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Black Country Healthcare
NHS Foundation Trust

Quality Account

2023 - 2024



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Part One: Trust statement on Quality

1.1 Introduction

Our Community

The Black Country is an area of the West Midlands and commonly refers to a region of over 1.4 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 latest census taken in 2021.

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

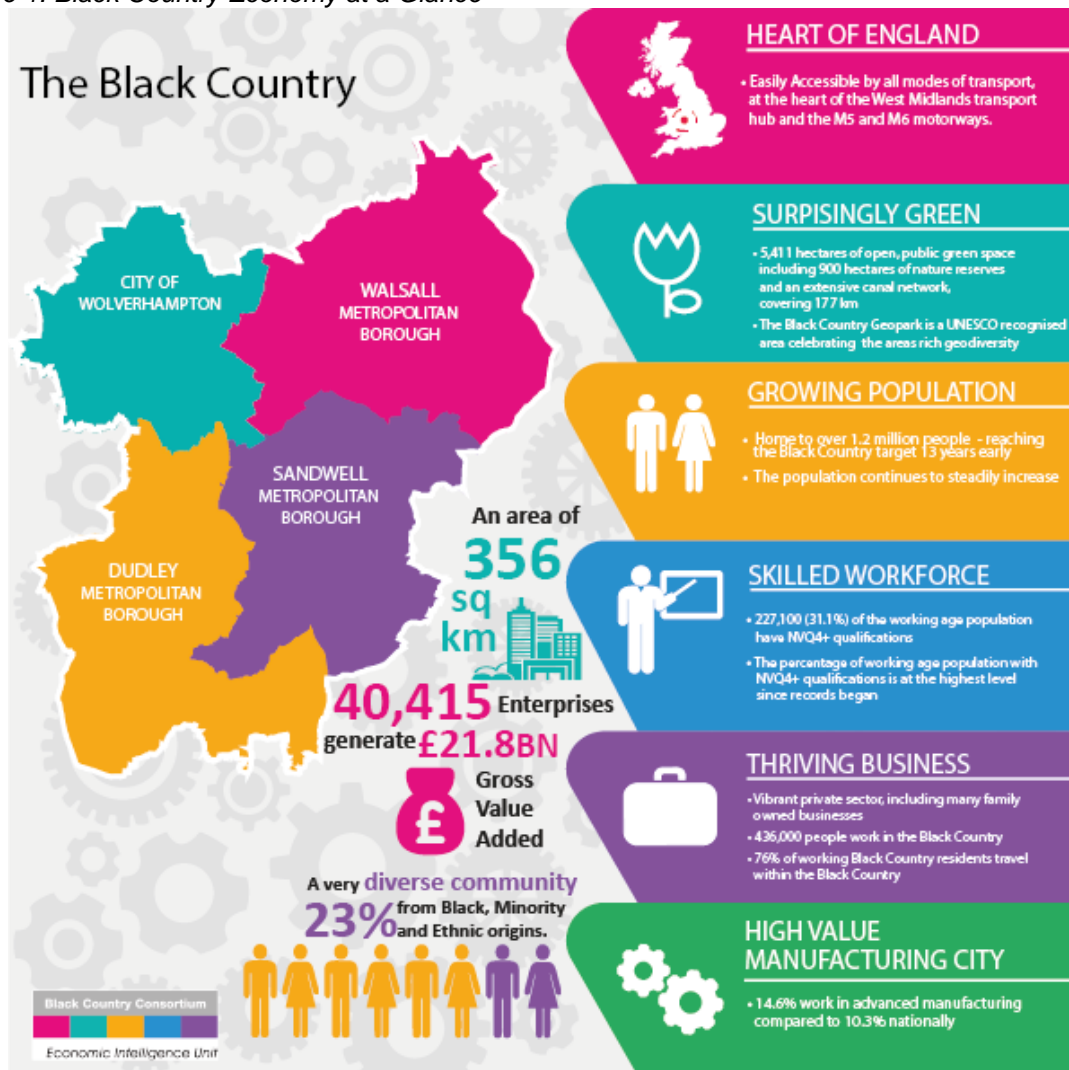
Deprivation is significant, with the Black Country Integrated Care System being the second most deprived in the country. Each local authority has severe pockets of deprivation and are above the national average:

- 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 the latest snapshot of the region's economy from July 2022.

Figure 1: Black Country Economy at a Glance



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 degrees 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

Figure 2: Black Country Healthcare 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

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

Enabling

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

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.

Figure 3: Black Country Healthcare in numbers



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 fourth 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 this document.

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 2023/24 Quality Account – our fourth as Black Country Healthcare NHS Foundation Trust (BCHFT). This report provides an overview of the quality governance arrangements in place for identifying and monitoring risks and trends to ensure that the trust works safely and continuously improves.

We are proud of our achievements over this last year and passionate about making improvements in the future. Our quality report highlights our successes and strengths, areas we need to improve upon and our quality plans for 2024 to 2025.

There is much to be proud of over the past year, and it has continued to be a very challenging time for the trust and wider NHS. We have made some great progress on our quality priorities and later in the document you can read about some of the specific pieces of work we have been focusing on and the improvements we have made.

One of the areas we have seen some great progress is in reducing out of area placements, and we have been recognised by NHS England for our efforts. We continue to work with partners to strengthen our crisis pathways to help people stay well at home and this will continue to be an area of focus for us during the coming year. Our crash pads in learning disability services were recently featured in an ITV news piece as a model of good practice, and we welcomed NHS Chief Executive, Amanda Pritchard in September 2023 to talk about our pioneering work within learning disabilities.

We continue to encourage patients and carers to feedback on their experiences of care. Our partnership with Care Opinion continues to be rolled-out across the trust, offering people the

chance to provide real-time feedback and post anonymously about their experiences. We will continue to enhance that area of our work going forward.

It's been a bumper year for training and we've seen additional courses on offer for colleagues including personal empowerment training, cognitive behavioural therapy awareness training and dementia training, but to name a few. We are constantly reviewing our training offer and work with staff to support them to develop and grow their skills and offer the very best levels of clinical service.

Our mental health services for children and young people (CAMHS) have been involved in some exciting work including a recent project that has launched across schools offering support for young people through a specialist AI app, Wysa. Not to forget our other divisions who have been heavily involved in a number of quality improvement projects throughout the year.

The trust continues to embed the new patient safety incident response framework with a focus on learning from incidents. We have also been working with digital colleagues to roll-out whiteboards which allows instant access to data at the touch of a screen. This is so important to our governance and to our teams to support them to continually improve and embed this way of working in our culture.

Looking to the year ahead there are lots of exciting plans to look forward to, including progressing the new inpatient standards, some exciting work to define our patient and carer race equality framework, embedding our new community mental health model and we will be rolling out our new Quality Improvement Strategy across the trust.

I would like to thank our patients, staff, volunteers, partners, and stakeholders for their continued support and commitment. Together, we will continue to make a meaningful difference to our Black Country communities.

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 that will be 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 2024/25 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 four 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 2023/24 and are applicable to services being developed as part of the trust's vision for improvement

2.2 Our priorities for 2024/25

2.2.1 Inpatient Transformation Programme – Culture of Care Standards Quality Improvement programme

This programme aims to improve the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work.

We know from our work over the last 6 years, and that of others, that culture changes when patients and staff work together to do things differently. Our Quality Improvement (QI) approach provides a systematic way for them to do this, and our experience is that using this approach to test and implement lots of small changes leads to a big impact.

The conditions to give this work the best chance of sustainable success are that:

- The work is fully co-produced
- The improvement effort is supported throughout the organisation
- Changes attend to the inequity people often experience in inpatient mental health care
- People doing the work are able to look outside their organisation to share the learning and journey with others across the country

Our offer seeks to enable all of this to happen, and our approach is about improvement – the programme plays no part in performance management at any level of the system. The key benefits of the trust participating fully in the programme are:

- Ensuring that the improvement focus and outcomes are implemented, sustained and supported throughout the organisation
- Ensuring that any improvement focus and changes to the inequity people often experience in inpatient mental health care are documented so that learning can be shared across services
- By fully participating in the National Networks, our team doing the work are able to look outside their organisation to share the learning and journey with others across the country and bring any improvement suggestions to our implementation meetings

Summary

- Coordinate and oversee our work on the Culture of Care Standards
- Provide a forum for sharing and learning
- Support the development of a consistent trust wide approach to the culture of care programme

2.2.2 Community Transformation Programme- implement in line with the NHS Long Term Plan

To ensure sustainable community and primary care services that meet the needs of the local population, the national framework and the Black Country Priorities, the transformation programme has had to focus on ensuring a strong infrastructure.

As a result, year 2024-2025 will allow for a focus on embedding, developing and delivering transformational work, including seeking better systems solutions to shared challenges.

Further embedding the models:

- Working to ensure consistency in CMHT practices
- Strengthening the dual diagnosis offer in community
- Integration between primary care, community and the voluntary sector offer
- Development of ways of working with the voluntary sector to ensure seamless support and continuous learning
- Quarterly reviews of the current model to ensure a clear performance process, learning and further development
- Supporting a robust and safe process to manage waiting lists and develop further in-reach
- Review of skills and training, ensuring we are utilising the national offer
- Supporting the introduction of 7 day working

This will be led and supported under the umbrella of the Community Transformation Programme.

2.2.3 System leadership in partnership with health partners of Right care – Right Person

Right care, Right Person (RCRP) is a nationally agreed approach designed to ensure people of all ages who have health and social care needs are responded to by the right person with the right skills, training and experience to meet their needs. It is a system led initiative to

support the police and at the centre of RCRP is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs:

Absent Without Leave “AWOL” calls cover instances where patients have absented themselves from specific mental health services where they are detained or held under a specific Mental Health Act 1983 power. This does not cover voluntary attendees

Missing Persons relates to instances where patients have absented themselves from specific mental health or social care services where they are not detained or held under a specific Mental Health Act 1983 power and includes voluntary attendees or appointments

To trigger police involvement for a patient who is categorised as AWOL or missing, Articles 2 or 3 of the European Court of Human Rights thresholds must be met:

- Article 2 Right to Life – everyone's right to life to be protected by law
- Article 3 The Prohibition of Torture/Inhumane or Degrading Treatment or Punishment

Furthermore, where this is a welfare concern for a patient, the police will not attend unless Article 2 or 3 has been triggered and responsibility for welfare checks sits with the most appropriate agency involved with the patient's care.

Any required transportation of patients who do not meet these criteria will not be the responsibility of the police and must be managed by service providers.

In addition, for paediatric patients specifically, where there are concerns that are covered within Section 46 of Children's Act and there are reasonable concerns over a child's safety, the police will continue to attend incidents.

The aim of RCRP is to achieve a better patient experience and to ensure effective use of all resources to enable delivery of the most appropriate service, in a timely fashion to people experiencing mental health crisis.

Black Country Healthcare, in our lead provider role, have been working collaboratively with partner agencies across the Black Country system to develop and implement the programme of work to West Midlands Police timescales to ensure system preparedness for the changes.

The key benefits of implementing Right Care, Right Person are:

- Improved patient experience through enhanced pathways and processes ensuring provision of the correct level of support and care required during a crisis
- Reduced long waits for Police requested mental health assessments and required transportation of patients
- Reduced inappropriate detainments of patients under the Mental Health Act releasing police and healthcare professional activity and time
- Reduced West Midlands Police time for handover of patients who are detained within a place of safety

2.2.4 Implement and prepare for the CQC regulatory Single Assessment Framework

The Single Assessment Framework (SAF) is the new comprehensive approach introduced by the Care Quality Commission (CQC) to assess and monitor the quality of health and social care services. It represents a significant shift in the regulatory landscape, aiming to streamline and unify the assessment process across all health and social care providers.

Whilst the recognised CQC “five key questions” and the associated ratings will remain the same, the CQC have decommissioned the previous approach consisting of Key Lines of Enquiry, and have instead moved to Quality Statements for each key question.

For the first time, evidence will be scored, and then aggregated to arrive at a score for a quality statement, key question and ultimately a service rating.

BCHFT maintains an ethos of “always ready” for a CQC inspection of our services, and indeed, all health and social care organisations should be able to demonstrate they meet the CQC five key questions at all times when operational.

To support our organisation in making the transition to the new Single Assessment Framework, a programme of work has been launched, commencing during the 2023-24 financial year and extending into the forthcoming 2024-25 financial year.

Key elements of the programme include staff engagement events, a trust wide communications strategy and briefings to staff at all levels.

The above is augmented by a trust wide self- assessment against the 34 quality statements launched by the CQC as part of their new framework. Evidence to support BCHFT compliance with the quality statements is being gathered, reviewed and collated into one digital repository, ready for access at any point of an inspection, or to support ad hoc requests from our regulators.

Assurance in relation to organisational readiness and compliance with the HSCA Regulated Activities Regulations 2014, and the Single Assessment Framework is overseen by a newly established CQC Operational Readiness (CORE) group, led by the Associate Director for Risk and Governance, and co-chaired by the Deputy Chief Operating Officer and the Associate Director for Planning, Improvement and Performance.

The key benefits for the trust preparing for the SAF are:

- Maintenance of current CQC rating of ‘good’ as minimum
- To prepare BCHFT for future regulatory activity
- To mitigate risk of future regulatory enforcement action
- Assess and identify any areas of organisational weakness in regard regulatory compliance

2.2.5 Implement the Patient and Carer Race Equality Framework (PCREF)

PCREF is NHSE’s first anti-racism framework, it was a recommendation from the 2018 independent Mental Health Act review in response to the stark inequalities faced by racialised communities accessing mental health services. It is a contractual requirement of all Mental Health providers and will also be monitored by the CQC.

The three areas of PCREF to be implemented in BCHFT are:

- PCREF leadership and governance
- Organisational PCREF competencies
- Patient, carer and community feedback

The BCH PCREF baseline was undertaken in April 2024. The next step is to develop an organisational improvement plan to be delivered in line with the framework. PCREF is a framework that will provide the mechanism and evidence that BCHFT is fulfilling its Public Sector Equality Duty (PSED) responsibility. Key improvement deliverables for this project include:

- Implementing PCREF organisational and workforce competencies to reduce inequalities for racialised communities
- Leadership and governance structures in place
- Automated reporting of trust PCREF data
- Implementing an independent, community led oversight mechanism

The key benefits for the trust preparing for PCREF are:

- Resource and infrastructure in place to embed the anti-racism improvement plan and provide regular data reporting and analysis to monitor performance
- Assurance that the anti-racism activity within BCHFT is positively impacting the communities, service users and carers in the Black Country
- Reduction in health inequalities for racialised communities in the Black Country
- Improved relationships and partnership working with racialised communities

2.2.6 Develop our new Clinical Strategy in 2024 to plan for our future

We are completing the final year of our Clinical Strategy and we have made significant headway in our aspirations. This includes high level programmes of work which are nearing completion:

- The eradication of mental health dormitories which will transform our Bloxwich in-patient bedded care offer
- The redevelopment of Edward Street to a modernised model of care and in-patient model
- The redevelopment and remodelling of our community services in line with the national plan to increase access and how we work with the third sector
- The expansion of individual placement support services which has the opportunity to support our people into vocational and employment opportunities to enable their social recovery
- The expansion of our CYPF service model to offer psychological therapies and access
- The expansion of our learning disability and autism crisis response and reduction in our bedded care models to enable our people to live their best lives

We will complete the remaining aspects of this work, as we plan for a new clinical strategy, that multiple levels of our organisation contribute to and are inspired to engage and collaborate to design their collective future.

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 we 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 through the quarterly reporting cycle and escalating any areas of concern to the Trust Quality and Safety Committee.

