

Meeting of the Public Health Select Committee

Monday 31st July, 2023 at 6.00pm

**At Saltwells Education Development Centre,
Bowling Green Road, Dudley, DY2 9LY**

Agenda - Public Session

(Meeting open to the public and press)

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. Public Forum
5. Programme of meetings and business items (Pages 4 - 9)
6. The 'Life in Lye' Programme (Pages 10 - 34)
7. NHS Quality Accounts
 - Black Country Healthcare Trust (Pages 35 - 158)
8. Development of Dudley's Integrated Model of Health and Care (Pages 159 – 162)
9. Update on High Oak Surgery (Verbal)
10. Update from the Director of Public Health (Verbal)



11. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).



Chief Executive

Dated: 21st July, 2023

Distribution:

Councillor J Clinton (Chair)

Councillor R Collins (Vice-Chair)

Councillors M Dudley, M Evans, M Hanif, D Harley, L Johnson, W Little, P Lowe, E Taylor and K Westwood; J Griffiths – HealthWatch Dudley (Co-opted Member)

Councillor I Bevan - Cabinet Member for Adult Social Care (Invitee)

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Meeting of the Public Health Select Committee – 31st July, 2023

Report of the Lead for Law and Governance

Programme of Meetings and Business Items for 2023/24

Purpose

1. To consider the programme of meetings and potential items of business for Public Health Select Committee during 2023/24.

Recommendations

2. It is recommended:-
 - That the programme of meetings for 2023/24 be noted.
 - That Members consider potential business items, as referred to in paragraph 4 of this report, subject to the need for flexibility during the municipal year.
 - That the Lead for Law and Governance, following consultation with the Chair and Vice-Chair, be authorised to make all the necessary arrangements to enable this Committee to undertake its work during the 2023/24 municipal year.
 - That the draft terms of reference for the Select Committee, as set out in the Appendix, be noted.

Background

3. As agreed at the Annual Meeting of the Council on 18th May, 2023, meetings of this Select Committee have been programmed during the 2023/24 municipal year to undertake its work and consider any relevant items of business during the municipal year. The draft terms of reference of this Committee are set out in the attached Appendix.

4. Following initial consultation with the Chair and Vice-Chair, the items listed below are recommended for consideration at programmed meetings of this Select Committee during 2023/24:

- **Monday 31st July, 2023**

Programme of meetings and business items for 2023/24

The 'Life in Lye' Programme

NHS Quality Accounts – Black Country Healthcare Trust

Development of Dudley's Integrated Health and Care Model

Verbal update on High Oak

Update from the Director of Public Health

Corporate Quarterly Performance Report – Quarter 4 2022/23 (To be circulated to Members for Information Only)

- **Monday 18th September, 2023**

Development of Dudley's Integrated Health and Care Model

5 to 19 Public Health Programme

Verbal update on High Oak

Update from the Director of Public Health

Corporate Quarterly Performance Report – Quarter 1 2023/24 (To be circulated to Members for information only)

- **Thursday 23rd November, 2023**

Development of Dudley's Integrated Health and Care Model

Staff Wellbeing

Substance Misuse

Evaluation of previous Health and Wellbeing Strategy and the New

Health and Wellbeing Strategy

Verbal update on High Oak

Update from the Director of Public Health

- **Thursday 25th January, 2024**

Development of Dudley's Integrated Health and Care Model

High Oak

Update from the Director of Public Health

Corporate Quarterly Performance Report – Quarter 2 2023/24 (To be circulated to Members for information only)

- **Additional Meeting (Date to be confirmed)**

Mental Health

Your Home, Your Forum

Update from the Director of Public Health

- **Thursday 25th April, 2024**

Annual Report and Draft Scrutiny Programme

NHS Quality Accounts

Household Support Fund

Update from the Director of Public Health

Corporate Quarterly Performance Report – Quarter 3 2023/24 (To be circulated to Members for information only)

5. Action Tracker reports will also be included as a standing item on each agenda to ensure that any outstanding actions agreed by the Committee are progressed and monitored.
6. The Committee is requested to consider the outline programme of business as outlined above taking account of the need for considerable flexibility due to changing circumstances and any issues that might arise during the municipal year.
7. Subject to the views of the Committee at this meeting, the Lead for Law and Governance, following consultation with the Chair and Vice-Chair, will make the necessary practical arrangements for the Committee to conduct its work during 2023/24.
8. The Council's scrutiny arrangements are set out in Article 6 of the Constitution and the associated Procedure Rules within Part 4 of the Constitution. At the Annual Meeting of the Council on 18th May, 2023, approval was given to the establishment of the Overview and Scrutiny Committee, together with seven Select Committees, for the 2023/24 municipal year.
9. A report was submitted to the Overview and Scrutiny Committee on 12th June, 2023 proposing consequential updates to the Council's Overview and Scrutiny arrangements arising from decisions made at the Annual Meeting of the Council. The Overview and Scrutiny Committee has resolved that the report be deferred. A further report will be submitted to the Overview and Scrutiny Committee in due course. This will include clarification of the arrangements for the scrutiny of any decisions that are 'called-in' in line with the Procedure Rules.
10. A "Scrutiny Essentials" Training Session was provided to Members by the Local Government Association on 25th May, 2023, with emphasis on the importance of the Members role and essential scrutiny techniques to assist in the development of scrutiny work for the 2023/24 municipal year.

Finance

11. The Council's scrutiny arrangements for 2023/24 will cause an initial pressure of £30,180 on the budget for Members' Allowances and will also require additional unbudgeted resource for officer support. The Director of Finance and Legal will seek in year to contain this pressure from reserves. However, arrangements for future years will need to be considered as part of the budget process for 2024/25 onwards.

Law

12. Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.

Risk Management

13. Reports to Select Committees will include a paragraph to ensure proper consideration of any ongoing material risks as part of the Council's Risk Management Framework.

Equality Impact

14. Provision exists within the Council's scrutiny arrangements for overview and scrutiny to be undertaken of the Council's policies on equality and diversity.

Human Resources/Organisational Development

15. The issues referred to in this report are administered within the resources available to the Democratic Services Team with support from Directorates and other Officers as required.

Commercial/Procurement

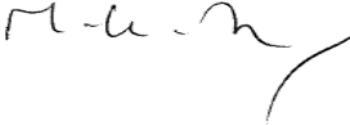
16. Individual items may have commercial or procurement implications, which will be reported to relevant Select Committees.

Environment/Climate Change

17. The Council requires that all reports should include an assessment of the impact on the environment. The Council has declared a Climate Emergency and reports on individual proposals should address the impact on the Council's work to address Climate Change and achieve the Net Zero target by 2041. In addition, individual reports should consider how the proposals support the [United Nations sustainable development goals](#)

Council Priorities and Projects

18. Work undertaken by Select Committees will contribute to the delivery of key Council priorities including the Borough Vision, Council Plan and Future Council Programme. Reports to meetings will include details of how proposals impact on key Council priorities.



Mohammed Farooq
Lead for Law and Governance

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Appendix

Appendix 1 – Terms of reference

List of Background Documents

The Council's Constitution

TERMS OF REFERENCE

PUBLIC HEALTH SELECT COMMITTEE

Membership

11 Councillors, 1 non-voting Co-opted Member

Terms of Reference

To fulfil scrutiny functions as they relate to the improvement of local health and associated services, as a contribution to the Council's community leadership role, in accordance with relevant legislation, regulations and associated guidance.

To make reports and recommendations to local National Health Service (NHS) bodies and to the Council on any matter reviewed or scrutinised which will explain the matter reviewed, summarise the evidence considered, provide a list of participants in the scrutiny exercise, and make any recommendations on the matter reviewed as appropriate.

To proactively receive information within given timescales, with some exceptions as per Government Guidance, requested from local NHS bodies.

To be consulted by and respond to (as appropriate) NHS bodies in connection with the rationale behind any proposal and options for change to local health services made by the NHS.

To ensure the involvement of local stakeholders in the work of the Committee and to take any referrals from local Patients' Forums.

To act in accordance with Government Guidance relating to Health and Scrutiny functions.

In accordance with any agreed programme of business and any statutory requirements:-

- (a) To undertake scrutiny and contribute to policy development relating to matters falling within the portfolio responsibilities of the Cabinet Member for Public Health.
- (b) To undertake scrutiny investigations/inquiries as required.
- (c) To submit reports and recommendations to the relevant decision taker(s).

Meeting of the Public Health Select Committee – 31st July 2023

Report of the Director of Public Health

The ‘Life in Lye’ programme

Purpose of report

1. To provide an overview of the ‘Life in Lye’ programme and its approach to improving community cohesion and reducing health inequalities in Lye through a system-wide, place-based approach.

Recommendations

2. It is recommended that the Public Health Select Committee:
 - take note of the report and the activity which has taken place to date
 - note the alignment with the Council Plan, Health and Wellbeing Board Strategy and The Forging A Future Dudley Borough Vision
 - note that Public Health have to submit quarterly reports to the Integrated Care Board (ICB) and the Police and Crime Commissioner (PCC) to report on activity in line with the agreed funding proposals
 - advise on opportunities to build on this work

Background

3. Despite receiving a bad press in recent years, Lye was once a thriving destination point largely due to the excellent curry houses which people would travel to from miles around. Lye today is an area with many strong community assets including its history, the many sociable, welcoming, and friendly people, its community buildings, community leaders and groups, independent businesses, and green spaces. The ‘Stories of Lye’ collected in 2019 highlight people’s passion for Lye and the ideas and energy they have to make it an even better place. The Lye New Histories Project delivered during 2021-22 further highlighted the things which people from different communities in Lye have in common (such as home, family, friendship, and community) and the potential to bring communities together through creative

activities, to build trust, share cultural identities and work together to address local challenges.

Previous work in Lye/partnership working

4. Prior to the Covid-19 pandemic a Lye Community Cohesion, Health and Engagement Group was Chaired by the Head of Community Safety. The group brought together people working in Lye to report on their work and discuss new and emerging issues which required action.
5. In July 2022 a partnership meeting took place to discuss integrated and joined-up models of care in Dudley, with a specific focus on the challenges and ambitions for Lye. People asked, *“how can we support each other to work collaboratively in Lye?”* *“How can we work differently to engage the diverse communities in Lye and increase access to services, when needed?”* and *“how can we share and utilise our resources in the best way to benefit the people of Lye?”* The group aspiration was to co-produce a new model of working in Lye based on stories and insight from those living and working in the area.
6. Following this meeting, small pots of funding were obtained from the Integrated Care Board (ICB) Health Inequalities Fund and the Police and Crime Commissioner Fund to focus on a new approach to improve community cohesion and address health inequalities. The Life in Lye programme was initiated in January 2023 by the Public Health Manager for Healthy Communities, Dudley Council and the Strategic Commissioning and Transformation Lead for Mental Health and Prevention in Dudley Integrated Health Care NHS Trust. Membership of the group and terms of reference are attached as Appendix 1 to the report.

A new approach

7. “Over the last decade, local authorities have been grappling with the triple challenge of ever-increasing complexity, growing demand for services, and continuing reductions in resources. Many people report having worked on the same problems in the same way for many years and are frustrated to see how little has changed. They recognise that the people they serve are complex, with individual contexts and needs, and that the issues they face can’t be resolved by a single, simple service model. There is recognition that over-professionalisation and the ‘customer’ management approach from previous decades not only leaves them ill-equipped to meet the challenges communities face but can be wasteful and even harmful. Councils have therefore responded with a renewed vision of their role, demonstrated through the adoption of more person- and community-centred approaches.”¹

¹ Asset-Based Community Development for Local Authorities. Nesta, 2020

8. Asset-based community development (ABCD) is an established and well-documented approach that a number of local authorities have adopted to build more effective relationships with communities to meet a broad range of outcomes. There is growing recognition that asset-based approaches need to be at the heart of plans to tackle health inequalities and other 'wicked' issues.
9. The Life in Lye programme takes an asset-based approach by focusing on values, principles, and ways of thinking to:
 - identify and make visible the health-enhancing assets in a community
 - see citizens and communities as the co-producers of health and well-being, rather than the recipients of services
 - promote community networks, relationships and friendships that can provide caring, mutual help and empowerment
 - value what works well in an area
 - identify what has the potential to improve health and well-being
 - support individuals' health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge, and personal resources
 - empower communities to control their futures and create tangible resources such as services, funds, and buildings.
10. This approach is not about expecting communities to do more and save public money but about investing in more sustainable and effective approaches to reduce health inequalities. By supporting people to build on their strengths and make new connections their resilience increases and dependence on services decreases.
11. This approach requires a shift in attitude and an understanding of the limitations of a 'deficit' way of seeing the world.

From... Deficit approach	To... Asset-based approach
Focus on problems, deficits or weakness; focus on past failures	Focus on opportunities and strengths; focus on future possibilities and successes
Local people as 'customers', 'clients' or 'service users'	Local people as 'citizens'
Provide services to people	Develop and co-produce services <i>with</i> people
Responds to 'problems'	Finds opportunities for growth and social change, gives people ownership of their experiences
Reliance on outside 'experts' and bureaucratic systems	Non-bureaucratic, focus on people's strength and knowledge, prioritises community
Grants or funding given to agencies or government	Grants or funding given to local associations or groups
Programmes are the answer	<i>People</i> are the answer

12. Working in an asset-based way is community-led, long-term, and open-ended. A mobilised and empowered community will not necessarily choose to act on the same issues that health services or councils see as the priorities. The timescales are longer than many of the current publicly funded projects. Professional staff and councillors have to be willing to share power; instead of doing things for people they have to help a community to do things for itself.
13. Mick Ward of Leeds City Council (recently retired), has written an excellent introduction to the way in which he and his team have understood the ABCD approach: *“Asset-based community development and asset-based approaches begin by finding out what the people living in a community care enough about to work on together to change, develop and/or sustain,”* he writes. *“It recognises and celebrates the uniqueness of neighbourhoods and the interdependencies of communities. Central to the approach is finding and recognising the assets of an area; anything from a patch of unused land, a neighbour who knows the local baby groups, a local business who is happy to share their office space, a fast-food restaurant where young adults meet or a retired teacher looking to meet new people.”* *“They will be different in every area, but whatever they are these community assets are the building blocks of sustainable community building efforts.”* In the words of Cormac Russell, asset-based community development is *“the way by which*

we can build healthier, safer, prosperous and more inclusive communities”. In a world of complex, interdependent challenges, growing inequalities and a continuing struggle for public funding, the adoption of this approach has become all the more necessary. Fundamentally, local authorities unlock new ideas and resources when they recognise communities as contributors and a source of rich abundance, rather than recipients of rationed services and pockets of demand.²



14. In an area such as Lye, with high levels of health inequalities and community tensions, creating more resident-to-resident relationships, connecting people by identifying common ground and shared interests and enabling them to exchange skills and resources will support them to act on the issues which are most important to them.
15. Asset based approaches cannot be delivered by councils alone. The Life in Lye programme will bring together partners across the system to focus on a new way of working in line with these principles, approaches, and desired outcomes, to harness the power of employers, networks and communities. By focusing on what is done as a system and at the place level, the programme will focus on a single framework which starts with listening and sharing power with communities with humility.

A whole system approach

² Asset-Based Community Development for Local Authorities. Nesta, 2020

16. The Life in Lye programme takes a whole system approach to health inequalities. Systems thinking is a way to make sense of a complex problem and is particularly helpful in public health when:
 - looking at long term issues
 - there are multiple stakeholders (populations and organisations)
 - there are multiple causes that influence and interact with each other
 - there are different/ conflicting perspectives on an issue
 - there is no single explanation for what is causing the issue and no single solution that will fit all situations.
17. Systems thinking starts by discovering a sense of communitywide perspective and innovation; asking the right questions, considering many possible outcomes, and working collaboratively to create practical solutions and initiatives; and developing creative thinking to match creative situations.
18. This programme focusses on discovery conversations, creating and facilitating opportunities for building understanding of different perspectives and experiences, creative thinking, collaboration, and co-production of solutions to some of the wicked issues in Lye.

A place-based approach

19. The Life in Lye programme is taking a place-based approach to target the specific circumstances in Lye and engage local people as active participants. A place-based approach is about understanding the issues, interconnections and relationships in a place and coordinating action and investment to improve the quality of life for that community. It considers critical stages, transitions, and settings where large differences can be made in population health, rather than focusing on individual conditions at a single stage in life.

Health Inequalities

20. Health inequalities are avoidable, unfair, and systematic differences in health between different groups of people. They are rooted deep within our society, and they are widening, leading to disparate outcomes, varied access to services, and poor experiences of care.
21. Addressing and reducing health inequalities has been a consistent ambition for many decades yet attempts to do so have had mixed success. Health inequalities are often considered to be wicked problems – issues that are complex in terms of causal pathways, difficult to define with no immediate solutions. They pose challenges to traditional approaches to policy making and programme implementation.

22. Too often in the past interventions to address health inequalities have focussed on one approach, most notably behaviour change interventions and condition management. However, people need capability, opportunity, and motivation to change, and this is unlikely to happen when the wider determinants of health are not also being addressed. Equally, positive health outcomes can only be achieved by addressing the factors that protect and create health and wellbeing, such as community life, social connections and having a voice in local decisions. These community determinants build control and resilience and can help buffer against disease and influence health-related behaviour.
23. The Life in Lye programme is taking a whole system approach to address the complex causes of health inequalities by:
1. **Taking action on the wider determinants of health** by facilitating opportunities for greater understanding and collaboration between those living and working in Lye so they can co-design solutions to some of the wicked issues.
 2. **Unleashing the potential within communities** by discovering community assets, making them visible, mobilising, connecting and celebrating them; and encouraging people to think about how they can build good health and wellbeing from within the community.
 3. **Delivering services with system, scale and sustainability** by facilitating conditions and opportunities which enable people to build on and strengthen existing services and reduce duplication/ smaller, fragmented projects.

24.

Making an impact on inequalities



Community Cohesion

25. Community cohesion is closely linked to integration as it aims to build communities where people feel confident that they belong and are comfortable mixing and interacting with others, particularly people from different racial backgrounds or people of a different faith. The more people that know their neighbours by name and the more collectively a community behaves, the safer it becomes.
26. This programme aims to increase community cohesion by:
 - focusing on the things which people from different communities in Lye have in common, such as family and sense of place,
 - finding out what people care about and want to change in their local community and using that as a starting point for shared activities.
27. The core group carefully manage expectations in relation to speed of programme delivery to ensure that time is protected for relationships to develop; understanding and trust do not emerge overnight.

Project scope

28. The year 1 scope of the Life in Lye programme includes:
 - Discovery conversations with people living and working in Lye – carried out through listening events, 1-1 conversations and the ‘Let’s Chat’ community bus, with a focus on aspirations, opportunities, and a shared vision for Lye; what is working well and how could we make things even better.
 - Monthly community litter picks – to engage more local people, particularly the Roma community, and collaborate with existing community activists.
 - Lye walking group – to bring people together from the diverse communities in Lye, to explore new outdoor environments, get to know each other and build trusting relationships.
 - ‘Make it Happen’ (or similar) support to develop community-led projects in line with people’s aspirations for the area, to engage more people in community life, increase and strengthen relationships within and between community groups.
 - A family learning approach to developing English skills for the Roma community.
 - Welcome to Lye network – to facilitate greater understanding of the community assets, aspirations and opportunities in Lye and collaborate to address the challenges facing those who live and work there. To coordinate system wide learning, training, and development opportunities to enable a shared understanding and approach to working in Lye.

- Welcome to Lye booklet and community information events – to provide a friendly and simple guide to activities, groups, and services in the area as well as other useful information such as how to report issues with poor housing etc, particularly for those new to the area.
- Showcase of the creative artworks produced through the Lye New Histories project to celebrate the diverse communities in Lye and their culture so people feel recognised and valued.
- Community newsletter – to share positive stories and information about what is happening in Lye, to build on what is great.
- Co-design sessions – bringing people together around a ‘wicked’ issue to understand the underpinning factors and co-design a solution.
- Community volunteer roles and paid community connector roles to facilitate asset-based community development alongside the community development workers.
- Working with anchor organisations to build on opportunities for volunteering, training and employment, in line with people’s interests, passions and skills.
- Exploring the potential for a community hub/ co-working space to build stronger relationships and enable greater collaboration between those living and working in Lye and provide a space for community led activity.

29. Quarterly reports are submitted to the ICB and PCC and include progress, risks and issues, finance, and case studies.

Finance

30. The ‘Life in Lye’ programme has received £10,000 funding from the Integrated Care Board for work in support of the health inequalities agenda and £20,000 from the Police and Crime Commissioner for work to increase community cohesion. This funding must be spent by the end of March 2024.

Law

31. The Localism Act 2011 provided councils and communities new powers and rights to continue to make a difference locally. This power gives councils more freedom to work together and with other organisations in new ways, be it to drive down costs or simply work more effectively. Crucially it gives councils increased confidence to do creative, innovative things to meet local people’s needs.

Risk Management

32. This programme is managed in line with the Council's Risk Management Framework. Risks are documented in programme monthly highlight reports, then reviewed and discussed to agree mitigations and actions as part of the routine governance of the programme during monthly Core Group meetings. To ensure timely risk identification, reporting, ownership and oversight, risks are also discussed and logged during weekly operational meetings and escalated to the Strategic Lead where necessary.
33. Some of the current risks and mitigations include:

Risk	Mitigation/ action
The growing community tensions resulting from anti-social behaviour – impacting on community engagement and reputation of Lye (red)	Core group have collated a response to the recent community petition and call to action and are arranging to meet with the lead resident to discuss how we can work together.
Staff capacity to facilitate the full scale of the programme (amber)	Role descriptions for voluntary and paid roles are in draft format and these positions will progressed during Aug/ Sep with funding from the PCC.
Scope creep – focus deviates from the scope agreed by funders (amber)	Scope review undertaken at July Core Group meeting which will be used to inform and define the project implementation document.
Managing expectations in relation to speed of delivery and outcomes (amber)	Strong leadership and consistency from the Core Group in communicating and applying the values, principles and approach fundamental to the successful delivery of this programme.

Equality Impact

34. The Equality Act 2010 public sector equality duty requires public authorities to pay due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations covering all protected characteristics. This duty applies to council services even if they are not delivered directly by the council.

35. The Life in Lye programme should have a positive impact on all as it seeks to be inclusive, empowering and focusses on valuing people's strengths and contributions rather than seeing people as in a state of 'need'. It also seeks to build greater collaboration between individuals, groups, and communities irrespective of their age, gender, race, religion, or any other characteristic.
36. Through the discovery conversations and the 'Welcome to Lye' network meetings people will collectively identify the barriers to accessing a range of opportunities and services (such as language, lack of trust, cultural stigmas, lack of education etc.) and coproduce a way to address these, working as one system in Lye.
37. A Health Equity Assessment Tool (HEAT) audit is currently being completed and includes the scope of the work programme, the key sources of data and insight, the causes of inequalities and how this work programme is likely to impact on inequalities. It has demonstrated that the Life in Lye programme is maximising the potential for positive impacts on health inequalities by:
 - Acting on some of the specific causes of inequalities
 - Targeting action on populations who face the biggest inequalities
 - Designing the work with communities who face the biggest inequalities to maximise the chance of it working
 - Seeking to increase people's control over their health and lives
38. The Life in Lye programme builds on previous work with children and young people through the Lye New Histories project which engaged with over 100 children and young people from Roma/ Romanian, Muslim and British backgrounds. Seventy-two pupils from Rufford Primary School and Pedmore High School took part in a series of theatre workshops to help them reimagine what Lye could offer and what resources, projects or activities they felt could add greater social cohesion between the diverse communities in the place they call their home. Thirty young people from Lye Community Centre took part in a social media challenge and used images to convey a 'Sense of Place' to show the emotional association they had to their home, community, family and friends.
39. Young girls from the Roma community took part in traditional dance workshops to showcase their cultural identity. Alongside this the group discussed a range of issues affecting young females within the Roma community such as education and early arranged marriages. They also created artworks to depict their local area and their aspirations.

40. The Life in Lye programme is providing a legacy for this work by utilising and building on the assets produced (artwork etc.) to showcase the different cultures and create a sense of pride and belonging as well as using the insight to inform programme delivery.

Human Resources/Organisational Development

41. The Life in Lye programme is being facilitated by Officers from the Healthy Communities team. This includes the Public Health Manager as Strategic Lead, the Senior Health Improvement Coordinator as programme manager and three Community Development Workers as project facilitators. A proportion of each of these roles is allocated to this programme.
42. At this point in time there is no project support resource for this programme, and therefore all admin tasks are completed by the core project team. The volume of programme and project related administrative tasks should not be underestimated and it is prudent to acknowledge impact on resource capacity and plan with this in mind. If the core project team learns of any project support capacity, it shall be further explored.
43. The successful delivery of this programme is dependent upon all members of staff consistently communicating and applying the principles, values and behaviours which underpin asset-based community development. Reflective learning and practice are built into the programme governance through twice weekly operational stand-up meetings and reflection and learning logs. Relevant learning resources and opportunities to learn from others through networking and field visits are also being built into the programme delivery.
44. The 'Welcome to Lye' network will provide a platform for people working across the system to come together, learn and collaborate so that this new way of working is embedded and becomes the way of working in Lye.

Commercial/Procurement

45. The Life in Lye programme identifies, mobilises, connects and builds on existing community assets to create a stronger, more connected and resilient community. In line with this approach the funding from the ICB and PCC is being invested, wherever possible, in local businesses, groups and people. This will ensure that funding for Lye stays in Lye rather than being spent on commissioning external agencies etc.
46. A 'Make it Happen' initiative will be run as part of the programme; this invests small amounts of money into community led projects to enable

them to get started whilst also connecting them to other community assets to ensure their sustainability.

Environment/Climate Change

47. A key focus of this programme is on improving the local environment to improve community cohesion and health inequalities. This will be achieved through both community-led activities (such as community litter picks, awareness raising and education, growing projects etc), as well as by facilitating greater collaboration between the community and partners to better understand some of the wicked issues such as fly-tipping, litter, and poor housing conditions, and take a solution-focussed approach. See appendices 2 and 3 for some additional information from these teams in relation to current activity.
48. The Life in Lye programme also contributes to several of the United Nations sustainable development goals, including:
 - No poverty
 - Good health and wellbeing
 - Quality education
 - Gender equality
 - Reduced inequalities
 - Sustainable cities and communities

Council Priorities and Projects

49. The Forging a Future For All Borough Vision is at the heart of the 2022-25 Council Plan. The Borough Vision is made up of seven aspirations for how the borough should be by 2030. This programme contributes to the Borough Vision aspiration – ‘A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future’ by focussing on opportunities for growth and social change and giving people ownership of their experiences.
50. The programme contributes to all four Council Plan 2022-2025 priorities:
 - the borough of opportunity – by building on people’s skills and interests and encouraging them to engage in new opportunities and pursue their aspirations
 - the safe and healthy borough – by facilitating a whole system place-based approach to tackle health inequalities, increase community cohesion, tackle discrimination and promote safe communities.
 - the borough of ambition and enterprise – by supporting those living and working in Lye to engage with the Lye Design Code and

Masterplan regeneration work so that their vision and aspirations for Lye inform future developments

- the destination of choice – by celebrating the diverse culture, history and communities within Lye and helping to change negative perceptions of the area by increasing community cohesion and community safety.

51. Programme delivery reflects the 4 principles outlined in the new Health and Wellbeing Board strategy, by building community capacity and resilience, focussing on the wider determinants of health, and advocating for a shift to person/ community centred approaches which build on the skills and assets of people, communities, and practitioners.

52. Programme delivery is in line with wider Council and Borough activities and projects including:

- Data protection - there is robust governance in place for this programme which ensures that all GDPR requirements are being adhered to in line with the Council policy.
- GP, health provision and public health – the ‘Welcome to Lye’ booklet and network focusses on increasing awareness of and access to information/ support/ services in the area.
- Local housing needs – collaboration with colleagues from housing, environment and local landlords to better understand and address some of the factors contributing to litter and fly tipping.
- Local deprivation and cost of living – identifying people’s aspirations, skills and interests, providing opportunities to develop these and exploring potential for paid work. Working with CAB to increase access to support/ services through the cost-of-living hubs and advice sessions.
- Green spaces and the safety of the community – collaborating with regeneration colleagues to ensure the community are involved in the Design Code and Masterplan work and supporting community-led projects such as litter picks.



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Appendices

Appendix 1: Terms of Reference for the Life in Lye Programme Core Group.

Appendix 2: Additional information in respect of housing enforcement.

Appendix 3: Additional information in respect of street cleansing.

List of Background Documents

Asset-Based Community Development for Local Authorities. Nesta, 2020

https://media.nesta.org.uk/documents/Asset_Based_Community_Development.pdf

Stories of Lye - <https://www.allaboutdudley.info/news/stories-of-lye/>

Appendix 1

Life In Lye Programme Core Group – Terms of Reference

Purpose

The Life in Lye Core Group will provide strategic oversight and manage the overall direction of the programme to ensure an effective and timely delivery of this initial one-year (phased) programme in line with the funding requirements, by 31st March 2024.

Membership

Lye Community Experts	<ul style="list-style-type: none"> • Details removed to retain anonymity
Dudley Council	<ul style="list-style-type: none"> • Jody Pritchard (Public Health Manager - Healthy Communities) & Strategic Lead for the Life in Lye Programme. • Cllr. Mohammed Hanif • Cllr. Dave Borley • Cllr. Peter Lowe • Cllr. James Clinton • Rachel Bond (Senior Health Improvement Practitioner – Healthy Communities) & Project Manager for the Life in Lye Programme • Caz Tromans (Community Development Worker & Project Facilitator for the Life in Lye Programme) • Alexandra Stan (Community Development Worker & Project Facilitator for the Life in Lye Programme) • Davinder Tiwana (Community Development Worker & Project Facilitator for the Life in Lye Programme) • Kathy Adams (Area Learning Manager, Adult Learning)
Dudley Integrated Health & Care NHS Trust	<ul style="list-style-type: none"> • Piotr Gass (Strategic Commissioning and Transformation Lead - Mental Health) & Strategic Lead for the Life in Lye Programme.

	<ul style="list-style-type: none">• Faye Sadler (Personalised Care Lead, Chapel Street Surgery)
West Midlands Police	<ul style="list-style-type: none">• Sgt John Norgrove (Lye and Amblecote Neighbourhood Policing Team)

Membership:

- Membership is to be reviewed monthly.
- The period of membership is until 31st March 2024 with a potential for an extension. If an extension period is required membership will also be reviewed to ensure effective use of resources.

Prospective and new Core Group members:

- A Core Group meeting discussion will take place regarding prospective new members, under the standing item 'membership review'. The existing Core Group members need to consider what the prospective member would bring to the Group. The Group needs to consider whether their involvement is best placed in the Core Group or via another channel e.g. Welcome to Lye sessions.
- For onboarding confirmed new Core Group members, a briefing meeting will take place with a smaller group, which as a minimum, must include the Chair plus one other member of the Core Group. Key background / governance documentation will be shared with all new members of the Group.

Governance:

- The Life in Lye Core Group will be chaired by the programme's Strategic Lead, Jody Pritchard.
- The Life in Lye Core Group is responsible for reporting back to the Public Health Head of Service for Communities and Place on the workstream deliverables and activities. The primary vehicle for communication between Core Group and the Executive Sponsor will be via the Chair/Strategic Lead Jody Pritchard.

- Individuals that are not members of the Life in Lye Core Group may be invited to attend (with prior agreement of the Chair), to provide advice and expertise as required. The process for requesting guest participants is as follows:
 - Email all guest participant requests to the Chair, and cc the Project Manager.
 - Requests are discussed at the next Core Group meeting.
 - If the request feels like an urgent opportunity, it can be discussed by a smaller group outside of the Core Group meeting, providing the Chair is present. The Chair or Project Manager will update the whole Core Group by email and explain why the guests are attending the next meeting.
- There are no hard and fast rules in this TOR regarding restrictions on numbers. However, too large (10+) and meetings may become less productive.
- No member of the Life in Lye Core Group may participate in a discussion where such participation would give rise to a potential conflict of interest.
- The Life in Lye Core Group members should avoid delegating attendance at meetings unless it is absolutely unavoidable. Where deputies attend, they will be expected to have authority to make decisions on behalf of the organisation they represent and be fully briefed on the programme principles and approach.

Responsibilities

Life in Lye Core Group members will:

- Discuss, monitor and reach agreement on a range of strategic issues, ensuring that the programme plan and its deliverables are informed by the community, and that the programme is directed in such a way that it builds on community assets and is informed at every level by community insight.
- Providing strategic leadership and champion a community asset-based approach; ensuring asset-based principles and ways of working are adhered to as laid out in the Business Case.
- Ensure that the programme has access to the necessary resources and capabilities required to successfully complete the activities and reach the desired outcomes.
- Identify decisions that require the attention/approval of subject matter experts and senior colleagues

- Ensure the involvement of all stakeholders required to engage with the project; ensuring the required level of progress is being achieved across each workstream.
- Provide strategic leadership to address risks and issues that are slowing or impeding progress or are a threat to the programme's reputation.
- Oversee all strategic communications relating to this programme via a communications plan / workstream
- Receive and review the [monthly] highlight report, developed by the project Manager.
- Provide strategic oversight of the programme plan, monitoring progress and addressing issues reported to the Life in Lye Core Group (by exception).
- Invite attendees to present or provide advice to assist the decision-making process.

