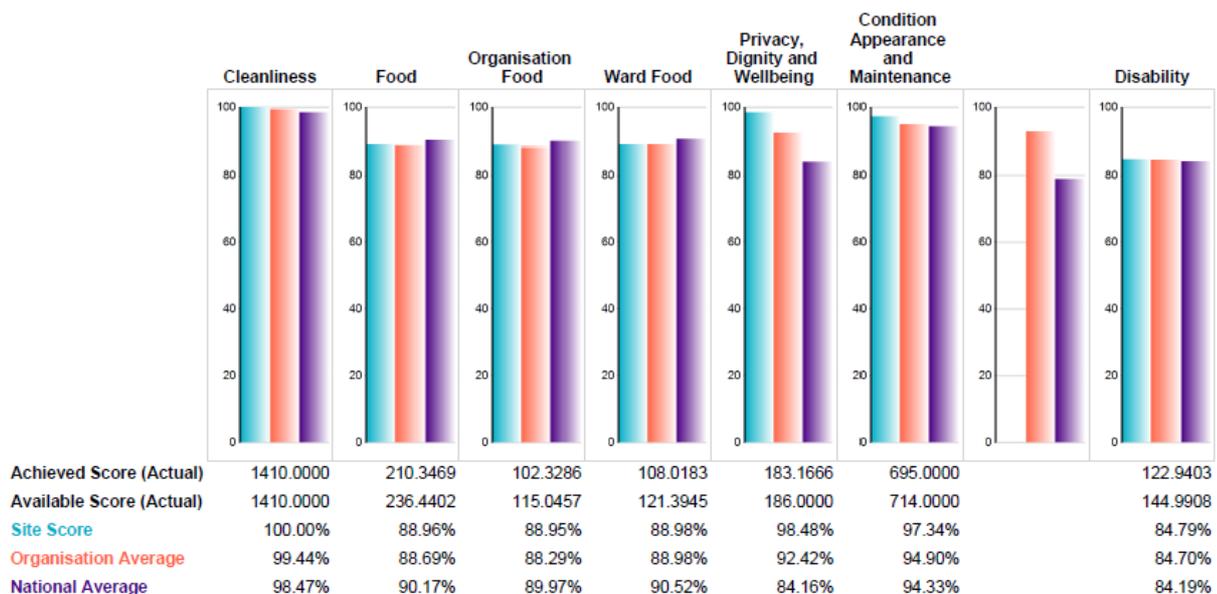
EDWARD STREET HOSPITAL

Site Scores Organisation Average National Average



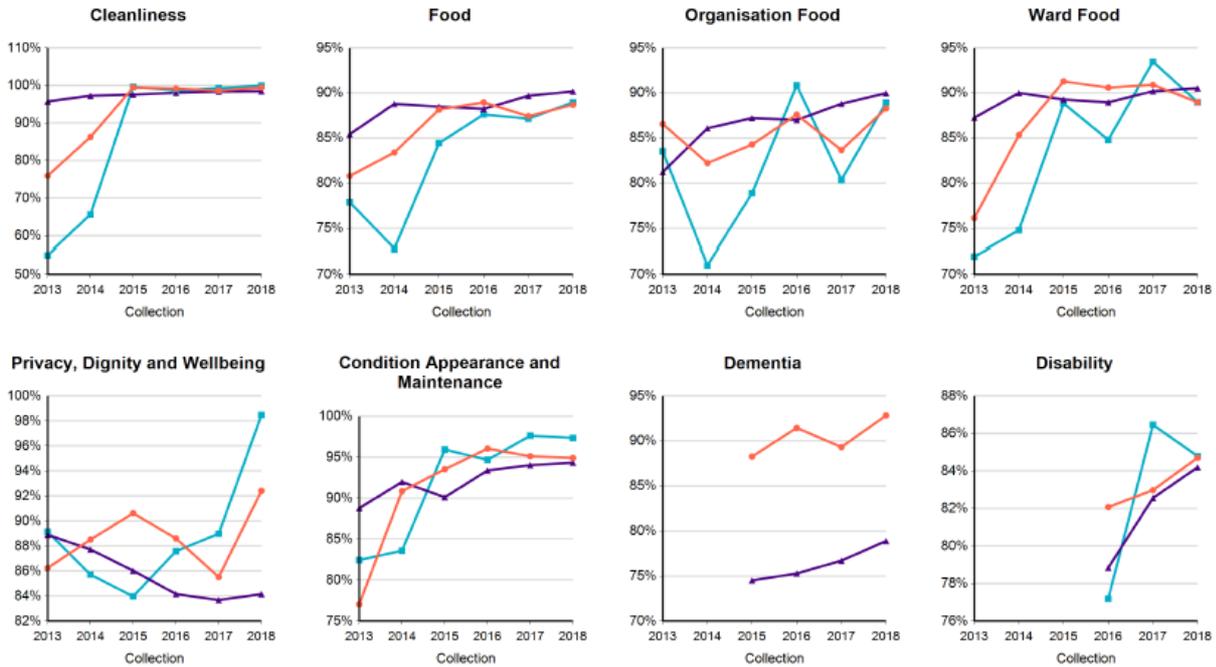
Figures 14 and 15: Hallam Street Hospital - 2018 PLACE Results (Dementia is not applicable)