2.3 Review of Services

During 2023/24, Black Country Healthcare NHS Foundation Trust provided and/or subcontracted the following services:

Adult Mental Health Services	Older Adult Mental Health	Learning Disability Services, Children, Young People and Family Services
<ul style="list-style-type: none"> • Adult mental health inpatient services • Specialist male adult mental health inpatient services • Adult mental health community services • Talking Therapy services for people in Sandwell, Wolverhampton and Walsall • Counselling services for adults • Adult Attention Deficit Hyperactive Disorder and Autism Assessment Service • Early intervention services for young people and adults • Perinatal and Maternal Mental Health • Rehabilitation and Complex Care • Carers service (Sandwell) • Crisis and emergency care services • Deaf CAMHS • Mental Health Physiotherapy Service • Physical Health Severe Mental Illness 	<ul style="list-style-type: none"> • Older adult mental health community services • Older adult mental health inpatient services • Admiral Nurses • In Reach to Care Homes • Memory Assessment Services • Older Adult Therapeutic Service • Specialist electro-convulsive therapy (ECT) services 	<ul style="list-style-type: none"> • Specialist learning disabilities inpatient services • Specialist learning disabilities community-based services • Child and adolescent mental health services (CAMHS) • Specialist learning disabilities community-based services for children and young people • Community healthcare services for children, young people and their families in Dudley • All-Age Eating Disorder Services
Corporate		
<ul style="list-style-type: none"> • Commissioning and Case Management Team • Children and Young People's Key Worker team • Employment Services • The Recovery College • Strategy and Partnerships • Communications and Engagement • HR, Resourcing and OD • Finance • Contracting • Performance and Business Intelligence • Medical • Research and Innovation 	<ul style="list-style-type: none"> • Nursing • Psychology, AHP • Digital and IT • Estates and Facilities • Governance • Project Management Office • Pharmacy and Medicines Management • Library and Knowledge Services • Community Inclusion/Community Development • Equality, Diversity and Inclusion 	<ul style="list-style-type: none"> • Infection, Prevention and Control • Safeguarding

2.4 Participation in Clinical Audit and National Confidential Inquiries

Reports received from completed national clinical audits in 2023/24 (see Table 5) have been reviewed by the Clinical Audit and Effectiveness Committee and details of the actions to improve the quality of healthcare provided are listed on the following pages:

Table 5: Participation in National Clinical Audits and National Confidential Inquiries 2023/24

Title	Participation	%Cases submitted
National Clinical Audit of Psychosis (NCAP): Early Intervention in Psychosis Routine Data Pilot Study	Yes	All applicable cases sent automatically
National Prescribing Observatory Audit - Topic 7g Monitoring of patients prescribed lithium	No*	N/A
National Prescribing Observatory Audit - Topic 22a Use of anticholinergic (antimuscarinic) medicines in old age mental health services	Yes	100%
National Prescribing Observatory Audit - Topic 16c Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour	Yes	100%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – End of Life Care Study	Yes	100%
National Audit of Dementia – Memory Spotlight Re-audit	Yes	100%
National Prescribing Observatory Audit - Sharing Best Practice Initiatives	Yes	Case study, not patient audit
National Clinical Audit of Psychosis (NCAP): Early Intervention in Psychosis Bespoke Audit	Yes	Contextual questionnaires and case note audit completed

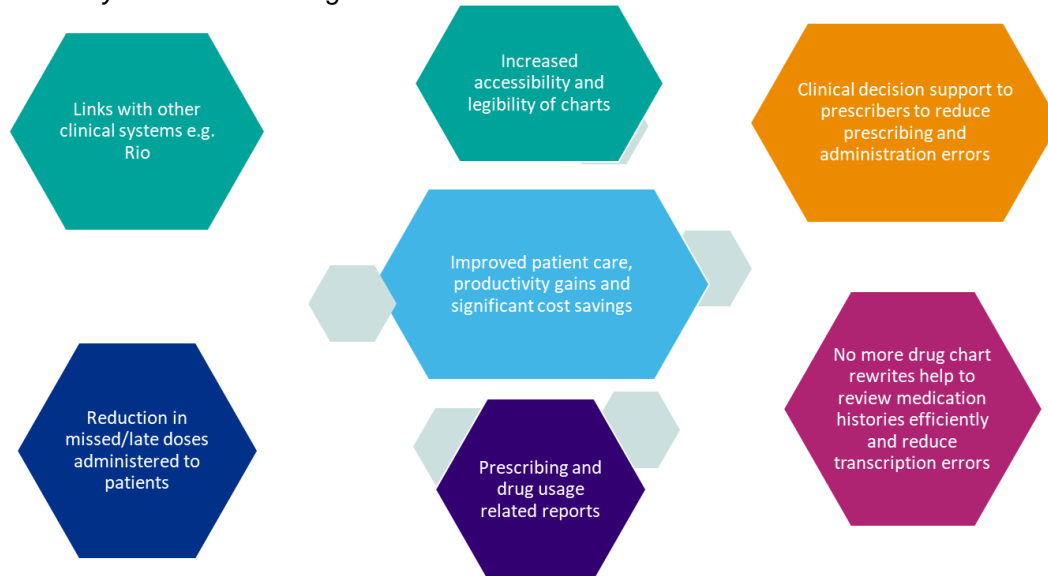
* The Trust did not take part in the POMH Lithium audit in April 2023 as local clinical audits on the same topic in both our Older Adults and Community Adult Services divisions had recently been completed.

2.4.1 Electronic Prescribing and Medicines Administration (ePMA)

Black Country Healthcare is implementing a new digital system that will replace the paper drug charts on inpatient wards and in the future, the paper prescriptions in our community and outpatient services. This system is called an Electronic Prescribing and Medicines Administration (ePMA) system and is being provided by Civica. This system aims to improve patient care by reducing medication errors, making records easier to access by relevant staff from various locations and provide staff with the right tools to deliver care.

Why are we introducing ePMA?

Figure 4: Why are we introducing ePMA?



ePMA is being introduced alongside a range of developments within the digital portfolio that enhance and join up care for patients, providing valuable data for the quality of care to be monitored and reduce the amount of unnecessary paper being used across the trust.

During 2023/24 the ePMA project board and programme manager followed a national procurement framework to assess and select the right ePMA system for the trust. The successful procurement was undertaken with representatives from doctors, nurses and pharmacy staff as well as colleagues from I.T. and Information Governance.

Alongside selecting a suitable system, a dedicated ePMA project team was then recruited. This team consists of staff with a range of backgrounds including nursing, pharmacy and IT. They are currently working within digital colleagues and with clinicians across the organisation to make sure that the system and pathways meet the needs of all services.

The initial stage of the programme aims to establish ePMA for inpatient wards within the next year. To make this a success, a rigorous testing and build of the system will be completed alongside detailed training provided for staff tailored to their learning styles by the ePMA project team. In addition, a robust business continuity plan will be put in place to ensure that safe patient care is maintained should there be any issues, such as a power cut.

As the experts in care are our staff and patients, we will work with them to ensure the change helps deliver positive changes to how we deliver care.

2.4.2 National Audit Summaries

Table 6: Completed national audit reports received in 2023/24

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>The trust were compliant with staff receiving confidentiality training, clear policies and procedures for safeguarding young people, having a consent policy in place and delivering consent training.</p> <p>For some services, transition clinics take place where both children's and adult services attend appointments.</p> <p>Following participation in this national study, it has given services an opportunity to benchmark our work against national standards on transition. There was some evidence of good practice that supported young people transitioning to adult services.</p>	<p>Make developmentally appropriate healthcare core business for all involved</p> <ul style="list-style-type: none"> - Transition needs to be included in all job descriptions of staff involved in transition across the trust -A PAN trust policy on transition is required -Liaise with NHS E and ICB around the plans to mandate 'good coordination/transition between child and adult services from 2028' <p>Involve young people and parent/carers in transition planning and transfer to adult services</p> <ul style="list-style-type: none"> -Ready, Steady, Go transition programme to be incorporated into trust policy -Train staff in OT, Physiotherapy, Hemoglobinopathy and other services in Ready, Steady, Go -Involve the trust Patient Experience Team to capture young people's feedback <p>Improve communication and co-ordination between all specialities</p> <ul style="list-style-type: none"> -There is currently no commissioned service for 16-18 year olds for Physiotherapy if the young person does not attend a specialist school -Explore electronic version of Health Passports using an app -Regional teams differ in their policies and pathways, this could be streamlined <p>Provide strong leadership at Board and Speciality Level at all stages of transition and transfer</p> <ul style="list-style-type: none"> -A lead for a transition role should be developed -Local integrated pathways across boroughs and stakeholders required

Title	Action taken/to be taken
<p>National Prescribing Observatory Audit - Topic 22a Use of anticholinergic (antimuscarinic) medicines in old age mental health services</p> <p>Medicines with anticholinergic properties are widely used in older people under the care of mental health services. These will include medicines started in mental health services such as antidepressants, antipsychotics, and antimuscarinics used to manage antipsychotic-induced extrapyramidal symptoms. Other medicines with anticholinergic properties are more likely to be initiated by other medical services, for conditions such as unstable bladder, gastrointestinal symptoms, neuropathic pain, Parkinson's disease and chronic obstructive airways disease.</p> <p>Anticholinergic (antimuscarinic) medications are known to cause peripheral adverse effects including dry mouth, blurred vision, constipation, and urinary retentions. In addition, in the last 20 years, several studies have found that long-term use of these agents is associated with cognitive impairment, risk of dementia and mortality.</p> <p>In the UK, the National Institute for Health and Care Excellence (NICE) Guideline on Dementia (NICE, 2018) and other national documents (NHS England, 2015) recommend reviewing and minimising medicines associated with anticholinergic burden in patients with suspected dementia or living with dementia. However, since dementia is irreversible, and anticholinergic medicines are associated with an increased risk of developing dementia, it is prudent to review and keep the anticholinergic burden to a minimum in older people in general.</p>	<p>Systematically reviewing antidepressant choice in older adults who are prescribed medications with an Anticholinergic Effect on Cognition (AEC) score. An AEC score of 2 or 3, particularly amitriptyline – The Trust to agree for AEC scores to be added within the Memory Assessment Services (MAS) and Enhanced Community Mental Health Teams (ECMHT) paperwork</p> <p>Local protocols for managing behavioural and psychological symptoms in dementia (BPSD) may benefit from review, specifically with respect to the choice of antipsychotic medication; it may be helpful to include within these protocols, the anticholinergic burden of each of the commonly used antipsychotic medications – The trust will add this to the assessment pathway within MAS and ECMHT</p> <p>Amend protocols relating to the assessment of patients with suspected/confirmed dementia to ensure consideration of the potential adverse effect on cognition of all prescribed medication, when formulating treatment plans - The trust will add this to the assessment pathway within MAS and ECMHT</p> <p>Implement direct prompts to review anticholinergic burden for professionals - Liaise with the RiO team to amend the MAS assessment form by adding “have reversible causes of cognitive decline (including anticholinergic burden) been reviewed?”</p> <p>Consideration to the choice of Electronic Prescribing and Medicines Administration (EPMA) within the trust</p> <ul style="list-style-type: none"> - adding alerts to EPMA system that :- draw attention to the high anticholinergic burden associated with oxybutynin and tolterodine <p>prompt a review of the risk-benefit balance of these medicines in older adults</p>

Title	Action taken/to be taken
<p>National Prescribing Observatory Audit - Topic 16c Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour</p> <p>Following an episode of rapid tranquillisation (RT):</p> <ul style="list-style-type: none"> -There should be a prompt post-incident debrief, involving, as a minimum, a nurse and a doctor, to identify and address physical harm to patients or staff, ongoing risks and the emotional impact on patients and staff, including witnesses -The patient should be offered the opportunity to discuss the incident in a supportive environment, with a member of staff, an advocate, or a carer -Within a week, a patient's written care plan should identify triggers and/or early warning signs for any disturbed behaviour -Within a week, a patient's written care plan should acknowledge his/her preferences and wishes should they become behaviourally disturbed again <p>Following rapid tranquillisation, the patient should be monitored at least every hour on the following measures, until there are no further concerns:</p> <ul style="list-style-type: none"> -Mental and behavioural state (i.e. behaviourally disturbed/agitated, asleep or awake, impairment of consciousness) - Physical observations (i.e. pulse rate, blood pressure, respiratory rate, temperature, level of hydration) <p>Such monitoring should occur every 15 minutes if any of the following apply:</p> <ul style="list-style-type: none"> - BNF maximum daily dose of antipsychotic medication has been exceeded <p>The patient:</p> <ul style="list-style-type: none"> -Appears to be asleep or sedated -Has taken illicit drugs or alcohol -Has a pre-existing physical health problem -Has experienced any harm as a result of any restrictive intervention 	<p>This audit was undertaken in March 2024 and results will be released nationally by POMH in September 2024. Actions will be reported on in the Trust's 24/25 Quality Account</p>

Title	Action taken/to be taken
<p>National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – End of Life Care Study</p> <p>Overall aim: To identify and explore areas for improvement in the end of life care of adults with advanced illness, focussing on the last 6 months of life.</p> <p>Organisational objectives: To explore the organisational structures in place to deliver high quality end of life care in hospital and within the community with particular focus on the following:</p> <ul style="list-style-type: none"> • Communication between the healthcare providers • The multi-disciplinary team approach • Equity of access to palliative care services • The management of the 'acute' end of life pathway and ceilings of treatment including appropriateness of interventions <p>Clinical objectives: To explore remediable factors in the process of care of patients at the end of life with particular focus on the following:</p> <ul style="list-style-type: none"> • Prompt recognition of dying patients • Management of multiple admissions • Recording and communicating patient's wishes across primary, secondary, and community teams • Adequate communications with patients families and carers • Evidence to support advanced care planning in achieving key quality outcomes 	<p>This national study has been completed and the trust is awaiting outcomes and recommendations from NCEPOD. A publication date for their national guidance on results is yet to be announced. This will be reported on in our 24-25 Quality Account</p>

Title	Action taken/to be taken
<p>National Audit of Dementia – Memory Spotlight Re-audit</p> <p>Memory assessment services (MAS, sometimes known as memory clinics) provide specialist assessments and treatment for people where there are concerns about their memory. They are specialist services run by teams including medical staff, specialist dementia nurses, psychologists, and occupational therapists. They provide advice and assessment, leading to diagnosis if the person has dementia, which is followed by prescribing approved treatment to help people to live as well as possible with their condition.</p> <p>The audit assessed access and wait times, diagnosis and treatment and post diagnostic follow up in community based memory assessment services.</p>	<p>This audit was undertaken between September 2023 and January 2024 and results will be released nationally by The Royal College of Psychiatrists in August 2024. Actions will be reported on in the Trust's 24/25 Quality Account</p>

Title	Action taken/to be taken
<p>National Clinical Audit of Psychosis (NCAP): Early Intervention in Psychosis Pilot Study and Routine Data Collection</p> <p>This new form of data collection ran as a pilot in 2023, then concurrently with the bespoke audit described above and will continue throughout 2024 on a quarterly basis.</p> <p>Changes are being made by NCAP on how they collect data. Previously, trusts have completed questionnaires about the care they had provided to some of the people they have treated over the last year (a sample). In 2023, a new approach was tested, in which data that trusts already send routinely to NHS Digital each month was used for the audit. Eventually this should reduce the work for services taking part in the audit and leave them more time to care for people.</p>	<p>We are awaiting the release of the results by NCAP for the 2023 pilot due to national issues they have experienced with data access.</p> <p>BCHFT continues to supply NHS Digital with monthly information on this patient cohort and awaits the launch of an NCAP results dashboard. Recommendations and actions for improvements will be created from these results.</p>

Title	Action taken/to be taken
<p>National Prescribing Observatory Audit - Sharing Best Practice Initiatives</p> <p>POMHs aim for this programme was to highlight initiatives by trusts to improve prescribing practise in mental health services, which were prompted by their participation in POMH QI programmes. The final report facilitates the sharing of these initiatives by providing detailed examples of those with the potential to improve the quality of medication management. Valproate prescribing activity was chosen as the BCHFT topic.</p> <p>All trusts that provided examples of relevant QI activity, whether successful or not, had their commitment to improving the clinical use of medicines formally recognised by POMH. Our trust was pleased to be able to contribute examples of our QI work in relation this. A report from this programme, with selected examples of such QI activity, was shared with all POMH member trusts in May 2024.</p>	<p>At the time of collating this document the trust leads for this POMH initiative were still working on the report findings. All actions and learning from this will be reported on in our 24/25 quality account.</p>

Title	Action taken/to be taken
<p>National Clinical Audit of Psychosis (NCAP): Early Intervention in Psychosis Bespoke Re- Audit</p> <p>This annual audit collects and analyses data to see if people with psychosis are receiving care in line with national guidance.</p> <p>The Early Intervention in Psychosis Service (EiP) at BCHFT 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.</p> <p>This part of the audit was a continuation of the National Audit of Psychosis, to examine the care provided to patients by EiP services, including physical health screening and interventions, and evidence based psychological treatments.</p>	<p>Results of this national audit are being provided to trusts in a new format in June 2024 via a dashboard. Therefore actions will be devised shortly after receipt and reported on in BCHFT's 24/25 Quality Account</p>

2.4.3 Local Divisional Audit Summaries

Table 7: Local Clinical Audits reviewed in 2023/24

Title – Older Adult Division	Action taken / To be Taken
<p>Compliance with Venous Thromboembolism (VTE) Risk Assessment Protocol for Psychiatric Inpatient</p> <p>VTE is one of the main causes of preventable deaths and disability in the UK – an estimated 25,000 people with up to 60% of these cases being hospitalised patients. This has been shown to be 20 times higher in psychiatric inpatients. This higher incidence in psychiatric inpatients could be attributed to reduced mobility, poor fluid intake, restraints, catatonia, sedation and antipsychotic use. The lifestyle choices of some psychiatric inpatients, such as smoking, sedentary lifestyle, illicit drug use, alcohol abuse, obesity, poor dietary, could also put them at risk of developing VTE. It is important that psychiatric inpatient settings ensure that a risk assessment for VTE is completed for all inpatients and reviewed regularly.</p> <p>Aims and objectives:</p> <ul style="list-style-type: none"> • To assess the level of compliance of medical staff with NICE guidance (NG89) recommendation on VTE risk assessment in psychiatric inpatients • To identify reasons for non-compliance (if any) and propose recommendations • To assess all acute psychiatric patients to identify their risk of VTE and bleeding: as soon as possible after admission to hospital or by the time of the first consultant review - Using a tool published by a national UK body, professional network or peer-reviewed journal • Reassess all people admitted to an acute psychiatric ward for risk of VTE and bleeding at the point of consultant review or if their clinical condition changes 	<p>Inclusion of VTE risk assessment presentation into the junior doctors' induction program and the junior doctors' handbook</p> <p>Discuss the possibility of having alerts on RiO for patients that are yet to have their VTE risk assessed or reassessed</p> <p>Create VTE awareness posters for the wards, junior doctors mess and on-call rooms</p> <p>Discussion to take place with the Business Intelligence Group on the possibility of putting a hyperlink to the VTE risk assessment form in the ward review proforma</p> <p>Create an updated VTE policy for the trust and amend the VTE risk tool to suit mental health patients</p>