Working methods

- This Core Group will adopt a supportive and collaborative learning approach; where constructive and respectful challenge, is necessary and accepted by the group. It should be a 'safe space' to exchange ideas, concerns and opportunities for improvement. This group will adopt a bottom-up approach giving team members a voice in decisions.
- No Project or Task groups are convened at this stage. If group members wish to convene a Project or Task focussed group, this will need to be agreed by the Programme Manager and signed off by the Chair/Strategic Lead. This is to maintain programme and project control.

Sharing of information and resources

- The Core Group members will share information, updates and resources by email and utilising the restricted access folder on the DMBC network. The Programme Manager (supported by the Life in Lye Core Programme Team), shall provide verbal updates and monthly highlight reports on workstreams, activities, risks and issues.
- Confidential materials must be identified and explained by the Core Group members to ensure only shared/read on a need-to-

know basis; and to determine whether any additional password protection is required.

Meeting format

- Face to face meetings in Lye will be held on a monthly basis (or as is necessary to coincide with the programme of work).
- The Project Manager's highlight reports are completed on a monthly basis. Status meetings between Project Manager and the Core Programme Team occur at least once a week.
- The Project Manager will provide secretariat for the Life in Lye Core Group meeting.
- The agenda, any highlight reports and ad hoc papers to be circulated three days in advance of each meeting.
- Brief notes, decisions and actions will be reviewed by the Chair / Strategic lead before being circulated to Core Group members after each meeting.
- Agenda with standing items and Core Group members invited to add items or bring on the day under A.O.B.

Meeting Agenda

Please find below the template agenda for future meetings:

Agenda: Life in Lye Core Group

Date: []

Attendees:

Meeting Items

1. Notes and actions from previous meeting.
2. Review membership (T.O.R).
3. Programme / workstream highlight report
4. Action Plan updates

5. Risks and Issues (any not covered in highlight report)

6. Any other business / updates.

Document Version Control

Version History / Date	Author	Any additional comments
ToR Version 0.1 created 31.01.23	Rachel Bond	
ToR Version 0.2 created 01.02.23	Rachel Bond	Jody Pritchard & Rachel Bond will jointly review 0.2 ToR in due course date tbc.
ToR Version 0.3 created 21.02.23	Rachel Bond	Version 0.3 created in response to JP comments
ToR Version 0.4 created 23.02.23	Rachel Bond	Version 0.4 created through discussion with JP
ToR Version 0.5 created 17.05.23	Rachel Bond	Version 0.5 created through discussion at May Core Group meeting
ToR Version 0.6 created 29.06.23	Rachel Bond	Updated the membership list, as agreed by the Core Group in June
ToR Version 0.7 created 29.06.23	Jody Pritchard	Version 0.7 created to update the membership

Appendix 2: Additional information in respect of housing enforcement.

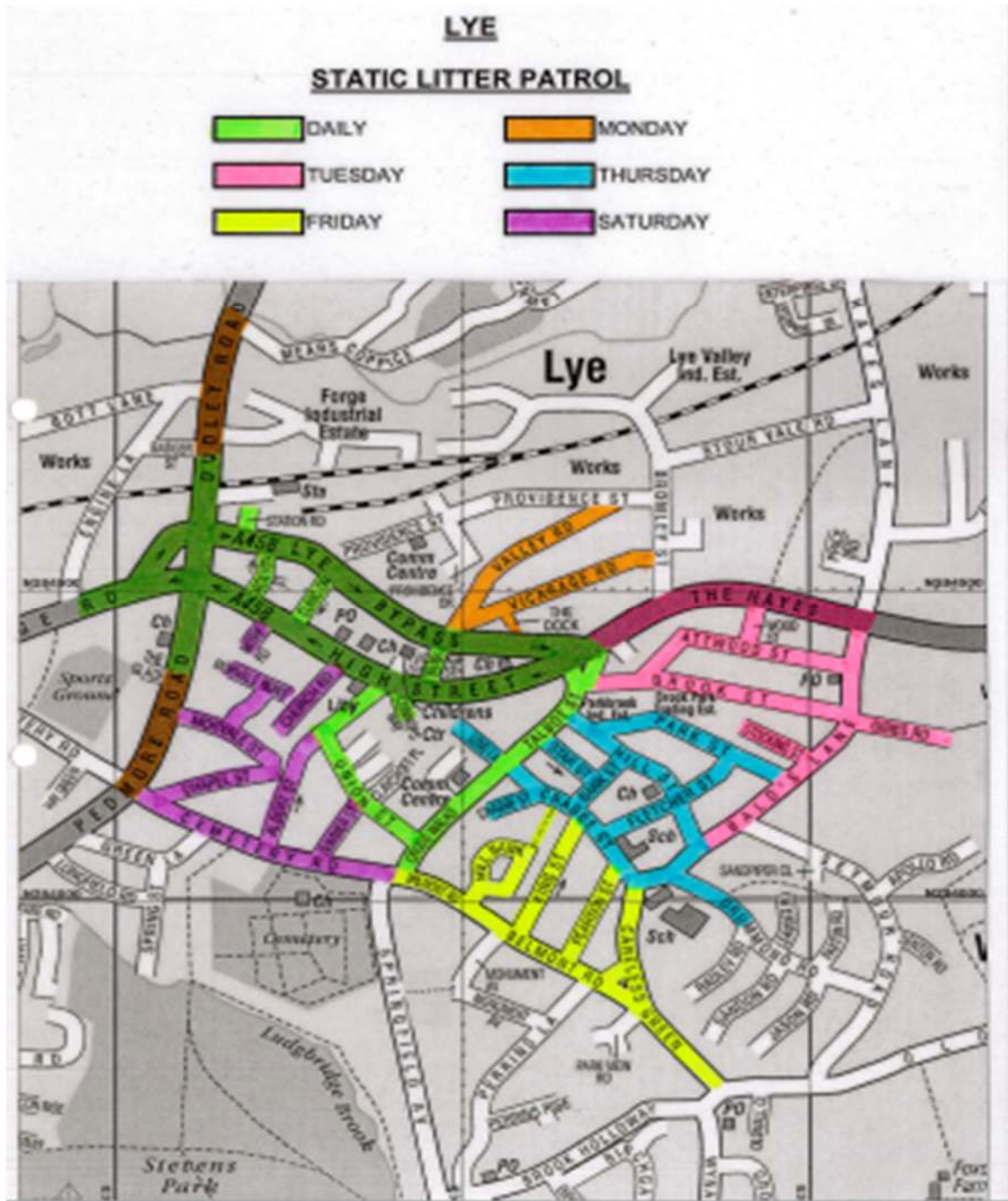
Private Sector Housing Enforcement Requests for Service in Lye Area	
1.	The Private Sector Housing Enforcement Team investigate disrepair and unsatisfactory living accommodation throughout the Borough using powers contained in the Housing Act 2004. Annually this involves complaints with regard to approximately 300 properties.
2.	Upon conclusion of an inspection of a property the Team carry out a risk rating with regard to the Hazards present at the property and determine the most satisfactory course of action to reduce or remove the hazards. At present most of the workload of the Team is reacting to service requests from members of the public with regard to their living accommodation.
3.	Overcrowding is reported to the Team by Members, the public and other professionals, it is rare that the occupiers themselves report issues to the Team.
4.	<p>Difficulties experienced by the Team with regard to overcrowding include:</p> <ol style="list-style-type: none"> 1. The Team are legally required to give 24 hours' notice of entry into a property - lack of access would necessitate an application for a warrant based on evidence. 2. Upon accessing a property there is usually insufficient evidence to declare that the property is legally overcrowded. Occupiers may state that they are visiting or are family members with accommodation elsewhere usually out of Borough. 3. Often the landlord allegedly has no knowledge of overcrowding and if found it is abated following a visit to the premises. 4. The Team is required to gather information with regard to individuals and properties that will satisfy a Court or Tribunal of the issues concerned. This can take some time to gather. There may be no legal basis for access to the information required to evidence any Statutory overcrowding and / or take action.

	5. Previous joint initiatives with West Midlands Police (pre COVID) have been largely unsuccessful in confirming any cases of overcrowding
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Appendix 3: Additional information in respect of street cleansing.

Street cleansing in Lye

1. Map of litter patrol route (with dustcart) and frequency. The regular and dedicated Street Cleansing Operative for the area is on long term sick so this route is currently being covered by a mobile crew.



2.	The main roads, such as the High Street and by-pass are on a fortnightly channel sweeping schedule. The High Street has a footway sweeper twice a week on Tuesdays and Thursdays. The other main roads are on a weekly footway sweeping schedule.
3.	All of the residential roads are on an 8-weekly channel sweeping schedule. Most of the residential roads are high density housing and full of parked cars which prevent sweeping so a couple of times a year we leaflet these roads requesting residents move their cars so that we can do a deep cleanse. Unfortunately, the response from residents is usually quite poor and cars aren't moved.
4.	Sweeping on Thursdays I Handy Static Litter Patrol Operative starts at 6am to aid Sweeping with Leaf Blower
5.	There are 40 bins on this route – an additional 5 bins have been installed recently.
6.	The team also carry out a weekly litter pick of the six car parks in the Lye area.

Meeting of the Public Health Select Committee - 31st July 2023

Report of the Acting Director of Public Health and Wellbeing

NHS Quality Accounts

Purpose

1. To consider the published Quality Account of the Black Country Healthcare NHS Foundation Trust for 2022/23 and the priorities set out for their services for the forthcoming year.

Recommendations

2. It is recommended that the Select Committee:-
 - Notes the contents of report and appendices to the report;
 - Provide feedback and comments on the report to the NHS provider.

Background

3. A Quality Account (QA) is a public report, published annually by healthcare providers about the quality of its services and its plans for improvement with the aim of enhancing accountability, and supporting the local quality improvement agenda. Providers are required to publish their QAs for the previous year (April 1st of the previous year to end of March 31st) on the National Health Services Choices website by June of each year. Under The National Health Service (Quality Accounts) Regulations 2010, healthcare providers are required to present a draft of their QA document to local authority Overview and Scrutiny Committees by 30th April.

4. Attached as Appendix 1 to this report is the Quality Account for the Black Country Healthcare NHS Foundation Trust which was published on 30th June 2023.
5. Support and guidance about what Members may wish to focus particular attention on has been provided by Public Health Officers in the accompanying Quality Accounts Checklist, attached as Appendix 2. NHS partners will give due consideration to any feedback.

Finance

6. The costs of operating the Council's scrutiny structure are contained within existing budgetary allocations. There are no direct financial implications arising from the report.

Law

7. Scrutiny Committees/Select Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.

Risk Management

8. No risks have been identified from consideration of this report.

Equality Impact

9. Quality Accounts can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Human Resources/Organisational Development

10. Human resources and organisational development implications for NHS Providers have been addressed within each respective draft QA report.

Commercial/Procurement

11. Commercial/Procurement implications for NHS Providers have been addressed within each respective draft QA report.

Environment/Climate Change

12. There are no implications arising from this report

Council Priorities and Projects

13. The Dudley Borough Vision refers to building stronger, safer and more resilient communities and protecting our residents' physical, and emotional health for the future. This includes monitoring and scrutinising the impact of local services on the health, wellbeing and safety of the Borough's citizens.

14. There are no implications arising from this report in relation to Council projects.



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Appendices


Appendix 1 – Black Country Healthcare NHS Foundation Trust Quality
Accounts 2022/23

Appendix 2 – Quality Accounts Checklist



2022/23

Quality Account

Together with you to achieve 
healthier, happier lives


Black Country Healthcare
NHS Foundation Trust

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Part One: Trust statement on Quality

1.1 Introduction

Our Black Country Community Demographics

The Black Country is an area of the West Midlands and commonly refers to a region of over 1.26 million people covering the four Metropolitan Boroughs of Dudley, Sandwell, Walsall and Wolverhampton. The following sections outline the demographics of our local community based on the 2021 census.

Faith & Belief Patterns

The Black Country incorporates a diverse selection of faith groups including Christians of many different denominations, Muslims, Sikhs, Hindus and Buddhists, as well as small groups from Pagan and Humanist traditions. The census shows that the biggest faith represented in the Black Country remains Christian at 44.38%, with the next largest faith communities being Muslim at 9.26% and Sikh at 7.71% each. The next largest faith community is Hindu at 2.19%. Around 30% of the population say they have no religion. These figures are for the whole of the Black Country, but there is a marked difference between boroughs.

In Wolverhampton 12% of the population identify with the Sikh faith and in Sandwell it is the Muslim faith which is the next largest faith community, after Christianity at 11.3%.

Table 1: Ethnicity

Area	Asian, Asian British or Asian Welsh Total (ppt)	Black, Black British or Black Welsh Total (ppt)	Mixed or Multiple ethnic groups Total (ppt)	Other White (excluding White British or other White UK national identities) (ppt)	Other ethnic group total (ppt)	Ethnic Minority Total (ppt)
Dudley	8.4	2.5	2.8	2	1.4	17.6
Sandwell	25.8	8.7	4.3	5	4.0	47.9
Walsall	18.7	4.6	3.3	4	2.1	32.6
Wolverhampton	21.2	9.3	5.3	6	3.6	45.3
Total	18.5	6.2	3.9	4	2.8	35.7

There is significant variation in the proportion of residents who belong to an ethnic minority, with nearly half the residents of Sandwell and Wolverhampton having an ethnicity other than white British. Meanwhile less than a fifth of residents in Dudley are from an ethnic minority. The largest ethnic minority community is the Asian British community, which not only comprises nearly a fifth of all Black Country residents, but more than a twentieth of the population in each borough. There is more variance in the proportion of residents who are black, with Dudley and to a lesser extent Walsall having very small black populations compared to Sandwell and Wolverhampton. Overall, slightly more than a third of all Black Country residents are from an ethnic minority.

Table 2: Disability

Area name	Disabled under the Equality Act: Day-to-day activities limited a lot 2021 (age-standardised proportion)	Disabled under the Equality Act: Day-to-day activities limited a little 2021 (age-standardised proportion)	Not disabled under the Equality Act 2021 (age-standardised proportion)
Dudley	8.3	10.9	80.8
Sandwell	9.9	10.1	80.0
Walsall	9.4	10.7	79.9
Wolverhampton	9.0	10.4	80.5

There is significant consistency across the four boroughs, with approximately a fifth of all residents in each borough having some form of disability as defined by the Equality Act 2010, with slightly more having a minor as opposed to major disability.

Table 3: Sexual Orientation

Area name	Gay or Lesbian (ppt)	Bisexual (ppt)	Pansexual (ppt)	Asexual (ppt)	Queer (ppt)	All other sexual orientations (ppt)	Total LGB+ (ppt)
Dudley	1.19	0.83	0.14	0.04	0.01	0.01	2.22%
Sandwell	1.06	0.95	0.23	0.03	0.01	0.02	2.29%
Walsall	1.08	0.84	0.18	0.04	0.01	0.02	2.16%
Wolverhampton	1.09	1.04	0.27	0.04	0.01	0.03	2.47%
Total	1.10%	0.91%	0.20%	0.04%	0.01%	0.02%	2.28%

There is a significant consistency across the four boroughs when it comes to the proportion of Black Country residents who are LGBTQ+ with approximately 2.25% of residents in each borough having a sexuality other than heterosexual/straight. Wolverhampton has slightly the higher proportion of LGBTQ+ residents.

Table 4: Gender Identity

Area Name	Gender identity different from sex registered at birth but no specific identity given (ppt)	Trans woman (ppt)	Trans man (ppt)	Non-binary (ppt)	All other gender identities (ppt)	Total Trans and Non-Binary (ppt)
Dudley	0.20	0.08	0.07	0.03	0.02	0.41
Sandwell	0.43	0.13	0.13	0.02	0.02	0.74
Walsall	0.27	0.09	0.09	0.03	0.02	0.49
Wolverhampton	0.40	0.15	0.19	0.03	0.03	0.80
Total	0.32	0.11	0.12	0.03	0.02	0.60

Overall, 0.60% of the Black Country population have declared that they are Transgender or Non-Binary. There is some variation across the different boroughs, with Sandwell and Wolverhampton having a higher proportion Transgender and Non-Binary residents than Dudley or Walsall.

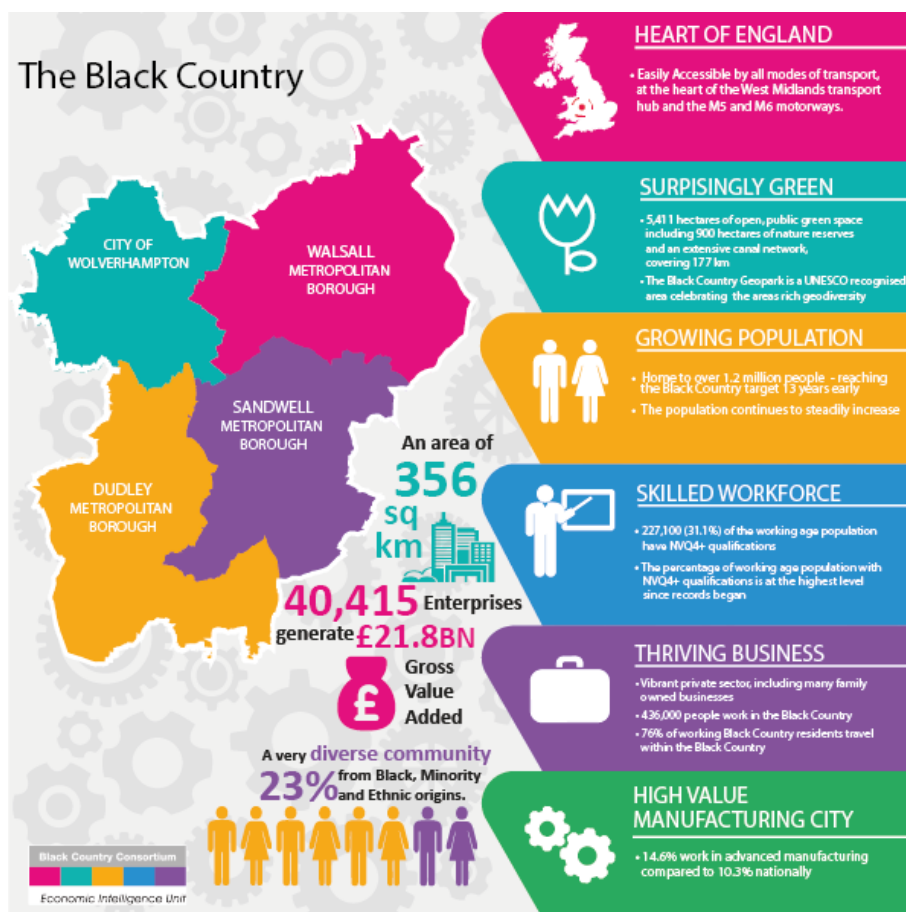
Context of Deprivation

Deprivation is significant, with the Black Country Integrated Care System being the second most deprived in the country. Each local authority has severe pockets of deprivation and are above the national average:

- Dudley – 28%
- Sandwell – 60%
- Walsall – 52%
- Wolverhampton – 52%

Black Country Economy at a Glance

The infographic below by the Black Country Consortium Economic Intelligence Unit gives a snapshot of the region's economy from July 2022.



About our Trust

Black Country Healthcare NHS Foundation Trust provides specialist mental health, learning disability, and community healthcare services across the four boroughs of the Black Country (Dudley, Sandwell, Walsall and Wolverhampton) and family healthcare services in Dudley. We also have other services across neighbouring counties including a Deaf Child and Adolescent Mental Health Service across central and southern England. This service provides specialist mental health care for deaf (the word deaf covers all ranges of deafness from profound to mild to describe varying degree of hearing loss) children with a range of emotional, behavioural and developmental problems.

Additionally, we provide psychiatric liaison services within Sandwell Hospital, Walsall Manor Hospital, Russells Hall Hospital and New Cross Hospital. Physical health psychology is provided at Sandwell Hospital, Russells Hall Hospital and New Cross Hospital.

Our Vision

Together with you to achieve

**healthier,
happier
lives**



Our Values

Caring

We care for everyone as individuals, being compassionate, empathetic and kind with a willingness to help.

Enabling

We enable ourselves and others to act with confidence and authority in order to achieve the best outcome for everyone.

Working Together

We work together in partnership, being inclusive by understanding and valuing others to achieve the best results for everyone in everything we do.

Integrity

We act with transparency and honesty, respecting and valuing others to do the right thing at the right time for everyone.

Our staff carry out a wide range of roles, working together to provide integrated care and support to all those using our services. Front line staff include:

- Mental Health Nurses
- Psychiatrists
- Healthcare Support Workers
- Health Visitors
- Psychologists
- Occupational Therapists
- Speech and Language Therapists

- Physiotherapists
- Dieticians
- Domestic and Concierge
- Non-Clinical Staff
- People with Lived Experience
- Volunteers

Our ambition is to provide services that are of outstanding quality, and support our patients and service users to live their best lives as part of their community.

We work with local communities and our partners to improve health and wellbeing for everyone. We want to provide better services, improve choice and access and make the most efficient use of our resources so we can reinvest in patient care.

Our Trust Board Composition

Our Trust is run by a Board of Directors made up of Executive and Non-Executive Directors. The Board has responsibility to ensure the quality and safety of the services provided by the Trust and to deliver them in an effective, efficient and economical manner. The Board is comprised of diverse and inclusive professionals from Clinical, Governance, Finance, Community, Human Resources and Third Sector backgrounds.

1.2 What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS services about the quality of services they deliver and their priorities for improvement. The requirement to produce an annual report is outlined in the NHS Act 2009 and in the terms set out in the collective Quality Accounts Regulations 2010 and the Amendments Regulations 2017.

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.

1.2.1 How we produce the Quality Account

The format, content and order of the Quality Account are determined by NHS England and NHS Improvement (NHS E/I), the regulator for all NHS Trusts in England, in their publication 'Detailed Requirements for Quality Reports' updated February 2020.

The Chief Nursing Officer is the Trust's Executive Lead, with responsibility for the production of this report. The Chief Nursing Officer and the Chief Medical Officer are jointly responsible for quality overall. 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 third year of operation as Black Country Healthcare NHS Foundation Trust following the merger of Dudley and Walsall Mental Health Partnership Trust and Black Country Partnership NHS Foundation Trust in April 2020.

1.3 Governance

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 Account. However, there are a number of inherent limitations in the preparation of a Quality Account, 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 audit programmes 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 Account. The Board of Directors are responsible for final approval of the Quality Account and will sign off the document prior to it being published externally.

In previous years the Quality Account has also been subject to detailed scrutiny by external auditors. However, for this year NHS England has directed that there is no national requirement for NHS Foundation Trusts to obtain external auditor assurance on the Quality Account.

All providers of NHS services are required to publish their Quality Account on an appropriate page of their organisation's website by the 30th of June each year, summarising the quality of their services during the previous financial year. This should be clearly visible and easily accessed by members of the public. The link to this webpage must be forwarded to NHS Providers at quality-accounts@nhs.net and Independent Providers at QualityAccounts@dhsc.gov.uk. These steps fulfil each provider's obligation to submit the report to the Secretary of State for Health and Social Care.

1.4 Statement on Quality from the Chief Executive

On behalf of the Board of Directors, I am delighted to welcome you to our 2022/23 Quality Account – our third as Black Country Healthcare NHS Foundation Trust (BCHFT). The aim of this report is to provide an honest account of the quality of our services. 2022 was a busy year for the Trust, and indeed the rest of the NHS and health and social care. We began the year receiving our Care Quality Commission (CQC) inspection report findings, and I'm pleased that the Trust retained an overall rating of 'good'. We know there are areas that we need to improve on, mainly our inpatient services and some of our environmental challenges, however we were proud of the positive feedback we received from inspectors on the dedication and commitment of staff. We are working on these plans and our Inpatient Transformation Programme, amongst our other areas of work, will help us achieve these.

A focus for us over the last year, and will continue into the next, is the harmonisation of services and approach. It's a big undertaking that will take some time, but we have a dedicated team who are working closely with clinical and corporate teams to put in place plans to ensure we are working consistently and towards the right aims across our services.

We have also made some positive strides through our community mental health project, launching a number of new services including the in-reach to care home provision and older adult therapy services across all boroughs. We also held a number of successful events and have good representation in our newly formed work streams from staff, patients, carers and partners. Sustaining and building our workforce continues to be a major focus for us. We have partnered with local Trusts around international recruitment drives and have offered a number of development opportunities for colleagues including our STAR scholarship scheme – supporting registered healthcare professionals in accessing undergraduate and postgraduate courses in partnership with the University of Wolverhampton.

Our body worn cameras project is making some positive strides, with a reduction in episodes of violence and aggression and we are extending the trial to even more wards. Our Thrive into Work scheme, helping those with long term health conditions into work, continues to go from strength to strength and has recently been extended for a further two years. The team were also fortunate to showcase the impact of their work in a visit from the Secretary of State for Work and Pensions in March 2023.

Looking to the year ahead there are lots of exciting plans to look forward to, including a system-wide project to enhance the urgent and emergency care for mental health across the Black Country. This aims to improve outcomes for service users and ensure that resources are prioritised for those areas that need them most. We are also planning for the roll-out of the new Patient Safety Incident Reporting Framework and providing training for staff around trauma informed care.

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 Account is accurate.



Marsha Foster, Chief Executive

Part Two: Priorities for improvement and statements of assurance from the Board

2.1 Priorities for improvement

This forward-looking section of the Quality Account details the improvements planned for the next year and outlines why the priorities have been chosen and the governance process followed.

During 2020-2023, despite the pandemic, the Trust embraced an ambitious agenda for Quality Improvement which has been delivered through the Quality Improvement Priorities agreed by Trust Board. This journey will continue during 2023/24 as Black Country Healthcare NHS Foundation Trust continues to evolve, embed its clinical vision and achieve its quality improvement priorities. The Trust has identified a number of quality improvement priorities by engaging with its staff, working with stakeholders, and by looking at collective performance against national and local quality indicators.

These priorities are especially appropriate as barometers for service quality as they:

- Reflect the vision and priorities for the three year old organisation
- Are distributed across the CQC domains: Caring, Responsive, Effective, Well-led, Safe
- Represent both local and national agendas
- Include priorities that are important to our service users and their carers
- Include priorities that are important to our staff
- Include priorities that are important to stakeholders and partners
- Are a mixture of new areas and those which build on key priorities from 2022/23 and are applicable to services being developed as part of the Trust's vision for improvement

2.2 Our priorities for 2023/24

2.2.1 Observations and Therapeutic Engagement

A core focus for this work for 2023/24 will be around:

- Reviewing the application of high-level observations, understanding when and how this should be applied
- Ensuring the confidence of nursing and MDT staff in the application of increasing and decreasing observations on a daily basis. A RiO form has been developed for use around this
- Safe staffing/establishment review utilising the NHSE/I professional judgement tool triangulated with MHOST safe staffing tool data and finance/operational discussions bi-annually to ensure therapeutic environments are maintained
- Upskilling and supporting the resilience of clinical staff to enable them to support patients with more complex needs by adopting a positive behavioural approach to care, relational awareness and training, cognitive behaviour and dialectic behaviour therapy offer, trauma informed approaches to behaviour support and autism awareness
- Supporting the reduction of restrictive interventions by ensuring meaningful daily activities are in place for patients that support a recovery based approach to care
- Occupational Therapy offer consideration
- The re-introduction of the Safewards programme across all areas

- Sensory environments and resources to support reasonable adjustments to care within those environments, Autism awareness training roll out
- The introduction of digital technology in support of safe environments such as body worn cameras, E-observation and Oxhealth technology to enhance therapeutic observations

2.2.2 Suicide Awareness and Prevention

Our Suicide Awareness and Prevention Quality Improvement Priority will continue into the next financial year and the three core elements will remain:

- Direct approach to suicidal thinking and behaviour
- Improvements in care quality incorporating best practice
- Organisational commitment to aspirational goal of zero suicide

The main focus of this important work during 2023/24 will be:

- Embed the suicide prevention ethos in the Trust's community transformation and inpatient transformation projects
- Continue to raise awareness around and reducing the number of completed suicides in our community
- Working with identified high risk groups to prevent deaths due to suicide
- Build on our partnership working
- Ratify and embed our BCHFT policy on suicide prevention

2.2.3 Reduction of Violence, Aggression and Racial Abuse in the Workplace

A core focus for this work for 2023/24 will be around:

- Further development of the Violence and Aggression Strategy with an annual report to Quality and Safety Committee
- Ongoing outcomes monitoring against national benchmarking
- Progress reporting against this Quality Improvement Priority
- Bi-monthly assurance reporting through Health and Safety Committee
- Progression of work stream objectives
- Work in collaboration with EDI Team and Freedom to Speak Up Guardians on the staff wellbeing offer. To also be considered as a standard item on Trust Induction programme
- Violence and Aggression roadshows and communication campaign
- Promote Anti-Racist Plan actions to reduce racial violence and discrimination
- Run an activity to convey key messages concerning allyship, inclusivity and combatting racism within the workplace
- Development of the LGBTQ+ policy
- Continue with the bite-size anti-racism sessions as part of the future leadership development
- Highlighting gaps and rights of Trust Bank workers to be added to the risk register

2.2.4 Ligature Harm Minimisation

The Trust aims to reduce harm sustained to patients through ligature incidents. This work will be led by the Trust's Ligature Harm Minimisation Group which will oversee the implementation of the Trust's Ligature Harm Minimisation Strategy. The strategy comprises four core work streams, these are:

- The Built Environment
- Therapeutic Engagement
- Risk Assessment and Management
- Systems and Processes

Plans for each of the four work streams are being developed, the implementation of which will be monitored via the Trust's Project Management Office (PMO) and the Ligature Harm Minimisation Group.

2.2.5 How will we review and monitor our Trust Wide Quality Improvement

Priorities?

Each quality improvement priority has been established in accordance with the principles of measurable progress, and will identify key performance indicators where applicable. Monitoring for each quality improvement priority will take place via leads providing feedback to the Quality and Safety Steering Group via the quarterly reporting cycle and escalating any areas of concern to the Trust Quality and Safety Committee.

2.3 Review of Services

During 2022/23, Black Country Healthcare NHS Foundation Trust provided and/or subcontracted the following services:

- Adult mental health inpatient services
- Specialist male adult mental health inpatient services
- Older adult mental health inpatient services
- Adult mental health community services
- Specialist electroconvulsive therapy (ECT) services
- Older adult mental health community services
- Improving access to psychological therapies (IAPT) services for people in Sandwell, Wolverhampton and Walsall
- Counselling services for adults
- Eating disorders services for young people and adults
- Early intervention services for young people and adults
- Specialist learning disabilities inpatient services
- Specialist learning disabilities community-based services
- Child and adolescent mental health services (CAMHS) for children and young people
- Specialist learning disabilities community-based services for children and young people
- Community healthcare services for children, young people and their families in Dudley
- Individual Placement and Support
- Criminal Justice Service

2.4 Participation in Clinical Audit and National Confidential Inquiries

Reports received from completed national clinical audits in 2022/23 (see Table 5) have been reviewed by the Trust Clinical Audit and Effectiveness Committee and details of the actions to improve the quality of healthcare provided are listed on the following page:

Table 5: Participation in National Clinical Audits and National Confidential Inquiries 2022/23

Title	Participation	%Cases submitted
National Prescribing Observatory Audit Topic 1h & 3e: Prescribing antipsychotics including high dose, combined and PRN	No*	N/A
National Prescribing Observatory Audit Topic 7g: Monitoring of patients prescribed lithium	No*	N/A
National Prescribing Observatory Audit Topic 20b: Quality of valproate prescribing in adult mental health services	Yes	100%
National Prescribing Observatory Audit Topic 21a: Use of melatonin	Yes	100%
Royal College National Clinical Audit of Psychosis re-audit in Early Intervention in Psychosis	Yes	100%
Transition from child to adult health services (NCEPOD) as part of the Child Health Clinical Outcome Review Programme	Yes	Organisational questionnaire and case note audit completed

* Whilst BCHFT endeavour to be involved in these national audits, the challenge still remains to be able to retrieve relevant patient groups on certain medications from their records readily. A move to digital prescribing by Electronic Prescribing and Medicines Administration (EPMA) will greatly enhance the ability for us to be able to capture more of these patients in future audits and the speed with which we can do that, therefore enabling us to spend more time on audit reviews rather than just data collection.

Several Prescribing Observatory Mental Health (POMH) audits have been recurrent for a number of years with others being newly developed. The letter after their numeric reference indicates how many rounds of audits have been conducted in the past (i.e. 'a' means it is the first time the audit has been done and 'b' would be the second time etc.) A key part of undertaking audits and obtaining the greatest level of output from them is the speed with which the initial audit data can be obtained. Historically this has been more of a challenge prior to the introduction of electronic patient records in BCHFT. The implementation of EPMA in

2023/24 will greatly enhance the time taken to sample appropriate records and enable further time to be used to review the results. In light of these challenges the longer established audits of high dose antipsychotic prescribing and the monitoring of lithium were not directly undertaken by the Trust this year. BCHFT still receives national reports for these audits and reviews them when they are published to note and act upon any new national recommendations from the overall combined national samples. This also compliments any separate Trust audits that have been undertaken in the year by specific divisions.