HALLAM STREET HOSPITAL- Collection: 2018



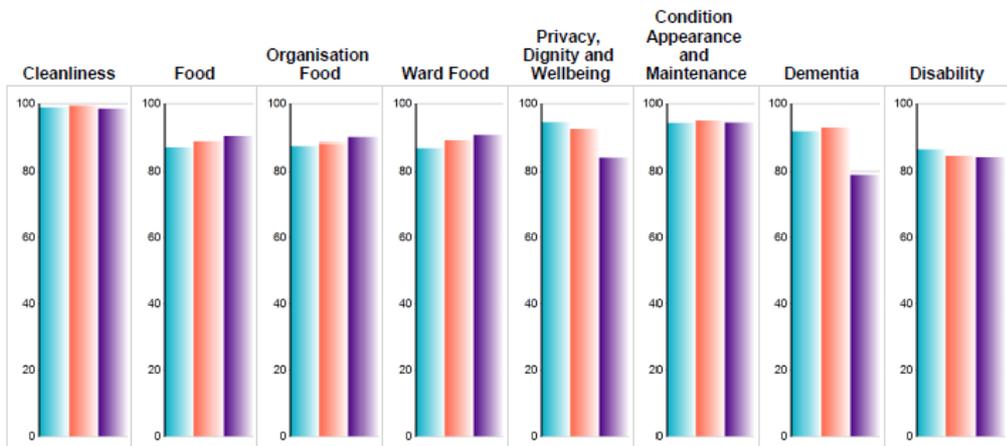
HALLAM STREET HOSPITAL

Site Scores Organisation Average National Average



Figures 16 and 17: Penn Hospital - 2018 PLACE Results

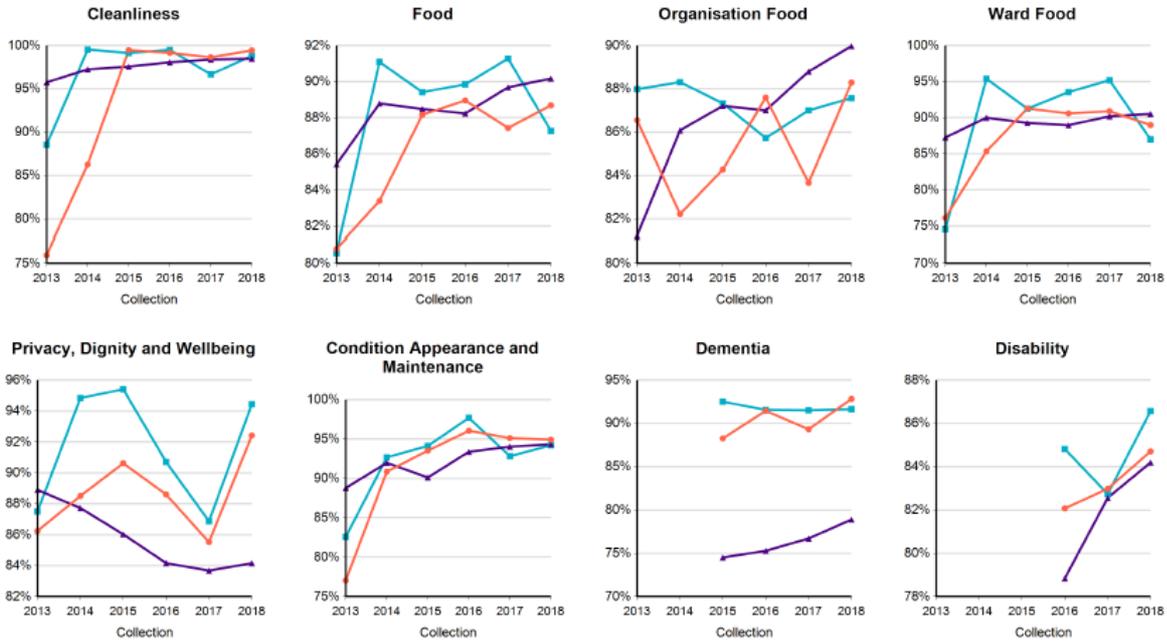
PENN HOSPITAL- Collection: 2018



Achieved Score (Actual)	1069.0000	213.2689	100.7506	112.5183	124.6666	552.0000	142.4128	132.4403
Available Score (Actual)	1082.0000	244.3851	115.0457	129.3394	132.0000	586.0000	155.4128	152.9908
Site Score	98.80%	87.27%	87.57%	86.99%	94.44%	94.20%	91.64%	86.57%
Organisation Average	99.44%	88.69%	88.29%	88.98%	92.42%	94.90%	92.83%	84.70%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%

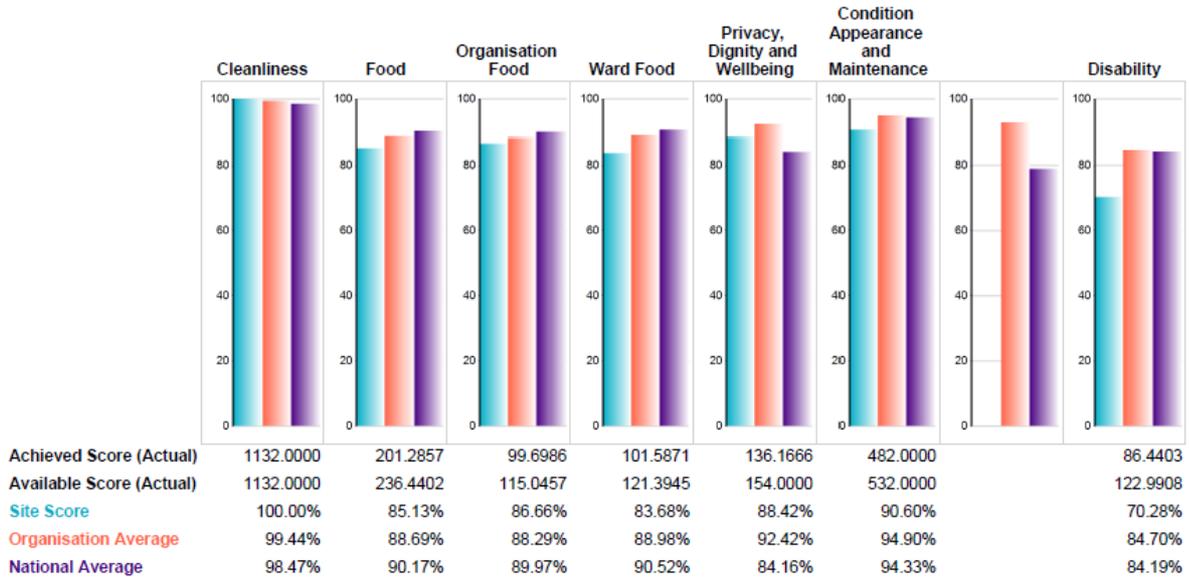
PENN HOSPITAL

Site Scores Organisation Average National Average



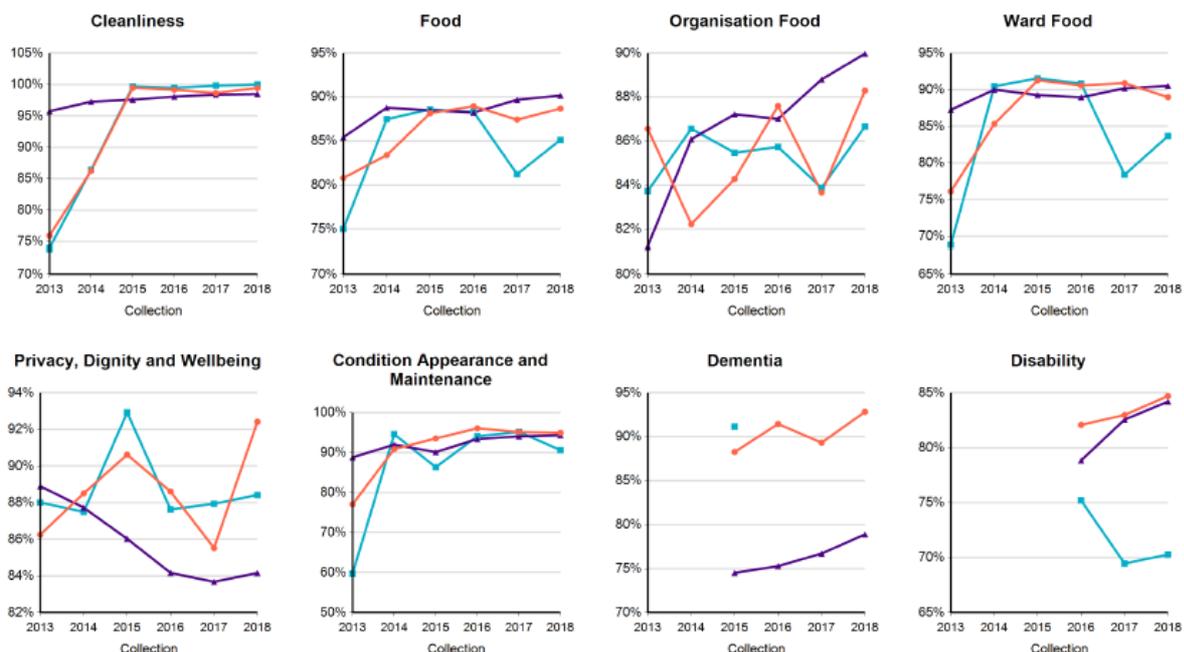
Figures 18 and 19: Heath Lane Hospital - 2018 PLACE Results (Dementia is not applicable)

HEATH LANE HOSPITAL- Collection: 2018



HEATH LANE HOSPITAL

Site Scores Organisation Average National Average



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. Further, that for the list of quality indicators to be disclosed in this section, performance is reported as the arithmetic average for the year of the monthly reported performance during the year.

Table 29 below provides a summary of the relevant quality indicators for 2018/19. A more detailed explanation and analysis of each indicator is set out afterwards.

Table 29: Summary of Other Quality Indicators 2018/19 as at 31.12.18

Indicator	Target	Achieved
People experiencing a first episode of psychosis are treated with a NICE approved care package within two weeks of referral	50%	67%
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%	90.3%
Improving access to psychological therapies - people with common mental health conditions are treated within 18 weeks of referral	95%	98.3%
Improving access to psychological therapies - proportion of people completing treatment who move to recovery	50%	62.6%
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)	—	292

- * The data for these indicators will be collected through an annual audit carried out by the Royal College of Psychiatrists in March 2019 and the results will not be published by NHS England until June 2019
- # The data for this indicator will be collected via the National Clinical Audit of Psychosis and the results will not be published by the Royal College of Psychiatrists until June 2019

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 for 2018/19, 53% of people with first episode of psychosis are treated with a NICE-approved package of care within two weeks of referral.

Table 30 below shows Black Country Partnership’s performance as the arithmetic average for the year of the monthly reported performance for 2018/19 from information published independently by NHS England.