Title – Adult Division	Action Taken / To be Taken
<p>Ensuring appropriate monitoring of Hyperprolactinemia in inpatients currently taking an antipsychotic medication in line with NICE Standards</p> <p>Objectives for this Clinical Audit: To check that all patients who have been taking an antipsychotic for at least 6 months have received at least one blood test to monitor prolactin. To identify whether abnormal results are being acted upon and further investigated in accordance with NICE guidelines: <i>‘Bipolar disorder: Antipsychotics’</i> and <i>‘Psychosis and schizophrenia: What monitoring is required’</i>.</p> <p>Aims:</p> <ul style="list-style-type: none"> • To avoid unnecessary symptoms of hyperprolactinemia which may be triggered by medication • To rule out other causes of hyperprolactinemia • Auditing appropriate monitoring will ensure for better care of patients as well as optimising medication with less side effects <p>Methodology:</p> <ul style="list-style-type: none"> • Defined data set: Inpatients on both male (Brook) and female (Dale) wards at Penn hospital who have been on an antipsychotic for at least 1 year • Data will be gathered retrospectively from Brook ward and Dale ward at Penn Hospital • Learning from findings will be shared across all localities <p>Inclusion criteria: Patients who have been started on an antipsychotic for at least one year</p> <p>Exclusion criteria: Any patient currently on aripiprazole, clozapine, quetiapine, or olanzapine (less than 20mg daily)</p>	<p>Summary of findings: All patients of both wards were considered initially. This was then narrowed down to those who were taking antipsychotics (91%) then those who were taking it for more than a year (61%) at the time of sample collection.</p> <p>Data was collected from the trust’s electronic patient record (EPR) system and database for clinical investigations and patient medication charts. The age, gender and diagnosis of the patient were collected.</p> <p>47% of the initial patients considered fit the inclusion criteria. The mean age of patients in our inclusion criteria was forty-five years old. This is relevant as in the case of a female, prolactin levels may vary with age as well as possibility of pregnancy.</p> <p>Audit data found 33% of patients audited had not had a prolactin level measured in the last year. 67% of patients were noted to have had prolactin levels measured.</p> <ul style="list-style-type: none"> • We would recommend undergoing a quality improvement project to conduct a system or strategy to make it easier for doctors to follow up on prolactin levels as per NICE guidelines • Teaching sessions should be delivered and posters displayed to improve awareness of clinicians • Adding a section on the clerking document on the electronic patient record (EPR) to prompt prolactin measurement • Regular checking for symptoms of high prolactin • Incorporate an electronic prompting system to flag if someone on relevant antipsychotics requires prolactin monitoring

Title – Learning Disability Division	Action taken / To be Taken
<p>Re-Audit of Medical Prescription and Nursing Administration of Medication in Learning Disabilities In-patient Settings</p> <p>The Learning Disabilities Division of Black Country Healthcare NHS Foundation Trust is committed to managing medicines safely, efficiently and effectively as a key component for the delivery of high quality patient centred care.</p> <p>Within the trusts learning disability wards, medications are prescribed by doctors on paper prescription cards and nurses are required to record when these medications have been dispensed.</p> <p>The aim of this re-audit is to review whether the current inpatient prescription charts are completed correctly by both doctors and nurses, with comparison to results from 2015, 2019 & 2021</p>	<p>Overall ongoing good compliance with the medicines policy was observed, showing that recommendations from previous audits are being implemented consistently and this has been maintained since the previous audit was carried out</p> <p>The results of this audit have been disseminated to inpatient managers and nursing staff and to the Medicines Management Committee and prescribing doctors in the learning disability division</p> <p>Prescribers need to be reminded of the requirement to draw a line through, sign and date any medication that they stop. This is important to maintain an audit trail of who has made changes to the drug card</p> <p>New trainees to be reminded in particular around the need to write in capital letters and not using any abbreviations for medicines taken orally</p> <p>We recommend that this audit is re-audited in 2 years' time</p>

Title – Specialist Mental Health Division	Action taken / To be Taken
<p>Antipsychotic use for Challenging Behaviour in Children with Learning Disability (Dudley LD CAMHS)</p> <p>People with a learning disability, autism or both are more likely to be prescribed antipsychotics than other people. They are often prescribed off-label, for long periods and for behavioural difficulties because there are perceived lack of resources and support. Taking antipsychotics can lead to significant side effects and long term health conditions.</p> <p>This audit is focused on the prescribing practices of antipsychotics in Dudley LD CAMHS, specifically the initiation and review of medication. It will help to promote the use of non-medical offers of support available, prior to or alongside the use of antipsychotic medication. It will help patients be prescribed medication with an appropriate indication and to have reviews with the aim of ceasing medication where appropriate. Adequate information at initiation will help patients and their carers make an informed decision about antipsychotic medication offered and report side effects at reviews.</p>	<p>Consider indicating the clinician's impression of the level of challenging behaviour when initiating an antipsychotic</p> <p>To discuss NICE guidance standards regularly with new trainees in supervision</p> <p>Recommend to patients and carers the medication pathway resource from the Challenging Behavior Foundation All Pathways - Medication Pathway (challengingbehaviour.org.uk) when antipsychotics are offered or prescribed including when switched</p> <p>To present the report and findings across all LD CAMHS team meetings for suggestions on improving access to non-medical intervention and discuss possibility of joint reviews for shared patients</p>

Title – Dudley Children’s Division	Action taken / To be Taken
<p>Documentation audit of Safe Sleep (Health Visiting and Family Nurse Partnership)</p> <p>To provide assurance that the current safer sleep policy is followed by Health Visiting and Family Nurse Partnership services.</p> <p>To establish if safer sleep is discussed in all new birth contacts by Health Visiting and Family Nurse Partnership and documented on the electronic patient record.</p>	<p>Robust documentation on the electronic patient record that the professional has seen where the baby sleeps both at night and daytime</p> <p>To ensure that Health Visiting and Family Nurse Partnership discuss safer sleep at the new birth contact and documented on the electronic patient record</p> <p>To ensure if a parent or carer smokes, they are signposted for further support and this is recorded on the electronic patient record by the professional</p> <p>Learning point: The safe sleep assessment checklist is to be found only in the Personal Child Health Record (PCHR), and not on the electronic patient record. To ensure robust documentation for safer sleep and allowing the information to be accessible for all staff and for audit purposes, the safe sleep checklist should be available on the electronic patient record</p>

2.5 Participation in Clinical Research

The Research and Innovation (R&I) vision is to embed a culture of research, innovation and quality improvement within the trust, increasing accessibility and reducing health inequalities within the region by making research part of everyone’s business. Empowering patients, carers, staff and the public to get involved and help shape the quality improvement journey of BCHFT. During this financial year (2023/24), the trust recruited 136 participants to a variety of studies (please refer to the table below). R&I staff continue to work hard to increase recruitment performance to ensure the trust continues to meet its duty promoting research activities. The team’s strategic focus will continue to be on increasing the variety of studies available for participants, including commercial trials and encouraging home-grown research.

Table 8: Number of Participants recruited in 2023/24 to research studies

2023/24	Number of recruits
Q1	20
Q2	41
Q3	44
Q4	31
Total	136

Table 9: Studies delivered in 2023/24

Study	Status	Area	Summary	**Total recruited to study
ADEPP	Open	Mental Health	Antidepressant for the prevention of depression following first episode psychosis trial	3
CLINICIAN KNOWLEDGE CONFIDENCE & CLINICAL PRACTICE: CAMHS	Closed	CAMHS Clinicians	Clinician Knowledge, Confidence, and Approaches used in the Provision of Psychological Therapy to Autistic Individuals and Individuals with Intellectual Disability in Child and Adolescent Mental Health Services: Mental Health Provider Survey	13
EDGI	Open	Mental Health	Eating Disorders Genetics Initiative (EDGI)	5
GLAD	Open	Mental Health	Genetic Links to Anxiety and Depression	4
MELODIC	Closed	Older Adults	MELODIC: co-developing a Music therapy intervention Embedded in the Life Of Dementia Inpatient mental health Care to reduce agitation and related physical assaults	4
NCMH (2)	Open	Mental Health	National Centre for Mental Health	2
PPIP2	Open	Mental Health	Prevalence of Pathogenic antibodies in Psychosis 2	6
RECOLLECT 2	Open	Recovery College	The aim of RECOLLECT 2 is to develop the evidence base for Recovery Colleges in England and understand how they can provide the most benefit to people who use mental health services. Findings will help refine the previously developed RECOLLECT change model. This aim will be addressed through three studies, each with a different design.	9
STRATA	Open	Learning Disabilities	A multicentre double-blind placebo-controlled randomised trial of Sertraline for Anxiety in adults with a diagnosis of Autism (STRATA)	3
The MELD Study: Stage 2	Open	CAMHS	Mapping and Evaluating Services for Children with Learning Disabilities and Behaviours that	5

			Challenge (MELD): Stage 2 (WP 2.1 only)	
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.	1
THOUGHTS ABOUT PHYSICAL ACTIVITY: questionnaire study	Closed	Mental Health	What people think about doing physical activity: a questionnaire study	19
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)	7
TRAUMA-AID	Open	Learning Disabilities	Eye movement desensitisation and reprocessing for symptoms of post-traumatic stress disorder in adults with intellectual disabilities (TRAUMA-AID)	8
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.	4
UNDERSTANDING ANGER AND AGGRESSION a questionnaire study	Open	Mental Health	Study trying to develop a new psychological treatment to reduce aggression by those with psychosis. Questionnaire to understand what psychological factors 'drive' aggression (i.e. keep them going) in patients.	5
VAPELINE	Open (Follow Up)	Mental Health	Do e-cigarettes help smokers quit when not accompanied by intensive behavioural support?	4

**Although the studies above were delivered in 2023/24, 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 2023/24 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.

From April 2023 the trust has been working on the following four 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 £3,308,078. All CQUIN monies were received by the trust as part of the contract with the Integrated Care Board.

Table 10: CQUIN Schemes 2023-24

Reducing the need for restrictive practice in Adult, Older Adult and Learning Disability Services
Improving the uptake of flu vaccinations for front line staff
Routine outcome monitoring in Children, Young People and Perinatal Mental Health Services
Routine outcome monitoring in Community Mental Health Services

During 2024/25 the mandatory CQUIN scheme will not operate. NHS England has produced a list of optional indicators that can be used by trusts that have agreed with their commissioners to operate a local quality scheme during this pause. The optional indicators have been generated on the basis that they are relatively simple to implement; form part of the wider national delivery goals and have broad stakeholder and clinical support. Black Country Healthcare has agreed to continue to operate the four indicators in table 10 during this period. The national CQUIN financial arrangements that form part of the NHS standard contract will also not apply during this pause.

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.

During February 2023 the Care Quality Commission (CQC) undertook a responsive visit to the BCHFT core service; Acute Wards and PICU services for Adults of Working Age.

A draft report was received from the CQC in April 2023 and the factual accuracy submission completed within ten working days. Of the twenty four factual submissions, the CQC accepted thirteen in full, five partially and declined six. A ratings review was not requested by the trust and the final report was published in May 2023.

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 2023/24, 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 Digital Clinical Change Advisory Board (DCCAB) 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) promote clinical engagement and assist with prioritisation of the EPR systems development.

During 2023/24, an audit was undertaken by an external organisation to assess the current governance arrangements and forward-looking plans around data quality within the trust.

The process covered five key areas: Governance and Leadership; Policies; Systems and Processes; People and Skills; and Data use and Reporting. During the assessment, the trust recognised that the organisational arrangements with regards to data quality remain immature.

Following the assessment, an overall rating of partial assurance with improvements required was reached.

In order to give better assurance and improve data quality, a roadmap setting out eight recommendations were noted, and action plans will be implemented during 2024/25.

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 2023/24, the trust has monitored the Data Quality Maturity Index (DQMI).

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) and 13 core data items from the Community Services Data Set (CSDS).

For 2023/24, the latest DQMI report highlights that the trust's DQMI score is 96% for MHSDS and 91% for CSDS against the 90% national annual threshold. Black Country Healthcare has continued to monitor DQMI as part of the monthly reporting process in Figure 5 and Figure 6 below.

Figure 5: Data Quality Maturity Index for MHSDS (December 2022 – March 2024)

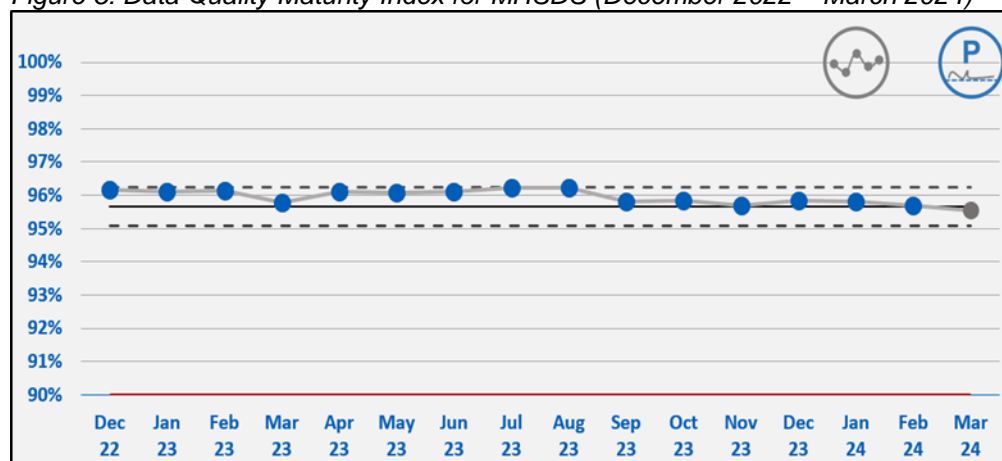
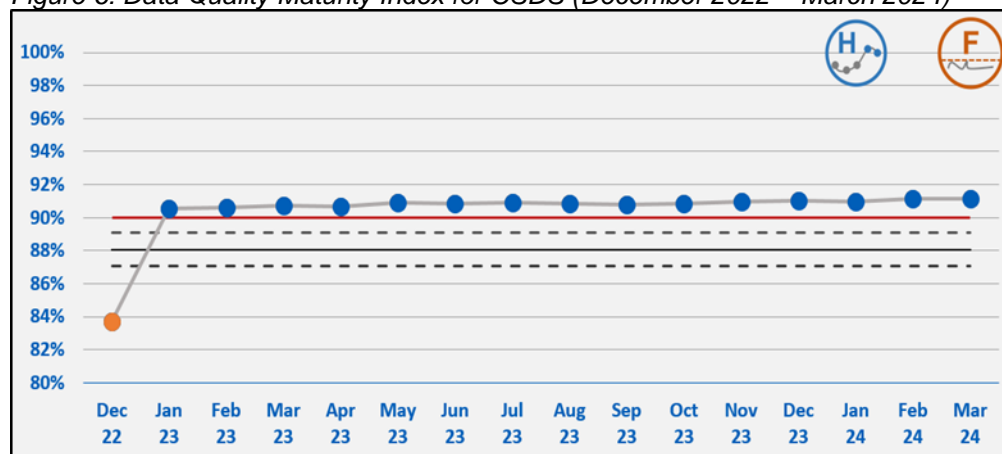


Figure 6: Data Quality Maturity Index for CSDS (December 2022 – March 2024)



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 2024 the trust has monitored progress with the Data Security and Protection Toolkit closely and is on target to submit a final result in June 2024. The table below provides an overview of this submission as part of the update in February 2024 and the projected submission in relation to the DSPT.

Table 11: Data Security and Protection Toolkit Update 2023/24

2023/24	Requirements completed		Total requirements
	February 2024 Update	Projected Submission	
Mandatory Requirements	52	108	108
Optional Requirements	8	10	20
Total	60	118	131

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

An internal audit of the Data Security and Protection Toolkit took place in March 2024 with a view to provide, at that point in time, assurance to the Board. Following the outcome of this review, any necessary actions will be taken to meet improvement areas for the trust's final submission pending in June 2024. The overall position statement for 2023/24 will be reported on in the Black Country Healthcare Foundation Trust 2024/25 Quality Account.

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 10th Revision or ICD-10, 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 the advisory level for Data Security Standards 1- Data Quality. A summary of the results are demonstrated in the table below.