Table 6: Completed national audit reports received in 2022/23

Title	Action taken/to be taken
<p>National Prescribing Observatory Audit Topic 20b: Quality of valproate prescribing in adult mental health services re-audit</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.</p>	<p>The organisation running this audit; The Prescribing Observatory for Mental Health (POMH) is due to release national and Trust specific results in reports during May 2023.</p> <p>These results will help further guide ongoing work around supporting patients taking valproate medicines. This is part of a wider Black Country system approach to managing valproate treatment as valproate is also used in other disease management e.g. epilepsy.</p>

Title	Action taken/to be taken
<p>National Prescribing Observatory Audit Topic 21a: Use of Melatonin</p> <p>This was a national baseline audit addressing the use of melatonin and was measured against six practise standards:</p> <p>Evidence based, non-pharmacological interventions should be tried before melatonin is prescribed</p> <p>The target symptoms for melatonin treatment should be documented (e.g. sleep onset, sleep duration, sleep quality)</p> <p>A licensed melatonin preparation should be prescribed where possible</p> <p>Where an unlicensed melatonin preparation is prescribed, an explanation should be given to</p>	<p>Recommendations to be shared widely with medical colleague for learning at educational meetings</p> <p>Partnership working with organisations that refer patients into our services that are already prescribed Melatonin is crucial to enable previous therapies/interventions and conversations to be captured</p> <p>An update to the current policy on Melatonin prescribing is required</p> <p>Standardised patient letters and Melatonin information packs should be developed in an easy read format</p>

<p>the patient and/or parent and/or guardian and/or carer, as appropriate</p> <p>The efficacy and safety/tolerability of melatonin medication should be reviewed within 3 months of starting</p> <p>The need for continuing melatonin treatment should be reviewed annually, based on efficacy and side effects</p>	<p>Consideration to be given to future prescribing by brand to ensure clear recording of the licensed form of each medication</p>
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Title	Action taken/to be taken										
<p>Royal College National Clinical Audit of Psychosis (NCAP) re-audit in Early Intervention in Psychosis</p> <p>The Early Intervention in Psychosis Service (EIS) is a specialist community mental health team which works with young people and adults in the three years following a first episode of psychosis or those who are deemed at risk of developing psychosis. This audit was a continuation of the National Audit of Psychosis, to examine the care provided to patients by Early Intervention in Psychosis services, including physical health screening and interventions, and evidence based psychological treatments. The audit provides Team, Trust, Regional and National level findings via a dashboard on the treatment of patients by Early Intervention Psychosis Teams in England.</p>	<p>Audit results had recently been received and subsequent action plans are being created at the time of the publication of this Quality Account. Preliminary results on the scoring matrix table released by NCAP were extremely positive with the four localities scoring as follows:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Locality</th> <th style="text-align: left;">Score</th> </tr> </thead> <tbody> <tr> <td>Wolverhampton</td> <td>Top Performing</td> </tr> <tr> <td>Dudley</td> <td>Top Performing</td> </tr> <tr> <td>Walsall</td> <td>Top Performing</td> </tr> <tr> <td>Sandwell</td> <td>Performing Well</td> </tr> </tbody> </table> <p>The EIS will look to implement actions derived from these results and incorporate them in the continued work throughout the 2023 pilot for NCAP's new audit programme and the Quality Improvement Collaborative work they are involved in</p>	Locality	Score	Wolverhampton	Top Performing	Dudley	Top Performing	Walsall	Top Performing	Sandwell	Performing Well
Locality	Score										
Wolverhampton	Top Performing										
Dudley	Top Performing										
Walsall	Top Performing										
Sandwell	Performing Well										

Title	Action taken/to be taken
<p>Transition from child to adult health services (NCEPOD) as part of the Child Health Clinical Outcome Review Programme</p> <p>To explore the barriers and facilitators in the process of the transition of young people with complex chronic conditions from child to adult health services.</p>	<p>This national audit has been completed and the Trust is awaiting outcomes and recommendations from NCEPOD. A publication date for their national guidance on audit results is yet to be announced. This will be reported on in our 23-24 Quality Account</p>

Table 7: Local Clinical Audits reviewed in 2022/23

Title – Older Adult Division	Action taken / To be Taken
<p>Monitoring of patients prescribed Lithium in Older Adult MH services - This is the first divisional audit which provides local benchmarking on the practice of treatment initiation and monitoring of patients prescribed Lithium for prophylaxis in the context of NICE guidance and practice standards. This audit enabled the Older Adult Division to benchmark its performance against previous national audits, to identify where prescribing practice met nationally agreed standards and where it could be improved.</p> <p>The standards are derived from NICE Guideline CG185 'Bipolar disorder: assessment and management' (updated 2018).</p> <p>All 4 localities – Dudley, Sandwell, Walsall and Wolverhampton participated in this audit. The sample included patients from 13 community teams. There were 44 patients in total.</p> <p>Patients were identified by community clinicians, consultants and administrative staff, including a manual search of records. There is no single database in the Trust to identify patients prescribed Lithium.</p> <p>The results highlighted that the Trust scores well for monitoring of Lithium levels and renal function. The results for monitoring thyroid function, calcium levels, weight/BMI and assessment of side effects could be improved.</p>	<p>The Trust would benefit from creating a Trust wide central database to hold data on all of our patients who are prescribed Lithium. This database would be monitored and updated by centralised locality lithium clinics</p> <p>Alerts on our Trust electronic record system (RiO) for all patients prescribed Lithium</p> <p>The Trust would benefit from access to GP Summary Care Records</p> <p>Locally developed information packs for staff including flowcharts on how to manage the patient journey, relevant Trust policies and booklets</p> <p>Development and/ or updating locally developed side effects assessment scales for monitoring</p> <p>Development of Lithium Champions within Trust</p>

Title - Working Age Adults Division	Action Taken / To be Taken
<p>Waiting Times & Outcomes in Patients Presenting to A&E with a Mental Health Crisis</p> <p>The aim of this audit was to determine how well the Core 24 Guideline is being adhered to by auditing how many patients in our sample were seen within 1 hour of being referred to the Mental Health Liaison Service (MHLS) This included assessing the outcome for each patient, how many patients were offered follow-up support and how many patients left the department with no plan in place.</p> <p>Inclusion criteria was identified as adults (>18) who presented to A&E requiring an urgent referral to MHLS. Also reviewed was the underpinning diagnosis of each patient and the reason for the referrals, which found: self-harm 9%, suicidal attempt 29%, suicidal thoughts 35%.</p> <p>The results of this audit show that the majority of patients (78%) were seen within the Core 24 guideline recommended window of 1 hour from time of referral. However, 22% of patients were waiting more than 1 hour to be seen by the MHLS - 33% of these delayed assessments were due to the patient not being fit to be assessed at that time. Some of these patients had also been waiting a substantial amount of time in A&E before they were referred to the MHLS.</p>	<p>Re-audit and research is required to determine the cause of delayed assessments, and to determine if all patients are leaving the department with sufficient support systems in place</p> <p>Scope existing referral training offers available at partner acute Trusts and completion levels (% of staff)</p> <p>Face to face training will be delivered to acute A&E and ward staff by Black Country Healthcare audit lead</p> <p>Surveys based around staff knowledge in making MHLS referrals to be completed prior to training as a baseline, and again 6 weeks after training to capture improvement</p>

Title – Learning Disability Division	Action taken / To be Taken
<p>Sandwell Learning Disability Inpatient Physical Health Assessment and Documentation (re-audit)</p> <p>Physical health assessment and monitoring is an important part of caring for patients within mental health settings, but it is frequently under recognised and poorly assessed, managed and recorded. Patients with Learning Disability are also at a higher risk of requiring significant input for their physical health, and due to high rates of psychotropic medication prescription, at risk of long-term effects and side effects of medication impacting on their physical health.</p> <p>Data was collected from two sources- from clinical notes based on the RiO electronic notes system, and from patient files within shared drives used by inpatient staff within the inpatient units.</p>	<p>Further training on NEWS2 to be delivered</p> <p>Ward doctors to be made aware of the standard that patients should have physical health examination, ECG and Blood Tests completed within 24 hours of admission</p> <p>Physical health admission assessment and monitoring within a singular format needs to be agreed</p> <p>Staff to involve patients (and, where appropriate family) in discussions around physical health and document these interactions</p> <p>Re-audit to be completed in 12-24 months' time</p>

Title – Learning Disability Division	Action taken / To be Taken
<p>Re-Audit of Patients Prescribed Psychotropic Medication in the Community Learning Disabilities Psychiatry Services of the Black Country</p> <p>This re-audit took place to observe current practice of the prescription of psychotropic medication. Identifying changes to the compliance, recommendations and outlining areas for further improvement was the goal. This should comply with the Stopping Overmedication of People with a Learning Disability, Autism or Both (STOMP) initiative.</p> <p>Data was collected from electronic records for randomly selected patients, 20 from each of the 4 Community Learning Disabilities Locality Teams within the Trust - a total of 80 patients.</p> <p>There were a total of 276 individual prescriptions, as a number of patients were prescribed more than one psychotropic medication. Of the 80 patients, 52 (65%) were male and 28 (35%) were female.</p> <p>The data suggests that psychotropic medication continues to play a significant role in the management of patients and more needs to be done to identify approaches that will help to reduce their use, particularly for the management of behavioural problems. There is good evidence that capacity, consent and best interests were considered, as well as multidisciplinary input. There was also good evidence of regular review of medication, side effects and treatment response.</p>	<p>The findings of this audit should be shared with clinicians in all localities and across the multi-disciplinary teams</p> <p>Clearer recording of the rationale for the prescription of regular and PRN psychotropic medication should be encouraged</p> <p>MDT input for patients on psychotropic medication should continue to be encouraged and more clearly recorded</p>

Title – Specialist Mental Health Division	Action taken / To be Taken
<p>Physical health monitoring in patients taking ADHD medication (Walsall CAMHS)</p> <p>Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder characterised by a persistent, pervasive pattern of inattention, impulsivity and hyperactivity. Medications are available for the treatment of the condition, but are associated with side effects. The side effects include; decreased appetite, increased blood pressure and possible reduced growth. Monitoring the physical health of children and adolescents is a key clinical responsibility. There are clear recommendations for this in NICE guidelines.</p>	<p>Under 10s could be seen regularly between 2-3 months to ensure their weight is measured more frequently</p> <p>Growth charts either in paper form or an electronic copy could be used to ensure that the height and weight are plotted. This would aid in assessing the impact of medications on growth</p> <p>The use of ECGs as a routine are not recommended by NICE, the team could consider only referring patients when clinically indicated which would mean less of a delay when initiating medication</p> <p>Re-audit once changes to growth chart templates have been incorporated and consider this audit to be rolled out across the other localities</p> <p>Wider Learning : Considerations and improvements to functionality of recording physical health in young people on RiO is taking place. Proposals being considered by Physical Health workstream for potential developments to RiO</p> <p>CAMHS & ED liaising with physical health leads to consider introduction of assessing and management of deteriorating patient and whether/how it is applicable for their services</p>

Title – Dudley Children’s Division	Action taken / To be Taken
<p>To optimise conditions to ensure good attendance at health appointments within the Youth Justice Service</p> <p>The objective was to determine why patients failed to attend their appointment, and ascertain if the health care provider could demonstrate clear communication of their appointments and offer alternatives.</p>	<p>Changes to be made to policy; Youth Justice Nurse to no longer send appointment letters (this is no longer how young people wish to engage with services.) Young people engage and have a higher attendance at appointments that have been arranged via telephone/WhatsApp.</p> <p>Due to the nature of the young people reminder, messages are required and/or contact with their case worker to ensure all appointments are added to their timetable (if subject to a referral order or ISS)</p> <p>Appointments can still be offered via school if requested</p> <p>Home visits and alternative venues across the borough to be offered to make accessing appointments easier</p>

2.5 Participation in Clinical Research

The purpose and vision of the Research & Innovation (R&I) Team is to embed R&I within the Trust and ensure that research is everyone’s business. By increasing the visibility and awareness of R&I across the region we hope to allow every patient, carer and member of staff, to be made aware of R&I opportunities as part of the Trust’s quality improvement journey. Face to face research with patients and carers was stepped down during the COVID-19 pandemic in line with guidance issued by the National Institute for Health Research (NIHR), but in July 2021 R&I returned to patient facing studies.

During this financial year (2022/23), Black Country Healthcare NHS Foundation Trust (BCHFT) recruited 135 participants to a variety of studies (please refer to the table below). Staff will continue to work hard to increase recruitment performance to ensure the Trust continues to meet its duty for promoting research activities. The team’s strategic focus will continue to be on increasing the variety of studies available for participants to take part in, including commercial trials and encouraging home-grown research.

Table 8: Number of Participants recruited in 2022/23 to research studies

2022/23	Number of recruits
Q1	30
Q2	58
Q3	28
Q4	19
Total	135

Table 9: Studies delivered in 2022/23

Study	Status	Area	Summary	Total Recruited to Study**
ADEPP	Open	Mental Health	Antidepressant for the prevention of depression following first episode psychosis trial	1
CIASP-ID	Closed	CAMHS	Developing the Clinical Anxiety Screen for people with Severe to Profound Intellectual Disabilities (CIASP-ID)	7
Co-CAT	Follow-Up	CAMHS	Child Anxiety Treatment in the context of COVID-19 (Co-CAT): Enabling CAMHS to provide efficient remote treatment for child anxiety problems	8
DIGITAL TECH	Closed	Mental Health	The role of Digital Technologies for Health Promotion in Youth Mental Health Settings: A Survey of Service User Perspectives	20
DPIM	Suspended	Mental Health	Genetic Case Control and Brain Imaging Studies of Mental Illness and Dementia. This is shortened to DNA Polymorphisms in Mental Illness (DPIM)	34
EDGI	Open	Mental Health	Eating Disorders Genetics Initiative (EDGI)	0
EQUITY	Closed	Mental Health	Enhancing the quality of psychological interventions delivered by telephone (EQUITY): A cluster randomised trial of a service quality improvement intervention	22
GLAD	Open	Mental Health	Genetic Links to Anxiety and Depression	81
I-DIGIT	Closed	CAMHS	Graded Exposure Therapy Through a Standalone Digital Therapeutic Game for Children Aged 7-12 Years with Anxiety Disorders (The I-DIGIT (Investigating Digital	0

			Therapy) Study) – WP3 and WP4 only	
ISARIC (CCP)	Suspended	Urgent Public Health	Clinical Characterisation Protocol for Severe Emerging Infection	66
NCMH (2)	Open	Mental Health	National Centre for Mental Health	1
NCMH Maternal MH Survey	Open	Mental Health	National Centre for Mental Health- Maternal Mental Health Survey Linked to NCMH 2	2
NHS Staff - Suicide Postvention Study	Closed	Staff	Identifying the impact of a colleague's suicide on NHS staff, and their support needs, to inform postvention guidance	N/A
OPEN DOOR PROJECT	Open	Staff	Healthcare professional's prioritisation of barriers to accessing psychological support for perinatal obsessive-compulsive disorder and generation of recommendations to improve access to support.	2
PPIP2	Open	Mental Health	Prevalence of Pathogenic antibodies in Psychosis 2	60
SAFER ONLINE LIVES	Closed	Learning Disabilities	Use of the internet & social media by people with Intellectual Disabilities - PIC site	N/K
SHAME AND MEDICINE	Open	Staff	The Shame and Medicine Project To produce new evidence on the experience of shame, cultures of shame, and to investigate differential experiences of shame due to race, ethnicity, class and gender.	3
SIB	Closed	CAMHS	Sleep-Impulsivity-Behaviour (SIB) Study: examining pathways to self-harm in children with autism and intellectual disability	19
SIREN	Follow-Up	Urgent Public Health	SARS-COV2 immunity and reinfection evaluation; The impact of detectable anti SARS-COV2 antibody on	103

			the incidence of COVID-19 in healthcare workers	
SNACKTIVITY	Closed	Mental Health	Snackitivity™ to promote physical activity and reduce future risk of disease in the population (work package 3 – feasibility trial)	3
STRATA	Open	Learning Disabilities	A multicentre double-blind placebo-controlled randomised trial of SerTRaline for AnxieTy in adults with a diagnosis of Autism (STRATA)	2
TOGETHER	Open	CAMHS & Mental Health Staff	Trialling an optimised social groups intervention in services to enhance social connectedness and mental health in vulnerable young people: A feasibility study (Site type 1)	15
URBAN MIND	Open	Mental Health	Social Environment and Early Psychosis: An Urban Mind Study The ultimate aim of this line of research is to develop, validate and pilot a smartphone app to predict the risk of relapse in patients with psychosis. Prediction will be based on active and passive data collected through a smartphone app.	5
VAPELINE	Open	Mental Health	Do e-cigarettes help smokers quit when not accompanied by intensive behavioural support?	12

**Although, the studies above were delivered in 2022/23, some of them may have been opened before this financial year, with a continual recruitment process, so total figures in the above table may not tally with the 2022/23 recruitment total.

2.6 Goals agreed with Commissioners

The Commissioning for Quality and Innovation (CQUIN) Framework was introduced into the NHS to secure improvements in the 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.

NHS England confirmed that as a result of the coronavirus pandemic the operation of CQUIN schemes (both CCG/ICB and specialised) would remain suspended for all providers until April

2022. From this date the Trust has been working on the following six national CQUIN schemes that cover a range of services including the four quality domains of Patient Experience, Safety, Effectiveness and Innovation with a total value of £3,159,000. All CQUIN monies was received by the Trust as part of our contract with the Integrated Care Board.

Table 10: CQUIN Schemes 2022-23

Cirrhosis and fibrosis tests for alcohol dependant patients
Improving the uptake of flu vaccinations for front line staff
Routine outcome monitoring in CYP and perinatal mental health services
Routine outcome monitoring in community mental health services
Biopsychosocial assessments by mental health liaison services
Use of Anxiety Disorder Specific Measures in IAPT

Table 11 shows the individual CQUIN schemes we will be working on in 2023-24

Table 11: CQUIN Schemes 2023-24

Reducing the need for restrictive practise in adult and older adult and LD services
Improving the uptake of flu vaccinations for front line staff
Routine outcome monitoring in CYP and perinatal mental health services
Routine outcome monitoring in community mental health services

2.7 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 ensure they provide people with safe, effective and high-quality care.

The Trust received an unannounced, responsive visit from the Care Quality Commission from the 14th to the 16th of February 2023 who inspected the Trusts acute wards for working age adults and psychiatric intensive care unit.

The full report is published on the CQC website, actions are managed through the Trust Quality and Safety Committee.

2.8 Data Quality

Good quality information underpins the effective delivery of care and is essential for measuring and monitoring improvements in quality and performance. The Trust has made significant improvements to its performance management and reporting framework, and has taken a number of actions to improve data quality.

Over the course of 2022/23, the Trust has continued to develop RiO and PC-MIS as its main Electronic Patient Record (EPR) systems. This has included the enhancement of a data warehouse and a self-service business intelligence reporting portal for managers and clinicians which incorporates key activity and performance reports at team, divisional and Trust level.

The Clinical Process Group (CPG) continues to discuss and approve all new and revised clinically related documentation and ensure the correct classification and recording of patient activity by reference to national standards and definitions published by NHS England (NHS E).

Divisional Digital Clinical Officers (DDCO) have been established to promote clinical engagement and assisted with prioritisation of the EPR systems development.

The Trust has adopted the Sprint methodology in order to support rapid improvement projects for specific divisional service changes on RiO.

As the contract round was suspended as a result of the Coronavirus pandemic, Data Quality Improvement Plans (DQIPs) and Service Development Improvement Plans (SDIPs) were not updated for 2022/23.

2.8.1 Data Quality Maturity Index

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 organisation code of the GP Practice that each patient registers with is called the General Medical Practice Code.

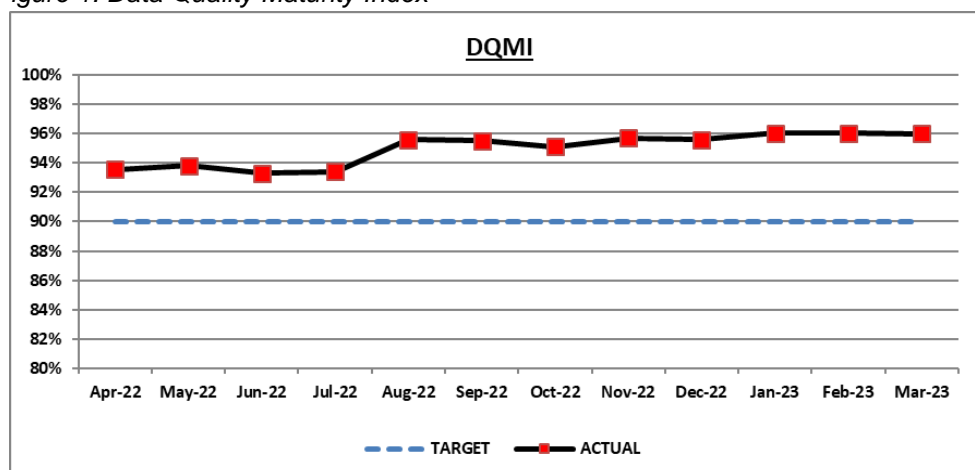
During 2022/23, the Trust has monitored the Data Quality Maturity Index (DQMI) score (this was introduced as a replacement to the NHS Number and General Medical Practice Code Validity), following the introduction of this metric as part of a previous annual CQUIN scheme.

The DQMI value score is based on the completeness, validity, default values and coverage of 36 core data items from the Mental Health Service Data Set (MHSDS).

For the March 2023 MHSDS submission, the latest DQMI report highlights that the Trust's DQMI score is 96% against the 90% national annual threshold.

Black Country Healthcare has continued to monitor DQMI as part of the monthly reporting process during 2022/23 as can be seen in Figure 1 below.

Figure 1: Data Quality Maturity Index



2.8.2 The Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSPT) is based upon the National Data Guardian Standards. Unlike the previous IG Toolkit the DSPT does not provide a score or rating of the assessment so the Trust either met, or did not meet the DSPT standard.

Following a successful baseline submission in February 2023 the Trust has monitored progress with the Data Security and Protection Toolkit closely and is on target to submit a final result in June 2023. The table below provides an overview of what the Trust submitted as part of the update in February 2023 and the projected submission in relation to the DSPT.

Table 12: Data Security and Protection Toolkit Update 2022/23

2021/22	Requirements completed		Total requirements
	February 2023 Update	Projected Submission	
Mandatory Requirements	68	113	113
Optional Requirements	10	10	18
Totals	78	123	131

Internal Audit opinion on Data Security and Protection Toolkit (DSPT)

Internal audit concluded, in December 2022, that the Data Security and Protection Toolkit, at that point in time, provided a significant assurance with improvement required level of assurance to the Board. Following the review, actions were taken to meet the improvement areas for the Trust's final submission pending in June 2023.

2.8.3 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. NHS providers use the clinical codes 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 key indicator of the accuracy of patient records.

Clinical coding compliance applies to inpatient records to ensure that diagnosis and procedures are coded correctly and consistently across the Trust. Clinical coding is part of The Data Security and Protection Toolkit requirements where the accuracy of coding must be maintained at a given level to achieve level two or three within the toolkit.

Results indicate that the Trust achieved and exceeded the advisory level for Data Security Standards 1- Data Quality. A summary of the results are demonstrated in the table below.

Table 13: Clinical Coding Results

Area Audited	% Diagnosed Coded Correctly	
	Primary	Secondary
Adult Mental Illness	100.0	80.4
Old Age Psychiatry	100.0	81.1
Total	100.0	80.7

2.9 Learning from Deaths

Learning from deaths through care record reviews and investigations is an important way to improve the quality of care we provide to the people who use our services and their families. Since the merger in April 2020 of Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health Trust, the Trust has operated a single multi-disciplinary Mortality Review Group chaired by the Trusts Chief Medical Officer to ensure that deaths are reviewed appropriately. Black Country Healthcare NHS Foundation Trust produces and publishes information of deaths every quarter throughout the year. Table 14 sets out the number of people treated by Black Country Healthcare NHS Foundation Trust that died during each quarter of 2022/23.

Table 14: Recorded Deaths 2022/23

Deaths	People with learning disabilities	All other deaths (including people with mental illness)	Totals
Quarter 1	15	229	244
Quarter 2	13	344	357
Quarter 3	13	315	328
Quarter 4	24	302	326
Total	65	1190	1255

By the 31st March 2023 of the 1255 deaths of people known to our services, 23 cases had been identified as being applicable for a case record review (Structured Judgement Review) and 46 deaths had been identified for a Serious Incident (SI) investigation. The outcomes of completed investigations, completed reviews and associated learning is fed into the learning lessons processes and a reported through to the Trusts Mortality Review Group, Quality and Safety Steering Group and Quality and Safety Committee.

Serious Incident Investigations are carried out using a recognised system-based method for conducting investigations called root cause analysis (RCA). The purpose behind this method of investigation is to identify any risks or gaps in current practice, to take appropriate action to mitigate or prevent those risks and for learning to understand what we can do in future to improve the quality of care.

Case record reviews are undertaken with a view to determining whether the death was wholly or partly due to problems in the care provided to the patient. A mortality review tool allows for such judgements around a patients care to be made with a score given to each phase of care. The aim of the tool is to make it possible for Trusts to screen applicable deaths of patients who meet an agreed criteria for review. Throughout 2022/23 the Trust was not issued with any regulation 28 (Prevention of Future Death) notices.

Learning

The Trust has a single mortality review group which coordinates the collection, collation and analysis of mortality data across the Trust to ensure that there are common processes across the Trust for the review of cases.

Over the past year the Trust has identified learning and improvements in respect to the following common themes:

- Further work is required to embed NEWS2 training and improve physical health care plans
- Further work is required to embed Triangle of Care
- Improvement required in relation to record keeping across the cases reviewed
- Increase the delivery of connecting with people training and STORM training in order to ensure that the Safe Tool Risk Assessment is completed for all patients as required

2.10 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.

A more detailed explanation and analysis of each indicator is set out in the following pages.

2.10.1 Preventing People from Dying Prematurely – 72 Hour Follow-up

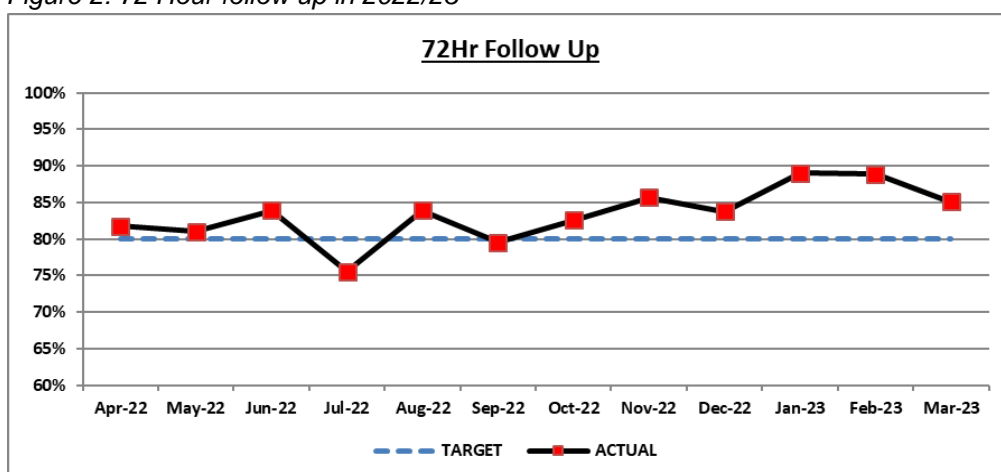
In accordance with the 2022/23 national guidance, the time frame for patients to receive a face to face contact following discharge is 72 hours.

An 80% achievement rate for mental health inpatients requiring a follow up within 72 hours of discharge from an ICB commissioned service is identified.

The 72 hour period should be measured in hours and commences the day after the discharge. The Trust has identified that wherever possible and as good practice, the patient contact will be undertaken within 48 hours.

The graph on the next page provides the monthly percentage achievement in 2022/23.

Figure 2: 72 Hour follow up in 2022/23



Black Country Healthcare NHS Foundation Trust intends to take the following actions to improve performance and so the quality of its services by:

- Ensuring our staff understand the clinical evidence underpinning this target and are committed to maintaining a high level of compliance
- 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 72 hour follow up
- Continuing 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

2.10.2 Patients aged 16 years or over re-admitted to hospital within 30 days of discharge

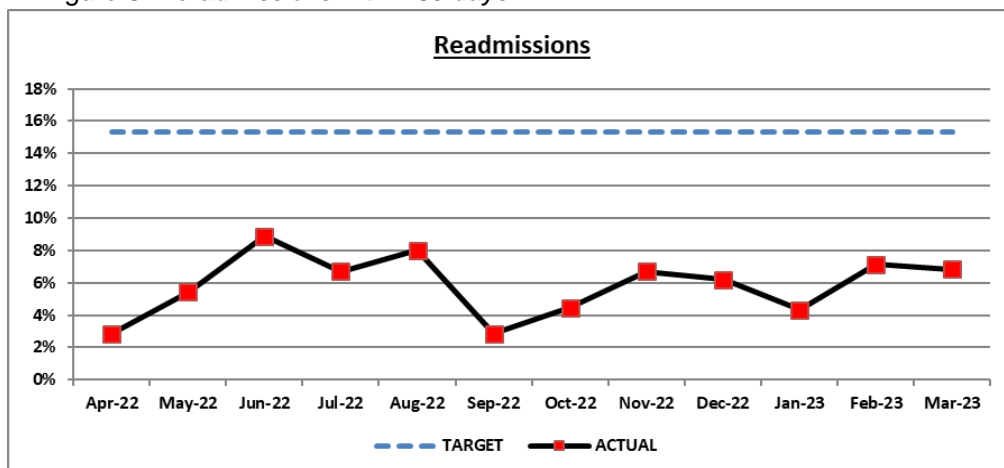
Some patients discharged from an inpatient stay can find themselves back in hospital within a short period. Some of these re-admissions may be planned; others part of the natural course of treatment for specific conditions, but most hospital re-admissions are thought of as avoidable and indicators of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

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

Black Country Healthcare NHS Foundation Trust considers that this data is as described in Figure 3 for the following reasons:

- It is based on a locally produced percentage in the absence of information available from NHS England
- We are therefore unable to compare our performance against other Trusts for this indicator
- NHS England 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

Figure 3: Re-admissions within 30 days



Black Country Healthcare NHS Foundation Trust intends to take the following actions to continue 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 and our readmission rate continues to reduce

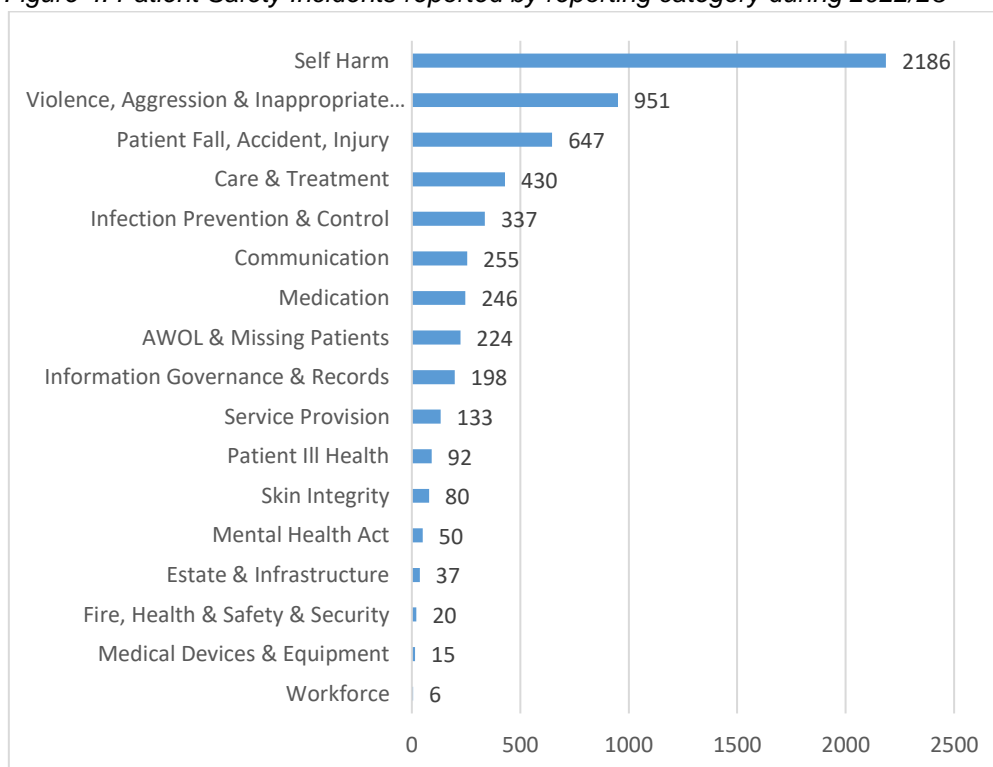
2.10.3 Patient safety incidents and the percentage that resulted in severe harm or death

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. All information submitted is analysed to identify 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.