Table 30: Percentage of patients treated within two weeks of referral as at 31.12.18

Month	Apr -18	May -18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Total	Average
No. treated within 2 weeks of referral	8	4	0	3	9	2	6	1	3	36	3.6
No. still waiting 2 weeks after referral	2	4	2	2	2	1	3	1	1	18	1.8
% treated within 2 weeks of referral	80%	50%	0%	60%	82%	67%	67%	100%	75%		67%
National Target	53%	53%	53%	53%	53%	53%	53%	53%	53%		53%

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 health 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.

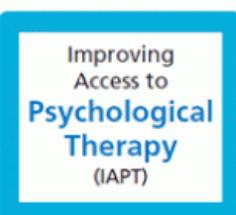


The national target for this indicator is to ensure that 90% of patients in the defined audit sample have both a completed assessment for each of the cardio-metabolic parameters with results documented in the patient's record, and a record of interventions offered where indicated, for patients who are identified as at risk.

NHS England has again commissioned the Royal College of Psychiatrists to collect the data for inpatients and people under the care of community mental health teams through an annual audit in March 2019. The results will not be published until June 2019.

The data for patients under the care of early intervention in psychosis services will be collected via the National Audit of Psychosis. The results will not be published by the Royal College of Psychiatrists until June 2019.

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 31 and 32 below show Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2018/19. It is based on a locally produced percentage in the absence of information available from NHS Digital.

Table 31: Referrals made within 6 weeks as at 31.12.18

Month	Apr -18	May -18	Jun -18	Jul- 18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Average
Referrals made within 6 weeks	92%	94%	93%	92%	88%	90%	89%	86%	89%	90.3%
National Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

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 established 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 34 below shows Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2018/19. It is based on locally produced data in the absence of information available from NHS Digital.

Table 34: Admissions to adult facilities of patients under 16 years old during 2018-19 as at 31.12.18

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Average
Admissions to adult facilities of patients under 16 years old	0	0	0	0	0	0	0	0	0	0

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 patients 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.

Provider trusts have no national target for this indicator but it is a target for local clinical commissioning groups to progress to the elimination of inappropriate adult acute out of area placements by 2021. The Trust submits regular data on the total number of bed days patients have spent out of area each month to local clinical commissioning groups, to enable them to monitor their progress against this requirement.

Table 35 below shows Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2018/19 up to 31 December 2018. The total number of bed days patients have spent out of area each month is based on locally produced data in the absence of information available from NHS Digital.

Table 35: Out of Area Placements as at 31.12.18

Out of area placements	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Average
Total no. of bed days patients have spent out of area each month	65	141	188	359	319	467	757	481	139	292

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 Local Quality Improvements

In this section of the report we provide brief summaries on the progress we are making to 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.

3.9.1 Local quality developments

Plans for Black Country trusts to work together to become one organisation



For some time Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust have been exploring ways of working closer together. In November 2018 both trusts announced plans to work together to become one organisation.

The Board of Directors of both trusts believe that coming together as one organisation brings a number of benefits. We will be entering into a partnership of equals to develop clinically led strategies that drive sound models of care.

Both organisations have a strong reputation for delivering high quality services but as a single organisation we will be in a stronger position to recruit and retain our workforce and develop new services. Further as a single trust, we will also be able to respond with a united voice to the requirements of the Black Country Sustainability and Transformation Plan (a plan by partners from across 18 local health and social care organisations to transform local services).

It is anticipated that the merger will be completed by early 2020, subject to appropriate regulatory approval. We will provide regular updates throughout our journey and as we meet key milestones.

Learning disabilities service to receive £7.5m funding



The Trust is delighted to have been awarded a £7.5m funding boost from the Department of Health and Social Care capital fund. The funding is to develop a new state of the art purpose built unit for people across the Black Country with learning disabilities.

This new money will allow the development of a new unit so that when people really need care and support from in-patient services they will receive it in the best possible environment, offering the highest quality services at a unit that is close to their home. Lesley Writtle, Chief

Executive said, "I am thrilled that the Trust has received this money which will allow the development of a new facility to support people with learning disabilities across the Black Country. Receiving this money will enable us to continue to improve the access and quality of our services for our local communities."

Major investment in clinical information technology



In April the Board of Directors approved a ground breaking business case with our neighbours in Dudley and Walsall Mental Health Partnership NHS Trust, for the investment of £3m in a state of the art clinical information system that will link clinicians across the Black Country.

Our clinical teams have for some time highlighted the limitations of the current patient information system and its associated health records databases have become outdated and do not adequately support modern clinical practice or assist innovation.

The Board has responded to these concerns by linking with our Black Country neighbours to procure a modern solution that will build upon the good work already invested in the development of health record technology through the excellent cooperation of our clinicians and IT professionals.

MERIT partnership wins award for Electronic Health Record Viewer



MERIT is an innovative and vibrant partnership of mental health organisations in the West Midlands, including Black Country Partnership, which have come together to develop new ways of working to improve the way mental health services are provided for the future.

The MERIT Partnership's Electronic Health Record Viewer went live during 2018. The viewer allows authorised clinicians to view details of the clinical history of patients whose care is more normally provided by another trust in the partnership. It has been developed over the last 18 months, in partnership with the following trusts:

- Birmingham and Solihull Mental Health NHS Foundation Trust
- Coventry and Warwickshire Partnership NHS Trust
- Dudley and Walsall Mental Health Partnership NHS Trust

The teams that are currently using the electronic health record viewer are: Penn Crisis and Home Treatment, Dale Ward, Brook Ward and Bed Management.



We are delighted to announce that the electronic health record viewer won the West Midlands Academic Health Science Network Meridian 2018 Award for Mental Health Innovation.

3.9.2 Local quality improvement plans

Care Quality Commission's Inspection Rating

Black Country Partnership NHS Foundation Trust received an inspection of its services by the Care Quality Commission, the independent regulator for health and social care in England from 9 July to 30 August 2018. The report of their findings was published in January 2019 and their overall rating for the Trust was 'requires improvement'. The full report of the inspection can be accessed at:

<https://www.cqc.org.uk/provider/TAJ>



Last rated
9 January 2019

Black Country Partnership NHS Foundation Trust



	Safe	Effective	Caring	Responsive	Well led	Overall
Community mental health services with learning disabilities or autism	Good	Requires improvement	Good	Good	Good	Good
Wards for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Inadequate	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community health services for children, young people and families	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	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good

Black Country Partnership NHS Foundation Trust has produced a comprehensive improvement plan to address the areas that require improvement identified by the CQC. Details of the plan can be viewed at <http://www.bcpft.nhs.uk/>

Quality Matters Boards

New quality boards are being rolled out across the Trust. The ambition is to support teams to use these as a ‘plan, do, study, act’ support to prioritise action that matters most to the people who use their services and to show how they are making changes as a result. It is also intended to be a motivator to teams to track how much they are achieving and what they are doing well in their teams – to support appreciative inquiry and energy to do more of what’s working well. The ‘boards’ are electronic and can be stored by teams and used as evidence of action and progress and they are also printed out as A3 or A4 documents for displaying on the wards for sharing with the public.



YOU MATTER, WE CARE



Black Country Partnership
NHS Foundation Trust

INFORMATION FOR SERVICE USERS, PATIENTS, FAMILIES, CARERS AND TEAMS

Ward / team: _____

Month: _____

Ask to speak to: _____

Our focus: _____

Other people you can talk to:

Clinical Lead / Matron Manager Patient Experience

What you think about our service:

We asked if you were happy with your care and treatment and you said:


□


□


□


□


□


Complaints □


Compliments □

You said: _____

You said: _____

You said: _____

Our values in action

You asked us to:

What we did:

What we are working on:

What we're proud of:

News and information we'd like to share:

How to tell us what you think:
Fill in a 'Tell us how we did' form and give it to a member of staff or return by freepost. If you wish to make a formal complaint please contact: bcptf.pej@nhs.net.

Hear more from us:
www.bcptf.nhs.uk
[www.twitter.com/bcptf](https://twitter.com/bcptf)
www.facebook.com/bcptf

Our Trust values
Compassion and kindness
Dignity and respect
Empowerment
Honesty and transparency
Integrity

Quality Improvement Summits



Every year, the Director of Nursing and Medical Director convene a series of quality improvement summits for front-line staff to attend.