Table 12: Clinical Coding Results

Area Audited	% Diagnosed Coded Correctly	
	Primary	Secondary
Total	98.0%	77.2%

2.9 Learning from Deaths

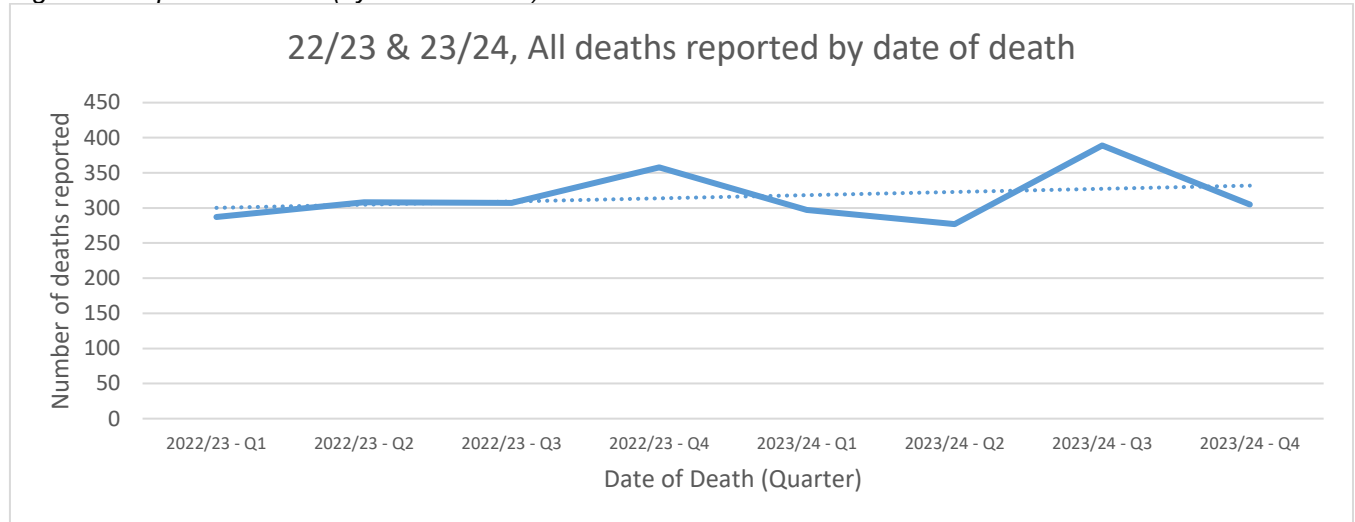
Learning from deaths through care record reviews and investigations is an important way to improve the quality of care we provide to the people who use our services and their families. The trust operates a single multi-disciplinary Mortality Review Group chaired by the Chief Medical Officer to ensure that deaths are reviewed appropriately. Black Country Healthcare NHS Foundation Trust produces and publishes information of deaths every quarter throughout the year. The table below sets out the number of people treated by the trust that died during each quarter of 2023/24.

Table 13: Recorded Deaths (by reported date) 2023/24

Deaths	People with learning disabilities	All other deaths (including people with mental illness)	Totals
Quarter One	11	311	322
Quarter Two	11	242	253
Quarter Three	16	396	412
Quarter Four	26	450	476
Total	64	1399	1463

The chart below outlines the number of deaths per quarter (by date of death) over the past two years. Data suggest that the number of deaths reported per quarter during this period has remained relatively stable per quarter across the last two years.

Figure 7: Reported Deaths (by date of death) 2022/23-23/24



By the 31st March 2024 of the 1463 deaths of people known to our services, 22 cases had been identified as being applicable for a case record review (Structured Judgement Review) and 27 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 are reported through to the trusts Mortality Review Group, Quality and Safety Steering Group and Quality and Safety Committee.

Throughout much of last year serious Incident Investigations into unexpected deaths were carried out using a recognised system-based method for conducting investigations called root cause analysis (RCA). In November 2023 the trust successfully transitioned into its Patient Safety Incident Response Framework (PSIRF) Plan. From this point the trust has applied Patient Safety Incident Investigations (PSII) into all unexpected deaths being treated as serious incidents. The purpose behind this revised 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 2023/24 the trust has continued to support all investigations into unexpected deaths undertaken by the Black Country Coroner's Office and in the majority of cases, no further action was required of the trust. The trust was issued with one Regulation 28 (Prevention of Future Death) notice from the Coroner's Office during the last twelve months. This was issued jointly against Black Country Healthcare NHS Foundation Trust and another provider.

Learning

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

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

- Work to improve family engagement and revisiting consent, particularly when risk increases
- Improve collaborative working with commissioned and third sector drug & alcohol services (dual diagnosis)
- Working to strengthen the Armed Forces Covenant and adherence to the Veteran Aware Scheme following the trust receiving bronze accreditation
- Strengthen the management of Clozapine with the Clozapine Management Policy to be harmonised. Including sharing of clozapine clinic leaflets with acute trusts

To further strengthen the trusts response to learning lessons more generally it has established its Learning Lessons Steering Group and ratified its Triangulating Lessons Learnt Policy in effort to support the delivery of the key aims associated with the identification, sharing and embedding of learning:

- Ensuring that systems are in place to identify, report and manage learning across the organisation
- Delivery of effective oversight arrangements that govern the management of learning to ensure outcomes are achieved
- Ensure that learning is communicated and shared with those effected and considered thematically across the wider system to support local and divisional quality or safety improvement planning
- Engage staff, patients and families in the delivery of learning to support an open and transparent approach to learning across the organisation thus supporting the development of a wider learning culture

The Learning Lessons steering group engages a multidisciplinary team from across all divisions to ensure that local divisional governance arrangements for learning are operating effectively. An important part of Divisional Quality and Safety Group reports into the Lessons Learnt Steering Group is to ensure that the impact of learning and change experienced is being measured and that all those effected by its outcome are being involved in the delivery of that change. As the organisation continues in its transition to new ways of working under PSIRF, the trusts Quality and Safety Committee will oversee the outcome and effectiveness of the steering group.

2.10 Reporting against Core Quality Indicators

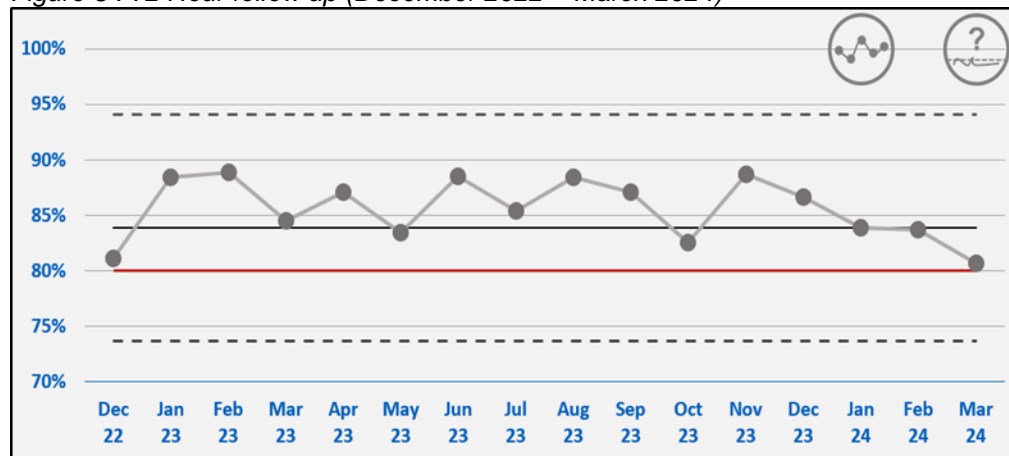
In this section, we report our performance against a core set of quality indicators using data published by NHS Digital, the national provider of health care information in England. A more detailed explanation and analysis of each indicator is set out in the following pages.

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

In accordance with the 2023/24 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 SPC chart below provides the monthly percentage achievement and confirms that the trust achieved the standard throughout 2023/24.

Figure 8 : 72 Hour follow up (December 2022 – March 2024)



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

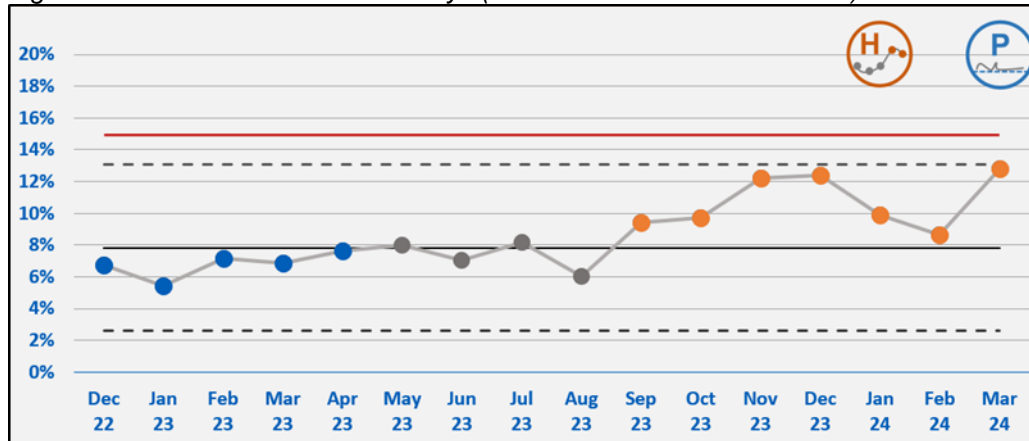
Some patients discharged from an inpatient stay can find themselves back in hospital within a short period. Some of these re-admissions may be planned; others part of the natural course of treatment for specific conditions, but most hospital re-admissions are thought of as avoidable and indicators of 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. The trust considers that this data is as described in figure 9 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 9: Re-admissions within 30 days (December 2022 – March 2024)



The 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

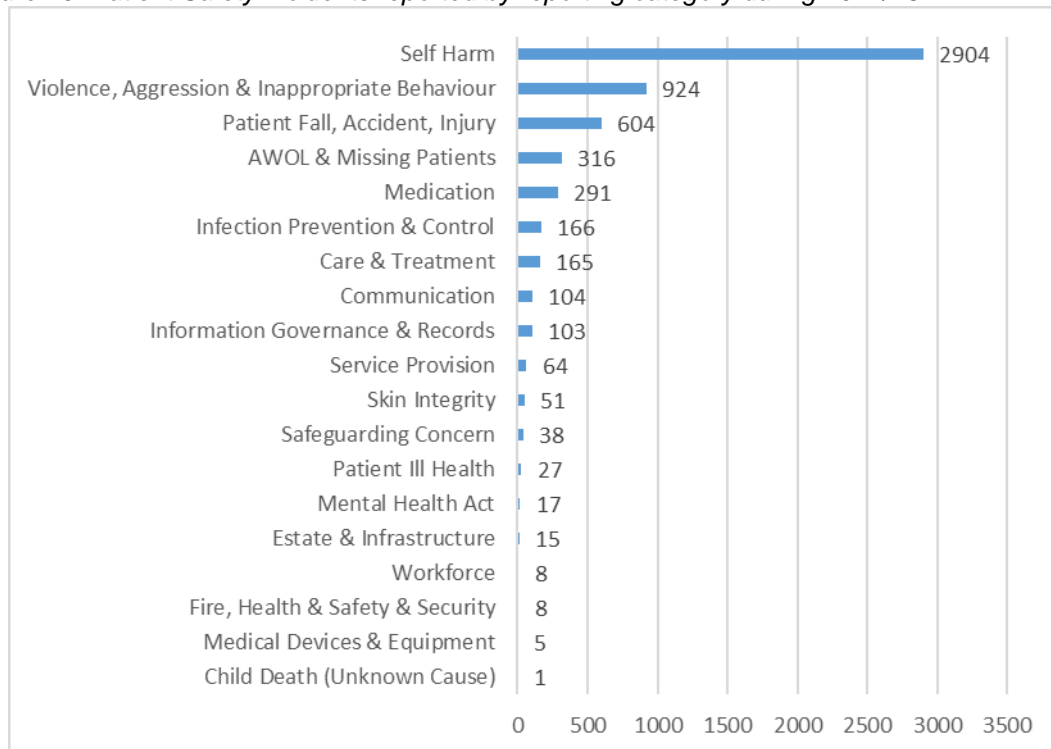
2.10.3 Patient safety incidents and the percentage that resulted in severe harm or death

NHS England have introduced the new Learning from Patient Safety Events (LFPSE) service nationally replacing the existing National Reporting and Learning System (NRLS). The goal of which is to improve capabilities for the analysis of patient safety events across healthcare utilising the latest technology, such as machine learning, to create outputs that offer greater insight and learning. The trust transitioned to reporting incidents nationally to LFPSE on 1st September 2023.

Table 14: Patient safety incidents reported During 2023/24

Actual Impact	Total	% of Total	(average) Number per month
1 No Harm	3099	53.6%	258.3
2 Low Harm	2509	43.4%	209.1
3 Moderate Harm	127	2.2%	10.6
4 Severe Harm	13	0.2%	1.1
5 Death	36	0.6%	3

Figure 10: Patient Safety Incidents reported by reporting category during 2022/23



Incident data is also produced and published independently of the trust by NHS Digital. National publications have been put on hold while NHS England consider the best approach following the introduction of LFPSE.

- They offer a comparison of the trust's performance against other mental health providers across England
- The information within table 14 and the accompanying graph covers the period 1st April 2023 to 31 March 2024 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:

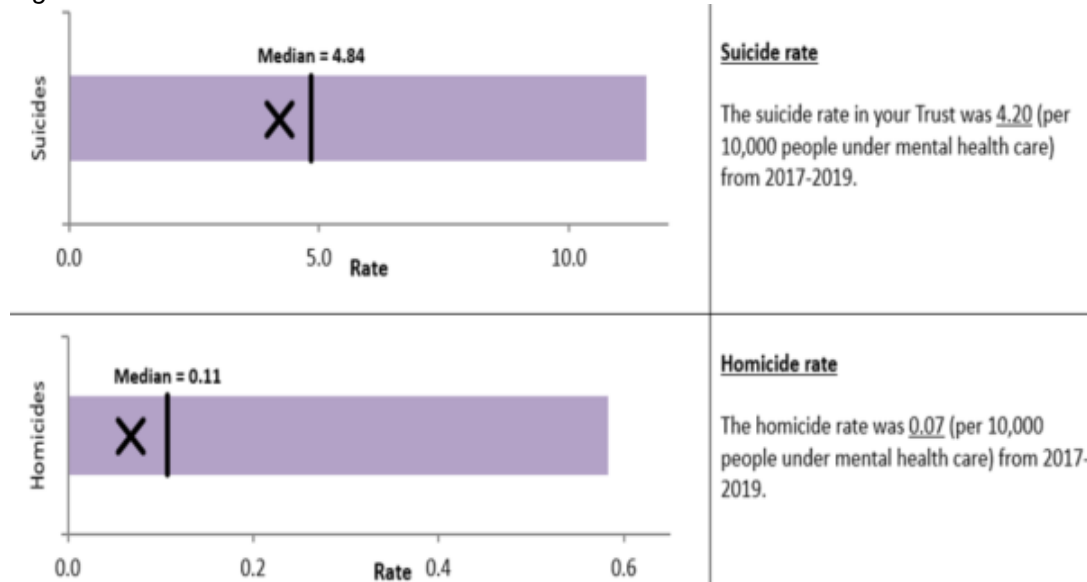
- Continue to review incident trends and undertake analysis to further learning and service improvements based upon aggregated analysis of incident data
- To continue reviewing our training offer to staff in respect to incident reporting and incident management to ensure that it meets the needs of staff, including training in respect of PSRIF
- To continue to embed the role of the Learning Lessons Group, to ensure that recommendations from incidents are sustained and embedded across the trust

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.

Homicide and Suicide Data

This information is the latest provided. We will publish this information every year to ensure we are open and transparent and continually striving to improve.

Figure 11: 2017-2019 Homicide and Suicide Data



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 Observations and Therapeutic Engagement

The trust commenced work on enhanced observations with a SPRINT exercise to understand the challenges and agree a plan of work.

Following the SPRINT events, a daily report was instigated to provide both detailed information of all patients who were on enhanced levels of observations and establish a daily clinical and senior operational leadership conversation about clinical risk and management of all patients. This has now been embedded practice and since the introduction of this as a spreadsheet, the trust has introduced an automated electronic enhanced observations platform that is updated on a daily basis.

In addition to this the Positive Engagement and Clinical Observation Policy has been ratified to provide greater guidance on the clinical management of patients.

The policy describes the various levels of observations that can be used to promote service user safety within inpatient services. It links observation levels to individual risks assessment and promotes positive engagement with service users as a means of continuous assessment. The policy explores the reasons for using enhanced levels of observation and engagement and describes how observations are conducted and recorded. The document also highlights the importance of meaningful engagement and communications as part of the risk assessment process and considers individuals needs in relation to safety, privacy and dignity.

Nursing staff can now step up levels of observations and discuss with doctors reviewing and stepping down patients as clinically appropriate.

Next Steps

Next steps will include the introduction of training on enhanced observations for all our clinical teams. This will help support continuous improvement of patients on enhanced levels of observations.

3.1.2 Suicide Awareness and Prevention

Suicide awareness and prevention is an important priority for the trust and the Suicide Prevention Group. The group have continued to meet regularly to progress our work on Suicide Prevention. 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 and 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

Real Time Suspected Suicide Surveillance (RTSSS)

It is an NHSE requirement to have a Real Time Suspected Suicide Surveillance (RTSSS) system in place.