Table 15: Patient safety incidents reported During 2022/23

Actual Impact	Total	% of Total
1 No Harm	2995	50.7%
2 Low Harm	2711	45.9%
3 Moderate Harm	114	1.9%
4 Severe Harm	24	0.4%
5 Death	63	1.1%

Figure 4: Patient Safety Incidents reported by reporting category during 2022/23



Incident data is also produced and published independently of the Trust by NHS Digital.

- They offer a comparison of the Trust's performance against other mental health providers across England
- The information within table 15 and the accompanying graph covers the period 1st April 2022 to 31 March 2023 and is taken directly from Trust systems.
- 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

Black Country Healthcare NHS Foundation Trust intends to take the following actions to improve and build upon this by:

- Continue to review incident trends and undertake analysis to further learning and service improvements
- Continue to improve and refine reports outlining analysis of incident data to key committees and meetings
- To improve the Trusts training offer in relation to incident reporting, incident management including the provision of user-guides and bite-size training videos

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 closely with our local commissioners and regulators to identify any risks within current practice, take actions to reduce, prevent or mitigate those risks, and to learn lessons to prevent the likelihood of recurrence of harm.

Part Three: Additional Quality Information

3.1 Reporting against Local Quality Indicators

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

Below are brief summaries of the progress made over the last year by our services in regard to our quality improvement priorities identified in last year's report.

3.1.1 Lessons learnt and the systems and culture around continuous learning

We have held four Trust wide network meetings with Lived Experience Colleagues (LEC's) support during 22/23. Attendance at our Learning Lessons Network often exceeds 90 Trust members from our clinical and operational teams, our Executive and Non-Executive Directors and our corporate teams. This forum continues to allow the Trust to hear and learn from our service users and carers.

Learning Lessons is now an integral part of each monthly divisional Quality Improvement Group and ideas for network meeting themes have been suggested and scoped during these Groups. The Trust has established a group of Learning Lessons Advocates who meet regularly.

Learning Packs

In 2022-23 we have developed and shared Trust wide learning packs which quickly summarise:

- What has happened

- What we have done
- What will staff and teams do – empowering our teams to develop and own their continuous quality improvement journey

These packs include the following titles:

- Clinical risk assessment
- Body worn cameras
- Exploitation/Safeguarding
- Genograms

These learning packs form part of our growing learning library which will continue to expand in the new financial year.

2023/24 A New Focus on Learning Lessons

To improve our approach to responding to patient safety incidents the Trust have begun a 12-month period of preparation ahead of transitioning from the existing Serious Incident Framework to NHS England's new Patient Safety Incident Response Framework (PSIRF)

What is PSIRF?

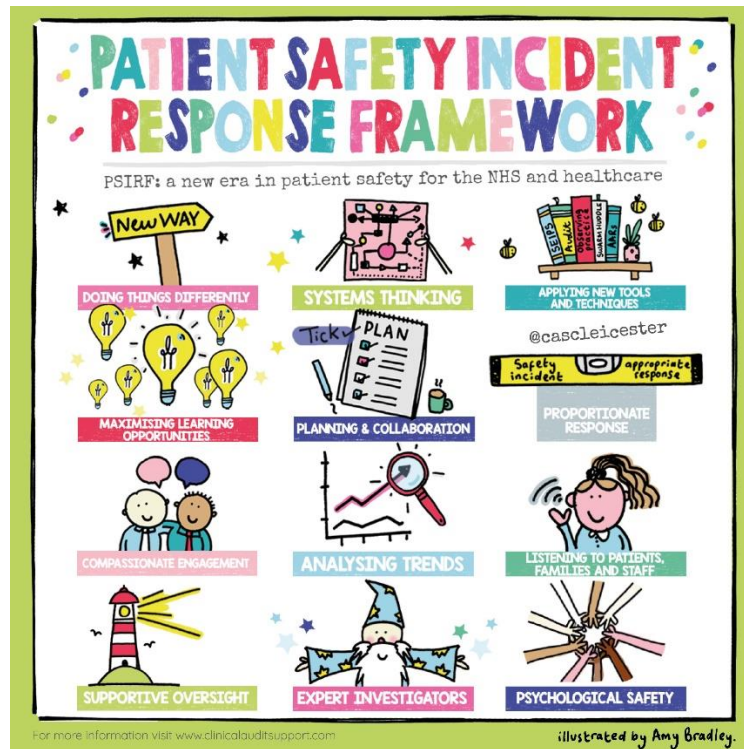
PSIRF sets out new guidance on how NHS organisations respond to patient safety incidents and ensures compassionate engagement with those affected. It supports the key principles of a patient safety culture, focusing on understanding how incidents happen, rather than apportioning blame; allowing for more effective learning, and ultimately safer care for patients.

What happens next?

Over the next few months, the Trust will be developing a Patient Safety Incident Response Plan (PSIRP), due to be published in autumn 2023. This will identify our individual patient safety incident profile and review existing improvement work, to identify the areas that will benefit most from learning responses and maximise the opportunities for improvement.

The Patient Safety Incident Response Framework (PSIRF) is a framework that supports development and maintenance of an effective patient safety incident response system with four key aims:

- compassionate engagement and involvement of those affected by patient safety incidents
- application of a range of system-based approaches to learning from patient safety incidents
- considered and proportionate responses to patient safety incidents
- supportive oversight focused on strengthening response system functioning and improvement



3.1.2 Observations and Engagement

An interim Positive Engagement and Clinical Observation Policy has been created following a series of cross divisional policy workshops that took place throughout 2022/23. This was ratified at the end of March 2023.

3.1.3 Reduction of Violence and Aggression and Racial Abuse in the workplace

The baseline for this project was already established in line with national drivers and CQC directives to reduce restrictive interventions. In addition, previous staff surveys have indicated violence and aggression as a main concern for staff. Violence and aggression accounted for our highest number of incidents across both legacy organisations. Here is a summary of our progress this year:

- Bi-monthly Violence and Aggression Strategy Group established with associated work streams for priority areas and a quality priority implementation plan
- Benchmarking against national violence reduction standards has been completed and is providing a baseline for the Trust programme of work and outcome monitoring
- Spotlight on bullying, harassment and discrimination report presented at Equality and Diversity Committee in January 2023 to provide an overview of related incidents on the Ulysses system and staff survey results on discrimination and aggravated bullying
- Employment of a Police Liaison Officer for the Trust
- BAF Risk 773 related to 'violence and aggression could potentially lead to staff sickness, risk of litigation, reputational damage in Trust becoming a less desirable place to work' oversight is monitored via the Trust Violence and Aggression Strategy Group. The risk has

reduced from a high-level risk (16) to a moderate risk (12) as a result of the mitigation and strategies in place

- Review of data relating to incidents with direct feedback and debriefs offered to victims of abuse
- Training offer around racial abuse, Black Lives Matter, bite size anti-racism leadership training sessions, MAPA training trajectory and the introduction of additional trainers to ensure both substantial and temporary staffing have access to this training, Positive Behaviour Support training offer, DBT and CBT training offer to support staff to understand patients emotional and complex needs
- Patient Safety Framework (PSIRF) and action plan implementation and working group
- Agreement to pursue Oxehealth digital observation monitoring pilot from April 2023 in support of safer environments
- Trust wide safe staffing establishment review (March 2023) and MHOST tool implementation in support of National Safe Staffing model guidance

Review of Quality & Safety Measures

What	How
Incidents	Ulysses, not just the numbers, deeper analysis, capture de-escalation too
Staff experience	Staff survey, narrative approach, targeted (e.g. staff & bank colleagues from ethnic minority backgrounds)
Effectiveness of processes	Linked to work streams and benchmarked against national violence protection & reduction standard
Risk monitoring and management	Via risk register and exception reporting to Health & Safety Committee and Quality and Safety Committee

Exception Reporting

Work streams complete a highlight report which is utilised to form an exception/ update report at the Violence and Aggression Strategy Group



This is shared at Trust Health and Safety Committee



Assurance is provided via the Health & Safety report to Quality & Safety Committee

Reducing restrictive interventions progress

- Safewards and reducing restrictive intervention programme role out across Trust
- Divisional Reducing Restrictive Intervention Practitioners in post to support this agenda
- Body worn cameras extended pilot to two additional mental health wards. Closure report presented to Quality and Safety meetings. Implementation plan for wider roll out and tender process in negotiation
- Search process reviewed
- Physical Intervention plans and audit implementation

- Seclusion and Long-Term Segregation standards/ Peer Review Process
- Linking with the quality and safety work of the Provider Collaborative

Staff survey feedback

- Improvements in staff personal experience of violence and aggression at work from patients, service users, relatives, members of the public
- Improvements in how many times staff have reported personal experience of harassment, bullying or abuse at work from patients, service users, their relatives or members of the public

Recently reviewed and ratified policies

- Police Interventions Policy
- Violence and Aggression Policy
- Lone Working Policy
- Standard Operating Procedure - Safe use of ligatures
- Positive Engagement and Clinical Observation policy

Progress against key priorities

- Daily wellbeing contacts
- Improved Police Liaison
- Implementation of operation Stonethwaite
- Security awareness training
- Monthly Health & Safety champion sessions
- Monthly LSMS drop in sessions
- Sensory strategy and resources deployed in support of therapeutic environments
- Mental Health offer of In-reach for sensory friendly ward. Tier 1,2,3 developed for all staff around sensory awareness and intervention aligned to national standards along with sensory training. Intensive support teams supporting wards with the management of complex patients within acute inpatient wards
- Gerry Simon Clinic has signed up as a 'Hate Crime Hub 'in collaboration with West Midlands Police, and representatives from local Black Country Councils. Reduction in incidents evident since signing up as a hub

Communication launch/ campaign

- Z cards and posters consultation
- Poster campaign implementation and planned roadshow



3.1.4 Suicide Awareness and Prevention

Suicide awareness and prevention is an important priority for the Trust and the Suicide Prevention Group created last year has continued to meet regularly to progress this project. We have continued and strengthened our collaborative working in the Zero Suicide Alliance (ZSA) which involves NHS Trusts, businesses and individuals who come together around one principle – that suicide is preventable. Acknowledging that two thirds of people who die by suicide are not known to mental health services, we also continue to be members of local public health led suicide prevention groups. These groups work in partnership and include voluntary organisations, faith groups, Network Rail and the police.

Suicide Prevention – Summary of actions

- Embedded a governance structure for our Suicide Prevention Group
- Encouraged closer working with service users and their families/carers
- Incorporated analysis of data and research into our suicide strategy and monitoring real time surveillance data across the Black Country
- Continued to make Schwartz Rounds routine best practise for our clinical staff
- The Trust has led on suicide prevention work across the ICS and have achieved closer relationships with primary health care and acute organisation colleagues
- The roll out of staff training packages STORM and Connecting with People have begun

3.1.5 Care Planning (Record Keeping)

The Care Planning Steering Group has met throughout this financial year supported by a training and communications plan for this project. The group has progressed actions on:

- Creating live videos which explain how to use the care plan module in relation to process document recording
- Progressing the roll out of Personal Empowerment Training to support person centred care planning
- Learning lessons in regard to implementation and development of a meaningful report on care planning assurance
- Working on challenges around how to assign responsibility in reporting within a joint ownership culture
- Reviewing a care planning assurance report to allow for amendments prior to a Trust wide rollout

We have commenced work on outcomes created during the SPRINT exercise facilitated by our Chief Information Officer. The standards for our care planning work are now set at an organisational level and a digital module to capture integrated care plans is in place. This was created through cross organisational engagement and is being utilised by staff on our electronic patient record system.

Work is continuing with our Learning Disability and Children and Young Family divisions to fully roll out this care plan module and a comprehensive timeline is in place throughout quarter one of 2023/24 to pilot, review and then fully embed a new record keeping audit to support this.

During early summer 2023 when more colleagues are trained in this process, an audit will take place to test the system and highlight areas where improvements can be made. We are also receiving an upgrade to our clinical system which will enable us to further gain automated assurance care plans and free up time for regular qualitative audits.

This will ensure that the module is being utilised across the Trust and further on-boarding of staff and teams will continue with support and relevant training. An issue log is being created as an online tool so operational leads can provide feedback on the module.

3.2 Infection Prevention and Control

3.2.1 Influenza Vaccination Programme

The Trust has a responsibility to provide Seasonal Influenza vaccines for all frontline healthcare staff in order to protect vulnerable people and support the resilience of the health and care system by reducing the number of Influenza infections amongst our frontline healthcare staff. The best way to protect staff and patients is to ensure 100% of frontline staff are offered and have access to the influenza vaccine. Flu is unpredictable, vaccination provides the best protection available against the virus which can cause severe illness and impact on operational delivery.

The Commissioning for Quality and Innovation (CQUIN) scheme for 2022/23 contains 15 indicators and staff influenza vaccination is aligned to the prevention of ill health indicator, with a payment basis of a minimum 70% to a maximum 90% target. Internally the Trust aspired to reach a target of 85% of frontline staff been vaccinated against influenza. It is to note for the period of 2022/23 the wider definition of frontline healthcare workers was applied to this year's campaign, which included both clinical and non-clinical staff who have contact with patients. All identified staff were offered the influenza and Covid-19 booster vaccine to protect themselves and those they care for.

The Trust commenced its annual influenza campaign on 3 October 2022 which continued to promote the importance of staff being vaccinated annually against influenza, increasing vaccination rate among our healthcare workers, keeping 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 June 2022 in order to complete all the necessary actions to ensure the vaccine was made available from 3 October 2022 through to the end of February 2023, taking into consideration lessons learned from the previous year's campaign
- 31 peer vaccinators were recruited and attended flu vaccination training (or for those who had undertaken the training previously on-line e-learning modules were undertaken). On completion of training all peer vaccinators completed individual competency assessments to enable them to assist the infection prevention and occupational health teams in administering staff flu vaccinations safely
- The Seasonal Influenza Policy and the Written Instructions were 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 3 October 2022 by the Infection Prevention and Control Team (IPCT) via all communications platforms
- The Trust's Electronic Staff Records (ESR) system was used to identify any teams, sites, or services where there was less uptake so extra effort could be directed to those areas
- On review of the staff survey, our staff indicated a voucher incentive would encourage staff to uptake flu vaccination and was a great way to say 'Thank you'.

Table 16 below shows the Trust's performance of these initiatives over the last five years to encourage staff to receive their influenza vaccination:

Table 16: Staff Vaccination Rates

Year	Number of vaccines given to frontline staff BCHFT	% of staff vaccinated at BCHFT
2022-23	1764	41.7%

Year	Number of vaccines given to frontline staff BCHFT	% of staff vaccinated at BCHFT
2021-22	1759	47.5%
2020-21	2250	72.3%

Year	Number of vaccines given to frontline staff BCPFT	% of staff vaccinated BCPFT	Number of vaccines given to frontline staff DWMHPT	% of staff vaccinated DWMHPT
2019-20	1312	81.9%	879	82.59%
2018-19	862	61.6%	856	76.64%

It can be seen that 1764 out of a total of 4364 staff were vaccinated in 2022/23, although Trust overall compliance is lower than the previous year, there were many COVID related challenges that were adapted in order to achieve this percentage. Roving vaccinators could not drop in on wards due to outbreaks and transmission risks, an appointment/booking system was set up as an alternative way to support staff with access to vaccinators. Vaccine hesitancy from the workforce and myth busting was supported by live Covid-19 and Flu consultations. Peer vaccinator numbers were reduced due to changes in working models and the pressures of workforce sickness and demand on services. To support staff working remotely or where clinical demands made it difficult to attend one of our clinics, vouchers were provided for staff to have their vaccine free of charge via Boots Pharmacy. A system Integrated Care Board review has been considered for 2023/24 campaign.

3.2.2 Infection Prevention and Control annual update

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 conditions are those that may give rise to outbreaks. The following tables 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, Clostridium difficile and Covid-19 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 17 below shows our performance over the last 3 years.

Table 17: Alert Organisms

Year	MRSA Bacteraemia	E Coli Bacteraemia	MSSA Bacteraemia	Clostridium Difficile	HCAI Covid-19
2022/23	0	0	0	0	195
2021/22	0	0	0	1	101
2020/21	0	0	0	1	95

Alert conditions are identified primarily through clinical diagnosis, as well as laboratory tests in some circumstances, and staff in clinical areas alert the Infection Prevention and Control Team of any suspected occurrence of these conditions at the earliest opportunity. As part of the wider surveillance process, information is collected on suspected cases of infection managed within the Trust these include chickenpox, shingles, diarrhoea, vomiting, mumps, measles, scabies and influenza.

The following table is a breakdown of these cases managed across the organisation during the reporting period of 2022/23. All antibiotic treatments were reviewed and managed in accordance with antimicrobial prescribing policy. It is to note no causative organism was identified from samples sent for cases of diarrhoea.

Table 18: Enhanced Surveillance

2022-23	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Urinary Tract Infection	45	41	69	53	208
Device infections (i.e. PICC lines)	0	0	0	0	0
Catheter Associated Urinary Tract Infections	5	7	7	12	31
Suspected chest Infection	24	16	49	25	114
Diarrhoea and/ or vomiting	6	10	18	5	39
Influenza	0	1	9	2	12

MRSA colonisation	2	0	1	2	5
Shingles	1	1	1	0	3
Scabies	2	0	0	0	2

Outbreaks are identified and declared in line with the current national definitions; two or more test-confirmed or clinically suspected cases (including patients, health care workers and other hospital staff) who are associated with a specific setting (for example; bay, ward or shared space) that are linked in time and place. For cases involving COVID-19 at least one case (if a patient) has been identified as having illness onset after 8 days of admission to hospital. Public Health England defines an outbreak as:

- An incident in which 2 or more people experiencing a similar illness are linked in time or place
- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- A single case for certain rare diseases
- A suspected, anticipated or actual event involving microbial or chemical contamination of food and water

Table 19 shows the number of outbreaks over recent years and the impact of the COVID-19 Pandemic resulting in outbreaks of infection within the Trust from March 2020. All outbreaks reported in 2022/23 were respiratory-related and a reflection of the local and national infection rates of Covid-19 and Influenza. There have been no outbreaks of norovirus/gastrointestinal infections during the year. The reduction in outbreaks of other infections is likely a result of a number of measures including increased episodes of hand hygiene amongst staff and patients, enhanced environmental cleaning, social distancing, isolation and the ongoing use of personal protective equipment (PPE).

Table 19: Outbreaks of Serious Infection/Illness

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
2022/23	13	13	12	5	43
2021/22	1	3	15	8	27
2020/21	3	1	9	12	25

3.3 Clinical Effectiveness

3.3.1 Patient Experience – Spotlight on Quality Projects

Quality Improvement Initiative: Dysphagia Awareness Training Programme

Our Speech and Language Therapy (SALT) team have been involved in the implementation and delivery of a Dysphagia Awareness Training programme. They now offer regular monthly

training sessions on Dysphagia (Swallowing) Awareness across all localities. A three hour interactive training session has been created, which incorporates activities and group participation alongside lecture slides to help improve staff awareness and confidence in managing patients with swallowing difficulties. This training is now mandatory for all older adult mental health staff working in an inpatient setting. It is also available to other staff working within a mental health setting should they wish to attend. The session covers topics such as the normal swallow, signs of swallowing difficulties and IDDSI fluid and diet recommendations including an interactive session on how to correctly thicken fluids. The role of Speech and Language Therapists is also discussed, including how support is offered to patients with communication difficulties. Positive feedback from attendees has been received and pre and post training questionnaires report a significant improvement in confidence and knowledge managing patients with dysphagia.

Quality Improvement Initiative: Sensory Friendly Environment Project

The service has also been involved in the implementation of a Trust sensory friendly environment project for inpatient mental health areas alongside our Occupational Therapy colleagues and two project leads. This project involved enhancing the environments (internal and external) to support people's sensory needs. It also explores the interventions/resources the service is providing in light of the impact sensory regulation can have on a person's mental health and how support is offered through staff training.

The sensory friendly environment project has several work streams; Speech and Language Therapist (SALT) colleagues have been heavily involved around supporting communication by identifying accessible signage for wards (this initially focussed on Ambleside and Clew wards however has now been rolled out to cover all wards at Bushey Fields Hospital)

The team have also identified sensory resources for use on wards and in the Therapy Hub that patients can use to help in managing their emotional regulation and engage in therapeutic interventions around recovery. An area for future work as part of this project is outcome measures, in particular whether there is a correlation between incidents on ward and provision of sensory resources.

Personal Empowerment Approach

What is the 'Personal Empowerment Approach'?

Empowerment is an umbrella term for a number of evidence-based approaches in use across services that include recovery focused, person-centred and strengths-based intervention packages. These were reviewed and integrated to develop the Personal Empowerment Approach (PEA)

The Personal Empowerment Approach gives the people who use our services power in relation to their care and treatment, and increases people's control of their own mental health, their recovery and their life. It operates on four key principles:

- Always aiming to do with people rather than to or for people
- Focusing on what people can do rather than what they cannot do
- Supporting people to develop skills to help themselves get well and stay well
- Working with the whole person and not just their diagnosis

The PEA 2-day training evolved from the solution focused training that had been delivered internally within the Trust for over 10 years. Teams across the Trust were all using similar solution-focused and care-planning approaches with their service users but calling them different things. To make life simpler for everyone, the best aspects from all of the approaches were brought together and called the Personal Empowerment Approach. The Personal Empowerment Approach is made up of five Stages to Recovery. Each stage follows the same format:

- P: Personal – the stage the service user is at on their recovery journey
- E: Empowerment – the questions you might use with the service user at this stage
- A: Approach – your role in the conversation

Why use the Personal Empowerment Approach in care plans

What are we trying to do? Get best outcomes for patients. We want to help people get started on their journey to getting well and staying well.

The evidence base strongly demonstrates that the best health outcomes for the people who use our services are reached by bringing the knowledge of clinicians and the lived experience of the people who use our services together.

When we involve people in making decisions about their own treatment and care, they are more likely to develop the right treatment plan for them and they are more likely to commit to the changes they need to make to get their best health outcomes.

A presentation to the Board in September 2021 outlined how PEA including Care Plan Training would fit into the transformational recovery-focussed development of services across the Trust. By then, approximately 50 clinical staff across the Trust had already completed a 3-day Train the Trainers PEA programme and were thus equipped with the necessary knowledge and skills to take forward the approach in a co-ordinated manner into each of the divisions. Each division has nominated leads trained in the PEA Approach, who are tasked with the development of bespoke training materials and co-ordination of training rollout specific to the needs of that Division and client group. A wider communications poster of the Personal Empowerment Approach has been prepared with assistance of the Communications Team, to circulate to teams across Adult Mental Health and Older Adult divisions.

The PEA training team have also begun to link this training with the Co-production Team so that co-production training and PEA training are internally consistent and complement each other. People with lived experience have been invited to attend the PEA training to help inform, shape and feedback on its content and delivery. From April 2022-March 2023 an additional 81 MDT staff have received PEA training.

Dementia Tier 2 Training program

Tier 2 Dementia Training continues to provide staff with a person-centred perspective on all aspects of dementia care. Following the merger of the Trust in 2020 our training team has been working hard to provide this mandatory training to all clinicians involved in the care of individuals with dementia, from Health Care Assistants to Consultant Psychiatrists. Topics such as the Assessment of Dementia, Legal Frameworks in Dementia, Psychiatric Overview of Dementia, Understanding Behaviour, Diversity and Dementia and Non-Pharmacological Interventions in Dementia are covered. All are designed to improve the knowledge and skills of our staff and therefore the experience of individuals with dementia and their carers within our services.

Our group of trainers come from a broad range of professions including Nursing, Psychiatry, Psychology and Occupational Therapy alongside valuable input from a person with lived experience. Her presentation on personal experiences as a carer throughout her husband's journey through dementia is greatly valued by participants. Overall, staff have provided very positive feedback about their experience of training and the knowledge gained. The sessions also allow for networking between our different services and departments who might otherwise not have the chance to meet, increasing our staffs understanding of the role of other professionals in dementia care.

Over the last year the Trust have trained 82 staff members and in 2023 have increased our training cohort size, so now have the potential to deliver training to a further 120 staff before the end of 2023. In 2023 plans are in place to devise and launch specialist Dementia Tier 3 training to help develop leadership skills within our workforce. We also aim to involve more teams in our groups of Tier 2 trainers such as Admiral Nurses and the In Reach to Care Home Team.

Cognitive Behavioural Therapy (CBT) Training Programme

This course has been rolled out to staff who work in the Trust's secondary mental health community based teams in both the Older Adult and Adult divisions. It's delivered internally, meaning the staff who teach the programme including Psychologists and CBT therapists are based within the teams that the training is intended for. This is important as the delivery of the training is very much centred on the needs of the staff receiving it and will enhance their skills. CBT Awareness has 4 intakes per year in February, April, October and November.

CBT Fundamentals currently has 2 intakes per year in May and October

The key strategic aims of the training are:

- Ensuring fair and equitable access for all community patients to CBT interventions
- Promoting recovery through the development of a culture where core psychological skills are generic to all staff
- Ensuring all staff feel confident and supported in using CBT interventions that are appropriate to their role
- Developing the workforce to deliver CBT interventions
- Increasing access to CBT interventions so that patients feel a sense of value, security, containment and belonging, are enabled to achieve self-reliance in using their psychological skills and so achieve their recovery goals
- Ensuring CBT skills are 'driven' into practice through the development of an environment that facilitates and expects behaviour to change, e.g. through operational management, appraisal systems, clinical supervision and clinical systems
- Ensuring that all levels and types of psychological interventions are delivered within a framework to maintain safe and effective practice

CBT Awareness – Level 1 – All clinical staff

There are 3 components to this training:

- A two day workshop and staff must attend both days
- A requirement to attend four follow-up skills development sessions with a named supervisor, usually the team Psychologist
- Completion of a skills development booklet within three months is also required after which a completion certificate is then awarded

The content includes:

- Understanding the cognitive-behavioural model of problem development and maintenance
- Gaining awareness of cognitive-behavioural interventions
- Integrating the use of cognitive-behavioural skills into everyday practice

CBT Fundamentals – Level 2 – All registered staff

Staff attend this course after completion of Level 1 CBT Awareness via nomination by their Team Manager

- It is a twelve day programme spread over a period of three months with a minimum 80% attendance requirement
- It consists of morning lectures and afternoon skills practice sessions plus attendance at a CBT supervision group
- There is a strong focus upon CBT skills practice and feedback in small skills groups which is assessed through live demonstrations showing use of the approach (Assignment 2)
- A client study must be submitted and passed before a completion certificate is awarded (Assignment 1)

The content of this course covers:

- Theoretical underpinnings of CBT
- Assessment, formulation, intervention
- NAT's (Negative Automatic Thoughts), Dysfunctional assumptions, behavioural experiments
- Anxiety and depression
- Skills practice
- CBT Supervision Group

It is delivered by a range of Older Adult and Adult Mental Health Psychologists and a CBT Therapist. The programme continuously develops in light of new research and ways of working. Completion data for the period April 2022- March 2023:

CBT Awareness – Level 1 = 35 MDT staff

CBT Fundamentals – Level 2 = 16 MDT staff

3.3.2 Service Experience Desk (SED)

Formal 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 and community services 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 20), it shows a 28% increase in the number of formal complaints received compared with 2021/22 (128). During this time all complaints were responded to within the six month national guidelines.

Table 20: Complaints

Complaints	Adult Working Age Mental Health (AWA)	Children Young People & Families (CYPF)	Corporate	Learning Disabilities (LD)	Older Adults Mental Health (OA)	Total
Access to Treatment or Drugs	9	3	0	0	0	12
Admissions and Discharges	11	0	0	0	1	12
Appointments	6	7	0	0	0	13
Clinical Treatment Subjects	8	3	0	0	1	12
Communications	15	2	1	0	0	18
Consent	0	0	0	0	0	0
Other	1	0	0	0	0	1
Facilities	1	0	0	0	0	1
Integrated Care (Inc Abs Of Care Package)	0	1	0	0	0	1
Patient Care	16	11	0	1	2	30
Prescribing	10	1	0	0	0	11
Privacy, Dignity & Well-Being (PDW)	1	0	0	0	0	1
Staff Numbers	1	0	0	0	0	1
Trust Admin, Policies, Procedures and Patient Record Management	2	2	2	0	0	6
Values and Behaviours (Staff)	35	5	0	0	0	40
Waiting Times	4	1	0	0	0	5
Total	120	36	3	1	4	164

All complainants are given the opportunity to refer their case to the Parliamentary Health Service Ombudsman (PHSO) for an independent review if they remain dissatisfied with the outcome of the complaint.

The PHSO investigates complaints where someone believes there has been injustices or hardship because an organisation has not acted properly or has given a poor service and not put things right.

During 2022/23, the Trust received notification that 5 complaints had been referred to the office of the Parliamentary Health Service Ombudsman for their consideration, one of which (as of April 2023) is currently ongoing with recommendations made and the remaining cases have been closed with no further action taken.

Developments

SED have implemented a reward process for all staff who receive a compliment. Each member of staff now receives a thank you card and a packet of seeds as a gesture of the Trusts appreciation of their work.

The SED Manager is also working with the Communications Team to increase the number of nominations received for the Patient Choice Award as well as showcasing compliments received across a number of avenues.

The Service Experience Desk have started work on the development of a three year strategy in order to develop the services provided. Training videos have been created for an Investigating Officer training programme regarding the management of complaints, concerns and compliments.

NHS Complaints Standards

The following is a summary of the new NHS Complaints Standards that were published December 2022. An effective complaint handling system promotes a learning culture by supporting the whole organisation to:

- See complaints as an opportunity to develop and improve its services and people
- Set clear expectations to embed an open, non-defensive approach to learning from complaints
- Regularly talk to its managers, leaders and service users about what it has learnt from complaints and how it has used learning to improve services for everyone
- Give colleagues the support and training they need to deliver best practice in handling complaints

Welcomes complaints in a positive way and:

- Recognises them as important insight into how to improve services
- Creates a positive experience by making it easy for service users to make a complaint
- Gives colleagues the freedom to resolve issues quickly and to everyone's satisfaction
- Is thorough and fair when looking into complaints and:
- Gives an open and honest answer as quickly as possible, considering the complexity of the issues
- Makes sure service users who make complaints, and colleagues directly involved in the issues have their say and are kept updated when they carry out this work
- Makes sure service users can see how colleagues are looking into the issues in a fair and objective way, based on the facts

Gives fair and accountable responses that:

- Set out what happened and whether mistakes were made
- Fairly reflect the experiences of everyone involved
- Clearly set out how the organisation is accountable
- Give colleagues the confidence and freedom to offer fair remedies to put things right
- Take action to make sure any learning is identified and used to improve services

The standards that relate to the Service Experience Team have been incorporated into a Standard Operational Procedure to ensure consistency across all divisions of the Trust. This is in the process of being implemented within the Service Experience Team.

There is still ongoing work to implement these standards in liaison with Divisional Senior Managers and Directors.

National Reporting Categories

Below are the categories which are used to record our complaints with each division having a dedicated Divisional Complaints Facilitator as their single point of contact, these categories bring the Trust more in line with K041a Reporting which is a national reporting system and bands together similar themes under one group.