The summits take place four times a year and are an important way to keep staff from all levels and

professions informed about the organisation's priorities and developments. They also offer the chance for staff to share their views about our direction of travel as a Trust and on ways we can make quality improvements.



These events provide an interesting mix of presentations, workshops and discussion on a variety of quality improvement topics. This year the summits have covered learning from deaths and changes in reporting, what to expect from a Coroner's Inquest, led by a representative from Mills and Reeve, the Trust's solicitors and a demonstration of the new policy app.

Quality improvement programmes



Six teams from across the Trust consisting of 24 staff have started their journey on a quality improvement programme at the Village Hotel in Walsall. The programme is sponsored by West Midlands Leadership Academy Health Education England and is designed to equip individuals with the skills and knowledge of quality improvement techniques and tools, that will help teams to identify those issues and problems that the application of improvement methodology could help to address.

Our teams include staff from Gerry Simon Clinic, learning disability community staff, the electronic patient record implementation team, Dale Ward, Hallam Street, and mental health wellbeing. Projects include themes around managing self-harm incidents, addressing waiting lists, increasing demand, and developing single point of referral systems.

Liz Smart, Ward Manager at Hallam Street Hospital, writes: "The best part of the programme has been to explore process mapping our own projects, be creative and having the opportunity to discuss our ideas with the facilitator and receive immediate feedback and validation".

Staff engagement and collaboration

As a Trust, we are committed to working collaboratively with our staff, listening to what matters most to

Black Country Partnership
NHS Foundation Trust

We asked, we listened Now we will....

Each month focus on the top 3 areas which showed the most significant change in the NHS Staff Survey 2017

Month One:	Question	
	Staff having any non-mandatory training learning or development in the last 12 months	
2016	2017	MHL Community Trusts
83%	76%	75%

Our pledge to you is

Discuss your needs at your appraisal

Access the Apprenticeship Levy to help your department

Develop and share a range of bite-size courses online and face to face

Access to learning sets to help develop skills

Help you be a leader in any setting at any stage in your career

Facilitate team days / offer team coaching

Make sure you know about training, learning and development opportunities that are available

If you have any questions get in touch with **Gail Parry**, Staff Engagement and Development Lead on 0121 612 8160

Black Country Partnership
NHS Foundation Trust

We asked, we listened Now we will....

Each month focus on the top 3 areas which showed the most significant change in the NHS Staff Survey 2017

Month Two:	Question	
	Staff satisfaction with opportunities for flexible working	
2016	2017	MHL Community Trusts
52%	52%	58%

Our pledge to you is

Full review of the Flexible Working Policy to take into account current clinical areas and patterns worked

Review all adverts to ensure flexible working is available and promoted

Share data on a quarterly basis (report) on flexible requests made and numbers approved

Review shift pattern implemented in MHealth against any increase in flexible working requests for clinical staff

Consider other flexible approaches as part of the Health and Wellbeing Group - presenting outcomes to Workforce Committee

If you have any questions get in touch with **Gail Parry**, Staff Engagement and Development Lead on 0121 612 8160

Black Country Partnership
NHS Foundation Trust

We asked, we listened Now we will....

Each month focus on the top 3 areas which showed the most significant change in the NHS Staff Survey 2017

Month Three:	Question	
	Fairness and effectiveness of procedures for reporting errors, near misses and incidents	
2016	2017	MHL Community Trusts
3.60	3.57	3.77

Our pledge to you is

Full review of Incident and Risk Management policy/ processes to account for all individual service needs.

Ensure that all lessons learnt from errors, near misses and incidents are communicated to all staff.

Review what support mechanisms are in place for staff when affected by an incident or near miss.

Deliver incident and risk management training across service areas to ensure staff awareness/understanding.

Consider flexible approaches to support the review of incidents to prevent recurrence.

If you have any questions get in touch with **Gail Parry**, Staff Engagement and Development Lead on 0121 612 8160

them and acting on their feedback to help improve their experience at work

The Trust has invested in the establishment of a Staff Engagement and Organisational Development Team specifically for this purpose to work with teams and services to make improvements. The posters above provide a snapshot of the progress that has taken place throughout this year.

Our Diverse Organisation



We are delighted to have been praised by the Health Service Journal for having the highest share of black and minority ethnic board members, according to the 2018 workforce race equality standard data published by NHS England.

Alongside Board representation, 29% of staff are from a black and minority ethnic background, which is highly representative of the local Black Country population.

Chief Executive Lesley Writtle commented, "We've worked hard to develop a positive culture of equality and inclusion across the Trust. Our communities are changing and we need to ensure we have the right services in place to meet their needs; part of this means having the right people with the right skills that can really make a difference. Whilst we know there is more to do this is a positive step in the right direction and we will continue to promote an inclusive culture that supports, develops and gives opportunities for our entire workforce".

Proud to be Smokefree



Last year we started down the road of the Trust to becoming smoke free by the end of 2018. In the run-up to becoming a smokefree Trust, we have been working with staff and patients to promote a healthier lifestyle and improved wellbeing, and we have introduced new guidelines and policies to support this aim. Significant changes include:

- introduction of smoking cessation training for staff
- removal of smoke specific breaks
- the addition of signage to help communicate the Trust's smokefree policy
- job adverts to contain a statement that adherence to the Trust's smokefree policy is a contractual obligation

On 1 January 2019, the Trust became a smokefree environment, advancing towards a healthier and cleaner Trust. This means that smoking will no longer be permitted by staff, patients or visitors on any of our Trust sites, car parks, buildings or wards, ensuring that our community will not be exposed to its harmful effects.

We have a duty of care to support others in achieving a healthy lifestyle, to provide a close relationship of care, confidence and communication to those facing the challenges of quitting smoking and exposure to second-hand smoke. People with mental health conditions die on average ten to twenty years earlier than the rest of the population and smoking is the largest single cause of this gap.

Learning Disabilities - Transforming Care



Progress continues to be made towards meeting the objectives required to implement 'Transforming Care' the new national service model across the Black Country. Transforming care will mean that fewer people with learning disabilities will need to go into hospital for their care in the future. This will require improving facilities across local communities to ensure that people can receive care at home.

Representatives from across learning disability services met at the National

Metal Forming Centre to review and shape some of the new working practices. A range of subjects were discussed including new service pathways and processes, in particular joint working between inpatient services and community teams and the introduction of new intensive support and forensic community teams. Feedback from these themed discussions continue to inform planning and future operational procedures.



Clinical Supervision – a new system for monitoring and assurance



The Trust recognises the importance of all forms of supervision as an integral component of staff support and professional development, which in turn raises the standards of service delivery and patient safety.

Clinical supervision takes place across the Trust for all nursing and allied health professionals and can take place in various forms requiring different frequencies as set out below:

- 1-1 (every 8 weeks)
- Group (include peer group, reflective supervision, restorative supervision) (every 8 weeks)
- Safeguarding Team Supervision (every 16 weeks)
- Safeguarding Planned Supervision (Child protection plans) (minimum 26 weeks)

To support staff we need to ensure we are monitoring the frequency and quality of all clinical supervision so to do this more effectively, the Trust has introduced a new electronic method of recording clinical supervision for supervisors and line managers. This will enable clinical supervision to be reported in divisional business intelligence dashboards each month so it is monitored and reviewed more efficiently in the future.

A consultation with the new system was carried out before it was introduced and we have an evaluation process in place to capture how well it is working and whether further modifications prove necessary.

Change to Data protection regulations



The General Data Protection Regulation (GDPR) came into force in May 2018 replacing The Data Protection Act 1998. The GDPR aims primarily to give individuals control over their personal data. The Trust is working to meet its obligations under GDPR and the information governance team is leading on ensuring compliance with new data protection areas. The team has rolled out new training across the Trust to ensure that the changes and key points are being effectively delivered to all staff across the Trust. We are also

working with our partners to ensure data is shared appropriately and securely

The new regulation affects the following:

- Consent processes
- Information sharing
- Project and change management; with the introduction of data protection impact assessments
- Information governance incident processes



GDPR provides people with eight rights in respect of their personal data. One of these rights is the 'Right to Rectification'. This means that if we hold information about someone which is factually inaccurate (wrong) they have the right to ask for this to be changed.