- QES are a nationally recognised organisation, supplying RTSSS software to numerous NHS trusts, local authorities and police forces across the country and chosen to be the provider for BCH
- BCH opted to procure and enter into contract with QES for 24 months
- First responders (police) will submit incident information via secure email and this will then be securely transferred to Rethink Mental Illness who will oversee data analysis on behalf of the trust

Post project benefits

- Improved data quality
- Increased data speed, real-time
- Improved access to individuals bereaved by suicide
- Access to a dashboard of data
- Extensive view of patterns, locations, demographics
- Proactive response to completed suicides
- Preventative and joint opportunities to prevent future suicides based on data collation and analysis
- Refer those affected for Suicide Bereavement Support

Our work on this continues and is led by our Head of Patient Safety with support from the Patient safety team.

Suicide Prevention & Awareness training for BCH Staff

Train-the-Trainer' (TTT) programmes, enable the trust to develop in-house training teams licensed to deliver unlimited Connecting with People training to colleagues within the organisation. These include Suicide Awareness for Professionals, Suicide Response Part 1 and Suicide Response Part 2.

Progress has been made and the trainers have been retrained. We are currently exploring employing clinical trainers to further support completion of this work.

Black Country - Suicide Awareness and Response for Primary Care

The trust has procured and offered training for Primary Care professionals in the Black Country (Dudley/Sandwell/Walsall/Wolverhampton) 600 places were purchased to be delivered over 6 sessions from training provider 4 Mental Health Ltd. (formally Connecting With People)

The evaluation from this training demonstrated that:

- 94% of attendees had a better understanding of suicide
- 95% said they had a better understanding of the myths associated with suicide and the barriers to seeking help
- 90% of attendees felt able to talk to people in distress about suicidal thoughts and knew how to use the Continuum of Suicidal Thoughts as part of a suicide risk assessment
- 84% of attendees felt equipped to use the Classification of Suicidal Thoughts as part of a suicide risk assessment
- 85% of attendees felt equipped to use the Classification of Suicidal Thoughts to support and prioritise referrals to mental health colleagues

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

Preventing and reducing violence and aggression is a key priority for the trust and it remains the largest contributor to incidents. During 2023/24 the trust has seen a rise in reporting of violent and aggressive incidents, a large proportion of which however can be attributed to a small minority of patients.

To support progress in the priority around violence reduction, there are a number of key areas identified as important in generating change:

- The NHS Violence Prevention and Reduction Standards provide the basis for all NHS trusts to work towards safer environments. The standards are a risk-based framework that support a safe and secure working environment for NHS staff, safeguarding them against

abuse, aggression and violence. They are a national standard published by NHS England that complement existing health and safety legislation. The trust has completed the baseline assessment against the standards which will support directing resources and increasing overall compliance

- A Violence Prevention and Reduction Strategy has been drafted aligning the aims, objectives and direction to support violence reduction as well as compliance with NHS Violence Prevention and Reduction Standards
- The Equality, Diversity and Inclusion Team have been delivering Active Bystander Training and Anti-Racism Training across the organisation, supporting staff on how they can make a difference. Where required this training has been targeted to support colleagues who have been exposed to racist abuse and hate crime within the trust
- The trust has shared Safewards training resources, a training handbook and raised awareness of the 10 Safewards Interventions.
- These are:
 1. Mutual expectations
 2. Soft words
 3. Reassurance
 4. Mutual help meeting
 5. Bad news mitigation
 6. Positive words
 7. Calm down methods
 8. Discharge messages
 9. Talk down
 10. Know each other

Further information can be accessed on www.safewards.net. The violence reduction strategy incorporates a plan to have a programme of further implementation of the Safewards Programme over the next 2 years.

- We have continued the implementation and embedding of Operation Stonethwaite as a means to support positive prosecution outcomes where identified as appropriate. The success has grown over the year with staff engaging in the process and linking closely with policing colleagues to achieve the right patient and staff outcomes
- Regular reviews and updates of Violence & Aggression risks/BAF risks via the Violence and Aggression Reduction Strategy group meeting have taken place
- Continued staff support following incidents of violence and aggression. The Health & Safety Team complete wellbeing contacts detailing services available that can support staff as well as offering advice and guidance to victims of violence and aggression. During 2023/24 the Health & Safety Team have contacted over 1600 staff continuing the supportive work previously implemented
- Staff survey results indicate a reduction in staff experiencing bullying, harassment and discrimination from the public and patients. This is also above the sector average
- The Health and Safety Committee receives regular updates from the Violence Reduction Strategy Group as a mechanism for assurance and to provide appropriate challenge to performance and compliance
- A successful patient engagement project pilot has taken place on Dale ward with plans for a wider roll out
- Development and implementation of a health, safety & security management system has supported staff with access to all necessary risk assessments and information

A core focus for this work for 2024/25 will be around:

- Ratification and implementation of the Violence Prevention and Reduction Strategy
- Increased compliance with the NHS Violence Prevention and Reduction Standards
- Roll out of the engagement project and incorporation as business as usual
- Safe staffing tool (MHOST) ongoing 6 monthly review, further to the trustwide safe staffing review 2023/2024 to ensure there is adequate staffing levels linked to patient complexity/demand
- Mental Health Quality Improvement Standards Initiative to support a positive culture across inpatient services
- Safety Interventions and Relational Security Programme of training
- Safewards Programme Implementation Plan

3.1.4 Ligature Harm Minimisation

In 2012, the government called on mental health services to make 'regular assessments of ward areas to identify and remove potential risks i.e. ligatures and ligature points'. CQC core standards notes that any service which may treat or care for people with mental disorders should be aware of the risks in relation to their clients and have suitable management plan in place in order to demonstrate they meet the following regulations.

- Regulation 12 (safe care and treatment) requires care and treatment to be provided in a safe way and includes assessing risks and doing all that is reasonably practicable to mitigate them. It also requires providers to ensure premises are safe for use and used in a safe way
- Regulation 17 (good governance) would apply if the provider has failed to operate systems and processes to assess, monitor and mitigate risks to the health, safety and welfare of service users

Since then a number of other publications have further served to highlight the importance of taking a holistic approach to the management of ligatures.

In response to guidance the trust has established a Ligature Harm Minimisation Group which gives the organisation a forum for discussion and key decisions to be made in respect to the management of ligature points.

Through the work completed by this group a trust wide strategy has been developed and was ratified by Trust Board in July 2023. The strategy comprises 4 key work streams:

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

Through the work of the group and the 4 work streams, a number of pieces of work have been completed. These include:

- Further enhancement of data capture via the trusts incident reporting system, to support detailed analysis and a better understanding of the trusts incident profile
- The development of a policy into the management of ligature cutters alongside an analysis of ligature cutter use, to ensure that services have enough ligature cutters to manage the number of incidents they generate

- A learning guide to ensure staff better understand what a ligature point is and the importance of ligature management within a clinical setting
- A priority plan has been developed (in collaboration with Fire Safety, Health and Safety, Operations and Patient Safety) for the replacement of doors across the trust

In addition, an audit was completed into the management of ligature cutters which noted that:

- All staff were aware of the location of a ligature cutter and that they are single use only
- A small number of staff were unaware that ligature cutters were also stored with emergency equipment

The Ligature Harm Minimisation Group has also reviewed the recent guidance in respect to *“Reducing harm from ligatures in mental health wards and wards for people with a learning disability”* and will be making adjustments to the trusts strategy to ensure it aligns with the best practice outlined within the national guidance. As part of this review, the trust has reviewed its current ligature point assessment documentation and will be making adjustments to the assessment documentation to ensure that it aligns with national guidance.

3.2 Infection Prevention and Control

3.2.1 Influenza Vaccination Programme

The trust has a responsibility to provide seasonal influenza (flu) 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 flu 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 flu vaccine. Flu is unpredictable, the 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 2023/24 staff influenza vaccination indicator is aligned to the prevention of ill health. The trust aspired to reach the goal of 75 to 80% of frontline staff vaccinated against flu. As in 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 flu vaccine to protect themselves and those they care for. Staff were also encouraged to access the Covid-19 booster vaccine through their own GP or local vaccination centres during this period.

The trust commenced its annual flu campaign on 2nd October 2023 which promoted the importance of staff having their vaccination to protect both themselves and to keep our service users and those around them healthy during the winter months. Accurate information on the flu virus and vaccine along with ways to access the vaccination was promoted weekly through various means of communication including, Mail on Monday, staff space, IPC team videos and internal web pages.

Inpatients who met the criteria for flu vaccine were offered the vaccine throughout the campaign along with COVID-19 boosters that were delivered to patients in accordance with the NHS guidance through the Black Country ICB vaccination team.

Planning began well in advance and included the following:

- Initial monthly (increasing to weekly from October) seasonal flu planning meetings. These commenced in June 2023 to oversee the implementation and monitoring of the annual flu plan that sets out all the necessary actions to ensure the vaccine was made available from 2nd October 2023 through to the end of March 2024, taking into consideration lessons learned from the previous year's campaign
- The Annual Seasonal Influenza Policy and the Written Instruction were approved (written instruction by which specific medicines can be supplied and administered without a doctor's individual prescription)
- Patient flu vaccinations were administered following clinical assessment and prescribing
- The trust campaign was officially launched on 2nd October 2023 via all trust communications platforms
- 24 active peer vaccinators supported delivery of the plan through raising awareness in their local areas, offering easy access to the vaccine, delivering local clinics and supporting other teams as required. IPC nurse vaccinators were supported by a team of bank vaccinators who delivered daily roving sessions during the peak of the campaign and continued to visit sites and promote the vaccine from October to March
- Weekly flu meetings allowed for focus on teams, sites or services with less uptake, so that targeted support could be offered through clinics and roving peer vaccinators

There was a change to this year's approach for incentives. Rather than personal incentives, focus was placed on supporting and improving our patient experience through teams encouraging one another to have the vaccine and offering a monthly prize draw to be spent in a workplace or team/service of choice to benefit patients. The table below shows the trusts performance of these initiatives over the last five years to encourage staff to receive their influenza vaccination:

Table 15: Staff Vaccination Rates

Year	Number of vaccines given to frontline staff BCHFT	% of staff vaccinated at BCHFT
2023 -24 Immform reportable data	1243	33.9%
2022-23	1764	41.7%
2021-22	1759	47.5%
2020-21	2250	72.3%

Table 15a: Staff Vaccination Rates (Pre – merger)

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%

Taking into account the pre-season flu survey feedback, access to the vaccine was increased this year. To support staff working remotely or where clinical demands made it difficult to attend one of our clinics, vouchers were offered for staff to have their vaccine free of charge

via Boots pharmacy or through a pharmacy of their choice and claim back the cost. Peer 'roving' vaccinators accessed all trust sites on a regular basis throughout the campaign to promote awareness and offer the vaccination. The trust occupational health provider also delivered 14 appointment led clinics across various sites.

Despite a sustained effort to promote the vaccine and offer maximum access, the trust overall compliance was lower than the previous year. This did reflect the national and regional picture with personal choice a theme from the internal staff survey and nationally, vaccine fatigue was cited as a possible reason for lower than anticipated uptake.

Work is now underway to take the learning from the 2023/24 campaign with the aim to increase uptake in 2024/25.

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.

Alert Organisms and Conditions

An alert organism refers to an organism that is identified as being potentially significant for infection prevention and control practices. These organisms, diagnosed through laboratory tests can pose a risk of infection in healthcare settings and may give rise to outbreaks for example MRSA, MSSA, E-Coli bacteraemia, Clostridium Difficile and COVID-19. Our Infection Prevention and Control Team (IPCT) use a surveillance system to monitor and record data on alert organisms and alert conditions found in the patients that we care for. Surveillance and monitoring allows for the prompt identification of infections, prevention of outbreaks where possible and the implementation of special control measures to reduce and contain the risk of further transmission. There was a reduction in the number of healthcare associated infections (HCAI) Covid-19 cases 2023/24 compared to the previous year. The following tables are based on locally produced information:

Table 16: Alert Organisms

Year	MRSA Bacteraemia	Gram negative bacteraemia (E. coli, Klebsiella spp., Pseudomonas aeruginosa)	MSSA Bacteraemia	Clostridioides <i>difficile</i>	HCAI Covid- 19
2023/24	0	0	0	0	106
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, laboratory tests in some circumstances and through staff in clinical areas alerting the IPCT 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 and shingles, diarrhoea and/or vomiting, mumps, measles, scabies, influenza, urinary and chest infections.

The following table is a breakdown of these cases managed across the organisation during the reporting period of 2023/24

Table 17: Enhanced Surveillance 2023/24

	Q1	Q2	Q3	Q4	Total
UTI	63	56	68	57	244
Device infections (i.e. PICC lines)	0	0	0	0	0
Catheter Associated UTI	7	6	6	7	26
Suspected chest Infection	28	16	27	28	99
Diarrhoea and/ or vomiting	8	9	19	7	43
Influenza	0	0	3	6	9
MRSA colonisation	2	0	2	1	5
Shingles	0	2	0	0	2
Scabies	1	1	1	1	4

There was an increase in the number of urinary tract infections (UTI) by 36 compared to the previous year. A quality improvement project led by one of the IPC nurses commenced in Q2 of 2023/24 with a focus on best practice in the management of UTI's and urine dipstick usage in patients aged 65 and over, in line with NICE guidance. This work stream has been well received by all clinical teams involved and it is hoped that it will reduce inappropriate antibiotic use and reduce the number of UTI's diagnosed on urine dipstick alone.

A reduction in both catheter associated urinary tract infections and chest infections was also reported during this period. The 'Mouth Care Matters' initiative and regular assessment of oral hygiene work stream is progressing, as poor oral hygiene has a direct link to hospital acquired pneumonia.

Outbreaks

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. 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

The table below shows the number of outbreaks over recent years and the impact of the COVID-19 pandemic within the trust from March 2020. Although the World Health Organisation declared an end to the global health emergency in May 2023, the data illustrates how the waves of COVID-19 and new variants of the virus have continued to cause outbreaks.

As in the previous year, all outbreaks reported 2023/24 were respiratory-related and a reflection of the local and national infection rates of COVID-19, influenza and respiratory syncytial virus (RSV). Although the trust saw a reduction in overall reported cases of COVID-

19 this year, the virus did continue to pose a challenge with outbreaks in all quarters along with a small number of other outbreaks during the winter due to influenza A and RSV. As predicted nationally, the trust did see co-circulation of COVID-19 and other respiratory viruses however, this year reported an overall reduction in outbreaks.

Table 18: Outbreaks of Serious Infection/Illness

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
2023/24	4	7	9	5	25
2022/23	13	13	12	5	43
2021/22	1	3	15	8	27
2020/21	3	1	9	12	25

Learning from previous outbreaks is key to changing and improving practice to prevent future outbreaks. Prompt recognition by clinical teams of individual cases of infection and/or suspected outbreaks allowed for early implementation of IPC and cleaning measures to reduce the impact of the outbreaks we declared.

3.2.3 New and Emerging Infections

COVID-19 the World Health Organisation ends the global health emergency status

The start of 2020 saw the development of an unprecedented health care event, the Coronavirus Pandemic. More than three years after its declaration, in May 2023 The World Health Organisation declared an end to the COVID-19 global health emergency status and that the virus should now be managed along with other infections. In response to this, in May 2023, the NHS stood down the COVID-19 incident and the virus is now managed as any other respiratory infectious disease spread through the airborne route. Control measures for COVID-19 are now the same as for any other airborne infection and include:

- Isolation of anyone with suspected or confirmed COVID-19
- Enhanced cleaning of the general environment and touch points with a chlorine based or other recommended cleaning products
- Increased natural ventilation of the area by opening windows regularly to circulate the air
- Use of personal protective equipment such as universal wearing of masks for staff, visitors and patients (if necessary or if isolation is difficult to maintain)

Although the guidance issued at the end of March 2023 removed the need for staff to test if they had symptoms of COVID-19 or prior to return to work, trusts are now able to risk assess the need for additional measures to protect their patients, visitors and staff. The trust has decided to continue testing:

- patients with symptoms
- staff with symptoms
- all patients and staff in an area, as a one off test, if an outbreak of COVID-19 is suspected. This is to assess the size of the outbreak, if there has been spread of infection, as not all people have symptoms when they have COVID-19 and the level of measures needed to contain the outbreak.

The trust continues to see sporadic cases and outbreaks of COVID-19 in our inpatient settings which often mirrors the circulating levels of Coronavirus within the general population at the time.

Emerging infections

These are infections that have recently appeared within a population or those whose incidence or geographic range is increasing, or threaten to increase in the near future. Emerging infections may be caused by previously undetected or unknown pathogens. However, they may also be due to diseases that were previously eradicated or are vaccine preventable. In recent years we have seen the emergence of monkey pox with an outbreak being declared in the UK in 2022. In May 2023, NHS organisations were advised of a steady rise in measles cases and how to prepare for measles resurgence in England. In October 2023 a large scale measles outbreak was declared in London followed by a second outbreak declared in Birmingham. The trust has made headway in measles preparedness including the development of local processes and the roll out of an FFP3 respirator fit testing programme.

Further challenges may be posed by the reported national increase in cases of pertussis (whooping cough) which are being closely monitored both nationally and regionally.