- Admission/ Discharge – All admissions and discharges
- Values and Behaviours (Staff) - includes: Attitudes of all staff, failure to act in a professional manner, physical abuse/assault/ verbal abuse/ rudeness, failure to introduce themselves
- Patient Care - covers many aspects relating to the care of the patient: Inadequate/ incorrect support provided, failure to provide adequate care overall, failure to

monitor food/ fluid intake during admission, inappropriate care setting, neglect in hospital

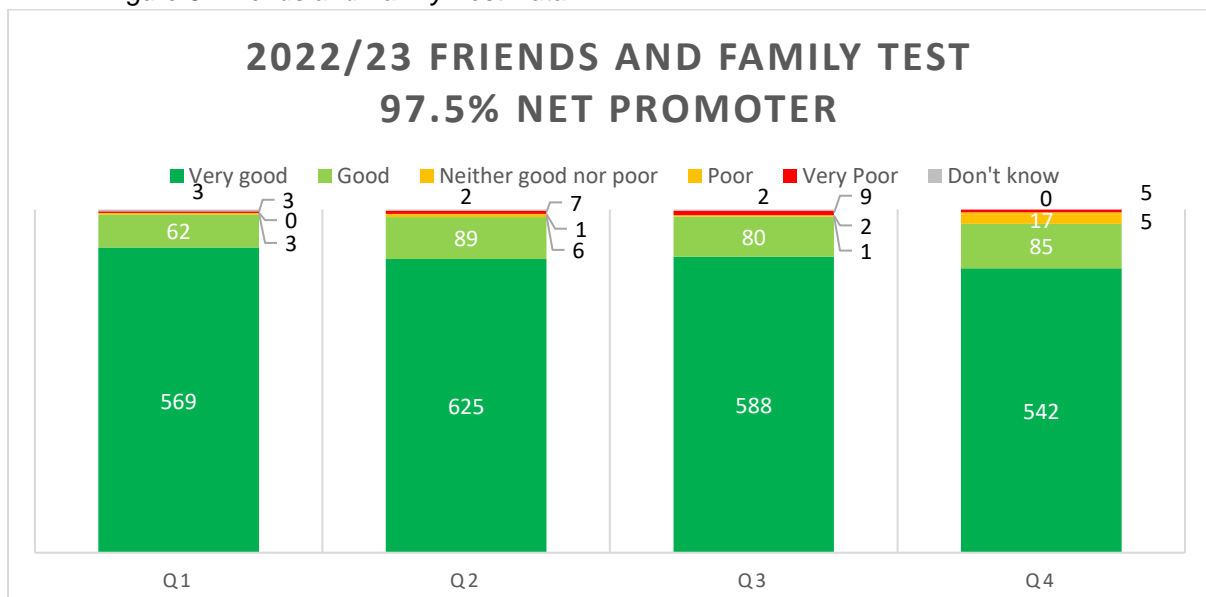
- Access to Treatment or Drugs Group – including medication
- Trust Admin/ policies/ procedures/ personal records - including Mental Health Act
- Appointments - which also includes: appointment cancellations, delay (including length of wait), time, availability, not kept by staff, referral delay, referral failure
- Facilities - which includes: access issues (ramps etc.), car parking, disabled facilities, equipment, lighting, smoking issues

3.3.3 Friends and Family Test (FFT) – Net Promoter

In April 2022 we saw the launch of the Service User and Carer strategy titled Empowered Involvement. One of the three key priority areas highlighted within the strategy was to expand methods available for people to be able to provide their feedback. In addition to previous established methods of collecting feedback 2022/23 has seen the development of;

- Easy Read paper Tell Us How We Did (TUHWD) form
- Easy Read online Tell Us How We Did (TUHWD) form
- SMS text message trial
- Care Opinion
- Trial of an alternate feedback form to capture feedback from children and young people
- Inclusive of existing methods plus these new methods highlighted above we saw 2706 responses to the Friends and Family Test in 2022/23. Our overall net promoter score (NPS) is 97.5% of which a quarterly breakdown can be seen below
- NPS is calculated by subtracting the percentage of customers who answer the NPS question with a 6 or lower (known as ‘detractors’) from the percentage of customers who answer with a 9 or 10 (known as ‘promoters’)

Figure 5: Friends and Family Test Data

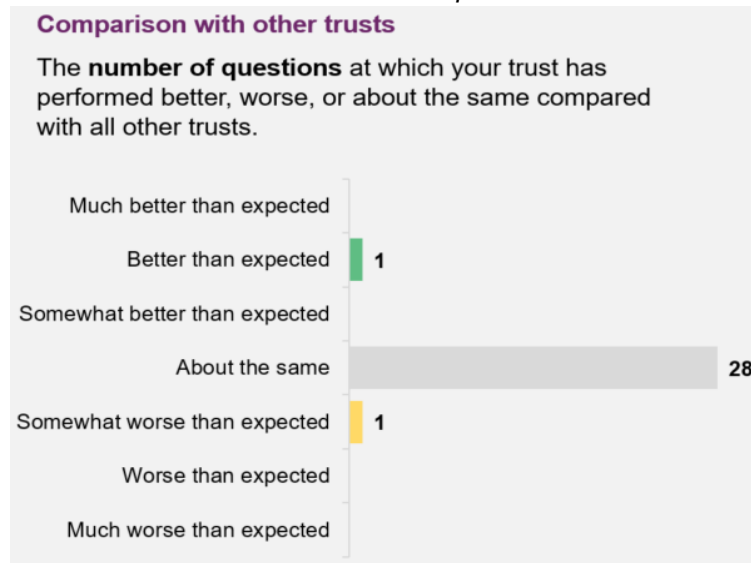


3.3.4 Service Experience

Community Mental Health Survey 2022 - Overall Score

The annual Community Mental Health Survey continued in 2022. The survey is conducted independently by Quality Health Ltd (IQVIA). A maximum sample of 1250 was generated at random as per the agreed national protocol from all patients on the CPA and Non-CPA Register who were seen between 1st September and 30th November 2021. The survey was carried out between February-June 2022 with a full management report complete and received by the Trust in August 2022. A total of 240 people completed the survey which provided a response rate of 20%. The Trust performed 'about the same' when compared to other Trusts which can be seen in figure 6.

Figure 6: Overall views of care and services compared to other NHS Trusts



When comparing changes within the Trust to the 2021 equivalent survey, we see no significant difference from scores received. Analysing the data further we are able to see where the Trust performed better or worse compared to the national average in the following questions:

Figure 7: Top five scores in a variety of areas

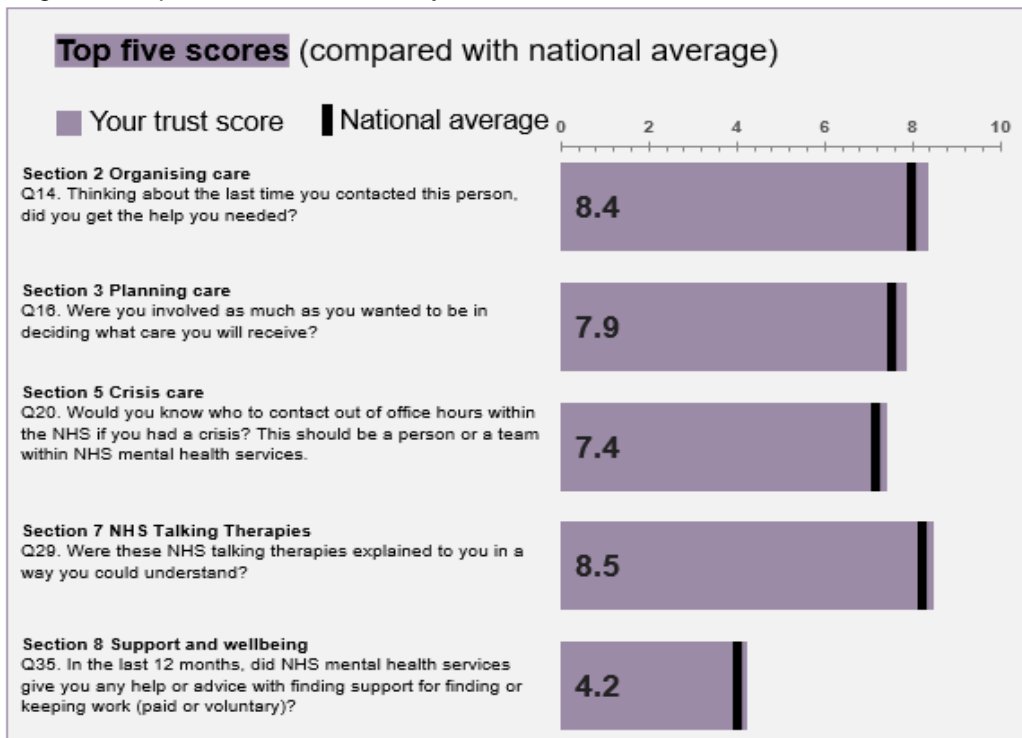
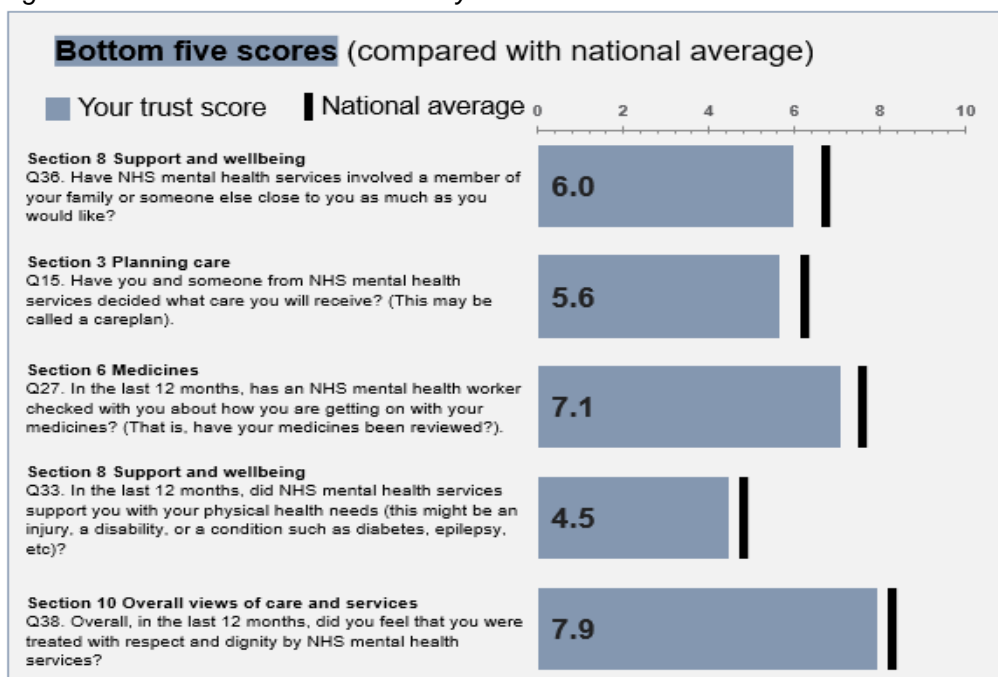


Figure 8: Bottom five scores in a variety of areas



Your Health and Social Care Workers

As part of the Community Mental Health Survey, one of the sections focusses on interactions and experiences with health and social care workers. The results received as part of the 2022 survey are as follows:

Figure 9: health and social care worker results

Question	2021	2022	Diff	Compared with other Trusts
Were you given enough time to discuss your needs and treatment?	71.4%	70.7%	-0.7%	About the same
Did the person or people you saw understand how your mental health needs affect other areas of your life?	67.6%	68.5%	+0.9%	About the same
Did the person or people you saw appear to be aware of your treatment history?	67.4%	71.0%	+3.6%	About the same

All three questions in this section fall within the intermediate 60% (about the same) as all other Trusts. Two questions saw an improvement and one question saw a slight decline compared with scores in 2021.

3.3.5 Feedback from Service Users and Carer's

Throughout 2022/23 we have continued to evidence actions taken in response to feedback. This has now become multifaceted with the introduction of Care Opinion providing us with a ready-made platform to be able to display feedback and actions taken in response, all in the public domain. Exploration of other methods including displaying feedback on noticeboards or on the Trust website are still being explored. Many adjustments take place within the day to day running of services and are not required to be formalised however in the table below we have included some of the feedback received, and actions taken in response.

Table 21: You Said - We Did

You Said:	We did:
It would be lovely to celebrate the Queen's platinum jubilee.	Patients and staff worked together to create fun activities and decorate the ward for both Nurses day and the Platinum Jubilee. One patient said... 'it was a massive success – it was just like a street party'
We should have a herb garden or something similar as it'll brighten up the gardens and give me something to do.	During spring and summer the gardening groups will recommence to include planting more herb patches in the main garden.
Can we get some new things to do or updated stuff like a games console or some better board games?	The ward manager has allocated additional monies to activities that have been suggested including a table tennis table, additional board games, games console and karaoke machine.
I have just been signed up to SilverCloud but coming back on today it tells me 'SilverCloud is not suitable' and I should contact the service. There is no explanation why though or in fact details to contact the service.	Contact has been made with the SilverCloud platform to look at whether they have the technical capability to alter the message people receive on the platform to a softer message, provide reassurance that we will be in touch, and to also provide our contact details. An email is also sent to the email

	address used to sign up to SilverCloud with the same message which explains the reason why 'SilverCloud is not suitable' for the user and includes contact details and details of the next steps.
Sensory integration equipment to be used	Covid restrictions have meant the sensory room/equipment hasn't been in use. This is due to the strict cleaning protocols that were in place. Also we have been informed mats are non-compliant and therefore need removing. New equipment and mats have been sourced and ordered that are Infection Prevention and Control compliant so sensory equipment can be used once again.

I was unable to attend an appointment at short notice due to work. I didn't have a direct contact number so called Penn Hospital and asked to be transferred to the Willows reception (where appointments were held). I left a message with the receptionist that I could not attend and to pass on my apologies. Since then, I have had no contact with the Wellbeing team apart from a copy of a letter to my GP stating that I was being discharged for not responding to a letter that I have not received.	Contact details are included in all patient contact letters at the top of the page. It may be that we need to put this in a more obvious place. Therefore the following sentence has been written into the body of the letter "If you need to contact the service or to cancel or rearrange your appointment please contact us on 01902 443565. We recommend saving this number in your phone so you always have it to hand." This will be included within the standardised letter templates to avoid staff having to add it each time.
Have not visited this hospital so can't comment on care, waiting times etc. However I did have cause to telephone and was concerned that a NHS Hospital was using 0845 phone number - calls to 0845 numbers are charged at 65p per minute plus connection charges. I find this unacceptable and can't believe that they are allowed to get away with it!	Thank you for alerting us to this. This 0845 number is no longer in use and instead to contact Edward Street Reception people can call on 0121 828 6224. We will update our website so that this doesn't cause concern in future. Thanks again for alerting us to this.

3.3.6 Compliments

Table 22: Compliment Categories – Top 5

Caring/Kind/Thoughtful	234
Supportive	136
Quality Care Provided	47
Understanding	31
Helpful	19

Table 23: Compliments Divisional Results

OA Mental Health	246
Adult Working Age Mental Health	192
CYPF	150
LD	35
Corporate	4
Trustwide	3

Table 24: Compliments by Service – Top 5

Memory Assessment Service (Wolverhampton)	43
Malvern Ward	30
Admiral Nurses Wolverhampton	27
Older Adult Therapeutic Service (OATS)	27
Memory Assessment Service (Walsall)	23
CAMHS Reflexions (Dudley)	17

3.4 Trust performance against additional quality performance indicators

3.4.1 Reporting against Other Quality Indicators

This section of the Quality Account outlines a selection of indicators chosen by the Trust to demonstrate a holistic view of quality across the services provided. The Trust has included contractual and national key quality indicators and a selection of quality indicators that it uses to monitor the quality of the services provided. The table on the following page provides a summary of the relevant quality indicators for 2022/23. A more detailed explanation and analysis of each indicator is set out in the following pages.

Table 25: Summary of Other Quality Indicators 2022/23

National Indicators	Target	% Achieved	RAG Rating
Improving Access to Psychological Therapies - % of patients treated within 6 weeks	75%	93.86%	
Improving Access to Psychological Therapies - % of patients treated within 18 weeks	95%	99.46%	
Improving access to psychological therapies - % of patients completing treatment who move to recovery	50%	52.10%	
Early Intervention - % of patients treated with a NICE approved care package within 2 weeks	60%	72.31%	
% of 0-19 year old urgent cases referred with suspected Eating Disorders that start treatment within 1 week of referral	95%	95.31%	
% of 19+ year old urgent cases referred with suspected Eating Disorders that start treatment within 1 week of referral	95%	89.58%	
% of 0-19 year old routine cases referred with a suspected Eating Disorders that start treatment within 4 weeks of referral	95%	95.65%	
% of 19+ year old routine cases referred with a suspected Eating Disorders that start treatment within 4 weeks of referral	95%	90.79%	
% of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care	80%	83.40%	

3.4.2 Eating Disorder Services – Action we have taken to strengthen performance

As the Eating Disorder services have merged and expanded and during and following covid, we have seen an increase in referrals and acuity of patients. Despite this we have proven to be the third best Integrated Care System (ICS) in the country for Key Performance Indicators (KPI's) in eating disorders. We work hard with a team ethos focused on understanding the principle of the KPI – ‘early intervention equals better outcomes’ and we strive to achieve this. We utilise the FREED network approach to referrals. Our most frequent reason for a breach is patient choice and we have a multitude of methods to minimise the likelihood of this.

We have a good referral management process in the service. We review KPI and potential breaches robustly with our performance improvement and planning team. We also utilise confirm and challenge meetings within the division and align our internal KPI for adults – a process that is not currently followed by other Adult Eating Disorder service providers. This prevents a lack of parity of care due to ages.

3.4.3 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 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

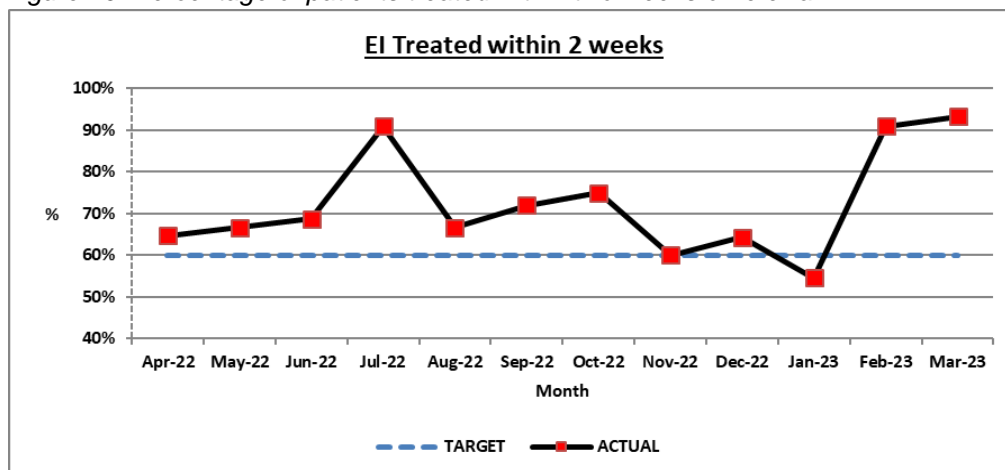
leads to poorer outcomes for individuals and their families and high levels of expenditure for both NHS and other public services.

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 2022/23, 60% of people with first episode of psychosis are treated with a NICE-approved package of care within two weeks of referral.

Figure 10 below shows Black Country Healthcare NHS Foundation Trust performance as the arithmetic average for the year of the monthly reported performance for 2022/23. The information is based on a local percentage figure as NHS England's Data Collection Board decommissioned the collection of Early Intervention in Psychosis waiting times information. Instead, NHS England monitors waiting times for this service using data from the Mental Health Services Data Set.

Figure 10: Percentage of patients treated within two weeks of referral



The significant drop in performance for January 2023 was due to staff vacancies in the team. These have now been filled. Black Country Healthcare NHS Foundation Trust has a Steering Group and action plan to continue to improve the quality of Early Intervention services.

3.4.4 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.

Figures 11 & 12 show Black Country Healthcare's NHS Foundation Trust performance as the arithmetic average of the monthly reported performance during 2022/23. It is based on a locally produced percentage in the absence of information available from NHS England.

Figure 11: Referrals seen within 6 weeks

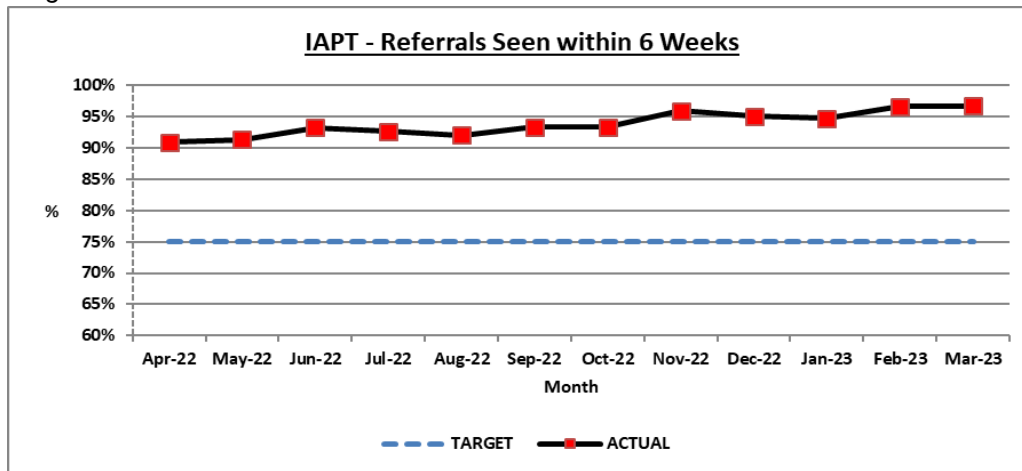
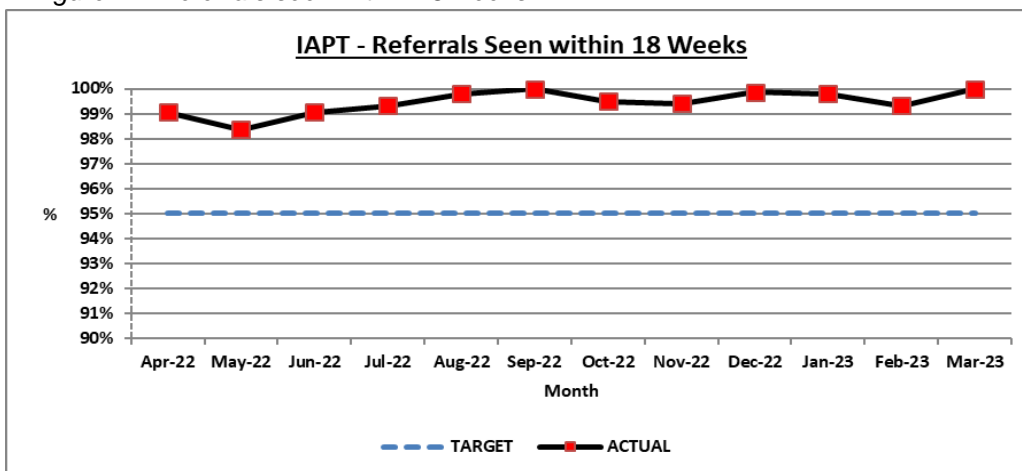


Figure 12: Referrals seen within 18 weeks



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

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

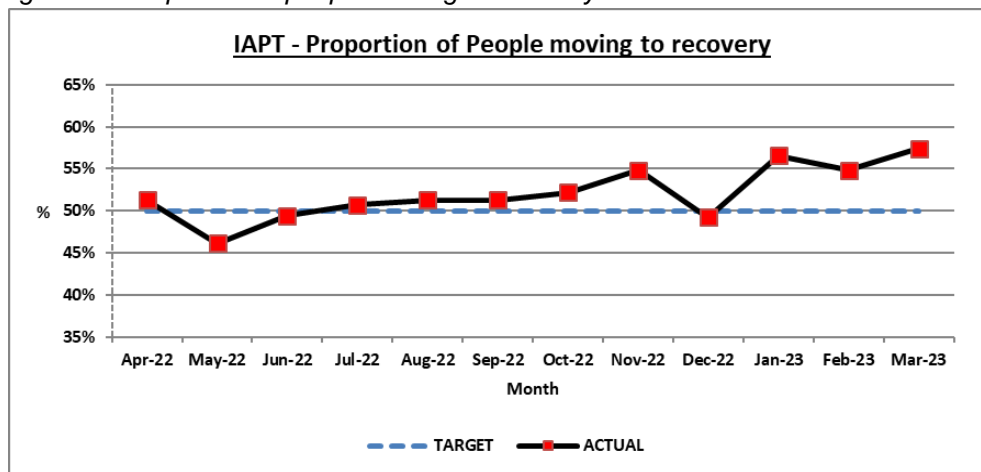
To achieve reliable recovery, a person's symptoms will have improved by a significantly large margin from the start to the end of treatment for people who were considered a clinical case at the start of treatment.

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

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

The national target for this indicator is to ensure that 50% of people completing a course of IAPT treatment moved to recovery. Figure 13 shows Black Country Healthcare NHS Foundation Trust performance as the arithmetic average of the monthly reported performance 2022/23. It is based on a locally produced percentage in the absence of information available from NHS England.

Figure 13: Proportion of people moving to recovery



3.4.6 Admissions to adult facilities of patients under 18 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 were 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 should be avoided.

There is no national target for this indicator, but progress should be in line with the Government's pledge described above.

In accordance with the Government's initiative, it is the established policy of Black Country Healthcare NHS Foundation Trust not to accept a referral of a young person under the age of 18 years of age for admission to an adult acute mental health ward.

Table 26 below shows Black Country Healthcare NHS Trust performance as the arithmetic average of the monthly reported performance 2022/23. It is based on locally produced data in the absence of information available from NHS Digital.

Table 26: Admissions to adult facilities of patients under 18 years old during 2022/23

Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Admissions to adult facilities of patients under 18 years old	0	0	0	1	0	1	0	0	0	0	0	0

3.4.7 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 (OoAPs) in mental health services for adults in acute inpatient care by 2022/23.

Provider Trusts have no national target for this indicator, but it is a target for local clinical commissioning groups to aim towards the elimination of inappropriate adult acute out of area placements by 2023. 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 27 shows Black Country Healthcare NHS Foundation Trust performance as the arithmetic average of the monthly reported performance during 2022/23. 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 27: Out of Area Placements

Out of area placements	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Occupied bed days - Adult Mental Health	210	5	2	29	32	109	172	95	101	51	260	340
Occupied bed days - Older Adult Mental Health	0	0	0	0	0	0	0	0	0	0	0	0
Occupied bed days - Male Psychiatric Intensive Care	144	57	117	106	139	175	194	124	80	68	66	47

3.5 The Wider Quality Agenda

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 Account with our wider quality improvement agenda and for quality to be at the heart of everything we do. We have also used this section to provide a brief summary on the continued impact of the Coronavirus Pandemic.

3.5.1 Coronavirus Pandemic

Emergency Planning for the Coronavirus Pandemic

The start of 2020 saw the development of an unprecedented health care event, the Coronavirus Pandemic. A pandemic describes an infectious disease where there is significant and ongoing person-to-person spread in multiple countries around the world at the same time.

The virus is mainly spread during close contact and by small droplets produced when people cough or sneeze and leads to COVID-19, a new illness that can affect your lungs and airways. Complications can arise and include pneumonia and acute respiratory distress syndrome. People may also catch COVID-19 by touching a contaminated surface and then their face.

The Trust, during the reporting period of 2022/23 continued emergency planning on how to mitigate the risks of spreading COVID-19 and the measures required to maintain our clinical inpatient and community services. We worked closely with national and regional planning teams, utilising our existing business continuity plans and pandemic influenza management plans and taking account of Public Health England guidance when making all decisions.

A high-level Incident Management Team remained supported by senior leaders to co-ordinate the Trust's response to the rapidly changing situation.

The main priorities were:

- Protecting our inpatients
- Focusing on urgent care
- Playing our part in limiting the spread of COVID-19
- Outbreak management

Key area of focus included:

- Reviewing clinical service provision and setting out an agreed approach
- Reviewing national guidance and what it means for our staff and service provision
- Reviewing team information so we have an improved picture of our workforce
- Providing updated advice on a regular basis to our staff by sending out regular COVID-19 communications

Other actions taken included:

- Visits to inpatient areas reviewed and local visiting standard operating procedures being introduced on all wards
- Patient appointments were not cancelled but different contact methods were used to continue to provide services to our patients through phone calls and video call facilities as an alternative to face to face consultations wherever possible

- Staged approach to reducing Covid-19 restrictions across inpatient, outpatients and community services, including the removal of universal masking, social distancing and asymptomatic testing of patients and workforce

We recognise that vulnerable people under our care may find it more difficult to look after their mental health and wellbeing during these challenging times and need our services more than usual, so all our plans continue to reflect this. Our front-line staff are using their unique skill set and professional judgement to assess risk, prioritise services that need to be provided and to make sure patients continue to receive high quality, safe services.

3.5.2 Quality improvement plans

In this section we outline our plans for Quality Improvement from our Clinical Strategy. Our clinical ambition is 'To provide services that are of outstanding quality, and support people to live their best lives as part of their community'. We describe our vision and outline our plans across our service portfolio in the coming pages.

3.5.3 Cross-divisional priorities

In seeking to achieve our clinical ambition, each division has a number of priorities that are more specific to the clinical services within. Alongside which there are key priorities that span across more than one division;

- Transformation of community mental health services
- NEWS2 – Physical Health Care

Transformation of Community Mental Health Services

Background

The Community Mental Health Framework for Adults and Older Adults (2019) called for a radical re-balancing of mental healthcare in favour of integrated community services in order to undo years of fragmentation across community services, and to re-establish the original principles upon which community care was established – patient centred care, accessible at any point, integrated with the local community and comprehensive in the service offer. The new integrated model of community mental health services seeks to give people greater choice and control over their care with support to be well in their communities, and partners across each system have been called upon to collaborate in the modernisation of services to offer multidisciplinary, holistic, co-produced care and support aligned with Primary Care Networks. Through this change it is intended to end the current tiered system of the Care Programme Approach (CPA) and modernise the current Community Mental Health Teams (CMHT) and outpatient models as integrated offers aligned to primary care.

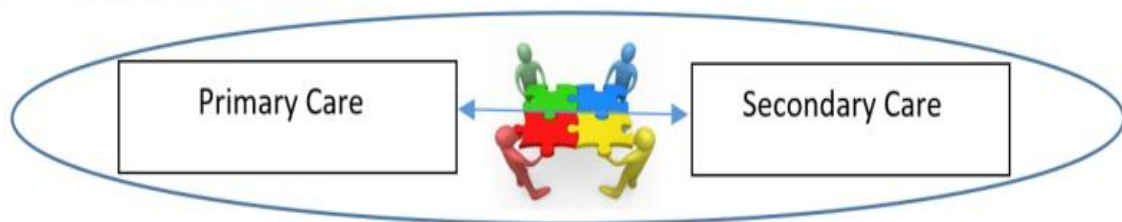
Across the Black Country this is a significant opportunity to co-produce with our communities a truly transformative model of care and co-design and deliver a new comprehensive service. This will provide better care and quality, increase access, be more inclusive, addresses gaps (such as timely access to psychological therapies) It will also provide a dedicated focus on adults with a diagnosis of personality disorder, adults with an eating disorder and on community rehabilitation. A key element of the transformation is to address inequalities and advance mental health equalities in access, experience and outcomes.

Community Transformation 2022/2023 – What are we working to achieve?

- Integrated mental health support, care and treatment situated and provided around where the patient GP is situated
- Enable higher quality care to be provided at a local community level
- Support people to live better within their communities

We are working to develop the 'Core Community Mental Health Service Offer' by bringing together what is currently provided in primary care for people with both fewer complex needs and more complex needs alongside that provided by secondary care CMHTs (including in residential settings)

New and Integrated Model.....



This is being built around GPs/Neighbourhoods and community hubs. This can be Primary Care Networks or Town Teams. This will provide:

- Good quality assessments at whatever point people present through a trusted assessment tool
- Support for a simplified seamless referral pathway through NHS E-referrals; underpinned by a 'no wrong door' philosophy which is central to this
- Interventions readily available and accessible at a location most appropriate for needs, implementing patient choice
- Care that can be stepped up where and when specialist care is required without cumbersome referrals/repeated assessments and safe effective step down, to enable patient flow
- Effective links with community assets to support and enable people to become more embedded in the community

We have been closely working with NHS England to support the work around the design and development of the implementation of the model of care for our Black Country Population. The Transformation team have been working on 7 areas to develop and deliver:

Model Development

Developing the model from theory into reality by building services that can effectively deliver the changes whilst taking into account the different services we provide across localities and the excellent work already offered there.

Care Provision

Design how the Trust want to provide care in the most effective way including working with our communities and the voluntary sector.

Workforce

Agree what our workforce needs to look like and what training we provide to them to enable staff to deliver services based on NICE guidance and innovative practise (including new roles, expansion of teams and acceptable down time built in to support development and reflection)

Data and Outcomes

Agree which outcomes are we striving for and how we can measure these. Making data useful for teams to support delivery of services, but also review any changes needed on a regular basis. Making the data work for us.

Dedicated focus on three key areas:

- Complex emotional needs (personality disorder)
- Community rehabilitation
- Eating disorders

Overview of progress throughout 2022/23

	CORE Model	NEW ROLES	NEW SERVICE	ACCESS Review	INTERVENTIONS	PREPARATION
Model and Care provision Development work underway currently.....	_Primary Care Mental Health Team Model enhanced and developed	_PCMHP (ARRS) within each PCN as 'first contact mental health expertise within GP Practices'	_Operational development of central referral support HUB (moving from no wrong door to no door)	_Current Access Points mapped _Access reviewed and Streamlined into new pathway	_Mapping from NICE guidance underway and research team engaged with to formulate confirmed offers at each tier for less complex and more complex needs	_Mapped different processes in patient journey in each locality to inform core offer _Mapped Gaps within services provided and bottlenecks within each service
	_Rolled out in Walsall with new SOP	_Access Practitioners within Primary care to support pace of assessment need	_SOP Developed for Referral support HUB	_New combined work stream to support further development	_New combined work stream to support further development of interventions and wider system support	_Commenced waiting list review process development for sign off
	_Enhanced MDT offer through the tiers under development	_'No Wrong Door' Partnership in place in Walsall – to roll out through localities	_Building Triage, Assessment and Treatment pathways to support national targets for referral to treatment	_Commenced work to implement electronic referrals	_Referral support and navigation supported through new service and streamlined contacts	_Caseload review underway for core teams
	_Locality Implementation Groups to recommence for pre-transformation work and planning for implementation	_Care navigation development within core offer; roles and competencies identified to support new roles within HUB				_RC Alignment to PCNs underway. Business Case for more Psychiatrist support in x2 Localities being raised to support PCN alignment and model implementation
	_'Core Offer' for tier 2 new combined work stream to support development of stepped up care provision					
	_Rehabilitation Model developed and SOP completed					

NEWS2 Quality Improvement Update PAN Trust

The Trust is now rolling out a formal programme of staff training and competence assessment for NEWS2 (National Early Warning Score- second version) in all inpatient areas, with a view to later extending to community settings.