Freedom to Speak Up



In previous reports, we have provided details of how the Trust responded to 'Freedom to Speak Up' an independent review into whistleblowing in the NHS by Sir Robert Francis QC. Raising concerns or whistleblowing is the term used when a member of staff speaks up about a possible risk, wrongdoing or malpractice they think poses a risk to patients, colleagues or the public.

The Trust recognises that unless staff have confidence in speaking up, they are likely to stay silent, which denies the organisation the opportunity to deal with a potentially serious problem in a timely and effective way. Creating an open and honest reporting culture for staff to speak up about any concern at work is really important because it will help us to keep improving services for our patients and to improve the working environment for our staff.

There needs to be a shared belief at all levels of the organisation that raising concerns is a positive not a troublesome activity, and a shared commitment to support and encourage all those who raise honestly held concerns about safety.



The Trust commenced a programme of work to develop the infrastructure across the organisation to support this change and by 2017/18 was able to evidence that 'Freedom to Speak Up' had been launched and was firmly established. We are continuing to work hard to develop an open, inclusive and collaborative culture. We want all our staff to know that if they feel the need to raise a concern about clinical care they will be fully supported to raise the concern and the matter will be dealt with in confidence.

Below are examples of the different ways that staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust

<i>Different ways that staff can raise concerns...</i>		
1.	There are cultural ambassadors in place (as part of the Royal College's Cultural Ambassador Programme) to ensure that staff from a black and minority ethnic background have more confidence in raising issues and they will be treated fairly	✓
2.	Board members take part in a joint programme of walkabouts through all clinical areas with governors to engage with front-line staff to listen to any issues or concerns they wish to raise	✓
3.	The Director of Operations has introduced webinars as a way of staff speaking directly to him and his senior managers about any issue they have from a service perspective	✓
4.	The executive leadership team make a concerted effort to be more visible, approachable and to use a variety of methods to seek and act on feedback from staff. The CEO has led the way with her development of a comprehensive staff engagement plan from ward to board	✓
5.	The Trust has an established Equality and Inclusion Board to identify and remove barriers to speaking up for black, Asian or minority ethnic staff who may find this more difficult	✓
6.	The Trust has a named executive director responsible for speaking up who	✓

	can be contacted directly	
7.	There is a designated non-executive director who will support staff to raise concerns	✓
8.	The Trust has its own Freedom to Speak Up Guardian who can be contacted by staff at any time	✓
9.	Freedom to Speak Up 'Champions' are in place across the Trust to support the Guardian and are readily accessible by staff	✓
10.	A Freedom to Speak Up staff leaflet has been distributed to staff explaining how to raise concerns with confidence	✓
11.	A dedicated page on the Trust Intranet for staff provides a 'one-stop' for everything a member of staff needs to know about raising concerns. This includes details of an external whistle-blowing helpline that staff can contact for independent advice and support if they prefer to raise concerns this way	✓
12.	Staff are made aware and told how to raise concerns at their initial induction training	✓

How will we monitor and report upon our progress?

Discussion of freedom to speak up matters will take place in the public section of board meetings while respecting the confidentiality of individuals. The Board of Directors will receive a report at least every six months from the Trust's Guardian.

Issues raised via speaking up will be discussed openly at routine meetings with commissioners, CQC and NHS Improvement throughout the year.

An annual report will be presented to the Board each year by the Trust's Guardian and the Executive Lead which will include:

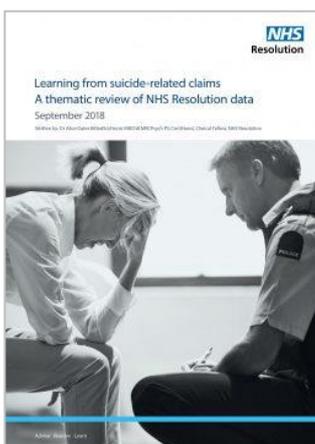
- An assessment of the Trust's Raising Concern (Whistleblowing) Policy
- An overview of the cases reported and the themes identified
- Benchmarking where possible
- An improvement plan for the next 12 months

The Trust's annual report to stakeholders and the public will contain high level, anonymised data relating to speaking up as well as information on actions the Trust is taking to support a positive speaking up culture.

How will we measure our progress?

We will access the results from the annual staff survey and feedback back received by the organisational development team from their ongoing programme to develop staff engagement. There will be a regular review of referrals with other functions involved in the process like human resources, safeguarding and the local counter-fraud specialist. We will also cross reference with other channels available for staff to raise concerns including the staff side forum.

Zero Inpatient Suicide Ambition Plans



In October 2018, The Secretary of State for Health and Social Care announced a new requirement for all NHS mental health organisations to draw up detailed plans to achieve zero suicides, starting with inpatient settings so that the NHS in England will be the first country in the world to roll out zero suicide as a national ambition.

Zero suicide is a recognition that suicides in mental health inpatients are preventable and a commitment to a culture that focuses on learning, improvement, personalisation and safety rather than blame and defensive practice. Zero suicide is not a performance management target or an avoidance of positive risk taking or an opportunity to place blame.

The Trust is a member of a nationwide and regional zero suicide alliance. Local plans will build on the work undertaken by the Trust's Mortality Review Group. This group, chaired by the Medical Director and whose membership includes a non-executive director is currently working on three key priorities:

1. The development of a family liaison role, to ensure consistent family involvement when things go wrong and to ensure full engagement of families in the mortality review process
2. To embed the Royal College of Psychiatrists' new mortality review tool across our mental health services
3. Enhance the current arrangements for the reporting and embedding of learning from deaths

In order to develop zero inpatient suicide ambition plans, a planning day was held with key stakeholders and staff representatives. Topics discussed included raising awareness and prevention training for staff as well as the completion of a self-assessment using the '10 ways to Improve Safety' checklist to identify any potential gaps and variations across services. Following the self-assessment, four priority areas were identified for the year ahead:

- Safer Wards
- Early Follow up on Discharge
- Personalised Risk Assessments
- Connecting with People Training for all staff

The action plan will be overseen with the establishment of a suicide prevention sub-group which will link to the work carried out by the National Confidential Inquiry into Suicide and the National Collaborating Centre for Mental Health.

Our Chief Executive, Lesley Writtle, has been asked to take a lead across this region with NHS England's public health lead, Elaine Woodward, to launch a series of events throughout 2019.



Workforce Disability Equality Standard (WDES) Action Group



The Trust WDES Action Group has been meeting for over a year now on the implementation of the workforce disability equality standard. WDES covers the whole spectrum of what might be understood as disabilities and is about trying to close the inequality gap between the experience of disabled staff and non-disabled staff in the NHS. The group made up of a mix of people with disabilities and those without, have already started to reflect on where our organisation is up to and to create an action plan around how we start to close the gaps identified.

We want to get staff talking about disabilities and help people grow in understanding the issues relating to disabilities, as well as making sure we are doing what we need to do as a 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 the Trust 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 was selected by the Chief Nursing Officer to take part in a national evaluation of the framework. In September 2018, NHS England and the LCAV team visited the Trust with Kate Zubairu, senior lecturer in adult nursing in the faculty of health and social care at Edge Hill University, to conduct the evaluation with a range of health professionals. The final evaluation of the project is expected later in 2019.

Learning more about 'Think Family' in Wolverhampton



Safeguarding staff have been promoting the 'Think Family' approach by holding quarterly meetings throughout the year with link nurses to help increase knowledge of partner agencies.

The meetings, which are held by the Trust Safeguarding Leads feature guest speakers and aim to help increase the link nurses knowledge of partner agencies of what they do, ways to refer and their roles and responsibilities.

Sarah Carter, Named Nurse for Safeguarding Adults said, "The link nurse meeting is a great opportunity for the safeguarding team to share relevant and current safeguarding information with the link nurses for them to then take to their service areas and share within their teams."