The response to emerging infections is through local preparedness and collaborative working with system partners, the regional NHSE IPC team and the ICB for sharing of local intelligence and 'horizon scanning' to support our local plans.

3.3 Clinical Effectiveness

3.3.1 Patient Experience – Spotlight on Quality Projects

3.3.1.1 Are text services an effective way of giving feedback?

The neuropsychology teams within the Physical Health Psychology Service (PHP) offer psychological support to those recovering from stroke and acquired brain injury, and other neurological conditions such as Parkinson's disease, multiple sclerosis, motor neuron disease, multisystem atrophy and chronic fatigue syndrome, amongst others. The impact of these conditions can affect mobility, cognitive function and communication, requiring reasonable adjustments to compensate for changes in abilities. A focus group was held in December 2023 to invite those currently supported by the neuropsychology teams to give their opinions about which formats used for feedback requests were the most accessible and preferred method, including opinions about the suitability of a new text message format being trialled within other PHP teams.

Participants decided that the most accessible way of providing feedback would be by paper form posted out to the person's home which they could then post back, including the name and photo of the clinician the feedback was requested for. It was also considered that due to a range of abilities and impact on carers, every person supported by the neuropsychology teams should be offered a choice of feedback formats to uphold the respondents' independence. Additionally, more support was requested to outline what is expected when providing feedback. Through co-production, those supported by neuropsychology teams have given insight into the changes needed with feedback requests within the PHP service. We have started to disseminate these findings within the trust and to collaborate with the Patient Experience Team to synchronise feedback requests and recordings whilst upholding anonymity.

3.3.1.2 Personal Empowerment Approach

Personal Empowerment Approach Training is a two-day training programme for all clinical staff and is provided in-house by a group of MDT clinicians within the trust. 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 Personal Empowerment Approach is based around 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 was made in May 2023 by PEA Training Leads. This included an update on the objectives of the training which are to:

- Equip staff with a working knowledge of the recovery model and CHIME (see visual on page 57)
- Enable staff to feel confident to co-produce person-centred care plans
- Help staff to focus on what people CAN do and HOW they do it, rather than on what they CAN'T do
- Empower staff to use solution-focussed interventions in their work
- Provide a safe and stimulating learning environment based on the principles of PEA

The aims of the training:

- Improve person centred care planning
- Instil hope to our service users and staff
- Learn and explore solution focused approaches
- Be goal directed
- Build authentic therapeutic relationships
- Focus on strengths
- Validate, acknowledge, and join with service users
- Develop recovery focused outcomes

Trust values are central to the delivery of PEA Training:

- Caring – personalised care planning approach, and instilling hope
- Working together – collaborative care planning – ‘doing with’ and not to – shared decision making
- Integrity – transparency and honesty
- Enabling – recovery focused outcomes and empowerment

What we hope to achieve by offering staff this training:

- Strengthening a culture of co-production
- Improvement in personalised care planning
- Shared decision making
- Increased satisfaction and recovery
- Improved staff satisfaction and morale

Benefits to patients

- More choice and power in the helping relationship
- Builds on what people are currently doing and have achieved in the past
- Instilling hope and optimism that things can be different
- Treats people as unique individuals with unique solutions
- A new way of looking at their lives and a set of skills they can continue to use
- Enables people to teach us how best to help them

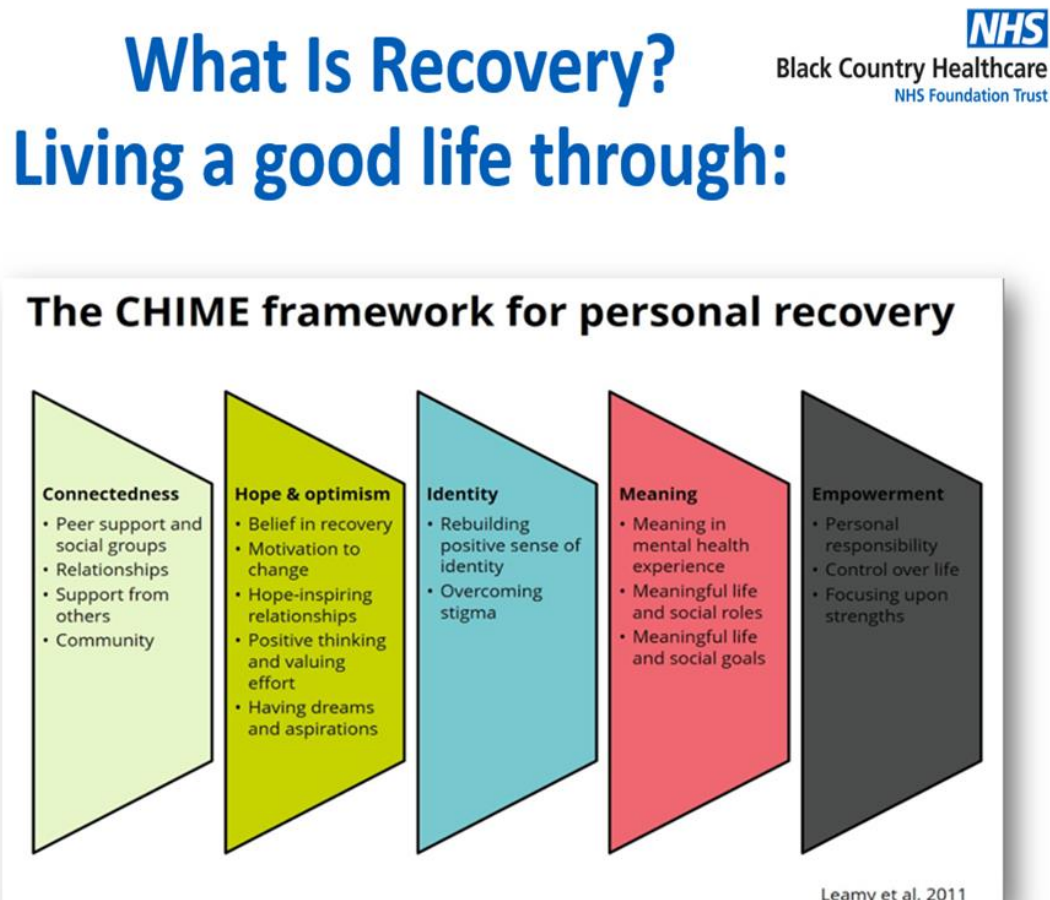
This year the PEA training team have also begun to link this training with the Co-Production Team so that co-production training and PEA training are internally consistent and complement each other. A number of Lived Experience Consultants are now on board with the training team and attend the PEA training to help inform, shape and feedback on its content and delivery. From April 2023-March 2024 an additional 68 MDT staff have received PEA training.

Training evaluation feedback from staff is very positive and indicates the view that PEA training should be made mandatory for all clinical staff.

Feedback from a Board member was as follows:

‘I am just taking a moment to say a personal thank you to you all for enabling this opportunity. Your slides were very well constructed and I was really enthused that you had all taken the time to share the Trust Values of caring, working together, integrity and enabling as being central to the PEA training. This approach demonstrated great thoughtfulness from my lens. The messages you conveyed in strengthening a culture of co-production, improvement in personalised care planning, shared decision making, increased satisfaction and recovery and improved satisfaction and morale are all so crucial as we develop as an organisation. I also really appreciated the connectedness, hope and optimism, identity, meaning and empowerment conveyed within the CHIME framework for personal recovery. My clinical, managerial and leadership professional background has informed my feedback to you all and it really did lift my heart to listen to your presentation’

Figure 12: What is Recovery? Living a good life through the CHIME framework



3.3.1.3 Dementia Tier 2 Training program

Tier 2 Dementia Training continues to provide staff with a person-centred perspective on all aspects of dementia care. 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.

In the last financial year we have continued delivering face to face Tier 2 dementia training to clinicians across the Older Adult Division. A further five sets of the two day training course have been delivered to over 100 staff members, with a further five sets of training dates finalised for 2024.

To accommodate the demands for this training we have increased cohort numbers so that more clinicians can benefit from the programme. Our course facilitators cover a wide range of disciplines and we have also increased our pool of course facilitators including new staff from Admiral Nurses and Memory Assessment Services. The training, available to all staff who work directly with individuals with dementia, has proved valuable to both new and experienced staff.

3.3.1.4 Cognitive Behavioural Therapy (CBT) Training Programme

This course is available to staff who work in secondary mental health community based teams in both the Older Adult and Adult divisions. It's managed and 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, to enhance their skills. The CBT Training Strategy is led by a Divisional Lead Psychologist with post-graduate training in teaching and learning and British Psychological Society chartered status in several modalities including Clinical Psychology, Counselling Psychology and Coaching Psychology.

CBT Awareness has 4 intakes per year in February, April, October and November. CBT Fundamentals currently has 2 intakes per year in May and September. 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 transferred 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 who are registered non-psychology professionals (e.g. nurses and occupational therapists) 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 2023- March 2024:

- CBT Awareness – Level 1 = 41 MDT staff
- CBT Fundamentals – Level 2 = 15 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 19), it shows a 36% decrease in the number of formal complaints received compared with 2022/23 (128). During this time all complaints were responded to within the six month national guidelines.

Table 19: Complaints

Category Type	Adult Mental Health	Children, Young People & Families	Corporate Services	Learning Disabilities	OA Mental Health	Trust Wide	Total
Access To Treatment Or Drugs	3	2	0	0	0	0	5
Admissions/Discharges Excludes Absence Of Care Package	8	0	0	0	0	0	8
Appointments	4	7	0	0	0	0	11
Clinical Treatment Subjects	4	2	0	0	2	0	8
Communications	9	4	0	1	1	0	15
Facilities	1	0	0	0	0	0	1
Other	2	0	1	0	0	0	3
Patient Care	17	3	0	0	1	1	22
Prescribing	3	2	0	0	0	0	5
Trust Admin/Policies/ Patient Records	1	2	3	0	0	0	6
Values & Behaviours (Staff)	15	2	1	1	1	0	20
Total	67	24	5	2	5	1	104

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 2023/24, the trust received notification that 1 complaint had been referred to the office of the Parliamentary Health Service Ombudsman for their consideration which was subsequently closed without any further action.

Developments

The Service Experience Desk are in the first year of their three-year strategy and have five Lived Experience Consultants working alongside them, in order to obtain further feedback from our service users to develop the accessibility and quality of SED. Training videos have been created and links are sent out to divisions with every e-mail from the SED inbox, we also have an investigating officer training programme regarding the management of complaints, concerns and compliments which has been developed in conjunction with the Parliamentary Health Service Ombudsman (PHSO).

The Service Experience Desk have developed Standard Operating Procedures (SOPs) for both formal complaints and informal concerns to standardise and improve the quality of the service provided. To support these new SOPs, the SED successfully recruited three Divisional Complaints Facilitators (DCFs), realigned the divisions, and allocated a DCF to the Patient Advisory and Liaison Service (PALS).

NHS Complaints Standards

An effective complaint handling system promotes a learning culture by supporting the whole organisation, below is how the trust has incorporated the NHS Complaints Standards that were published December 2022 into their three-year strategy.

The Service Experience Desk have used the four pillars of the NHS Complaints Standards to link into the wider trust strategies by: -

Welcoming complaints in a positive way

We will achieve this by: co-production with our communities, partners and workforce

Supporting a thorough and fair approach

We will achieve this by: collaborative working to provide the best possible outcome

Encouraging fair and accountable responses

We will achieve this by: supporting and encouraging staff to be transparent and empowering staff to identify appropriate and suitable ways to put things right

Promoting a learning culture

We will achieve this by: putting learning at the heart of our approach so we continuously improve

The standards that relate to the Service Experience Team have now been implemented and over the last year we have seen a reduction in formal complaints which reflects our commitment to learning and supporting our patients, carers, and families. We have also secured investigating officer training from the Parliamentary Service Ombudsman training department for 47 of our staff with future dates scheduled. It is hoped by March 2025 we will have trained over 100 staff members.

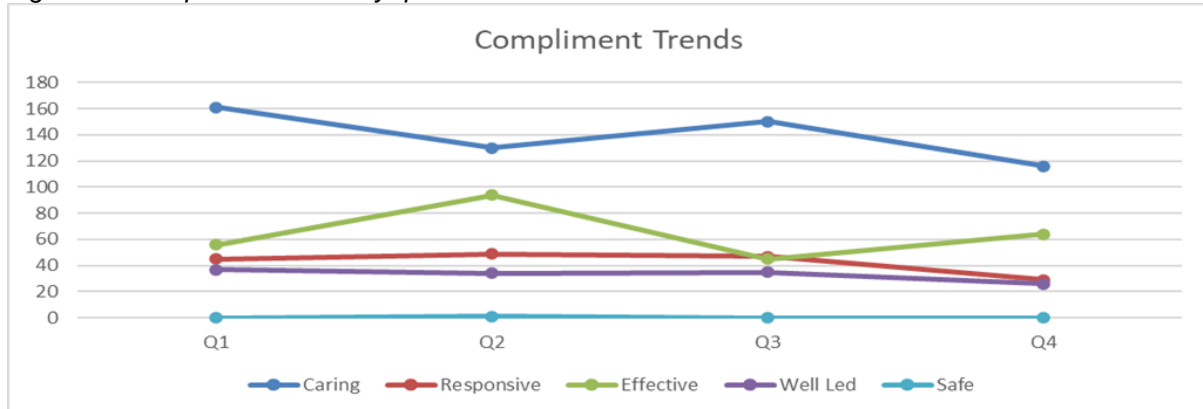
In our first year of our strategy, we have:

- Increased the level of staff support provided by the Service Experience Desk
- Supported staff to manage complaints in a more positive way so they provide learning for both the individual and the trust as a whole
- Reviewed how feedback is cascaded to staff and services within the Service Experience Desk's formal complaints and informal concerns processes
- Explored the use of different resources for service users to explain how someone can submit a complaint or compliment and the process this would follow
- Worked closely with the Patient Experience Team to understand and highlight the importance of feedback
- Developed digital methods to gain and capture service user feedback
- Gained feedback from staff members trust wide from different levels to understand training needs for the management of informal concerns, formal complaints and submission of compliments
- Delivered training for service managers/staff for dealing with formal complaints and informal concerns
- Supported the development of a more robust process trust wide in respect to lessons learnt and actions

Compliments

The Trust received 1119 compliments in 2023 - 2024, an increase of 78% on the previous year.

Figure 13: compliment trends by quarter



Caring was the highest category receiving compliments, followed by Effective, Responsive and Well Led.

The SED Manager continues to work 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.

National Reporting Categories

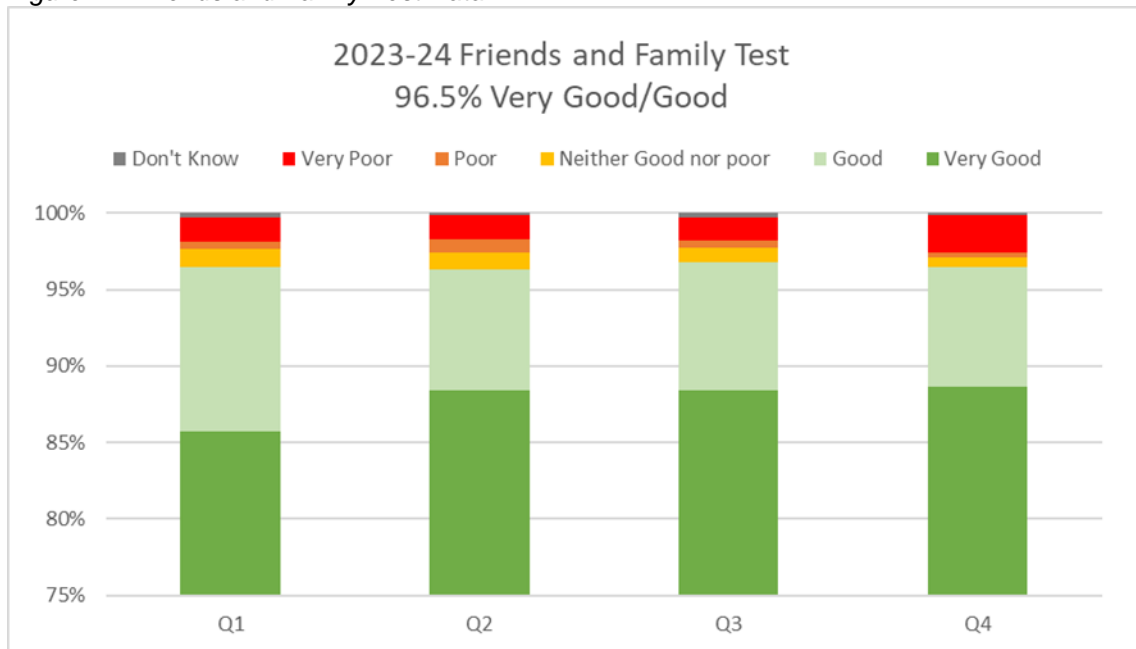
Over the last 12 months we have been working with our risk management supplier Ulysses, to transfer to a web based system to better enhance our recording of complaints, concerns and compliments. In doing this the categories align to the categories below which support our reporting in line with K041a. This is a national reporting system and bands together similar themes under one group as seen below:

- 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 2023/24 we had 2893 responses to the Friends and Family Test. Our net promoter rate for the trust was 96.5%. The fluctuations quarter by quarter can be seen in the graph below:

Figure 14: Friends and Family Test Data

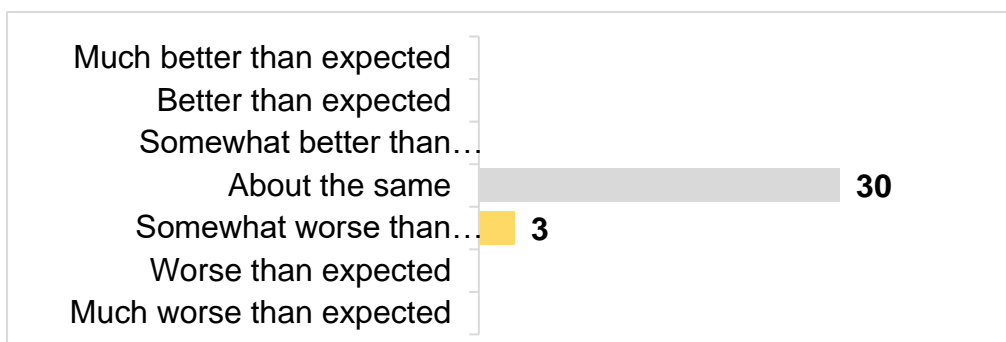


The total responses captured was an increase on the 2706 responses received in 2022/23 by 6.5%. Developments in feedback methods in 2023/24 included the trial and introduction of a more child friendly postcard that included simpler questions and the ability to be able to draw feedback. This feedback option will be available trustwide although promoted more intensely with services that support children and young people.