NEWS2 is a “track and trigger” system which assigns a score for each of 6 parameters which are routinely measured. The resulting total score indicates the patient’s risk of acute deterioration. NEWS2 supports the early recognition, care planning, appropriate escalation to the nurse in charge, doctor or ambulance as appropriate. It also empowers our staff to confidently care for patients who are at low risk of deterioration on site, without an inappropriate ambulance attendance, or distressing transfer to an acute hospital which is not necessary. Using the NEWS2 framework, our staff will continue to monitor the patients’ condition and respond accordingly; escalating to acute medical services, or looking after them on our wards.

April 2024 sees the launch of the EObs (electronic observations) pilot on the same mental health wards which undertook the earlier project to introduce NEWS2. This project aimed to improve the physical health of our patients and service users. IT staff and clinicians have worked over the past year on EObs to create an electronic system which is appropriate for our services, and meets patients’ needs.

We have worked on five forms for EObs initially; those considered to be of the most benefit to our patients. NEWS2, non-contact physical observations, therapeutic observations, food and fluid record and neurological assessment after head injury/fall. Further forms will be created and introduced after EObs has been reviewed and rolled out across the Trust. This will improve our physical health practices, our record-keeping, and will allow staff to spend more time with patients, as the data is inputted using iPads in our clinical areas.

We continue to aim to provide high-quality physical health assessment and care, recognising the limitations of our clinical settings. We are improving our relationships with local acute providers, such as Sandwell and West Birmingham Hospitals, who have a Single Point of Access service which can deliver acute physical health support to our patients on site, or allow them to book in to the Emergency Department without having to physically sit in the waiting room for extended periods, and can arrange for our patients to gain access to senior clinician reviews, avoiding the Emergency Department when there is not a medical emergency, improving the experience of the patient. The roll-out of NEWS2 and the recognition of the deteriorating patient across the Trust should reduce the number of adverse events and increase our patients’ physical health and well-being.

3.6 Adult Mental Health Service Priorities

3.6.1 Increase access to Individual Placement and Support (IPS) services, employment support and community networks

Unemployment, or poor employment, is known to be a key factor in affecting our mental and physical health. The NHS Long Term plan acknowledges stable employment as having a significant impact in maintaining good mental health and improving recovery outcomes. The Trust’s Employment Service has developed a range of employment services that support individuals with mental health problems to gain, sustain and retain employment, in the hope of closing the gap in unemployment for this group compared to the general population. By providing robust and at times, long term support, the service aims to address the imbalance for those in this group who achieve employment, who are far too often in low pay, temporary or part-time work.

In recent years there has been a national directive to increase access to Individual Placement and Support (IPS) services to ensure that more of the population has access to evidence based, specialist support for those that want to find work. The Trust has long held the title of an IPS Centre of Excellence, demonstrating exemplar status against the model's fidelity scale, and has been able to expand the service offer across the Black Country, including the development of a Welfare Benefits Advisor post. However, although there has been significant progress there is still much to do. With the long term effects of the pandemic in mind, the service will be essential in the systems recovery efforts. The Citizens Advice Bureau's Unequal Crisis report (August 2020) noted that 17% (1 in 6) of the working population are facing redundancy, and that significantly, for those with a disability this rises to 27% (1 in 4), and if this disability has a substantial impact on their activities this rises significantly to 37%. This disparity needs to be addressed swiftly, particularly in the current economic backdrop of many local businesses closing and many employers issuing redundancies to their staff.

Since 2018 the Trust has delivered Thrive into Work which targets IPS delivery into primary care pathways, where in other parts of the country the Employment Advisors in Talking Therapies model has been developed.

Therefore in addition to the ambitions of the national strategy, we have developed our own local ambitions for the future, which will further expand our services to address the gaps for our local communities.

Progress made in 2022/23

- Thrive into Work Specialist Service across the West Midlands has successfully supported people who identify as neuro-diverse, and those in the criminal justice system or at risk of homelessness who have a health condition to gain or retain employment. We have also expanded our Individual Placement and Support services to support those that are within the personality disorder and primary care pathways
- We have recruited a Welfare Benefits Advisor to work with our employment services clients to gain benefits advice, better off calculations and appeal benefits decisions
- In 2021 we developed our capacity and expanded our Employment Retention service to support those across the Black Country who may be off sick or at risk of losing their employment. In 2022/23 we continued to expand the team further to provide greater capacity. We have also continued to lead on the development of the Midlands Retention Network that brings colleagues together from across the Midlands to share good practice and updates, on supporting people with mental health problems to remain in work
- We have continued to provide greater support for those who are furthest away from the job market, who may need to overcome multiple barriers and will require specialist support to develop their vocational journey, enabling more individuals to confidently reach their vocational goals at a pace that is right for them; and
- We have continued to develop support for those who experience loneliness, including supporting those who are in work to develop social capital so that they can have positive mental health and wellbeing and can build their emotional resilience. This year we have expanded the team and have been focussing on developing links with our minority ethnic communities
- We have embedded Well-being and Recovery Practitioners into our Complex Emotional Needs pathways to support people to build lives that they want to live based on hope, drawing on social capital to develop support networks in their local communities
- We have supported student nurses by hosting them on placements within the range of teams in the employment service, and will shortly begin participating in Doctor's induction training to describe the support we offer and why it is so important to people with mental health problems

- Throughout the winter period this year we have worked in partnership with Lunch on the Run and Dudley Voices for Choice to develop the Cosy Café in Dudley. Using funding to develop paid work placements for people with learning disabilities, we have staffed the café and opened its door to provide warmth, a drink and a light meal for free for those who want to access it.

3.6.2 Continue to expand access to psychological therapies, including for long term conditions

The national Improving Access to Psychological Therapies (IAPT) has now been renamed as “Talking Therapies” further identified by each locality. It remains is an international evidenced based system of therapy and the most successful in the NHS. It is now well established and further supported through the NHS Long Term plan with defined access deliverables.

Talking Therapy services across the Black Country provide evidence based interventions for those with a mild to moderate/common mental illness, as well as supporting people with a long-term conditions (LTC) like diabetes, cardiovascular disease or COPD chronic obstructive pulmonary disease.

During the course of this strategy, Talking Therapy services will continue to expand their service offer with regards to;

- Increasing access, meeting referral to treatment time and recovery standards
- Further delivery of Long-Term Condition specialisms across all areas of the Black Country in order to support more people to live well; and
- Address inequalities in access (e.g. for older people) and seek to improve access and outcomes for younger adults
- Offering the widest range of digital interventions via our digital partner Silvercloud
- In line with the transformation project, we are integrating pathways with third sector partners like the recovery college, whereby patients can be offered more practical opportunities to reinforce recovery following formal therapy
- Third sector partners can also provide suitable candidates for more vocational training routes to sustain clinical resource

3.6.3 Increase access to, and scope of, perinatal mental health services

Up to 1 in 5 women have mental health difficulties in pregnancy or after birth. Our Perinatal Community Mental Health services across the Black Country support women and birthing people with mental health difficulties during pregnancy and up to two years after the birth of their baby. This includes women and birthing people who have a previous history of serious mental health difficulties and those who are experiencing mental health difficulties for the first time. We provide care, treatment, help and support to women, birthing people and their families, helping them to understand their individual needs and the best way to move forward together. We have a multi-disciplinary team which offers an array of interventions and support, which includes:

- Providing advice about the risk of developing a mental health problem in pregnancy or the postnatal period - and how to reduce this risk
- Helping to weigh up the risks and benefits of using medication during pregnancy and breastfeeding

- Psychological treatments - group therapies as well as individual one to one treatment
- Parent-infant therapies to help bonding and attachment
- Support and advice to help build both a positive relationship between mother and baby and a sense of confidence in being a mum
- Working closely with midwives, health visitors, adult mental health teams and general practitioners
- Planning for care during pregnancy, birth and the postnatal period
- Offering advice and information about mental health problems to partners and families, to help the whole family to better understand perinatal mental health difficulties and risk
- Working very closely with Mother & Baby Units and provide support during and following discharge from these units
- Teaching and advising other professionals such as general practitioners and midwives on care in the perinatal period

The perinatal service has a rolling training programme which provides specific training at least once per month where the workforce can be trained on specific perinatal mental health conditions and hear the voices of those with lived experience. Examples of this have been tokophobia training, autistic, sensory needs and other topics. The service has upcoming training planned which will cover the needs of LGBTQ+ population.

The perinatal service provides peer support through the use of peer support workers employed by the NHS and a third sector charity called APP (Action on Postpartum Psychosis). Our peer support workers have lived experience of perinatal mental health challenges. They use these experiences and empathy to support women, birthing people and their families. Our peer support workers work jointly with the multi-disciplinary team to help support and provide inspiration for recovery.

The perinatal service continues to expand and recruitment is ongoing. The expansion within the service has allowed an increase in offer of support to women, birthing people and their families which has extended from 12 months to 24 months where there is a clear perinatal need.

We continue to work towards the ambitions of the NHS long term plan and we seek to:

- Increase access to services in line with national ambitions within the plan
- Extend service offer to women from pre-conception to 24 months after birth
- Increase availability of evidence-based psychological therapies
- Increase offer to partners to access an assessment for their mental health
- Raise awareness of mental health amongst those working with pregnant women/new parents

3.6.4 Increase access to Early Intervention in Psychosis (EiP) services and achieve Level 3 NICE12 concordance

Psychosis is a severe mental illness which affects up to 3% of the population and is associated with significant impairment in social functioning and shorter life expectancy. It is ranked as one of the top causes of disability and most expensive illnesses worldwide through costs related to hospital admissions, physical health co-morbidities and unemployment.

The average age of onset for schizophrenia is between the age of 20–29 and for bipolar early onset is defined as occurring before the age of 25. Early Intervention in Psychosis (EiP) are multi-disciplinary teams set up to seek, identify and reduce treatment delays at the onset of psychosis and promote recovery by reducing the probability of relapse following a first episode of psychosis. Timely access to EiP is shown to have a significant long-term impact on the lives and livelihood of individuals with psychosis and their families.

EiP will seek to meet the referral to treatment standards aligned to the NHS Long Term Plan including through enhanced engagement with primary care, the increased use of digital access, targeted engagement with minority ethnic communities and closer working with substance misuse services. EiP will also seek to be assessed at level 3 by the National Clinical Audit of Psychosis (NCAP) and in accordance with NICE guidelines for psychosis and schizophrenia. This will require the service to deliver a range of increased interventions including:

- Adults with psychosis or schizophrenia are offered cognitive behavioural therapy for psychosis
- Family members of adults with psychosis or schizophrenia are offered family intervention
- Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes (IPS)
- Adults with psychosis or schizophrenia have specific comprehensive physical health assessments
- Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking

18 EiP clinicians have received Behavioural Family Therapy (BFT) training offered by the increased number of 6 BFT trainers in the service, and supported by monthly supervision in the 4 localities. Further staff have received updated training and an annual course will ensure that all staff recruited into EIP will have family therapy skills to meet the NCAP target.

As of April 2023, there are also 26 team members who are trained in BFT (7 Walsall, 6 Sandwell, 7 Wolverhampton, and 6 Dudley) and one systemic family therapist. There are 5 staff currently completing their training (enrolled on the Meriden training programme).

A Family Work lead has been appointed as part of a 12 month pilot scheme to improve access to family work within EiP working towards all four teams meeting level 4 NCAP standard.

The recruitment of a lead physical health Registered General Nurse (RGN), one Mental Health Nurse (RMN) and two nursing associates with specific interest in physical health, has provided a targeted service to address physical health monitoring and promoting healthy lifestyles. It is anticipated the service will reach NCAP Level 4 in audit year 2023/24 indicating a successful increase in access to physical health care.

Psychology recruitment is underway. Access to psychological therapy has increased following the recruitment of 5 cognitive behavioural therapists across EiP, the increased provision of CBT for psychosis has again led to improved NCAP scores. A Consultant Psychologist has been appointed to lead the psychology service and improve psychology access for all patients, the ambition is that this will lead to an increase in parity for psychology across the Trusts four service areas.

Clinical Leads have developed an ongoing professional EiP training programme for staff in the service focussing on skill acquisition, EiP specific understanding and knowledge of psychosis and At Risk Mental State (ARMS)

BCHFT EiP Services have been successful in being selected for two Quality Improvement projects, supported by Royal College of Psychiatry and NCAP. They will involve the ARMS service being implemented in Wolverhampton, with a view to rolling out the model to all four services alongside Family Work.

At present, Dudley, Walsall and Sandwell provide a service for patients aged up to 65 diagnosed with First Episode Psychosis (FEP) Wolverhampton will be expanding its service provision to include patients up to the age of 65 and recruitment has commenced to support this.

3.6.5 Implementing NEWS2 Assessment Tool within an Adult Mental Health

Urgent Care Inpatient Ward

The aim of this project was to ensure that acute service users are safe during their admission by enabling evidenced based physical health care practices, and discharge-planning process that would be reflective of any continuation of Physical Health care needs, once the admission is completed.

We set a priority of order actions within our improvement plan. These priority actions are focused on early recognition, care planning, escalation and safe management of at risk of deterioration patients and/or care and hand over of care for deteriorating patients.

Hallam Street Hospital was an exemplar site for the Physical health strategic plan for improving early recognition of the deteriorating patient and led the testing of NEWS2 practice improvements.

Project Scope:

- Supporting the Trust with the delivery of the local physical health improvement plan (embedding NEWS2 improvements)
- Placing physiological health as everyone's business by putting in place an MDT Physical Health Improvements Project Group and developing local physical health link roles
- A local review to look at physical health resource availability, the current and future physical health service models, MDT workforce competence and availability
- Review of skill mix, new roles and new ways of working
- Complete a gap analysis and physical health improvement plan to achieve the future state clinical model/evidenced based physical health care requirements
- Utilisation of 2022/2023 training and education commissioning streams, for the purpose of ensuring that teams have right skills, in the right locations, all of the time to deliver quality physical health care within the mental health setting
- Influence Higher Education Curricula and recruitment systems and review grow your own physical health teams
- Physical health care planning standards – including peer support care planning process for patient with known physical health complexities
- Delivering effective interventions and communications that will increase the focus on physical and mental health alignment

Project steps:

Step One Identify service for the project

- Identify area/service/ward which NEWS2 development and implementation is needed

Step Two Identify budget, resources and staffing

- Identify budget in collaboration with finance
- Staffing; specialist knowledge, administration
- Resources; admin, ICT

Step Three identify vision, scope, deliverables

- From the start of the project everyone needs to sign up to the vision, scope and deliverables for this
- Involve stakeholders - ward managers, patients, nurses, AHP team, medical team, patients and carers
- Utilise outcomes from RCA's, feedback from CQC, Ulysses

Step Four Sign off and support

- Take improvement proposal to relevant meetings
- Ensure all relevant stakeholders are aware and on board

Step Five Scope current use of NEWS2

- Start weekly audits on a sample of NEWS2 assessments (original version of NEWS2)

Step 6 Introduction of updated NEWS2 assessment tool and audit tool

- NEWS2 assessment tool was updated locally to meet needs identified in audit, audit continued to monitor change

Step 7 identify from the weekly audits area of good practice and areas for development

- Areas to take into consideration; training needs of staff, environment and routine including available equipment
- Training needs identified

Step 8 Deliver MDT training and assess competency according to outcomes of NEWS2 audit feedback, feedback from staff and observations from project lead

- MDT training programme e.g. 6 physiological skills training
- Staff induction e.g. junior doctor, new starters
- Refresher training (annual)
- Physical health knowledge e.g. diabetes, heart conditions, obesity

Step 9 - Integration and sustainability to focus on care planning, escalation and decrease of NEWS2 routine. Handing over auditing responsibility to service

- Project lead to support staff in care planning development focused on physical health needs and NEWS2 scores

Step 10 To feedback regularly to relevant meetings to identify when all the deliverables are achieved

- Feedback to physical health steering group at agreed times during the project and other identified meetings
- Use the action plan, staff and patient feedback to identify when project is at sustainability stage

Table 28: NEWS2 Outcomes: Strengths and improvement areas

Strengths	Improvement Areas
<ul style="list-style-type: none"> • NEWS2 assessment tool now fit for purpose • NEWS2 FAQ sheet fit now for purpose • All patients at point of admission had a completed NEWS2 assessment - target within 60 minutes • Decreased rates of incomplete forms • Increase of focusing on patients who have not consented to NEWS2 and completing care plans • Improved documentation • Escalation to senior ward staff has increased • Early escalation increased identifying septic patients, hypoxic patients – early transfer with NEWS2 score support • Audit tool providing in time inpatient care planning support • Increase in routine in NEWS2 practice and regimes • Shared MDT vision for improvement • Manual Pulse standard emerging • Medical Staff engagement. Physical health discussion to be included in junior doctors induction 	<ul style="list-style-type: none"> • NEWS 2 scoring and monitoring in practice • Competency, and confidence of staff • Temporary staff needing to complete training • Consistency and sustained practice • Standard operating procedure for when patients are taken off NEWS2 standard; to prevent patients being taken off without rational or medical guidance or documentation • Medical staff engagement – medical response when staff escalate and NEWS2 scores discussed in ward reviews • Bridging the gap between theory and practice • KPI's to be identified • Standardise 60 minutes post admission NEWS2 assessment / Physical health risk assessment • Manual pulse assessment 1 – 48 hours post admission • Working to improve NEWS2 competence of temporary staffing • The number of staff that have now completed base line physical health knowledge and skills training and NEWS2 training has prevented avoidable care incidents • Raised staff moral and confidence in delivering care • Strengthened care delivery and planning between the MDT • Non-medical practitioners are participating with rotational doctors induction to physical health care plans • Future workforce (nursing students – AHP students) are have formalised training prepared for registration and new ways of working • Onsite training , based locally through action in learning has resulted in a cost saving • Staff delivering national rhetoric – no health without both physical and mental health care • Work recognised / acknowledged by RCOP and Integrated Care Board - innovation nominees

Strengths	Improvement Areas
	<ul style="list-style-type: none"> • Sustained practice – the sustainability model has ensured that new roles and new ways of working stay on service agendas

3.7 Older Adult Mental Health Service Priorities

In delivering services across the whole age range, we acknowledge that some issues are age specific, and have therefore created a dedicated older adult mental health division in order to keep a focus upon the needs of older adults which are distinct from those of younger adults. The impact of age on a person’s mental illness can include increased physical illness (known as co-morbidity) and frailty, as well as specific socio-economic factors including social isolation, bereavement, financial issues and for some the onset of dementia. Co-morbidity can, and does, impact upon the treatment options available in mental health especially in terms of prescribing and mental state. By maintaining an older adult specialism, we are able to better meet the needs of our local population including through collaboration with primary care, social care and the voluntary and community sector.

There are a number of divisional priorities that will be taken forward in older adult mental health services that we outline below.

3.7.1 To ensure that dementia diagnosis is timely, that people referred receive a high quality service and those diagnosed with dementia have to support following their diagnosis

Trust clinicians, service leads and managers will continue to work in partnership with the Black Country ICS Dementia Steering Group, to develop a high quality consistent dementia pathway in each place. This aims to maximise the potential of a single service at scale whilst working closely with place commissioners and stakeholders to shape pre-diagnostic counselling, timely referral processes and post-diagnostic support services. The priority in 2023/24 will be the harmonising of the current memory assessment service provision across all four localities and continued improvement to waiting list targets.

Through the development of a shared vision and strategy the Trust will support the wider system to deliver the quality ambitions originally defined in 2009 National Dementia Strategy and support the development of the Black Country Dementia Strategy.

3.7.2 Eradicate dormitory accommodation on our older adult wards

In 2019 the CQC warned that dormitory-style wards were unfit for mental health patients who were made to sleep in the same space as other mentally unwell patients. In 2020 guidance was issued by NHS England and Improvement which directed that such accommodation should be replaced. We currently have dormitory wards in two of our older adult hospitals, and welcome this development recognising the potential to improve patient care and experience, as well as increase infection prevention and control measures.

The Trust has two developments to eradicate dormitories within its service, one at Dorothy Pattison and one at Edward Street Hospital the proposed developments are part of a commissioned plan for a new model for older adult services.

The model includes:

- An enhanced CMHT with extended opening hours, 7 day working, and an ability to provide a rapid response
- Reduced inpatient beds in a more suitable environment
- Establishing five new primary care posts to act as a single point of entry and integrate in the Place Based Teams
- Revised model for day services, moving to the community and working in partnership with the third sector

The new model will provide alternatives to hospital admission, offering patient's choice of where they receive their care. It will provide a rapid response which will help patients develop coping strategies and resolve crisis and develop resilience. It provides choice of providers in the community day service and locations rather than bringing patients into a hospital facility for their day service.

The Trust's Clinical Strategy sets out the Trust's ambitions for its clinical services following the merger in April 2020 and in view of the COVID-19 pandemic. The main aim of the strategy is to provide services that are of outstanding quality and support people to live their best lives as part of their community.

To achieve this, the Trust commits to:

- Co-production with its communities, partners and workforce, where everyone is in an equal partner in designing and producing services. The aim is to move away from the traditional model of health services which 'do to' towards a model where the emphasis is on 'do with'
- Collaborative working to provide the best possible service offer. Includes stronger relationships with voluntary and community sector partners, and primary care networks to ensure that services are patient-centred, easily accessible and that admission to hospital can be avoided where possible
- Learning in order to continuously improve. This includes embedding research and innovation in all services, developing a quality improvement culture, learning from patient feedback and clinical incidents, and making better use of data to inform planning and decisions

3.7.3 To co-produce an integrated Community Mental Health offer for Older People in partnership with service users and clinicians

We are ambitious to utilise the opportunity of service transformation and the expansion of specialist teams (IRTCH) and the Older Adult Therapy Service (OATS) in all of our localities. Agreeing a consistent model of community mental health care that delivers in line with users expectations and enables us to reduce health inequalities, crisis, reliance on inpatient beds and where possible support users and carers to live well at home for longer is our target.

We will work with statutory partners to develop relationships post the dissolution of historic Section 75 agreements, to ensure that processes work to prevent ill health and give seamless access to social care and support.

3.7.4 To increase the effectiveness and efficiency of our inpatient provision working towards seamless care between inpatients and community

Through a programme of inpatient transformation, we are committed to upskill our workforce to reflect the needs of current patient group with emphasis on physical health training and trauma informed care.

Working with statutory partners and third-party agencies and in collaboration with patients and families/carers, we will review current discharging practices in order to streamline processes and reduce delays.

3.8 Learning Disabilities, Children's and Autism

3.8.1 Promoting Healthy Lifestyles

A local quality improvement project within Learning Disabilities Inpatients has been established to promote healthy lifestyle groups, topics have included:

- Gentleman's workshop; what is a gentleman, presentation, personal and dental hygiene
- Teaching cooking skills to a group of patients and develop independence and confidence in the kitchen
- Multi sports games that increases teamwork skills and enjoyment of sport and make exercise more fun
- Tai Chi, Yoga, Pilates, mindfulness

Patients gave ideas for themes and these sessions have been well attended. Patients have ownership of the setting up and packing away, choosing the music, style of the session, games or exercises that they take part in.

3.8.2 Learning from LeDeR (Learning Disability Mortality Reviews)

The NHS has identified that on average, people who have a learning disability and autism have a shorter life expectancy than those people who don't, and do not receive the same quality of care as the rest of the population. Within the Learning Disability division, we regularly review themes and findings that are published by LeDeR to improve the quality of the services we deliver.

3.8.3 Tell Us How We Did – Easy Read Version

Gathering patient feedback within Learning Disability Services has proven difficult. The Trust has developed a more accessible way for patients to give feedback in an 'easy read' format. This has been done in collaboration with Dudley Voices for Choices and the Friends and Family test is now available in an easy read paper form and webpage. This will give our

patients who have a learning disability the chance to give their feedback on the services we provide in a meaningful and accessible way. We will be launching a QR code for this webpage to give easy digital access, the webpage is supported by images and the same simple text. We are looking forward to hearing our service user's feedback.

3.8.4 Implement a formalised review process and embed the use of Goal

Based Outcomes

A process to review care being provided by our CAMHS and All Age Eating Disorder Teams, with each young person, family or service user has been devised and rolled out across the four boroughs of the Black Country. This includes at an appropriate point within the therapeutic work, discussions with young people and service users to develop goals. Consideration on progress made towards meeting these and what needs to change within the care plan to do this will be included. This aims to empower and continue to improve the quality of care being offered to young people and service users.

3.8.5 Delivery of the 18-25 pathway including transition between CAMHS and AMHS

A new service model was co-produced with young people to strengthen the psychosocial elements of care for those transitioning from child to adult mental health services and to target those most in need of additional support within the 18-25 years age bracket. The latter part of the service includes priority groups such as care leavers, youth offenders, and those with neurodevelopmental presentations with additional needs, who may typically struggle to have their requirements met by current provision. Initial stakeholder engagement sessions were promoted and held prior to service design and the model has been shared regularly and widely with various stakeholders across the system.

The workforce plan was revised from the initial bid to reflect the requirements of the model and these changes were agreed by the ICS Community Transformation Board in October 2022. Recruitment then commenced and a team lead, a young person panel lead, a lived experience trainer and several peer support workers with lived experience of personal recovery from mental health challenges have been appointed.

- Interviews are currently being undertaken for further professionals and an administration lead
- Additional posts will be advertised in quarters one and two of 2023/24
- Branding and digital innovations are being co-produced with young people and service policies and processes are being finalised
- The transition element of the service is due to launch later this year (2023), pending further successful recruitment and the relevant training and inductions having taken place
- Additional support for those within the 18-25 age bracket, to 'wrap around' the support that will already be available within the community, will be added to the provision from early 2024

3.8.6 Transition between CAMHS LD and Adult LD

A scoping exercise into existing arrangements has taken place. Relevant NICE guidance where transition is included has been considered along with review of previous audit findings and recommendations. Work on this project will continue into 2023/24

3.8.7 Transition within Dudley Children's Services, due to age

Scoping for a transition pathway between Dudley Children's Community Services has taken place. It identified that there were other services within Dudley Children's Community Services where transition due to age would take place, therefore, the project title was changed to "Transition within Dudley Children's Services, due to age. (Previously titled transition to Preschool Services to School Services). Relevant NICE guidance where transition is included has been considered and review of current practices has taken place.

Work to develop the transition pathway has been delayed but we aim that within the first 3 months of 2023/24 we will have a draft transition pathway that will be trialled, reviewed and then implemented.

The national audit report from NCEPOD – Transition of Children with Complex Care Needs has not yet been received and is due in summer 2023. Work on this project will continue into 2023/24

3.8.8 Comprehensive Health Assessment Tool in Youth Justice Service

As part of the Child First Approach within the Youth Justice Service (YJS), it was identified that a 'light touch' method when working with young people entering the Youth Justice System was best practise. It sets out that the young person will only have contact with professionals that they need to see. Previously, it has been expected all young people entering the Youth Justice Service have a Comprehensive Health Assessment Tool (CHAT) completed. The assessment is long and sometimes unnecessary if the young person has no medical health conditions or current health concerns. Therefore, we have adapted the CHAT to a one-page screening tool to identify if there are any unmet health needs that then may warrant further assessment. This way all young people entering the YJS will have a 'light touch' contact with a health professional and remove the need for a lengthy health assessment and unneeded contact.

3.8.9 Child friendly feedback Occupational Therapy/Physiotherapy

The Children's Occupational Therapy and Physiotherapy services have completed a project alongside the Service Experience Desk to devise a more child friendly 'Tell Us How We Did' form which can be used across the Children, Young People and Families division. The teams discovered that children were struggling to understand the questions which led to a reduced amount of useful feedback being captured. The form has therefore been redesigned in coproduction with children and their families and has resulted in easier to understand questions; using simplified, child-friendly language and pictures to make it more accessible. Children and their families were presented with an option of either completing a paper form or

scanning a QR code which takes them to an online version. The form has been trialled and feedback gained from children and their families as to:

- How easy the form was to access
- If the questions were easy to understand
- If they were happy with the presentation and layout

The trial has led to a noticeable increase in feedback gained from the children who are actually using the services. The plan is that this will now be rolled out across the division.

3.8.10 Family Nurse Partnership (FNP) National Unit – external visit

The Family Nurse Partnership (FNP) National Unit supports high quality implementation of FNP in England. The National Unit are now part of the Office for Health Improvements and Disparities, Department of Health and Social Care. Dudley's FNP team were asked by the national unit to meet with the Head of Safeguarding in the Chief Public Health Nurse office, OHID. The review provided them with an insight into the clinical working practices of FNP, supporting her understanding of how the programme makes such a difference to the lives of young parents and the outcomes for their children. The challenges faced were also discussed, in particular, safeguarding, child protection and interagency working. We hope that the insights provided help to inform the national policy making approach, and system wide leadership, required to deliver meaningful and effective prevention services to children and their families.

3.8.11 Care of the Next Infant

CONI - Care of the Next Infant is a programme that Dudley Health Visitors and Family Nurses deliver. It offers care to families where there has been a death of a baby through sudden infant death. This is a difficult experience for any family and the programme aims to help parents with their next baby so that they can face this experience with less anxiety and worry. It involves supporting the family to receive a device for their new baby that monitors the baby's breathing. It can also sign post parents to get additional help should a problem arise. Health Visitors and Family Nurses visit the family weekly to offer extra advice and support in the early months after the baby's birth.

3.8.12 All Age Eating Disorder Service

Following the Trust merger and the continued community transformation work the Trust has developed an All Age Eating Disorder Service. This is to ensure parity of care regardless of age and geographical area for our service users. This has and will continue to be a complex process. We have substantially changed the team from the core services that were offered by Dudley and Walsall Mental Health Partnership Trust and are still recruiting to new posts to strengthen our offer. The core team for eating disorders will consist of Consultant Psychiatrists, Team Leads, Eating Disorder Nurse Practitioners, Occupational Therapists, Support, Time and Recovery workers and Dietitians, Systemic Family Therapists, Psychologists and CBT therapists who will deliver their provision across the whole all age team. We will continue to deliver evidence based practice as per NICE guidance.

Due to community transformation project work we are in the process of recruiting to our eating disorder outreach element. This will allow us to deliver more intensive intervention in the community with a view to reducing hospital admissions to specialist eating disorder beds or allow earlier discharge. This element of the team will again consist of a variety of professionals.

We have begun developing our physical health clinics following the release of the new medical emergencies in eating disorders guidance and develop our Avoidant Restrictive Food Intake Disorder (ARFID) pathway too.

Early intervention in eating disorders leads to better outcomes so we have a service wide Primary Care Lead nurse for this service. This role links in with schools and public health to support initiatives to present young people who may be at risk of developing an eating disorder (especially given that society often over evaluates the importance of thinness) The role will also support our FREED model which focuses on early intervention for those aged 16-25 who have had an eating disorder less than three years ago and not previously received treatment. We will be delivering a wide portfolio of training to other teams and services over the coming year to improve identification of eating disorders and improve confidence in professionals in supporting early access to specialist services.



3.8.13 Unicef Baby Friendly accreditation

The Unicef Baby Friendly accreditation is a standard that Trust Health Visitors and Family Nurses are currently working towards. It ensures that all parents are given evidence based information that helps them to make an informed choice around how they will feed their baby. Health Visitors and Family Nurses work with pregnant mums and new mums to help them get to know their baby and form new and close relationships with them. They discuss bonding, picking up baby's cues and talking to their baby both before and after they are born. We encourage dads to talk to their baby as well, as new-born babies are familiar with the sounds of their parents' voices.

We encourage lots of skin to skin contact, that is placing a new baby straight onto mum directly touching her skin as soon as the baby is born. This encourages the baby to breastfeed, it helps all of mum's hormones to flow bringing in her milk supply and helps her to bond with her baby. Skin to skin can be done at any time at the birth of baby and afterwards when at home by both mum and dad. You cannot spoil a baby with love and cuddles; we encourage all parents to love and hold their baby whenever they want to. When parents bond well with their baby nutrition and feeding are often much easier. Health Visitors and Family Nurses will support

new mums to breastfeed giving advice as needed and helping with any issues that may arise. Breastfeeding results in better physical health for both mother and baby, it encourages babies' development and promotes better mental health in mothers. When a baby is bottle fed either through the parent's choice or because there were issues establishing breastfeeding, Health Visitors and Family Nurses still encourage lots of skin to skin and time with baby. Feeding a baby is very special time and one which parents will enjoy and value. Dudley Health Visitors and Family Nurses are committed to achieving full Baby Friendly accreditation.