Davina Barzda, Named Nurse for Safeguarding Children added, "They also provide a great space to reflect and discuss safeguarding issues/concerns as well as allowing mental health service colleagues to get together to discuss changes, good practice and concerns. The meetings have been well attended and positive feedback received. We want to take the time to say a big thank you to our link nurses for their support and commitment."

The working hours of NHS doctors in training



Significant staff fatigue is a hazard both to the safety of patients and to staff. The safeguards around doctors' working hours in their terms and conditions of service are designed to ensure that this risk is effectively mitigated and that this mitigation is assured.

The Trust implemented the new national junior doctors' contract on 1 February 2017. The new contract contains

schedules of work that are safe for patients, safe for doctors and there are safeguards in place to ensure that these work schedules are adhered to in the delivery of services.

The Trust has appointed a 'Guardian of Safe Hours' to act as the champion of safe working hours for doctors in approved training programmes. The guardian is a senior medical officer who does not hold any other role within the management structure of the Trust. The guardian provides assurance to doctors and to the Board of Directors that doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of their terms and conditions of service.

The Guardian and the Medical Director in collaboration with junior medical representatives and the British Medical Association have put robust processes in place to monitor any gaps in rotas. They include a junior doctors' safe working forum that meets bi-monthly. The meeting provides oversight and scrutiny of the processes in place to monitor safe working hours and to address any issues arising.

In addition, the Guardian provides the Board of Directors with a safe working report every quarter throughout the year. The purpose of these reports is to provide assurance to the Board that junior doctors' working hours are monitored and the Trust is compliant with safe working hours' guidance.

The table below outlines the number of rota exception reports raised by junior doctors for the year 2018-19 up to 31/12/18.

Junior doctors working hours - exception reports by rota 01.04.18-31.12.18				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Sandwell	0	0	0	0
Wolverhampton	0	0	0	0
Total	0	0	0	0

3.9.3 Time to Shine - Staff who excelled to deliver better quality services

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



Dysphagia lead wins healthcare hero award



Congratulations go to Julie-Ann Watford, who leads the dysphagia team for the paediatric Speech and Language Therapy service in Dudley. Julie-Ann was awarded the Healthcare Hero Award for December by the Dudley Group of Hospitals Chief Executive, Diane Wake.

Julie-Ann, who is based at Russells Hall Hospital was nominated for the award by parents whose children use the services.

The nomination reads: "Julie-Ann has always gone above and beyond for us and our daughter. When you are caring for a child with complex needs, it is people like Julie-Ann that make all the difference, and take away some of the pressures. Julie has always taken time to understand the wider picture of what's happening with our daughter and our family, which on many occasions has resulted in positive changes to our daughter's health. There have been times when things have felt very difficult and it has been Julie-Ann giving us ideas, and the support to keep going when we have felt lost in the healthcare system. I am not sure my daughter would be where she is now if Julie-Ann hadn't helped."

Dudley service wins prestigious award



Congratulations to all the staff within the Paediatric Speech and Language Therapy team in Dudley.

At the Birmingham City University Health and Social Care Awards ceremony, held on Friday 20 July, Catherine and Siobhan (pictured), received the award as the winners in the Trust Nominated Practice Award for Allied Health Practice.

The award was given in recognition of the support given to speech and language therapy students who carried out their placement with the Dudley service. Catherine said: "We were very honoured to be nominated, and winning the award was a huge surprise that has given the whole team great pleasure, as it recognises the support and teamwork within the department."

Thrive Mental Health Awards



Well done to the staff who were shortlisted in this year's West Midlands Thrive Mental Health Awards. This year Thrive received over 120 nominations across the West Midlands.

Cariss Evans and Jackie Bott were both nominated for the Black Country Individual Award, an honour that focuses on how a person has made an impact or difference on mental wellbeing within our region. Jackie was shortlisted in recognition of her work as one of the managers of a community mental health team, and her commitment to supporting other's professional development.

Cariss Evans was announced as this year's winner, for the excellent work she carried out and service she provided for Sandwell Children and Adolescent Mental Health Services (CAMHS). The win was an extremely poignant win because it was awarded posthumously following the untimely passing of Cariss in October 2018.

Chief Executive, Lesley Writtle, accepted the award on behalf of Cariss' parents who were unfortunately unable to attend the ceremony. On collecting the award, Lesley said, "The Trust is incredibly proud of the work Cariss Evans undertook, and the recognition afforded by achievement of this award is a lovely honour to her memory. Her influential, innovative work still reverberates across the mental health community today."

Thanks received from Willenhall Jobcentre



Human Resource staff undertook a 'disability confident' information session at Willenhall Jobcentre. The session was presented to a group of people made up of some of the more disadvantaged jobseekers, who struggle to find work due to having physical and mental health needs. The receipt of a thank you letter, précised below, is extremely pleasing to receive and highlights a fine example of the work being carried out across the community to attract future employees.

"On behalf of the staff and customers at Willenhall Jobcentre, I'd just like to say a big thank you. The feedback received from attendees as they were leaving was really positive."

At least three of the group are now actively looking at applying for apprenticeship vacancies with Black Country Partnership NHS Foundation Trust. They said that this wouldn't have happened if they hadn't attended this information session.

Another success for Dudley's Family Nurse Partnership Team

Ceri Evans, Family Nurse Partnership Supervisor writes: Last year the Family Nurse Partnership in Dudley were chosen to work with the National Unit and Dartington Social Research Unit to take part in a new rapid testing trial to improve outcomes for our clients. They were selected because they were the only clinical adaptation from phase 1 that clearly demonstrated positive, cost effective outcomes and the ability for the work to be integrated into the role of the family nurse.



The National Unit recognised and praised the positivity and 'can do' attitude of the team in Dudley. As a result, the National Unit have asked Dudley to be one of their key players again for phase 2. The team are focusing on breastfeeding and peer support for their clinical adaptation in phase 2.



Trust's HR team receive highly commended award

Staff from the Trust's human resource team celebrated at the Healthcare People Management Association Excellence Awards when they picked up the coveted highly commended award in the human resource team of the year category. Judy Griffiths, Director of Workforce said, "I was delighted when the team were shortlisted in the team of the year category and I am so pleased that their hard work and dedication has been recognised and acknowledged. The team are highly motivated and thoroughly deserve this recognition."

Trust receives cyber accreditation



We are pleased to announce that the Trust's IT department recently undertook an exercise to become a nationally accredited organisation in the realms of computer security.

The Government backed Cyber Essentials scheme is managed by the National Cyber Security Centre and aims to give organisations the peace of mind that their defences will protect against the vast majority of common cyber-attacks, because the attackers are looking for targets which do not have the Cyber Essentials technical controls in place.

Qualification for the accreditation follows a rigorous application and evidence gathering by independent auditors, and we now intend to work towards achieving 'Cyber Essential Plus', which is compulsory for all NHS organisations to achieve before June 2021.

CAMHS and Eating Disorder Teams praised by The Duke of Sussex

CAMHS and Eating Disorder Teams have been praised by Prince Harry, Duke of Sussex after a patient's mother contacted him to inform him of the excellent care that the service had given to her daughter.



In a letter received from Kensington Palace, His Royal Highness said that he was heartened to hear of the excellent care that was provided by the patient's support workers and that their commitment and hard work was truly commendable and deserving of the highest praise.

Jay Eeles, Service Manager for CAMHS and Donna Dean, Service Manager for Eating Disorders said, "Receiving this letter is incredibly encouraging not only for the two clinicians who were most involved with this patient, Hayley Turner and Rachel Buckley, but for everyone working in both teams. We are very proud of the services we offer and of the joint working and co-operation between our two services."

Trust staff member appointed research champion by the Institute of Health Visiting



Jane Webb, Head of Nursing for Children's Services writes: I know that colleagues across the Trust would like to join me in congratulating Julie Greenway, Team Leader for Dudley North Health Visitors, on her recent appointment as the Institute of Health Visiting Research Champion for the West Midlands area.

This is a great achievement and through this role Julie will assist the institute in raising research awareness among health visitors. Julie will also be a point of contact in the Trust for information on research opportunities. This is an important role and will support the promotion of evidence-based practice amongst the health visiting workforce.