3.3.4 Service Experience Community Mental Health Survey

The annual Community Mental Health Survey was subject to national changes in 2023-24. In addition to common changes in questions and analysis, reporting timelines also changed. This has meant that the results for the 2023 Community Mental Health Survey were received by the trust in April 2024 (2024-25). The survey sample is generated at random on the agreed national protocol from all patients on the CPA and Non-CPA Register who were seen between 1st April and 31st May 2023. The survey was carried out between August-November 2023. A total of 222 responses were received which meant the response rate was 18%. Scores are collated into sections and then compared with other trusts surveyed during the same time period. How BCH performed in relation to other trusts can be seen in the image below.

Figure 15: Service Experience Community Mental Health Survey BCH response



A list of recommendations is then provided based on areas where improvements are required. All improvements and suggested recommendations are reviewed by the Patient Experience Lead, Deputy Divisional Director of Planned Care and a selection of subject matter experts, and place based operational leads as part of monthly action planning meetings to drive and own the actions necessary to make head way in response to recommendations.

Figure 16: Recommendations from Service Experience Community Mental Health Survey

Where service user experience is best

- ✓ **Support in other areas of your life:** service users being given help or advice with finding support for the cost of living
- ✓ **Crisis care support:** NHS mental health team provided support to family/carer when service users had a crisis
- ✓ **Support in accessing care:** support provided met service users' needs
- ✓ **Support while waiting:** service users offered support while waiting
- ✓ **Crisis care support:** service users getting help needed when they last contacted the crisis team

Where service user experience could improve

- **Planning care:** service users having a care plan
- **Feedback:** NHS mental health services asking service users for their views on the quality of their care
- **Talking therapies:** service users having enough privacy to talk comfortably during talking therapies
- **Medication:** what will happen if they stop taking medication being discussed with service users
- **Involvement in care:** staff and service users deciding together on care received

These questions are calculated by comparing your trust's results to the national average. "Where service user experience is best": These are the five results for your trust that are highest compared with the national average. "Where service user experience could improve": These are the five results for your trust that are lowest compared with the national average.

This survey looked at the experiences of people who were receiving care or treatment for a mental health condition and had been treated by the trust between 1 April 2023 and 31 May 2023. Between August and December 2023, a questionnaire was sent to 1250 recent service users. Responses were received from 214 service users at this trust. If you have any questions about the survey and our results, please contact [INSERT TRUST CONTACT DETAILS].

47 Community Mental Health Survey | 2023 | | TAJ | Black Country Healthcare NHS Foundation Trust



3.3.5 Feedback from Service Users and Carer's

Throughout 2023/24 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 of which is available in the public domain. Exploration of other methods will continue to ensure those who come in to contact with our services can see that we value and take action based on people's feedback. 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 20: You Said - We Did

You Said:	We did:
I had to be wheeled over the grass in my wheelchair due to cars parking by dropped curbs and blocking pathways	Codes for accessing the car park have been restricted meaning less cars parking on curbs. This has improved wheelchair access across sites
It would be nice to have some time after the CST group to go through next steps so we can continue at home	We have added an extra week to the CST group so patients and relatives who want to continue this work at home after completion of the therapeutic groups can go through it with the team and receive an ICST (individual cognitive stimulation therapy) pack of how to continue it at home
As someone who finds it difficult in overstimulating environments, the radio should be turned down. The waiting room is quite clinical, and the lights are very bright (dazzling almost),The heart shaped sign situated in the middle of the reception desk saying "You are enough" is quite distasteful	The heart shaped sign has now been removed. The volume of the radio has now been addressed and reception staff will be vigilant with other noise in the waiting area to encourage others to be considerate about noise levels. We are discussing options with our estates team about the lights being dazzling
Can we decorate the ward like we have been doing with the therapy corridor? It all needs brightening up	Ambleside ward manager and occupational therapists have arranged for patients to decorate the sensory room on Ambleside ward once the murals in the Therapy Hub corridor are complete
There is always lots of damp in the ladies shower and excess water on the floor which I am scared I will trip on. Can we get something to clear it away?	A squeegee has been purchased for the patients to use in the ladies shower which each patient has taken responsibility for. This is being monitored by staff for safety requirements
It has been great being able to paint the walls in the therapy hub. Could we do more of this on the ward?	In addition to the sensory room being designed, there is also a recovery tree displayed on the ward for patients to add to as and when they want. People have done hot air balloons or expressed themselves on the leaves.
These Physical Health Psychology sessions were helpful but need more than 3. Unsure where the magic 3 comes in to cover all people. Appreciate 6 would be better.	Post therapy this was discussed with the client, and we were flexible and were able to offer the client further sessions to meet their goals and as feedback evidenced, they found the further sessions useful

3.3.6 Compliments

Table 21: Compliments by Division

Division	Number of Compliments
Adult Mental Health	417
OA Mental Health	389
Children and Family Services	253
Learning Disability	31
Corporate	16
Trust Wide	13

Figure 17: Compliments by Categories / Trends

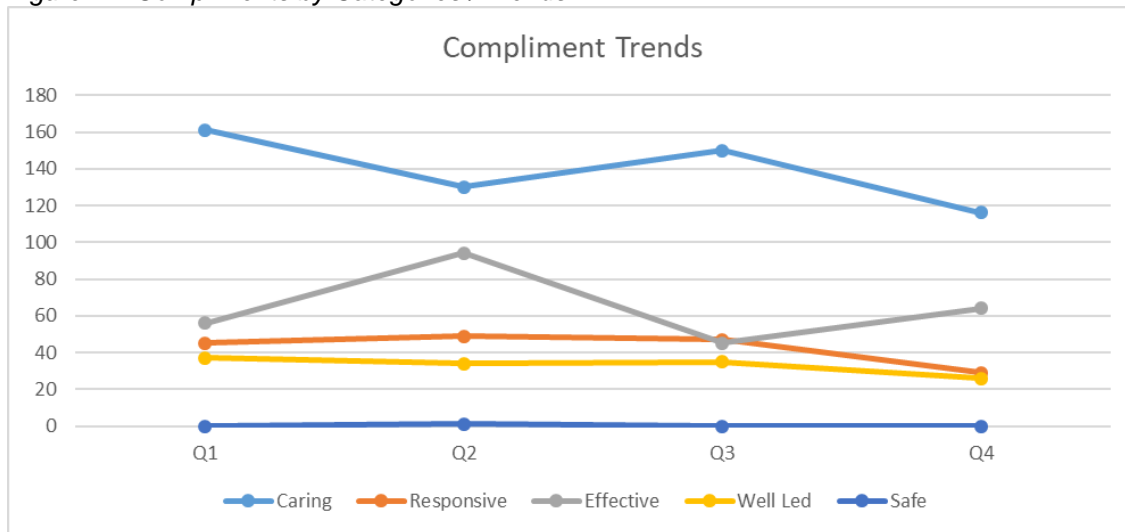
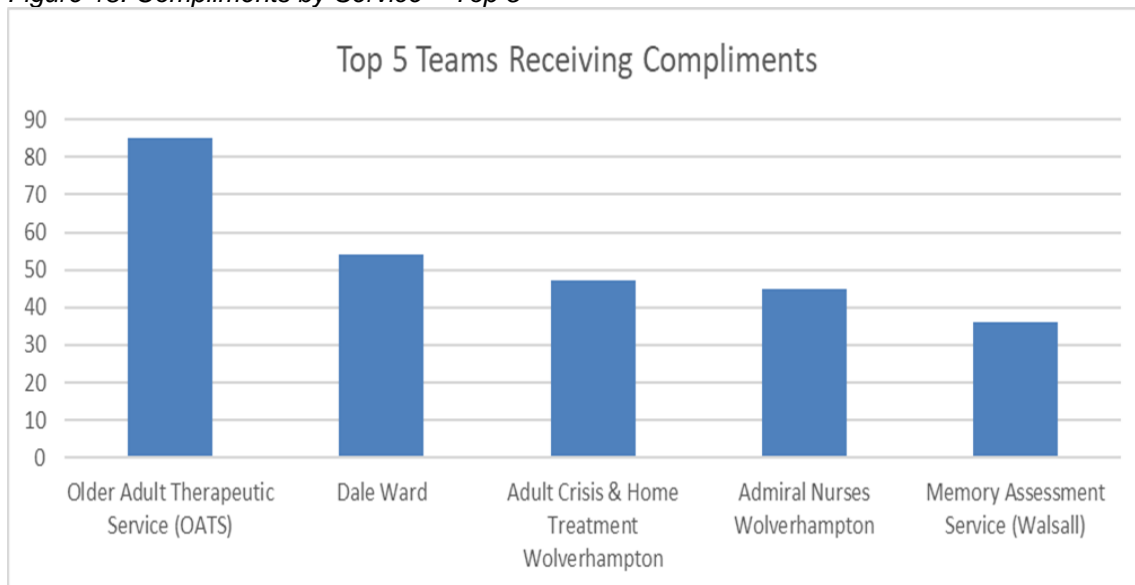


Figure 18: Compliments by Service – Top 5



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 below provides a summary of the relevant quality indicators for 2023/24. A more detailed explanation and analysis of each indicator is set out in the following pages.

Table 23: Summary of Other Quality Indicators 2023/24

National Indicators	Target	% Achieved	RAG Rating
Improving Access to Psychological Therapies - % of patients treated within 6 weeks	75%	96.28%	
Improving Access to Psychological Therapies - % of patients treated within 18 weeks	95%	99.33%	
Improving access to psychological therapies - % of patients completing treatment who move to recovery	50%	53.14%	
Early Intervention - % of patients treated with a NICE approved care package within 2 weeks	60%	72.96%	
% of 0-19 year old urgent cases referred with suspected Eating Disorders that start treatment within 1 week of referral	95%	96.67%	
% of 0-19 year old routine cases referred with a suspected Eating Disorders that start treatment within 4 weeks of referral	95%	96.17%	
% of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care	80%	85.48%	

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

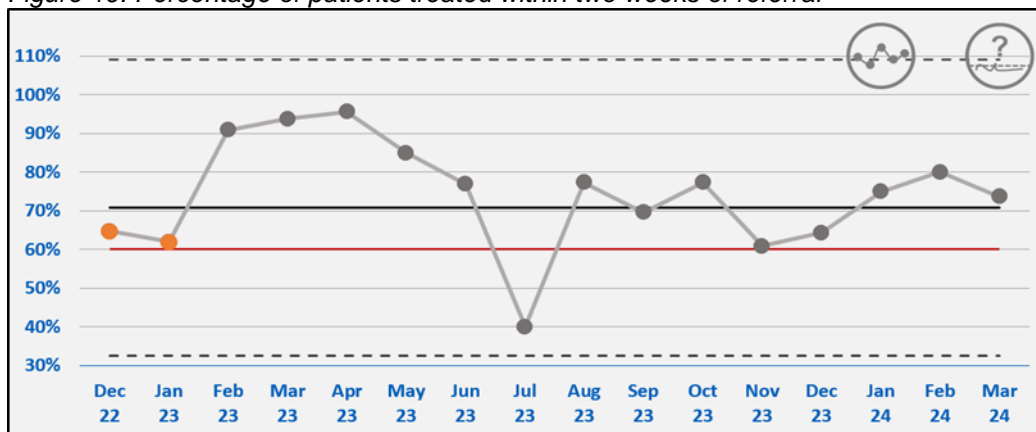
The World Health Organisation indicates that schizophrenia and other forms of psychoses which affect young people represent a major health problem. Despite the availability of interventions that can reduce relapses, not all affected young people have access to them in a timely and sustained way. Failure to engage and intervene effectively in early psychosis leads to poorer outcomes for individuals and their families and high levels of expenditure for both the 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 2023/24, 60% of people with first episode of psychosis are treated with a NICE-approved package of care within two weeks of referral.

Figure 19 shows the trusts performance as the arithmetic average for the year of the monthly reported performance. 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 19: Percentage of patients treated within two weeks of referral



The significant drop in performance for July 2023 was due to staff vacancies in the team. These have now been filled. The trust has a Steering Group and action plan to continue to improve the quality of Early Intervention services.

3.4.3 Talking Therapies (TT) for people with common mental health conditions

Talking Therapies (TT) 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 talking therapies programme are treated within 6 weeks of referral and 95% within 18 weeks of referral.

The figures below show the trusts performance as the arithmetic average of the monthly reported performance. It is based on a locally produced percentage in the absence of information available from NHS England.

Figure 20: Referrals seen within 6 weeks

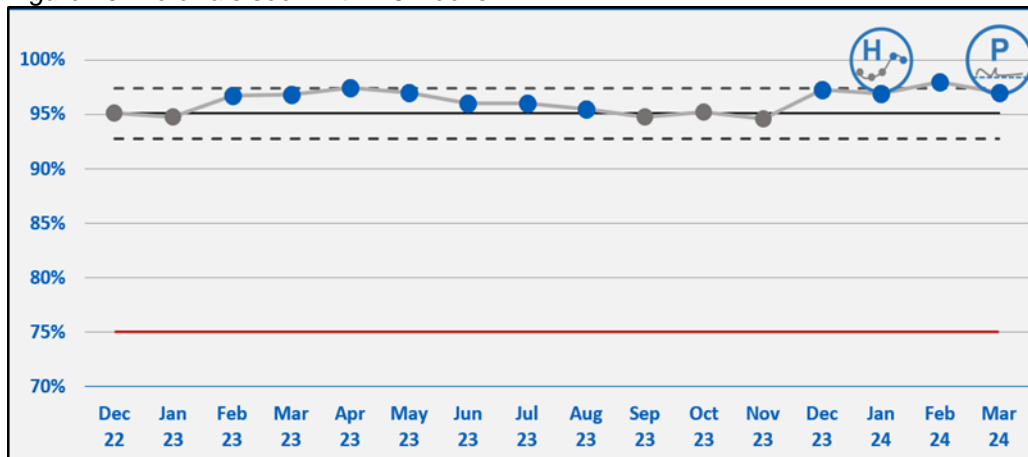
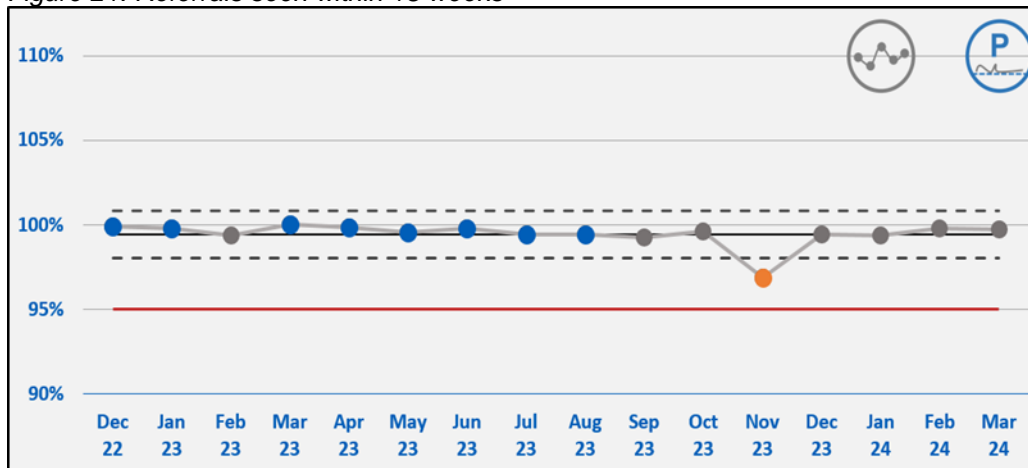


Figure 21: Referrals seen within 18 weeks



3.4.4 Talking 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.

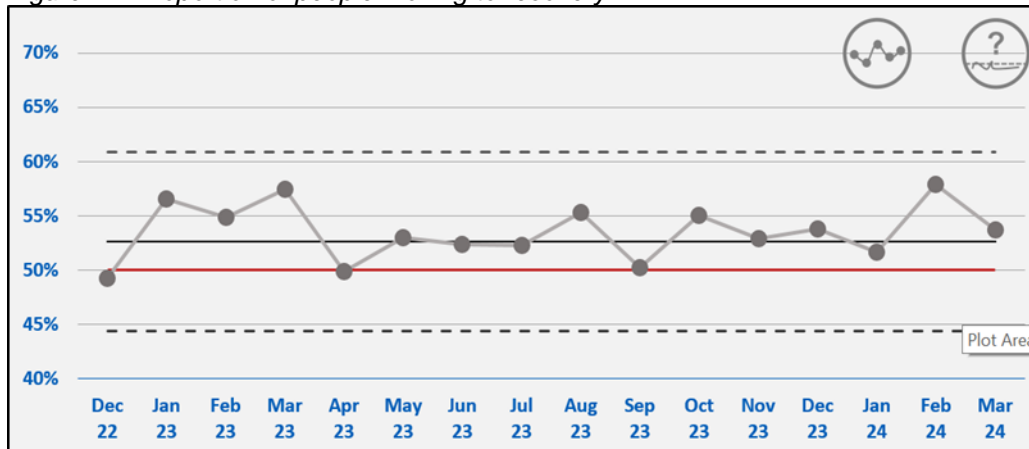
This indicator identifies the proportion of people who showed a change in symptoms from above a clinical threshold (defined by a cut-off point in the outcome questionnaires PHQ-9 and ADSM) at the start of treatment to below this threshold at the end of treatment, for whom this change was significantly 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 talking therapies treatment moved to recovery. Figure 22 shows the trusts performance as the

arithmetic average of the monthly reported performance. It is based on a locally produced percentage in the absence of information available from NHS England.