3.9 Care Quality Commission's Inspection Quality Rating

Black Country Healthcare NHS Foundation Trust last received a full inspection of its services from the CQC during 2021/22. The inspection of its core services commenced 23rd November 2021 and took place over the following 2 weeks. To accompany this inspection the CQC also carried out its well led inspection during January 2022. The results of these reviews have been shared with the Trust and the general public and the overall rating for the Trust is 'Good'. Please refer to the graphic over the page for a comprehensive breakdown of the results from each service.

The core service review highlighted many areas of good practise within the Trust, including that our staff treat patients with compassion and kindness and show a positive and open culture of incident reporting and learning. It was noted that care is provided with dignity and respect via a robust MDT approach and that improvements have been implemented since the previous CQC review to patient care records. The Trust's infection prevention and control management during the pandemic was specifically mentioned as an area of good practise, as was the low use of restrictive interventions and access to specialist care. Collaborative working with patients and carers was also highlighted.

The well led review also identified several specific 'good' areas such as that staff felt respected, valued and supported by their leaders and that during the pandemic The Trust's infection prevention and control management and staff provided strong support. It highlighted that there are clear systems of leadership, accountability and risk management within the Trust and that we are striving to play a key role in the local health and social care system by developing our strategic framework. The Trust was praised for showing a commitment to staff development, equality, diversity and inclusion which was linked to a positive and open culture. Both financial and performance and safety systems of control were in place and supported by effective structures and processes.

We are always striving to enhance our services and will develop an improvement plan to address the areas identified for improvement in the CQC report. This will include: -

- Ligature strategy and plan for management removal
- Environmental maintenance
- Dormitory removal
- Building works to Macarthur ward and Gerry Simon Clinic seclusion facilities
- Ensuring patients are offered a copy of care plans
- Recording of supervision
- Availability of staff alarms in our inpatient services

The Trust has recently received an unannounced, responsive visit from the Care Quality Commission from the 14th to the 16th of February 2023 who inspected the Trusts acute wards

for working age adults and psychiatric intensive care unit. At the time of the creation of this Quality Account the Trust is still awaiting publication of the final report from the inspection.



Last rated
12 May 2022

Black Country Healthcare NHS Foundation Trust



	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Specialist eating disorders service	Good	Good	Good	Outstanding	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Requires Improvement	Good	Good
Community mental health services with learning disabilities or autism	Good	Requires Improvement	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Outstanding	Outstanding	Outstanding
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Forensic inpatient or secure wards	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires Improvement	Good	Good	Requires Improvement	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Good	Good	Good	Good



Last rated
12 May 2022

Black Country Healthcare NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good

3.10 Quality developments

3.10.1 Divisional Quality Plans

The Trust's Quality Improvement team continue to coordinate and oversee delivery of Divisional Quality Plans with support from divisional leads and teams. These plans have been developed to give an oversight of the division's main priorities for the period April 2023 – March 2024 and to monitor progress. They will be updated monthly and will be used to inform divisional triumvirates on the updates of the priorities and to highlight any work that is off track or requires escalation.

Table 29: Divisional Quality Plan contents

Division	Older Adults	Working Adults	Learning Disabilities	Children and Young People
Clinical audits/National Audits	√	√	√	√
Divisional Quality Improvement Projects	√	√	√	√
Trust-wide Quality Improvement Priorities	√	√	√	√
Clinical Audit Review	√	√	√	
AIMS Standards Review and Accreditation for inpatients wards	√	√		
CQUIN01: Flu vaccinations for frontline healthcare workers	√	√	√	√
CQUIN17: Reducing the need for restrictive practice in adult/older adult settings	√	√	√	
CQUIN15a: Routine outcome monitoring in community mental health services	√	√		
CQUIN15b: Routine outcome monitoring in CYP and community perinatal mental health services		√		√
Training and Development				
- QSIR Training Cohorts 2023	√	√	√	√
- Ad-hoc Ulysses Audit Module Training				
- PSIRF training				

Inpatient Transformation – demand and capacity inpatient flow project	√	√		
Learning Lessons	√	√	√	√
Patient Engagement	√	√	√	√
QI Champions/Practice and Quality Development Groups/Continuing Improvement Group	√	√	√	√
Memory Service National Accreditation Program (MSNAP) development member	√			
Physical Health work streams: - Falls Prevention/Physical Activity/Therapeutic environment - Long Term Conditions - Cardiometabolic/VTE/NEWS - Lifestyle - Nutrition & Hydration	√	√	√	
Continuation of Dementia strategy	√			
NICE guidance forward planner	√	√	√	√

3.10.2 QSIR Methodology



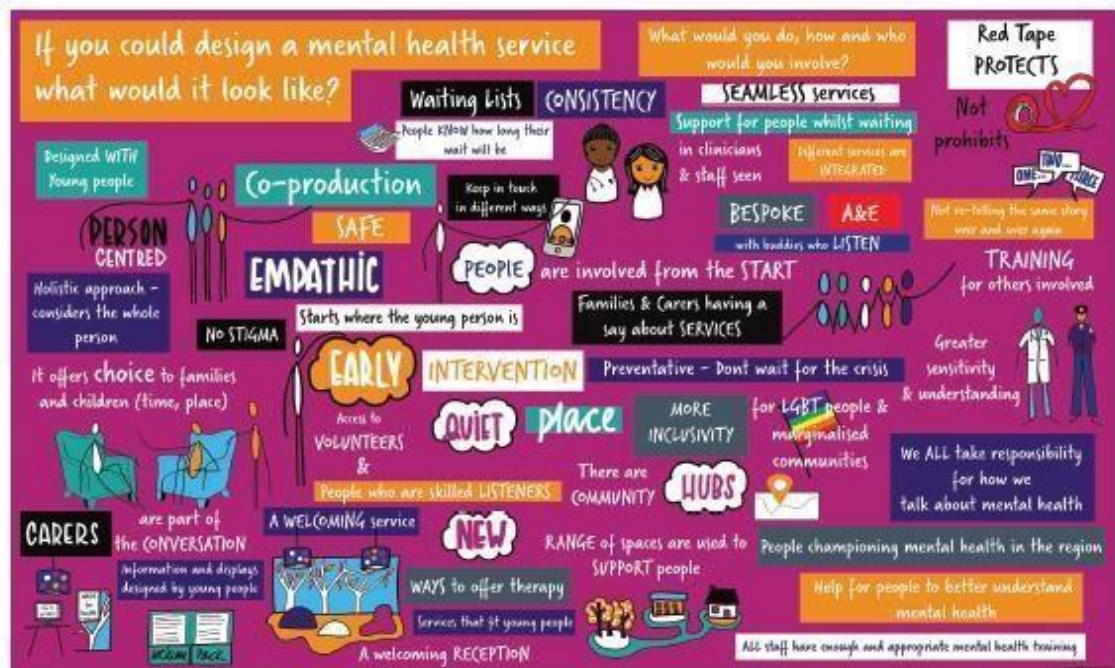
The Trust continues to source staff training externally in the Quality Service Improvement and Redesign methodology as this approach is widely endorsed and supported by NHS England and Improvement. There are several strands to this training offer, to both clinical and non-clinical staff:

- QSIR Fundamentals - this one-day programme offers participants an introduction to a range of tried and tested service improvement tools and approaches that give them the confidence and skills to start on their improvement journey
- QSIR Practitioner - Clinical and non-clinical staff working on a service change project. Participants can apply their learning throughout the programme, which in turn accelerates personal and organisational learning and supports teams to build their evidence base for further change.

Over the coming years we are hopeful that our Executive team, Trust Leads and Partners will all receive training from our colleagues at Walsall Hospitals NHS Trust in QSIR.

3.10.3 Patient Engagement

Engagement with our Patients, Service Users and Carers is an important priority for the Trust. The Patient Experience and Involvement Team are core members of divisional Quality Improvement Groups. This provides the opportunity for discussions and consideration for quality improvement work to be co-produced with LEC's - Lived Experience Consultants (previously known as Experts by Experience) A co-production ladder is an integral part of the audit process and has been built into our audit registration pathway on our Ulysses system. A co-production network is in place and recruitment of LECs is on-going. We have developed a Trust policy regarding how we involve people with lived experience in a way that is rewarding and recognises their contribution. It provides all staff with information about the support available and process to follow when considering involving somebody with lived experience. We have used the illustration below from our Clinical Services Strategy to help show how we have already made improvements in our services as a result of our engagement events and big conversations.



Re-imagine:
What if you could change services?

3.10.4 Governance and Delivery of our Quality Improvement Strategy

BCHFT's Quality Improvement Strategy will be signed off by our Trust Board in summer 2023. In anticipation of the launch of this strategy work has progressed across the Trust in 2022 to establish a governance framework for oversight and reporting via our Quality Improvement Groups (QIGs) that have been launched in each division. Multi-disciplinary working has taken place to establish, implement and embed monthly QIGs and these are now firmly established as a sub-group of the Quality and Safety Group within each division. QIGs continue to meet regularly with the overall aim to propose, approve, monitor, update and agree actions and

recommendations for division wide quality improvement work in relation to clinical audit, NICE benchmarking, CQUINs, Quality Improvement Projects and Quality Improvement plans.

We will develop a detailed implementation plan to support our Strategy and will report to our Quality and Safety Committee quarterly on progress. We have established Quality Improvement Champions across the Trust and will create a network for them to help support delivery of our strategy. They will support the delivery of information to their teams and the delivery of key quality improvement initiatives. Working with the support of our Quality Improvement Team they will be upskilled in quality improvement methods and help ensure that QI remains an important part of delivery of our services for Service Users and Carers.

3.11 Ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust

The Trust's Freedom To Speak Up (FTSU) Guardians have been in post since April 2020, working closely with teams at all levels and leaders across the Trust to raise the profile of the service and importance of cultural change where "Speaking Up" is seen as business as usual.

Guardians maintain their profile through Trust communication channels, the intranet, posters, an online reporting portal, attending reinstated face to face Trust Inductions and attending hospital sites visits as part of a wider staff engagement promotion programme. As part of our role, we have also been called upon to facilitate and support at site specific interventions in support of open cultures, Guardians also endeavour to regularly attend the Staff Networks.

A Manager's FTSU Handbook has been issued, FTSU Champions have been recruited, trained and are in post and online "Speak Up" mandatory training has been added to the mandatory staff training requirement. "Listen Up" has been added to online mandatory training for managers to complete.

Alongside standard means of contacting Guardians, email, face to face, phone, a dedicated email contact and the online FTSU Portal, plans are in place to roll out a FTSU App hosted by the Trust in 2023/24; along with Champions who are already another potential route available to staff.

Staff are always encouraged to raise concerns by any route they see fit, via professional bodies, unions, their managers/senior leaders, HR, Safe Guarding and incident reporting as well via Freedom To Speak Guardians as part of our drive to creating a Speaking Up culture which normalises this as "business as usual".

Guardians continue to have scheduled meetings with the CEO, Chief People Officer and their Non-Executive Director and provide Quarterly Board reports on the numbers of incidents, themes raised, other initiatives etc.

The Guardians responsibility is to remain in contact with those whose concerns they have escalated on their behalf and to feedback outcomes where this has been done in confidence. Where concerns are progressed with the involvement of the member of staff, be that informally with management, or formally via for example HR, then feedback may come through those channels directly. Guardians will ensure both that this has happened and that the member of staff feels their concern has been properly addressed. By maintaining this contact, it is also possible to reassure staff that they have recourse to support should they suffer any actual or perceived detriment in cases where they have not asked to remain anonymous.

3.12 Ensuring that people have a positive experience of care – staff survey

Black Country Healthcare NHS Foundation Trust (BCHFT) undertook a full census of its staff, including regular bank staff, undertaken by its independent provider IQVIA (formerly Quality Health).

1662 staff completed questionnaires, representing a response rate of 44% compared to the Mental Health, Learning Disability & Community Trusts sector median response rate of 50% for the 50 sector comparator Trusts. In 9 of the 9 themes, modelled on the 7 NHS People Promises and the additional themes of Staff Engagement and Morale, BCHFT scores were in line with sector averages.

3.13 Doctors Duty Rotas

The Trust operates junior doctor on-call rotas at four sites Penn Hospital, Wolverhampton; Hallam St Hospital, Sandwell; Bushey Fields Hospital, Dudley; and Dorothy Pattison Hospital, Walsall.

The Junior Doctor out of hours on call rota is managed by the Department of Medical Education. Residential rotas and rest room facilities are provided at Trust hospital sites.

There are two Guardians of Safe Working Hours who oversee the compliance of the rota providing adequate rest hours. There is a process whereby any breaches can be reported and addressed and as a default, time in lieu is given. Any issues are discussed in the junior doctors' business meetings.

Challenges

- Rota gaps have occurred primarily due to health reasons, to allow for Less than Full Time (LTFT) Trainees and for maternity leave
- Junior doctors also cover the ward to manage emergencies during working hours, which is mostly done by the team doctors and supported by junior doctors. Occasionally there are gaps due to sickness, approved leave and attending on-calls

Actions taken

- Guardians of Safe Working hours have provided quarterly and annual reports in regard to safe working. The rota has remained compliant
- Concerns related to rest hours for non-residential on call work of speciality trainees have been addressed
- Rota gaps have been filled with locums, mostly internal locums from the Trust doctors
- There have been occasional issues in finding doctors for the management of rota gaps, however the post graduate department, College Tutor and Clinical Directors have worked together in sourcing internal doctors to cover these gaps
- Rest facilities in the hospitals are discussed with the college tutors if there are concerns. There is assurance to improve rest facilities whenever there is a need identified
- Regular discussion regarding on call experience is encouraged during teaching programmes, Junior Doctors' business meetings and meetings by the Guardian of Safe Working Hours

3.14 Staff Health and Wellbeing

Introduction

Wellbeing continues to be high on the agenda within the Trust and has continued to grow both in remit and importance for our staff. We also know that feeling supported and informed with the wellbeing offer continues to be one of the key drivers that staff want.

Using the NHS People Plan within our work plan, we strive to develop the wellbeing offer to ensure we are fulfilling the NHS People Promise's strand of 'looking after our people' to ensure our staff are supported to stay healthy at work.

We promote physical, emotional and mental wellbeing at work, with advice, guidance and information on a variety of wellbeing themes including stress, menopause, self-care, burnout and financial wellbeing.

The wellbeing officer continues to work collaboratively with the Trust's Staff Support Service, Human Resources Team, Mental Health First Aiders, Menopause Champions, Organisational Development Team, Spiritual Care Team, ICS colleagues, Mindfulness Team, National NHS Employers Network and external wellbeing providers such as, Viv-Up and Occupational Health Team (PAM) to fulfil the wellbeing programme of work.

Below gives an overview and update on the wellbeing work plan over the last 12 months.

Achievements and Updates on Wellbeing Projects

The following wellbeing projects have started, have an ongoing focus or have come to a conclusion:

Staff Wellbeing Group

The wellbeing group continues to be well attended over the last year, meeting every 6 weeks, focussing on a variety of wellbeing topics linked into the priorities for 2023 with work streams aligned to the People Promise Plan.

Review of the Wellbeing Strategy and 3 Year Action Plan

As the wellbeing strategy enters its third year since its inception in 2020, the work stream for reviewing the action plan and the strategy has started. A small working group has met already with a further group to be scheduled in May 2023. A review of the wellbeing strategy will commence as a greater focus on streamlining wellbeing support.

NICE Guidance Mental Wellbeing at Work (NG212)

Following completion of the Base Line Assessment Tool for NICE Guidance Mental Wellbeing at Work (NG212), the task to finish group are now completing the Statement of Compliance Report. The nominated lead for this work stream is the Trust's Staff Support Lead. As an organisation we can provide evidence that we are meeting many of the recommendations outlined. Areas not compliant with will be integrated into the revised Wellbeing Strategy.

Financial Wellbeing Support Plan

Financial wellbeing is more important than ever, with the cost of living soaring this is putting increased pressures on us all. Evidence also shows that financial wellbeing, physical health and mental health are all interlinked and we know that poor financial wellbeing can lead to anxiety and stress leading to unhealthy eating habits. It is therefore vital that we support our workforce through these challenging times.

The wellbeing group has led on producing a financial wellbeing support plan for staff with the development of a number of initiatives, such as the Trust financing staff Blue Light Cards, increased mileage rates for staff and free hot drinks for staff at Trust bases.

Winter Financial Wellbeing Booklet

An in-depth Winter Financial Wellbeing booklet was developed and approved which includes a vast range of information and resources to support staff financially. Copies have also been printed and can be found across Trust sites.

£50 Shopping Voucher Project

Approval and funding was given for the Trust to issue staff with a £50 shopping voucher as part of the Winter Wellbeing Financial Plan (December 2022). Winter can be a difficult time for some and can particularly put a strain on finances, particularly given the current cost of living crisis. Staff were issued with an electronic shopping voucher to spend on food over the Christmas period. The project was completed in partnership with Edenred and all queries are currently managed via the staff wellbeing email account.

Redesign and update - Winter Financial Wellbeing Booklet

To ensure staff are supported with resources for financial wellbeing, a redesign and update of the Winter Financial Wellbeing booklet has started so that the booklet can be used throughout the year at induction, team meetings, wellbeing conversations, events and on site. The booklet contains a vast range of information and resources to support staff financially.

Wellbeing Wednesday Bulletin

The wellbeing bulletin has covered a range of wellbeing themes including, sleep, stress awareness, self-care, good mental health, burnout, cost of living financial support, menopause, men's health and many more.

Wellbeing and Staff Support Sessions at Hospital In-Patient Wards

The Trusts Staff Wellbeing Officer, Consultant Clinical Psychologist & Clinical Lead, ICS Staff Wellbeing HUB and Staff Support Lead have been on site at Hospitals across the Trust to offer support to staff and make staff aware of the local wellbeing offer available to them.

Divisional Management Board Wellbeing Monthly Updates

Our Wellbeing Officer is in attendance at the monthly Divisional Management Board (DMB) meetings to promote the wellbeing offer and inform managers of new wellbeing initiatives to cascade to their staff.

Promotion of the wellbeing offer across the Trust

To promote the wellbeing support and offer available to staff, a series of wellbeing posters, leaflets and pull up stands have been designed and printed. This have been sent out to all bases during April / May 2023.

Wellbeing Workshops

During this financial year a number of wellbeing workshops have been running on topics such as sleep, self-care, mental health, supporting others, financial wellbeing, stress, burnout, resilience, and work-life balance. These have been well attended by staff.

Menopause Pledge – The Trust has signed up!



We are committed to supporting our staff at every stage of their career, that's why we have signed up to the Menopause Workplace Pledge. We are continuing the important conversation around the menopause and have worked with the Communications Team to raise the profile of this by doing an external press release, twitter promotion, website, intranet, Mail on Monday and linking in with the On-boarding Team to promote this to new starters.

“Here at the Black Country Healthcare NHS Foundation Trust, we want to make a difference for women in the workplace. It's okay to talk menopause! If our people feel supported at work it can improve happiness, health and wellbeing. We want to listen to our staff and show that we care about supporting staff experiencing menopause. We are taking action today and signing up to the Menopause Workplace Pledge!” Trust Wellbeing Guardian

“I am so pleased that the Trust is signing this pledge particularly given the majority of our workforce are women. The menopause and perimenopause touches the lives of all women, their partners, families and carers. We want to support women who are experiencing menopause and equip our managers with the knowledge, skills and resources to support their staff. By removing the taboo we hope to make our workplace a much more open, inclusive and supportive place to work.” Trust Chief People Officer

Menopause Champions Podcast

Our Staff Wellbeing Officer has taken part in the 'Menopause Podcast' led by the Disability Network alongside a number of menopause champions to highlight the importance of having open, honest conversations with staff and managers and what support is available and needed to stay in the workplace whilst they navigate through their menopause journey.

Menopause Café

The menopause café has run 5 times since its launch in December 2022 and has been well attended each month. Conversations between those that attend, and the open conversations shared, really fosters a sense of connection and relatability. A strong friendship has been formed by the attendees as they work on their journey through menopause.

Feedback received from attendees of the menopause café:

“I can't tell you enough how much it helped and supported me speaking to others with similar experiences to mine. I would say this will be a lifeline for me moving forward with the menopause and I would just like to thank you and everyone involved and the Trust for running these cafés and making them available to everyone. This service is such an asset”.

A promotional leaflet has been designed to hand out at induction, away days, team meetings, DMB wellbeing updates and across all sites.

Menopause Champions

The network of Menopause Champions continues to offer support to colleagues, signposts to relevant resources and regularly check-ins on others as supportive friendships have formed. In turn, this has supported our ambition to embed a culture of inclusion, compassion and

wellbeing across the Trust demonstrating our commitment to continuing the important conversations around menopause.

Wellbeing Support Pathways Leaflet

To promote the wellbeing support available to staff, a re-print has been approved so this can be used for promotion at team away days, induction and other Trust days. An amendment within the re-print is the rewording of the Viv-Up EAP to highlight that this is a 24/7, 365 days a year service which is below:

“All employees have access to fully qualified counsellors and support specialists 24/7, 365 days a year to discuss in confidence any emotional, personal or work-related issues”.

Health and Safety Incident Reports

Staff Support Service, Wellbeing Officer and the Health and Safety Team met to discuss a wellbeing pathway for incidents that currently happen on wards across the hospitals within Black Country. This could be anything from threats, intimidation, aggression and racial abuse towards staff.

A wellbeing check is made on staff members involved the following morning and the wellbeing support pathway is given to staff so that they have a route of support in place. The Viv-Up EAP service is 24 hours, 365 days a year so staff leaving a shift in the middle of the night have access to a professional counsellor during unsocial hours.

Wellbeing Offer Drop in Sessions

Virtual information drop-in sessions for staff wanting to know more about the wellbeing offer with signposting and support have taken place. All information is now available on the staff intranet.

New Staff Support Service Leaflets and Poster

The Staff Support Service has produced a series of new promotional material, including a leaflet and poster which has been printed to send out across the Trust. The new communications material can be viewed on the Trust’s intranet pages.

ShinyMind App – launching April

ShinyMind is an evidence-based programme now available to all Nurses and Healthcare Support Workers (HCSW’s) so they can support their own mental health and wellbeing, as they support and care for others.



Co-created with the NHS, ShinyMind is already helping thousands of healthcare professionals improve their wellbeing, to feel and cope better and provides over 100 interactive science-backed masterclasses, tools and activities accessible 24/7, all in the palm of your hand. Independent research in a specialist NHS Trust has confirmed that ShinyMind improves workforce retention and efficiency.

It is currently free for any Nurse and HCSW to use straight away, the Communication Team has prepared a communication plan for this targeted group of staff. The Trust is also currently scoping out options to take this forward for all staff within the Trust.



Staff Induction Wellbeing Support

The Wellbeing Officer continues to support the staff induction programme, promoting the wellbeing offer at the face to face induction programme.

Wellbeing Offer for staff across the Midlands Region - Black Country ICS

National Wellbeing Offer

NHS Employers (NHSEI) Health and Wellbeing Network - Wellbeing post networks with the NHS Employers wellbeing network where health and wellbeing leads in NHS provider organisations join to connect with peers, share good practice and learn from health and wellbeing experts.

The national wellbeing offer includes the national support line, wellbeing apps, mental health and wellbeing hubs.

Regional Wellbeing Network

The Wellbeing Team (Midlands Region) is a network meeting to bring together all the wellbeing leads within the Midlands NHS Trusts to share areas of excellence and have peer to peer support.

CONNECT Newsletter

Enhancing Staff Experience and Wellbeing in the Midlands, aligned to the People Promise, the Midlands Staff Experience Team, produce a Midlands bi-monthly newsletter which brings together in one space all the fantastic work, expertise, insight and experience under the Staff Experience and wellbeing umbrella.

Steering Group - Black Country ICS HWB Festival

During the 15 to 19 May 2023 the Black Country ICS will be running a Health and Wellbeing Festival for a Black Country-wide wellbeing week. Save the date communications has been sent out to all staff within the Trust.

The week will include a range of virtual sessions for staff to attend and join in, covering physical health, mental health, and financial health. Many key speakers have already secured and further information, including the full agenda will be shared with staff prior to the event on a dedicated webpage link where staff can access the live sessions, or recordings to watch at their leisure. The week of wellbeing sessions will highlight that staff are important and valued.

Conclusion

In conclusion, staff wellbeing continues to be of high priority and importance, with an ongoing emphasis on funding for staff wellbeing initiatives.

Staff are struggling with increasing pressures, rising burnout levels and the cost-of-living crisis. It has therefore never been more challenging or critical to look after our people. The rising cost of living is at the top of the agenda for the wellbeing group as it has vast implications for wellbeing, recruitment and retention and sickness levels.

3.15 Empowering Our Staff Networks

At Black Country Healthcare NHS Foundation Trust we recognise the central role that our Staff Networks play in ensuring that all staff have a loud voice within the Trust. We have provided all our Chairs and Vice-Chairs with a monthly additional payment, to cover the work they do for the Network, and access to ring fenced funds in the overall EDI Budget. They also work closely with a professional partner in the Equality Diversity and Inclusion (EDI) Team who belongs to the relevant demographic group.

This investment in our Staff Networks has allowed to become even more active and visible. We have ordered merchandise such as pens, mugs, badges and lanyards to give to members and allies at specific events or stalls, or at Staff Induction.

The increased support has also allowed them to undertake more ambitious projects. The Disability Staff Network commissioned specialist narrators to provide narration to books written by a staff member with lived experience at particularly challenging times in his own mental health journey. The audiobooks will soon be available free of charge to staff members across Black Country and the wider ICS. Its members also launched the Your Ability Podcast where they and allies discuss topics related to disability to challenge misconceptions, promote a sense of community amongst disabled people, and build greater acceptance. They also run specialist forums for their neurodiverse members, and work closely with an affiliated Carers Network.

What began the 2022 as Black Asian Minority Ethnic (BAME) Staff Network work extensively with its membership to discuss how we as Trust should refer to people who are of Black or Asian heritage. It was agreed that we needed to move beyond the use of BAME as an acronym due to it obscuring the differences in the experiences of people from different communities. An extensive consultation process led to the Network being renamed the Equality Network for Race, Inclusion and Cultural Heritage with dynamic need branding produced. ENRICH also provided for staff members fasting during Ramadan and to celebrate Diwali. ENRICH recently celebrated a successful year of virtual activity by holding its first in-person event since the pandemic.

The LGBTQ+ Staff Network celebrated Birmingham Pride in style with the Trust ultimately paying for 87 staff, family and friends to attend the festivities in Birmingham last September. We also had over thirty members of our LGBTQ+ community, including allies, walking in the Birmingham Pride march. Its members have also been trying to raise awareness amongst the wider Trust community about what it means to be LGBTQ+ with members recently writing about what LGBTQ+ History Month means to them. They also refreshed the Staff Network's branding to incorporate the newer, 'progress' version of the rainbow flag.

The Trust launched our newest Staff Network, with our new The Women's Network having elected its first Chair and Vice-Chair during International Women's Week. Despite having only been formed a few months ago, the network has always been active in raising awareness, with members having an in-person wellbeing and thought-sharing session in December and visiting sites across the Black Country to celebrate International Women's Day.

Vibrant Equality, Diversity, and Inclusion Events

Our EDI Team works closely with our Staff Networks to put on a vibrant programme of events that raise awareness about key equalities issues. Such events not only broaden people's horizons, helping them to be better allies to women and minorities, but they communicate to

all staff members that we truly value and celebrate the diversity of not just our staff members but our patients and neighbours. These included:

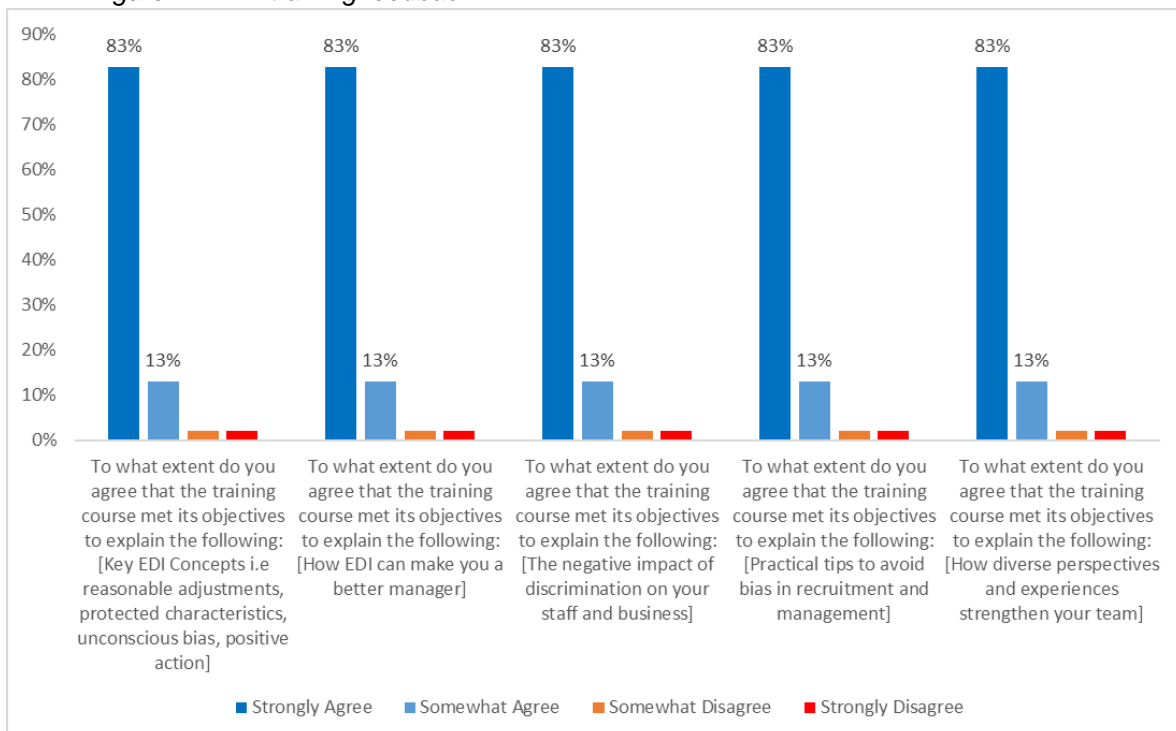
- An LGBTQ+ Pride Month virtual conference
- Three South Asian Heritage Month activities during the summer of 2022
- Three events to celebrate Black History Month
- The Trust's first ever Disability History Month Conference
- Talks on the intersection of American and British Race Equality activism as part of Race Equality Week
- An LGBTQ+ History Month talk from our EDI Partner about the progress made towards LGBTQ+ Equality over the past 70 years
- Two events during International Women's Month
- Building EDI Capacity through Enhanced Training

The beginning of 2022 saw Black Country Healthcare NHS Foundation Trust launch its new Organisational Development Team, of which our EDI Team is an integral part. Newly expanded and now exclusively focused on supporting staff members and promoting best EDI practice in employment, the EDI Team works closely with colleagues across Organisational Development (OD) on joint projects such as the new Staff Induction, which now includes a forty-five minute Introduction to EDI Session.

The EDI Team also have led on the development and delivery of a new EDI session as part of the Trust's Forward-Thinking Leadership programme for aspiring managers. The EDI session was overhauled to be more focused on how EDI best practice intersects with effective management and leadership, and to make the day-long session more interactive with activities including group discussion, a roleplaying acting task, and a quiz. This session was a key demonstration of the strength of the new EDI Team, and its relationship with OD, with the training being written and delivered in conjunction with an OD Associate.

Four sessions of this training have been delivered this year to over 60 participants, with the feedback being extremely positive; 96% of participants strongly agreeing that the training had all met its learning objectives. Written feedback from participants praised the trainers for having delivered "a serious subject delivered in a fun and interactive way, made it more memorable" and that it had, "helped me to rethink some of my practice which I had maybe not associated to EDI. I have taken a lot of thinking and reflection away from today"

Figure 14: EDI training feedback



We are proud to be a member of the Race Equality Code, and have use that framework to build our Anti-Racism Equality Action Plan. A key priority identified in that action plan, is to provide Anti-Racism Training and in 2022 we partnered with 'Show Racism the Red Card' to deliver training to more than 200 managers and leaders. We are currently preparing to rollout more sessions of this training, with 'Show Racism the Red Card' preparing e-training materials, as well training the EDI Team and ENRICH members to deliver their course. During October the Trust also marked this event by encouraging staff members to wear red clothing to mark their commitment to anti-racism, and distributing posters promoting anti-racism and encouraging staff members to take personal action against racism, to over 47 sites.

We delivered a similarly comprehensive programme for LGBTQ+ Awareness Training, working with Wolverhampton LGBTQ+ to deliver eighteen online sessions to staff members about the issues that face Lesbian, Gay, Bisexual and Transgender people. This has been complimented by a recent session with an independent facilitator about how staff members can create a safe space for LGBTQ+ people to discuss their sexuality and gender identity, and welcoming Birmingham LGBTQ+ to deliver two Transgender Awareness training sessions.