COMMUNITY PRACTITIONER

Julie has also been published in the Community Practitioner journal for her work looking into integrated targeted intervention to prevent obesity in infants born into a diverse community. Within the article Julie, alongside Lynne Thompson (Dudley Office of Public Health) and Sally Cornfield (Dudley Office of Public Health) explore whether a nutrition and healthy-living course for mothers could influence three misleading beliefs that can lead to childhood obesity.

CAMHS showcase their work



Diane Edwards, Team Lead, Point of Access Sandwell CAMHS, recently presented at an event organised by Sandwell's Children Trust.

The event saw representatives from the Trust, The Kaleidoscope Group, Beam, Kooth and Murray Hall coming together to showcase their work. There was a very good turnout for the event and feedback about the Point of Access Team was very positive.

Wolverhampton Healthy Minds 10 Year Anniversary



Healthy Minds celebrated 10 years of providing psychological therapies for the people of Wolverhampton at the Friends Meeting House.

The birthday was celebrated with festive cheer and a cake making competition. General Manager for Planned Care Melvena Anderson took on the role of Mary Berry by tasting all of the appetising entries in order to announce a winner! A big thank you goes to our quiz compere, recently qualified Psychological Wellbeing Practitioner Rina Patel.

Jackie enjoys her day at Downing Street



Congratulations to Jackie Hill, Senior Nurse Practitioner, who works in the Wolverhampton Memory Clinic. Jackie was invited by The Prime Minister Theresa May, to attend 10 Downing Street, on the 4 July 2018 as part of the NHS 70 Birthday celebrations, to celebrate staff who have worked in the NHS for 40 years or more.

Jacqui said, “I was thrilled to be invited to join in the celebrations at No. 10 Downing Street. The day was absolutely wonderful and one I will remember for a long time. I have spent my working life in the health service because I absolutely love what I do and have both worked with and helped so many wonderful people.”

Apprentices helping to shape development of apprenticeship programme

The Learning and Development team held an ‘Apprentice Touch Base Day’ at Edward Street Hospital for both clinical and business administration apprentices.

The day was designed to give apprentices an opportunity to discuss, in a safe environment, how their apprenticeships were progressing and raise any concerns with the Trust and their Training Provider. The session also paid particular attention to confidentiality and Trust Behaviours.



Sallie Johnson, Core Skills Support Trainer said, “We are committed to ensuring that our apprentices remain on track and have the opportunity to speak freely about their experience and provide valuable feedback for future improvements. Feedback overall has been positive and enabled the development of an action plan using the apprentices’ ideas to help us to further improve our apprenticeship programme at the Trust.”

Trust psychologist published in British Journal of Learning Disabilities



Congratulations to David Rose, Clinical Consultant Psychologist within Learning Disabilities who has had an article published in the British Journal of Learning Disabilities.

The article tells the story of how David helped a woman with a learning disability using narrative therapy. Sometimes people with a learning disability find things difficult which changes how they think, feel and what they do. The psychology team supports people with feelings, thoughts, relationships and behaviours. Narrative therapy is one method they use to help people to understand things in a different way. Narrative therapy assumes that people have many skills and are good at lots of things which can help them to reduce the impact of what they find difficult.

David was motivated to share this story so that narrative therapy can be used to help other people.

Edward Street Hospital’s Physiotherapy team featured



The Trust’s Physiotherapy Team at Edward Street Hospital featured in an article by The Chartered Society of Physiotherapy. The article explains the work the team do to help patients with dementia maintain mobility and minimise the risk of falls in people.

The team also marked National Dementia Action Week with an awareness-raising open day, including sessions on exercise, falls prevention, Nordic Walking and adapted Tai Chi.

Bal Matharu is team lead physiotherapist at the older adult mental health hospital. She said the team used the open day for activity sessions and to speak with patients, carers and the public about their services for

people with dementia, 'It was a great opportunity to showcase the work we do with our client group, which is patients with acute deterioration of their dementia symptoms.'

Commenting on the team's services, one patient said: 'Extremely helpful. My legs are a lot better. I can walk better. The help was thoughtful and nothing was too much trouble. I found Tai Chi relaxing and it helped with my balance and recovery of walking.'

Celebrating our wonderful Carers ...

On Wednesday 13 June Carers Team staff along with carers and families gathered at Bristnall Hall Road, Oldbury for a fun-filled day of activities including information stands and afternoon tea with cake and sweet treats to celebrate the work of carers in Sandwell.

Amongst the carers were Gill Richardson, Theresa Sabel, George Jones and Dawn Ebanks are pictured alongside Tracey McFarlane, who works in the team. George said, "Linda Price and her team are simply our lifeline."



"I cared for my wife and was at such a low ebb. I was referred by my GP to the Carers Team over 16 years ago and quite frankly Linda saved me!" George added. He has since returned the favour to the team by offering his handy skills with landscaping and mowing the lawn of the teams garden.

Linda, who is pictured alongside her friend Lorraine White said, "It's incredibly important to me that the carers have a great time. My team and I want to create a great atmosphere so that everyone is amongst friends to celebrate what they as carers provide to their loved ones on a daily basis. It is very satisfying for

us to give something back."

Clinical Research Network West Midlands



Trust congratulated for contribution to research

The Clinical Research Network West Midlands is part of the National Institute for Health Research to ensure that clinical research occupies the place it deserves in the day-to-day work of the NHS across the West Midlands locality.

Research and development is a very important area of work within the health service so it was extremely pleasing to receive a letter from the network thanking the Trust, and particularly our research and development department, for making an outstanding contribution to the research last year.

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.



Mindfulness training

Three members of staff have completed their Mindfulness Teacher Training Level 1, which was facilitated by the British Mindfulness Institute. Nicola Rose, Steven Farmer and Lelaine Smook took part in the course alongside clinicians from Dudley and Walsall Mental Health Partnership NHS Trust and Birmingham Community Healthcare NHS Foundation Trust.



The course gave attendees the opportunity to practice their skills receiving guidance from Dr Patrizia Collard, one of the early members of the UK Network for mindfulness-based teacher training organisations.

Non-medical Prescribing



The NHS Plan in 2000 highlighted the need to organise and deliver services around the needs of patients. As part of this commitment, prescribing expanded to allow a wider group of health care professionals to undertake prescribing roles.

We are delighted to announce that senior nurses Kerry McLaughlin, Noel Hobday, Alison Grant, Dana Harris, Rachel Kirkland and Jitendra Patel in the mental health division have all successfully completed their non-medical prescribing course.

Non-medical prescribing can improve patient care by ensuring timely access to medicines and treatment for patients who would otherwise have to wait to see a doctor. Non-medical prescribing also releases doctors to care for patients with more complex health care needs.

Annual Staff Awards



It is really important to recognise and reward our staff, and one way of celebrating all of the good work that is happening across the Trust is through our annual staff awards. The awards are a great opportunity to recognise and reward staff for long service, and achievement of further education qualifications, as well as to celebrate those individuals who demonstrate the Trust's highest standards of commitment, performance and dedication

This year's staff awards event, held on 16 October at West Bromwich Albion Football Club, provided a great opportunity to celebrate the success of staff across the Trust, and also gave us a chance to hear the stories behind the nominations and to congratulate everyone who was shortlisted.

Lesley Writtle, Chief Executive, opened the celebration by talking about her own experience and journey of working in the NHS, commenting how proud she was to be chief executive. Lesley was supported by Andrew Fry, Chairman, as they proudly co-presented each award.

The real stars of the show however were the staff themselves, including everyone who took the time to nominate. We received over 130 nominations, the highest the Trust has seen for a number of years. All those nominated were included in a tribute booklet and were sent an acknowledgement. This year's winners were:-

❖ TEAM OF THE YEAR ❖

WINNER: Eating Disorders Team a multidisciplinary team that provides specialist evidence-based targeted interventions for people of all ages living in Sandwell and Wolverhampton. The team has successfully developed an 'all age' service that provides a smoother transition for young people moving from child to adult services.