Throughout the year we have been looking at how we can become a more Inclusive Employer, especially for our disabled staff members. We completed the Business Disability Forum's Smart Audit to identify where we need to improve our practice, and have appointed two of our Staff Network Officers on short-term secondments to write some Inclusive Employment training for managers. Throughout the next financial year, we are offering managers and leaders the opportunity to learn about disability inclusion with the Business Disability Forum. We have over two hundred managers booked onto the training, with the first three-hour session having happened in March 2023.

More than just an Inclusive Employer

We are proud of the work we have done to become a more inclusive employer, but we know that our equalities work must be broader. Our Community Inclusion and Development Workers take our message and services out into the local population, working particularly closely with minority and marginalised communities to build trust and dismantle barriers that may stop people receiving the support they need when managing their mental health or a learning disability. We work with patients and former patients to help their re-entry into the workplace, whilst working with employers and community organisations to ensure that they can better protect the mental wellbeing of the people who work or volunteer for them. The Trust has now made it a mandatory procedure that Equality Impact Assessments are completed for all business activities. Our new Health Inequalities Strategy and Delivery Manager is developing the innovative and evidence-based approaches that will ensure our work closes the gaps in healthcare between different demographic that are sadly all too common and acute in mental health.

3.16 Spiritual Care Team

Offering quality Spiritual Care in the NHS is a practical way of embodying the wider vision of contemporary health care, which cares with compassion for the whole person, seeks to promote wellbeing and has respect for the uniqueness of each individual and their beliefs and values.

The small but diverse Spiritual Care Team of 7 chaplains, around 5 WTE (whole time equivalent) resource, work across the whole Trust within the different clinical groups and in each of the boroughs. Each substantive team member is from a different faith or belief group including Hindu, Muslim, Sikh and various Christian traditions. The Team is also diverse in terms of age, gender, ethnicity, culture and sexuality.

The diversity of faith and belief across the Black Country population is reflected in the people receiving care from the Trust, and therefore means the Team is responding to people from a wide diversity of faith and cultural communities - whether patients or staff. We have an approach which is inclusive and responsive to those we encounter, and to work flexibly with strengths and needs as they arise, whether they are of a spiritual, religious or cultural nature, or have elements of all three. The diverse nature of the Team enables us to do that.

Anyone who is receiving support from one of the teams or services in the Trust can access the Spiritual Care Team including carers. We enhance and improve the quality of peoples' care as an additional referral not instead of other support. The Team is also able to offer support for staff.

Our role is many and varied across the Trust and includes:

- Helping people explore their spiritual journey
- Enabling people to practise their particular faith or spiritual tradition
- Managing the provision of sacred, prayerful space and spiritual / faith resources
- Facilitating cultural and pastoral events and acts of worship appropriate to need
- Raising awareness of the benefits of spiritual healthcare with different staff groups and advising staff around issues of spiritual and cultural assessment

As well as supporting people from various faith and belief groups, Spiritual Care at BCHFT provides a space in which people can explore their spiritual journey and find support, without engaging with a particular faith tradition unless they choose to. For many people, a sense of meaning in life is not expressed through a particular belief system. There are others who have

been badly let down by the faith communities they trusted. This is why it is so important that the Spiritual Care Team is diverse in its make-up and can work specifically with various faith groups, but also work flexibly with the many beliefs and life approaches found beyond formal religions.

3.17 Feedback from Staff: 2022 Staff Survey

BCHFT sits within the Mental Health, Learning Disability and Community Trust health Sector. Sector comparison scores are against the Mental Health, Learning Disability and Community Trusts, with 50 other comparators, this gives us a sense of where we sit comparatively and is a more meaningful benchmark that comparisons with other NHS Acute, Ambulance Trusts etc.

BCHFT undertook a mixed (online and paper) full census of its staff against a backdrop of threatened industrial action, undertaken by its independent provider IQVIA (formerly Quality Health). 1662 staff completed questionnaires from the sample group.

44% (1662) staff completed their survey.

This is a decrease from 2021 from 54.1% and below the sector median of 50%, it does however follow a wider NHS pattern of declining responses rates, the Sector median also having fallen to 50%

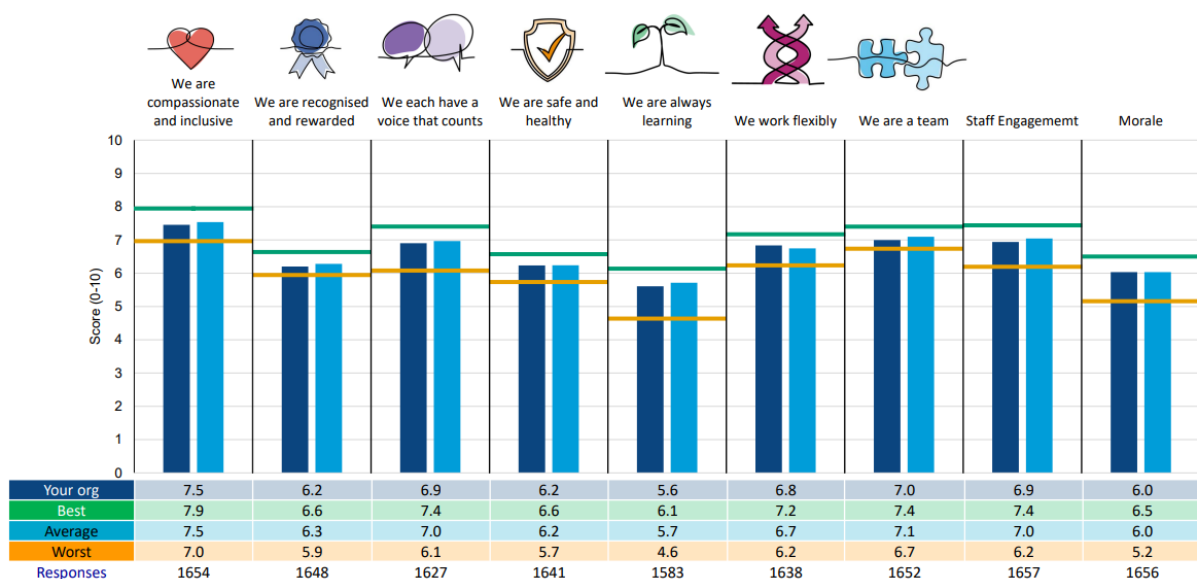
Overall engagement rating of 6.9

This is a composite score from questions measuring Advocacy, Motivation & Involvement, rated out of 10. This score stayed the same since 2021 and is slightly lower than the sector average of 7.0 (with a range of 6.2 to 7.4) this is not considered to be a statistically significant variation.

Theme Results

Results remain themed against the 7 NHS People Promises alongside Staff Engagement and Morale

Figure 15: 2022 Staff Survey results



Theme Results

In all 9 themes we are around the sector average for 2022 and have no significant positive or negatives variations verses our 2021 score:

We are Compassionate and Inclusive	+0.1
We are Rewarded and Recognised	-0.1
We each have a Voice that Counts	NC
We are Safe and Healthy	NC
We are Always Learning	+0.2
We Work Flexibly	+0.1
We Are a Team	+0.1
Staff Engagement	NC
Morale	NC

It worth noting against last year's priority of We Are Always Learning we have seen the biggest improvement of +0.2 (5.6 vs 5.4)

Divisional & Service Line Reports, using the same themed scoring system, are being used to facilitate more nuanced, localised priorities to be identified and acted upon within divisions, recognising that challenges may vary within different services.

There more significant at question level, particularly verses the sector 2022 scores, where 45% of questions are statistically significantly lower. In addition, the new heat map reports allow further analysis around where challenges are concentrated in terms of Sites, Ethnicity, Role etc. – this reinforces the value of a more localised Divisional and Service Line approach for targeting actions.

Responses to the Staff Survey feedback will form part of the Priorities & Productivity Delivery Vehicle 2023/24, sitting under the work stream of 'Team BCH', as a project co-ordinated by OD/Engagement in conjunction with Divisions, reporting on progress, challenge and support required. Monthly reports with be submitted to the Delivery Board, chaired by the CEO.

Annex 1: Statements from the Trust's Key Stakeholders

Our Quality Account was sent to our key partners across the Black Country for comment including; Dudley Council, the Black Country Integrated Care Board and local Health Watch organisations. Responses received are shown below and we are arranging to meet with other partners to discuss their response and ensure that we reflect these in our plans for 2023/24.

**Lead Commissioner Comments – Black Country Integrated Care Board
Quality Account Statement 2022/23
Black Country Healthcare NHS Foundation Trust**

The Black Country Integrated Care Board (BC ICB) confirms that to the best of their knowledge, the Quality Account, prepared by Black Country Healthcare NHS Foundation Trust (BCHFT), is a true and accurate reflection of the work undertaken by the Trust during the 2022/23 contractual year.

BC ICB welcomes the opportunity to comment on the quality of services provided by Black Country Healthcare NHS Foundation Trust (The Trust). Quality accounts enhance public accountability and engage the leaders of an organisation and the organisations that commission them in engaging and understanding the continuous quality improvement and patient safety agenda. They allow formative challenge and celebration of good practice.

During 2022/23, the Trust has faced significant challenges in the continuation of the recovery and restoration of services following the COVID-19 Pandemic. The BC ICB would like to take this opportunity to formally recognise the efforts that the Trust has made to maintain Quality whilst acknowledging the uncertainties and the challenges faced during this period of time.

The BC ICB would like to thank all the staff and volunteers at BCHFT for their outstanding commitment in responding to the needs of the patients of the Black Country and continuing to develop and transform services, to deliver new ways of working, that has ensured, high quality patient care has been continuously delivered.

During 2022/23, there has been extreme levels of demand across the whole of the Black Country Integrated Care System, meaning that all providers of care within the Black Country have been required to work collaboratively and in support of each other's needs. We commend the Trust for their contributions to this collaborative working approach and recognise the Trust as a key system partner in the collective response to the system wide pressures felt.

Within this reporting period, the BC ICB and the Trust have continued to work tirelessly and collaboratively to improve the quality and effectiveness of care provided, enhancing the close working relationships between the BC ICB and the Trust that supports the delivery of high quality, safe services provided to our population. We recognise and commend the Trust's achievements against their quality and patient safety priorities 2022/23 which are outlined in this account.

We are immensely proud of the effective working relationships that exist between the Trust and the BC ICB and in the improvements that have been made across the quality and safety agenda. During 2022/23, we have continued our joint approach to the delivery of high-quality services. Our Clinical Quality Review meetings and Quality Assurance Visits have provided positive engagement for the monitoring, reviewing, and mitigation of any safety and quality issues. We would like to thank the Trust for their support in this matter, and for their engagement openness and transparency in the establishment of these key meetings and visits.

The Trust has demonstrated its commitment to quality, through the introduction of several quality improvement schemes during the year, including "in-reach" service provision to Care Homes, the "Body Worn Cameras Project" for staff working in high-risk areas and a proactive

approach to supporting staff health and wellbeing and the recruitment of new staff via international recruitment drives.

The Trust has also maintained its overall CQC rating of 'Good', although it is recognised by both the Trust and the BC ICB, that there are opportunities for improvement identified in the CQC report that are reflective of some of the findings identified by BC ICB Quality Assurance visits relating to inpatient services, staff training, the environment, and staff vacancies.

Looking forward, BC ICB welcomes and supports the Trust's Quality Plan Objectives for 2023/24 particularly its commitment to support the wider Black Country Integrated Care System in meeting the mental health and learning disability needs of the population of the Black Country. As the Black Country Lead provider for Mental Health and Learning Disabilities, with delegated commissioning abilities, the BC ICB look forward to seeing how this new role will enable the Trust expertise to commission services that help to meet the needs of the population we serve, (within the boundaries of the financial budget provided). The BC ICB has also been assisting all Black Country Providers with their preparation and plans for the transition from the Serious Incident Framework to the new Patient Safety Incident Review Framework (PSIRF). We are assured by the Trust's approach in relation to this and the BC ICB looks forward to receiving the Trust's formal PSIRF policy and plans in Autumn 2023 and the associated quality and safety improvements in the year ahead.

In conclusion the BC ICB are confident that the Trust has demonstrated their commitment to quality, experience, and safety and the provision of high-quality care. We thank the Trust for their hard work and for the honest and open culture fostered within the organisation and their continued focus on putting patients first. We look forward to seeing the impact of the identified 2023/24 priorities, the impact of the Lead provider model and delegated commissioning powers, and the continuation of system wide collaboration as we continue to operate as a Black Country Integrated Care System.



Sally Roberts
Chief Nursing Officer/Deputy Chief Executive Officer
Black Country Integrated Care Board

07th June 2023

Healthwatch Dudley – Quality Account 2022-23 statement – BCH NHS FT

As the independent champion for people who use health and social care services in the Dudley borough, Healthwatch Dudley recognises Black Country Healthcare NHS Foundation Trust's most recent Quality Account and priority areas of work.

We are particularly interested in the areas outlined where work is being done to listen to patient experience for the purpose of enhancing service delivery. Healthwatch Dudley would like to explore opportunities to work more closely with Black Country Healthcare NHS Foundation Trust in the future. We are keen to strengthen avenues of communication and share findings and intelligence as a result of listening to people across the Dudley borough.

We acknowledge the scale of the Trust's remit across the Black Country and are pleased to see that it has maintained an overall CQC rating of 'good' and that additional work will be explored to improve inpatient services.

We are aware that access to services is a challenge across the system both locally and nationally. We are pleased to see that this is a priority and would welcome initiatives that can help reduce waiting times for people who require Talking Therapy services, as this is a concern that has been fed back to us.

Trust-wide network meetings with Lived Experience Colleagues are an excellent way to learn from those who have or are accessing services. Healthwatch Dudley is keen to be involved in these meetings to share our intelligence to help collaborate and bring about positive change.

It is pleasing to see that the Trust places great importance on patient engagement through The Patient Experience and Involvement team. We look forward to seeing how the new Trust policy enables those with lived experience to contribute to the quality of services and would like to offer our ongoing support in this respect.

We also welcome the work of The Service Experience Desk in relation to the Investigating Officer training programme regarding the management of complaints, concerns and compliments.

**Healthwatch Dudley Team
May 2023**

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 2022/23 and supporting guidance Detailed Requirements for Quality Reports 2020/21.

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 2022 to March 2023
- Papers relating to quality reported to the Board over the period April 2022 to March 2023
- Feedback from Black Country Integrated Care Board
- The Trust's Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated June 2023
- The latest national staff survey dated January 2023
- The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2023
- CQC Inspection Report dated 18th May 2023

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 30/06/23



Chairman

Date 30/06/23



Chief Executive

Glossary of Terms

Term	Definition
A&E	Accident and Emergency department
ADHD	Attention deficit hyperactivity disorder
Admiral Nurses	Specialist dementia nurses
ADSM	Anxiety Disorder Specific Measures
AHP	Allied Health Professional
AIMS	Accreditation for Inpatient Mental Health Services
AMH(S)	Adult Mental Health (Services)
Annual Report	Annual reports to the public from providers of NHS healthcare
Antipsychotic prescribing	A group of medicines that are mainly used to treat mental health illnesses such as schizophrenia
ARFID	Avoidant Restrictive Food Intake Disorder
ARMS	At risk mental state
BAF	Board Assurance Framework – forms part of the overall risk management and assurance process of the Trust
BCHFT (BCH)	Black Country Healthcare NHS Foundation Trust
BCPFT	Black Country Partnership NHS Foundation Trust
BCWB	Black Country and West Birmingham
BFT	Behavioural Family Therapy
BMI	Body Mass Index
CAMHS	Child and adolescent mental health services
Care Plan	A plan to make sure that patients have care and support; it sets out treatment and goals for recovery and agreed plans between services and the patient
Care Programme Approach (CPA)	A process to co-ordinate the care, treatment and support for people who have mental health needs

Term	Definition
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
CBT	Cognitive Behavioural Therapy
CEO	Chief Executive Officer
CHAT	Comprehensive Health Assessment Tool
Clinical audit	An established process to find out if a service is meeting agreed standards and where shortfalls in compliance need to be addressed
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
Clinical Senate	A multi-disciplinary team of healthcare professionals that has been established at BCHFT to make the best decisions about healthcare for the population it represents
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
CMHT	Community mental health team
Commissioners / Clinical Commissioning Groups (CCGs)	Clinically led statutory NHS bodies responsible for buying health and care services on behalf of local people and planning health care 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
CONI	Care of the Next Infant
Connecting with People	One of the Trust's suicide awareness training courses
COPD	Chronic obstructive pulmonary disease
Core 24	A liaison mental health service model provided 24 hours a day 7 days a week
CPG	Clinical Process Group

Term	Definition
CYPF	Children, young people and families
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
DBT	Dialectical Behaviour Therapy
DDCO	Divisional Digital Clinical Officers
DMB	Divisional Management Board
DQIPs	Data Quality Improvement Plans
DQMI	Data Quality Maturity Index
DSPT	Data Security and Protection Toolkit
DWMHPT	Dudley and Walsall Mental Health Partnership Trust
Dysphagia	Swallowing
(EIP) Early intervention in Psychosis	A service that provides expert assessment, treatment and support at an early stage following a young person's first experience of psychosis
ECG	Electrocardiogram- a simple test that can be used to check a patient's heart rhythm and electrical activity
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.
ECT	Electroconvulsive Therapy
EDI	Equality Diversity and Inclusion
EIS	Early Intervention in Psychosis Service
E-Observations (E-Obs)	A digital solution to record the vital signs of a patient

Term	Definition
ePMA	Electronic Prescribing and Medicines Administration This data relating to medicines prescribed and administered to patients is sourced from secondary care NHS trusts in England
EPR	Electronic Patient Record
ESR	Electronic Staff Record
Family Work	Behavioural Family therapy and formal carers support
FEP	First Episode Psychosis
FFT	Friends and Family Test
FNP	Family Nurse Partnership
FREED network	Designed to give young people rapid access to specialised evidence-based treatment and support in relation to eating disorders
FTSU	Freedom to Speak Up
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
GIRES	Gender Identity Research and Education Society
HCAI	Health Care Associated Infection
HCSW	Health Care Support Worker
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
Health watch	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
HR	Human Resources
IAPT - Improving Access to Psychological Therapies	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
ICB	Integrated Care Board – Replaced CCGs (Clinical Commissioning Groups) in July 2022
ICS	Integrated Care System Quality Account 2022 - 23
IDDSI	International Dysphagia Diet Standardisation Initiative
Information Governance (IG)	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
Information technology (IT)	The use of computers to store, retrieve, transmit, and manipulate data or information. IT is typically used within the context of business operations as opposed to personal or entertainment technologies
IPCT	Infection Prevention and Control Team
IPS	Individual placement and support
IRO	Industrial Relations Officer
IRTCH	In-reach to care homes
ISS	Inclusion and Support Service
KO41a	Hospital and Community Health Services complaints collection
KPI	Key performance Indicators
LD	Learning Disability
LEC	Lived Experience Colleagues
LeDeR	Learning Disabilities Mortality Reviews
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, + other sexual identities
LSMS	Local Security Management Specialist
LTC	Long Term Conditions
LTFT	Less than full time
MAPA	Management of Actual or Potential Aggression
MDT	Multi-disciplinary team
MHLS	Mental Health Liaison Service
MHOST	Mental Health Optimal Staffing Tool
MHSDS	Mental Health Services Data Set – a tool that collects data from the health records of individual children, young people and adults who are in contact with mental health services

Term	Definition
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".
MSNAP	Memory Service National Accreditation Program
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.
NATs	Negative automatic thoughts
National Confidential Inquiry	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 Institute for Health Research (NIHR)	Funded by the Department of Health and Social Care, this organisation works in partnership with the NHS, universities and local government to fund, enable and deliver research in Health and Social care
National Reporting and Learning Service (NRLS)	National framework for reporting and learning from serious incidents requiring investigation in the NHS
National Early Warning Score (NEWS2)	A tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients
NCAP	National Clinical Audit of Psychosis
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NHS Digital (NHSD)	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
NHSE/I	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
OA	Older adults

Term	Definition
OATS	Older Adult Therapy Service
OD	Organisational Development
OHID	Office for Health Improvement and Disparities
Operation Stonethwaite	The name given to a joint endeavour involving West Midlands Police and the Trust, underpinned by the Police Interventions Policy. The operation is focussed on improving prosecution outcomes where Police intervention and prosecution has been assessed as appropriate
OT	Occupational Therapy
Out of area placement (OoAPs)	A person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services
Oxehealth Technology	An activity monitoring and management system to help keep patients safe
PAM	People Asset Management
PC-MIS	This is one of the Trust's electronic patient record systems
PEA	Personal Empowerment Approach
PET	Personal Empowerment Training
PHQ-9 - Patient health questionnaire	A multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression
PHSO	Parliamentary Health Service Ombudsman
PICC line	A Peripherally inserted central catheter
PMO	Project Management Office
POMH	Prescribing Observatory for Mental Health
PPE	Personal protective equipment
PPT	Percentage Point
PRN	Pro Re Nata medication is administered as required in response to a patients symptoms or behaviour
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
Psychosis	A mental health problem that causes people to perceive or interpret things differently from those around them; this might involve hallucinations or delusions
Quarter (Q1,Q2,Q3,Q4)	Periods of the financial year Q1 (April – June) Q2 (July-September) Q3 (October – December) Q4 (January – March)

Term	Definition
QI	Quality Improvement
QIG	Quality Improvement Group
QIP	Quality Improvement Priority
QR code	A two dimensional version of a barcode that can be read easily by devices with a scanner or camera
QSIR	Quality Service Improvement Redesign
Recovery College	A 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
R&I	Research & Innovation
RGN	Registered General Nurse
RiO	This is one of the Trust's electronic patient record systems
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
RMN	Registered Mental Health Nurse
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
Safe wards	Monitoring and improving rates of conflict and containment on hospital wards
SALT	Speech and Language Therapy
Schwartz Rounds	An opportunity for health staff to reflect on the emotional aspects of work
SDIPs	Service Development Improvement Plans
Section 75 agreements	Legally provided by the NHS Act 2006 allowed budgets to be pooled between local health and social care organisations and authorities

Term	Definition
SED	Service Experience Desk
Short messaging service (SMS)	A system that enables mobile phone users to send and receive text messages
SI	Serious Incident
SIREN	Urgent public health COVID-19 monitoring study in healthcare staff
SPRINT	The successful planning and delivery of a project in a short timeframe
Stakeholder	A stakeholder is a party that has an interest in the Trust and can either affect or be affected by the business of the Trust
STAR	A scholarship scheme supporting registered healthcare professionals in accessing undergraduate and postgraduate courses in partnership with the University of Wolverhampton
Strategic Executive Information System (STEIS)	NHS England's web-based serious incident management system
STOMP /STAMP	A campaign - Stopping overmedication of people with a learning disability, autism or both
STORM training	One of the Trust's suicide awareness training courses
Sustainability and Transformation Partnerships (STPs)	The main vehicle for health, social care and local government leaders to plan integrated service provision
Triangle of Care	The Triangle of Care model provides a process and structure for partnership working between service users, carers and the professionals involved
Triumvirates	The Divisional Medical Director, Deputy Director of Nursing and Deputy Divisional Director for each of our divisions make up a triumvirate
Ulysses	The Trusts combined incident reporting system
Vivup	Employee benefits company
VTE	Venous Thromboembolism – a blood clot that can develop in the deep veins of the body
WA	Working age
WTE	Whole time Equivalent
YJS	Youth Justice Service
Z-card	Folded leaflet format
ZSA	Zero Suicide Alliance

How to Provide Feedback

Thank you for taking the time to read our 2022/23 Quality Account.

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:

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E-mail: bchft.communications@nhs.net

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What is an NHS Quality Account?

A Quality Account is a report about the quality of services provided by NHS healthcare services, excluding primary and continuing healthcare. The report is published annually by each NHS healthcare provider and made available to the public.

What is included in an NHS Quality Account?

- A statement from the Board (or equivalent) of the organisation summarising the quality of NHS services provided;
- The organisation's priorities for quality improvement for the coming financial year;
- A series of statements from the Board;
- A review of the quality of services in the organisation.

Quality Accounts from different organisations will all differ slightly. Below is a description of what is usually included in a Quality Account, with definitions of key terms and questions that Members may wish to consider when scrutinising them.

At least three priorities for improvement

Looking back – Quality Accounts will likely include a review of the previous year's priorities, the rationale for inclusion and the progress made against them

Looking forward – Organisations must decide on at least three areas where they are planning to improve the quality of their services in the upcoming financial year.

Questions to consider:

Do the provider's priorities match with those of the public?

Has the provider omitted any major issues (particularly ones of importance to your constituents)?

Has the provider demonstrated they have involved patients and the public in the production of the Quality Account?

Review of services

This will include information on what services are provided. These are often reviewed against three quality domains:

- Patient safety – having the right systems and staff in place to minimise the risk of harm to patients and being open and honest and learning from mistakes if things do go wrong.
- Clinical effectiveness – the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients.
- Patient experience – what the process of receiving care feels like for the patient, their family and carers.

Question to consider:

Does the description of health care in the Quality Accounts resonate with the experience of local people accessing the service recently?

How is the organisation capturing learning from complaints and ensuring that it is being used effectively to improve services?

Providers are asked to demonstrate or measure quality in the following ways.

Indicators of quality

Quality indicators are standardised, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

NHS providers are required to report on a prescribed set of quality indicators in their Quality Accounts. There are fifteen [quality indicators](#), covering five domains of quality:

Domain 1 - Preventing people from dying prematurely

Domain 2 - Enhancing quality of life for people with long-term conditions

Domain 3 - Helping people to recover from episodes of ill health or following injury

Domain 4 - Ensuring people have a positive experience of care

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Trusts only have to report on those that are relevant to the services they provide. As all NHS trusts report against these quality indicators in a standardised way, they provide a useful way for trusts to compare their performance against the national average. However, some indicators should be interpreted with particular caution, for example the Summary

Hospital-level Mortality Indicator (SHMI) ([see guidance](#)). There may be justifiable reasons that a trust appears to be performing outside of where the average range of values lies.

Question to consider:

Where a trust is performing below or worse than national average for a quality indicator, what explanation has been given?

Clinical audit

Clinical audit is a way of providers finding out whether they are doing what they should be doing by reviewing how well they are following guidelines and applying best practice.

These may be national, e.g. Royal College of Emergency Medicine Fractured Neck of Femur audit. This looks at whether patients coming to Accident & Emergency departments with a broken hip are treated in a timely way and in accordance with national guidelines. National audits allow providers to compare themselves with other services across the country.

Local audits are conducted by the organisation itself. Here they evaluate aspects of care that the healthcare professionals themselves have selected as being important to their team.

Providers are expected to make statements on their participation in clinical audit in their Quality Accounts. This demonstrates the healthcare provider is concerned with monitoring the quality of their services and improving the healthcare provided.

Question to consider:

How is the organisation capturing learning from audit and ensuring that it is being used effectively to improve services?

Clinical Research

Clinical research evaluates treatments or compares alternative treatments when there is uncertainty about what the best way of treating or managing patients is. Clinical research is a central part of the NHS, as it's through research that the NHS is able to offer new treatments and improve people's health.

Providers are expected to make statements on their participation in clinical research to demonstrate they are actively working to improve the drugs and treatments offered to their patients.

Statements from the Care Quality Commission (CQC)

The CQC is responsible for ensuring health and social care services meet essential standards of quality and safety. Healthcare providers must register their service with the CQC or they will not be allowed to operate. A statement must be provided in the Quality Account about a providers CQC registration. They must also give information on what reviews or investigations the provider has taken part in and what the CQC said about the provider.

Data quality statements

Organisations need to collect accurate data so they can define the quality of the services they provide. The statements in the data accuracy section are designed to give an indication of the quality and accuracy of the information an organisation collects. Organisations are asked to give statements on:

- The percentage of patient records held by an organisation that include a patient's valid NHS number and General Medical Practice Code
- The score that a provider achieved after a self-assessment. Organisations use the Information Governance Toolkit provided by NHS Digital to assist in measuring the quality of the IT data systems, standards and processes used in the organisation to collect data.
- The third statement provides information on the number of errors introduced into a patient's notes.

Additional question to consider

Dudley Council's three core priorities (Grow the economy and create jobs, Create a cleaner and greener place, and Support stronger and safer communities) all impact on health, either directly or indirectly. Does the organisation bring any wider benefits to the population of Dudley that align with these priorities?

Dr. Kate Phillips, Specialist Registrar in Public Health, DMBC

Dr. David Pitches, Head of Healthcare Public Health and Consultant in Public Health, DMBC

Meeting of the Public Health Select Committee

Report of the Dudley Managing Director – Black Country Integrated Care Board

Development of Dudley’s Integrated Model of Health and Care

Purpose of report

1. To advise the Committee of progress with work in relation to the development of an integrated model of health and care for Dudley people.

Recommendations

2. It is recommended that the Committee note the current position in relation to the development and implementation of an integrated model of health and care for Dudley people.

Background

3. The Committee will be aware from previous reports of work that has taken place in Dudley to develop an integrated model of health and care.
4. This report is intended to provide the Committee with an update on progress

Development of an Integrated Care Provider (ICP)

5. The Committee will recall that in May 2017, the former Dudley CCG and the Council commenced a procurement process to commission an Integrated Care Provider (originally referred to as a Multi-Speciality Community Provider).
6. The intention was that the organisation awarded the contract would:-
 - Provide a range of “out of hospital” community based services, including a number commissioned by public health.

- Take a longer-term view of “upstream” preventative measures, facilitated by a contract term of at least 10 years.
 - Be incentivised to deliver a set of health and care outcomes to improve the health status of our population.
 - Have a unique relationship with general practice designed to better integrate primary care and community services.
7. This process has taken a significant amount of time, punctuated by the COVID – 19 Pandemic, and faced a number of challenges.
 8. In early 2022, it was agreed by local partners to undertake a piece of work supported by external consultants (Cap Gemini), to develop a model of integrated health and care agreed by all parties across all sectors.
 9. This work concluded in the summer of 2022 and in the light of this work the validity of the original procurement was reviewed by the Procurement Project Board established by the ICB and the Council. Due to the fact that the original scope of the procurement exercise had changed as a result of this work, it was agreed that it was no longer appropriate to proceed with the award of the contract as originally planned and the process was drawn to a conclusion in November 2022.

Dudley Integrated Health and Care NHS Trust (DIHC)

10. DIHC is the organisation established to hold the contract on 1 April 2020. Since that date, DIHC have delivered a limited number of services in expectation of being awarded the full contract.
11. The cessation of the procurement process has meant that the future of DIHC has needed to be reviewed through an options appraisal process. At the time of writing, work has commenced on how the services provided by DIHC might be provided in future.
12. This is not expected to have any impact on the way in which patients access services, the usual Quality and Equality Impact Assessments will be conducted to provide appropriate assurance.
13. It is anticipated that a series of recommendations will be available by 30 June 2023.

Integrated Model of Health and Care

14. As indicated above, with external support, an integrated model of health and care has been agreed.

15. The implementation of this has been overseen by an Integrated Pathways Group, originally chaired by an external clinical lead until properly established.
16. This Group is dealing with a set of pathways across the following areas:-
 - First 1001 Days of Life
 - Childhood Poverty
 - Childhood Obesity
 - New Born Blood Spot Screening
 - Early Years Speech, Language and Communication Needs
 - End of Life
 - Frailty
 - COPD
 - Lung Cancer
 - Integrated Care Teams and Care Co-Ordination
 - Clinical Hub
17. Each area is the responsibility of a multi-disciplinary group reporting to the Integrated Pathways Group and ultimately the Health and Care Partnership Board. Progress has been variable due to the impact on clinicians of industrial action within the NHS. However, the work is now progressing at a different pace and obstacles are being overcome.

Finance

18. There are no immediate financial implications arising from this report. Any developments have been funded from within existing budgets or as the result of agreed business cases.

Law

19. The ICB, the Council and the Health and Wellbeing Board have complementary duties relating to the integration of health and care services.

Risk Management

20. There are no material risks identified within this report.

Equality Impact

21. Any significant service changes will be the subject of Equality and Quality Impact Assessments.

Human Resources/Organisational Development

22. There are no immediate implications arising from this report.

Commercial/Procurement

23. Some Council commissioned services are not currently part of a compliant contract with providers and a re-procurement process has now commenced

Environment/Climate Change

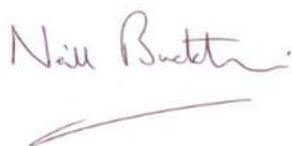
24. There are no environment or climate change implications identified within this report.

Council Priorities and Projects

25. An integrated model of health and care can be aligned to both the Council Plan and Borough Vision. Progressing this area will ensure we are striving to achieve against our council plan priority 'Dudley the borough of opportunity' and work towards achieving the following outcomes:

- Children and young people benefit from the best possible start in life in our Child Friendly borough.
- Everyone, including our most vulnerable, have the choice, support and control of the services they need to live independently.
- All residents benefit from access to a high quality, integrated health and social care.

26. Through the golden thread, the council plan is linked to the Forging a Future For All Borough Vision. The Borough Vision is made up of seven aspirations for how the borough should be by 2030, with this work aligning to the aspiration '*A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future*'.



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