❖ MAKING A DIFFERENCE ❖

WINNER: Mark Mason, Receptionist at Penn Hospital, who is supportive when dealing with difficult situations in a calm and measured way, and most notably his intervention in dealing with a patient who revealed he was carrying a machete to prevent further escalation.

❖ PARTNERSHIP WORKING ❖

WINNER: The Street Triage Team, consisting of police officers, mental health community psychiatric nurses and paramedics, stationed at Bilston Police Station, who played a significant part in reducing the number of detentions under the Mental Health Act. The team's actions save time for other police and ambulance officers and they helped reduce the need for many people to go to hospital.

❖ APPRENTICE OF THE YEAR ❖

WINNER: Emily Griffiths, Clinical apprentice, Dale Ward, Penn Hospital, is an example of the benefits of having an apprentice as she has consistently demonstrated skills and knowledge above the level required for her role as apprentice and she is regarded as a valued member of the clinical team.

❖ VOLUNTEERS, EXPERTS BY EXPERIENCE, CARER ❖

WINNER: George Jones, Carer, come rain or shine George is landscaping the unruly gardens at the Carers' base, pruning the hedgerow, planting pots and raking leaves. He offers lifts to carers who do not have any transport so they can attend a variety of meetings and he asks for nothing in return. He is great supporter to all carers' activities and he is a great asset to the team.

❖ UNSUNG HERO ❖

WINNER: Sanjeev Sahota, Ward Clerk, Brook Ward Urgent Care, Admin Team. Described as caring and compassionate, in an unsettling environment, he notices things and reduces stress and tensions, ensuring staff and patients feel supported.

❖ BANK AND AGENCY ❖

WINNER: Naomie Ward, Administrator, has been the anchor of the Governance Assurance Unit for the year she has worked with the team. Naomie always displays a caring, supportive and professional attitude when dealing with complaint calls and she has supported with a variety of tasks including patient safety, policies and the CQC inspection.



Also part of the celebration was acknowledgement of our loyal and committed staff who had achieved 25 years NHS service, and those who had achieved a qualification or successfully completed a course such as cognitive behavioural therapy, or non-medical prescribing.

We would like to thank our sponsors Absolute Interpreting, Imagile, and Novus Property Solutions for generously supporting this event.

Meet 'Crumble' Penn Hospital's first therapy dog



Penn Hospital has a new member of staff – Crumble, the therapy dog. Pat (Crumble's owner) and Crumble visit patients to offer enjoyment and an opportunity to experience non-judgemental, stress free interaction at Penn Hospital every Monday afternoon.

Pat re-homed Crumble in May 2015 when she was seven months old. She had a bad start in life and didn't know how to play or be a puppy. Given the opportunity, she soon overcame her fears and became the happy little dog she is today.

Having visits from the therapy dog helps bring joy to people's lives, it gives them something to look forward to and a sense of normality. Animals love unconditionally and don't judge people on their condition or what's happening in their lives and sometimes that's exactly what patients need to help them feel happy and well.

Annex 1 Statements from the Trust's Key Stakeholders

To be included in the final report

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 2018/19 and supporting guidance, Detailed Requirements for Quality Reports 2018/19
- 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 2018 to May 2019
 - papers relating to quality reported to the Board over the period April 2018 to May 2019
 - feedback from Sandwell & West Birmingham Clinical Commissioning Group dated2019
 - feedback from Wolverhampton Clinical Commissioning Group dated2019
 - feedback from Dudley Clinical Commissioning Group dated2019
 - feedback from Wolverhampton Healthwatch dated2019
 - feedback from Wolverhampton City Council Overview and Scrutiny Committee dated2019
 - the Trust's Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated 07 February 2019
 - the latest national staff survey dated 22 February 2019

- the Head of Internal Audit's annual opinion over the Trust's control environment dated2019
- CQC Inspection Report dated 09 January 2019

- 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, and is subject to appropriate scrutiny and review
- 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.

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

..... Chairman

..... Date

..... 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 and 5 people appointed by recognised stakeholder organisations
BCPFT	Black Country Partnership NHS Foundation Trust
Bipolar Disorder	Bipolar disorder formerly known as manic depression is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behaviour
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
CAMHS	Child and Adolescent Mental Health Services
Care Cluster	A framework for planning and organising mental health services and the care and support that can be provided for individuals. In mental health there are 21 clusters that cover a range of diagnosis and needs
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
Clinically related challenging behaviour	Any non-verbal, verbal or physical behaviour which makes it difficult to deliver good care safely
Clinical Research Network West Midlands	Part of the National Institute for Health Research, the clinical research delivery arm of the NHS, set up to support research to make patients, and the NHS better. It is the largest of the 15 local networks across England.
Clostridium difficile	Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics, but can spread easily to others.

Term	Definition
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
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
Constipation	A common condition that affects people of all ages in which there is difficulty in emptying the bowels
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
E-coli	Escherichia coli (E. coli) is a type of bacteria common in human and animal intestines. There are a number of different types of E. coli and while the majority are harmless some can cause serious food poisoning and serious infection.
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-11	ICD-11 is the 11th 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.

Term	Definition
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.
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
MRSA	A type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. The full name of MRSA is methicillin-resistant Staphylococcus aureus. You might have heard it called a "superbug".
MSSA	Methicillin-sensitive Staphylococcus aureus, or MSSA, is a skin infection that is resistant to certain antibiotics. MSSA normally presents as pimples, boils, abscesses or infected cuts, but also may cause pneumonia and other serious skin infections.
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 Choices	The primary public facing website of the NHS, it is the UK's biggest health website with more than 43 million visits per month. Its pages include information on a wide range of conditions and treatments
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
NHS England	NHS England leads the National Health Service in England. They set the priorities and direction of the NHS and oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England
NHS Improvement	The regulator responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.
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

Term	Definition
Personality Disorder	Personality disorder (PD) refers to a complex psychiatric condition characterised by emotional changeability and difficulty relating to other people. It is often linked to previous traumatic events
PICU Psychiatric Intensive Care Unit	A unit that accepts referrals for individuals aged over 18, who are experiencing difficulties which present a risk to their wellbeing or that of others detained under an appropriate Section of the Mental Health Act
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
Post-traumatic Stress Disorder	Post-traumatic Stress Disorder is the name given to the psychological and physical problems that can sometimes follow particular threatening or distressing events.
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
Risk (in mental health)	Relates to the likelihood, imminence and severity of a negative event occurring i.e. self-harm, self-neglect, aggressive behaviour towards others.
Risk Assessment	Part of a comprehensive review of the patient to capture their care needs and to assess their risk of harm to themselves or other people.
Risk Management	Protecting patients and others from harm is a key priority and risk management is an essential component of providing such protection
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
Safewards	A model to reduce conflict on psychiatric wards developed by Len Bowers, Professor of Psychiatric Nursing
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.
See Think Act Training	Training for staff working on adult psychiatric wards to provide safe, purposeful and well-led services
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

Term	Definition
	in any major western country. STPs will be the main vehicle for health, social care and local government leaders to plan integrated service provision.

How to Provide Feedback

Thank you for taking the time to read our 2018/19 Quality Report.

We strive to make this report as informative for you as we can so we would welcome any feedback you may wish to make to help us improve future reports.

If you have any comments that you would like to make about the contents of this document, please contact the Trust in any of the following ways:-

Phone: 0345-146-1800

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 الاتصال
ب(إيفون مَيّن Yvonne Mayne) على رقم الهاتف أدناه.

এই তথ্যপত্রটির সারসংক্ষেপের বাংলায় একটি কপি পেতে চাইলে দয়া করে नीचे देया नम्बरे
फोन करे 'इभन मेइन' (Yvonne Mayne) এর সঙ্গে যোগাযোগ করুন।

આ દસ્તાવેજનો ગુજરાતીમાં સારાંશ મેળવવા માટે કૃપા કરી નીચે જણાવેલા
નંબર પર ઈવોન મેઇનનો સંપર્ક સાધો.

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

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

براہ کرم اس دستاویز کا اردو میں خلاصہ حاصل کرنے کے لیے نیچے دیئے گئے نمبر پر عوان میں سے رابطہ کیجئے

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

This page is intentionally left blank