Figure 22: Proportion of people moving to recovery



3.4.5 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.

The table below shows the trust's performance as the arithmetic average of the monthly reported performance 2023/24. It is based on locally produced data in the absence of information available from NHS England.

Table 24: Admissions to adult facilities of patients under 18 years old during 2023/24

Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Admissions to adult facilities of patients under 18 years old	0	0	0	0	0	1	0	0	0	0	0	0

3.4.6 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 2023/24.

The trust submits regular data on the total number of bed days patients have spent out of area each month to Lead Provider and Integrated Care Board leads, to enable them to monitor their progress against national expectations.

The table below shows the trust's performance as the arithmetic average of the monthly reported performance during 2023/24. 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 England.

Table 25: Out of Area Placements

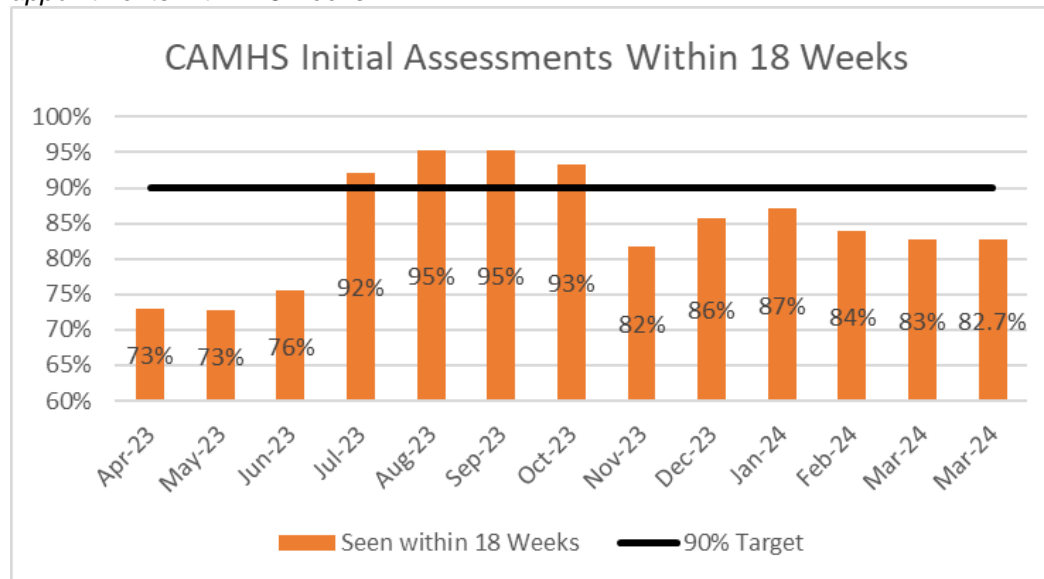
Out of Area Placements	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Occupied bed days - Adult Mental Health	99	13	32	19	24	33	8	0	0	0	3	19
Occupied bed days - Older Adult Mental Health	0	0	0	0	0	0	0	0	0	0	0	0
Occupied bed days - Male Psychiatric Intensive Care	34	115	115	48	1	0	17	0	10	84	110	124

3.4.7 Enhancing our performance monitoring

Throughout the course of 2023-24, the trust made good progress in enhancing its monitoring of waiting times across our clinical services. Moving from high level spreadsheets which provided service level performance data, the trust have built a sophisticated suite of dashboards which provide team level performance metrics, supporting the scrutiny of waiting times. These metrics include detailed waiting list metrics and are supplemented by broader interdependent key performance indicators around team vacancies, sickness / absence, complaints and compliments. They focus on inequalities data to align ourselves to the national Patient and Carer Race Equality Framework (PCREF). Further development throughout quarters 3 and 4 saw the launch of a new, real time, and digitised version of the waiting times performance dashboard via the trusts' new data visualisation tool which is available for our workforce from frontline to board. The sections on the next pages provide a high level overview of our waiting times performance across each of our clinical areas.

2023/24 - First Waiting Times Summary (Initial Appointments)

Figure 23: CAMHS – Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks



The above graph displays combined performance across CAMHS locality services in Dudley, Sandwell, Walsall and Wolverhampton for patients seen within 18 weeks of referrals received into services with a target threshold of 90%.

Compliance on average for 2023/24 was around 85% coming in just under the 90% target. Performance above 90% was achieved between July to October, with targeted initial assessment SPRINTS taking place within this specific period across CAMHS.

These were launched to reduce waiting times for those patients waiting for an initial assessment. Sandwell CAMHS have seen further pressure to meet the 18 weeks target due to challenges from increased referrals & vacancies into services. A higher demand outweighed staff capacity with performance staying just under 90% towards the end of 2023/24. The CYPF division continue to work towards increasing initial assessment slots in Sandwell CAMHS through operational objectives.

Figure 24: Eating Disorders Urgent - The proportion of CYPF with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment (rolling 3 months) - 0-18 years

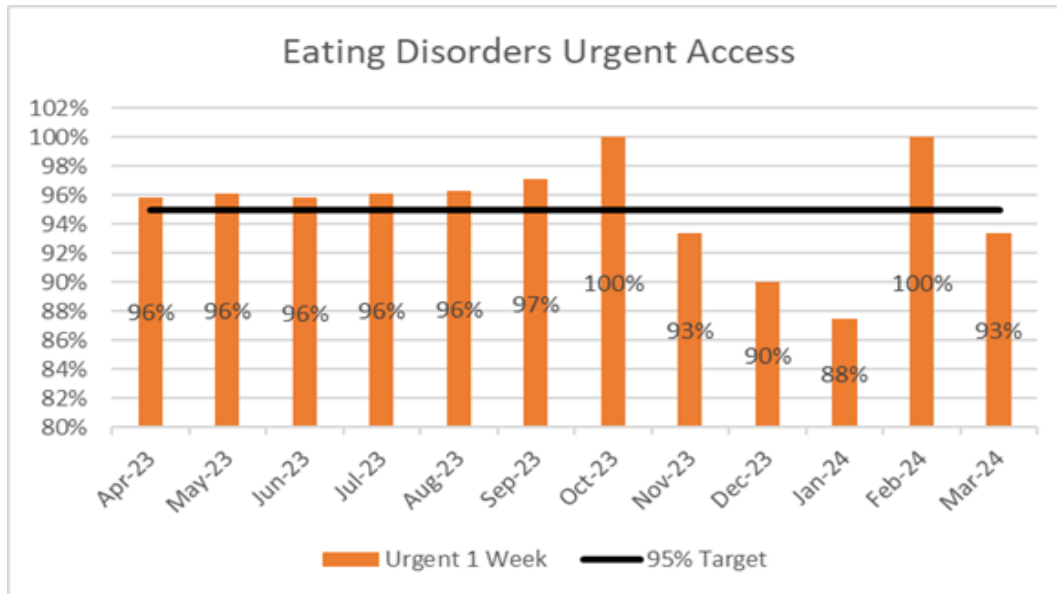
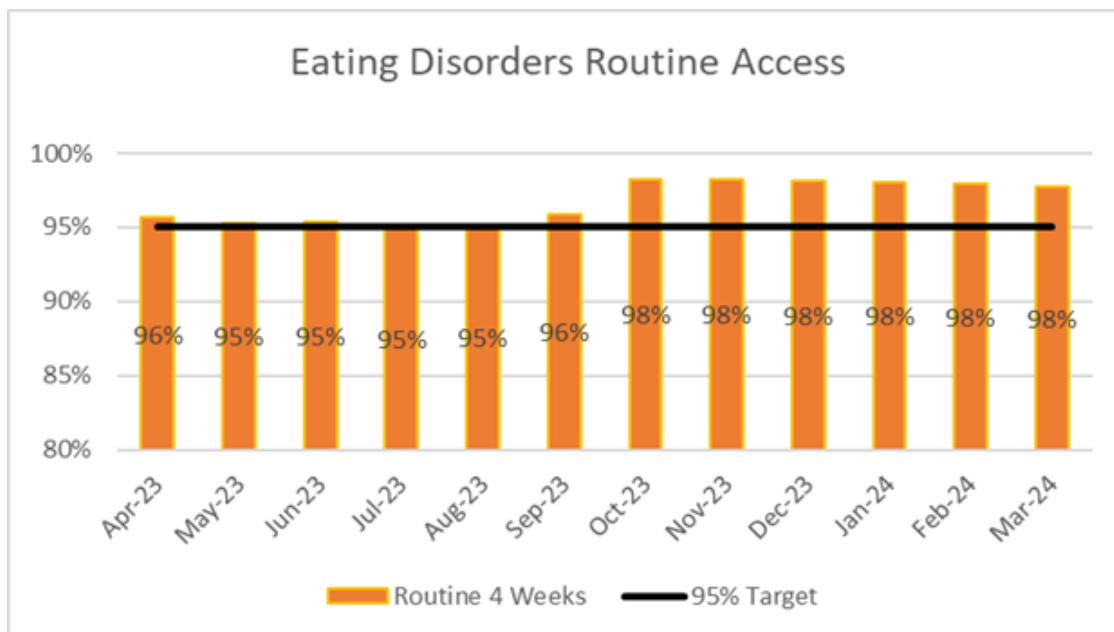


Figure 25: Eating Disorders Routine - The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 3 months) - 0-18 years



Performance across our Eating Disorders service has seen a sustained positive compliance across both urgent (1 week) & routine (4 weeks) referral priorities across the Black Country. The above snapshots are based upon a rolling 3 months delivery for urgent & routine referral priorities. The Eating Disorders service have been recognised as one of the best nationally in 2023/24 for their achievement regarding patient access (being seen for their initial appointment triage)

Urgent compliance did see a slight decline in performance in November and January hovering between 93% to 87.5% which was primarily due to:

- patient choice in DNAs
- rescheduled appointments due to family/patient needs

Patients were seen, assessed and taken onto caseload as appropriate at a later date. Overall, performance in Eating Disorders across the Black Country for initial appointments within timeframes is commended.

Within Learning Disabilities & CYPF Dudley Services, treatment interventions begin with first appointments taking place, as specific clinical needs are provided through specialist planned care needs. Based upon the agreed treatment plan, regular reviews are scheduled including phased meetings which include monthly, quarterly, 6 monthly and annual reviews. Clinical services are supported on a monthly basis with updates to their first & secondary waiting times so gaps can be reviewed consistently.

Figure 26: Learning Disabilities – Dysphagia Waiting Times Urgent (10 Days)

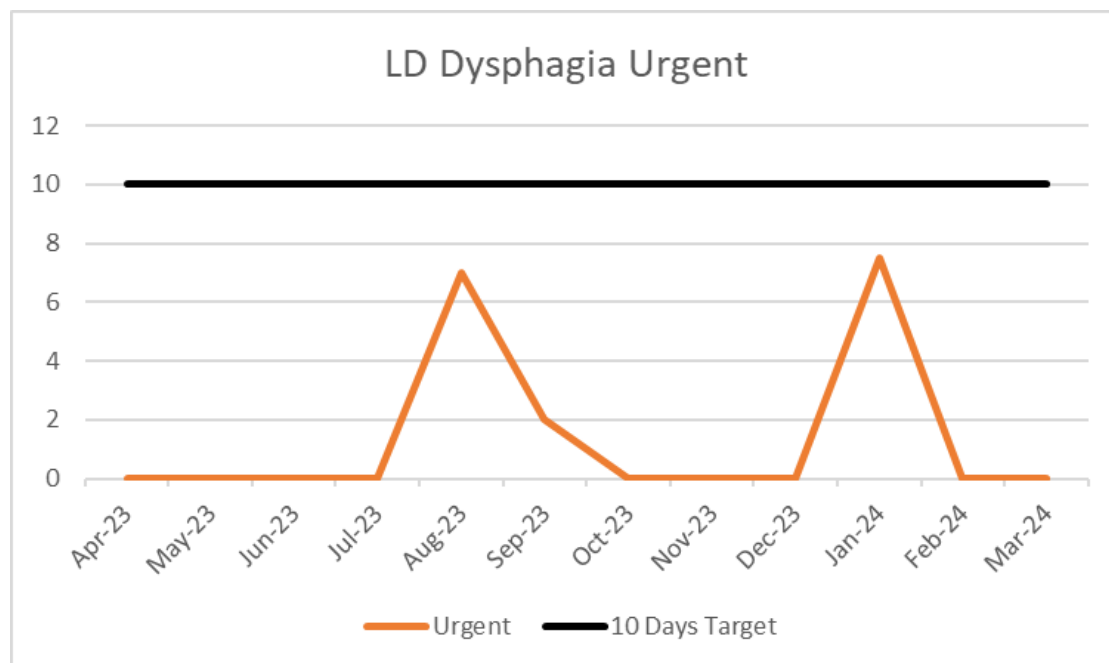
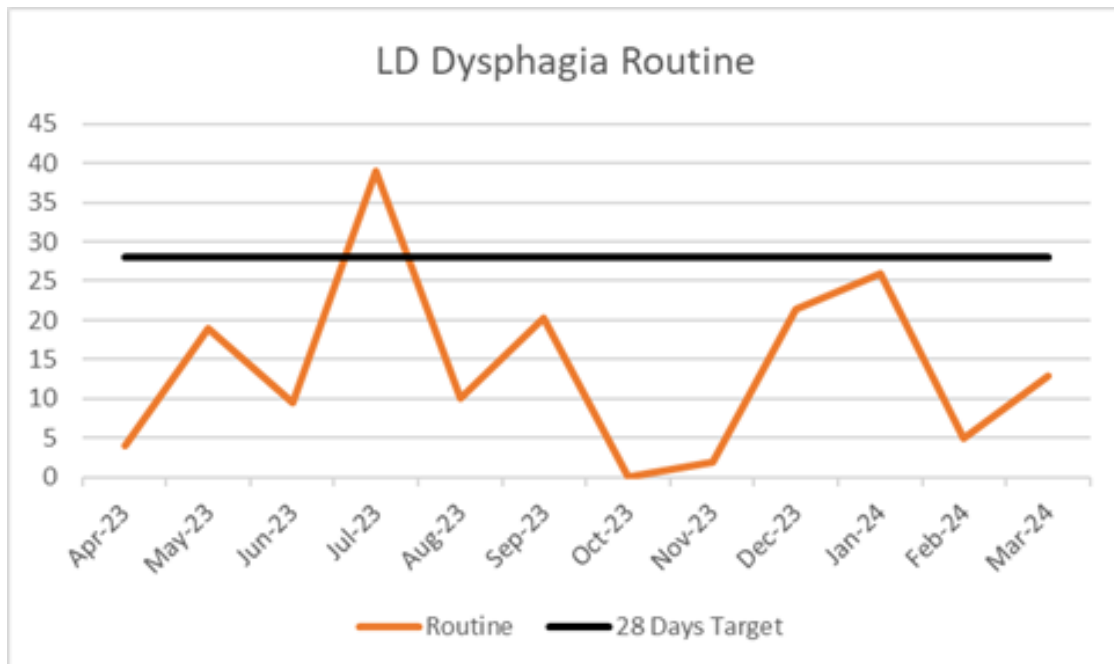
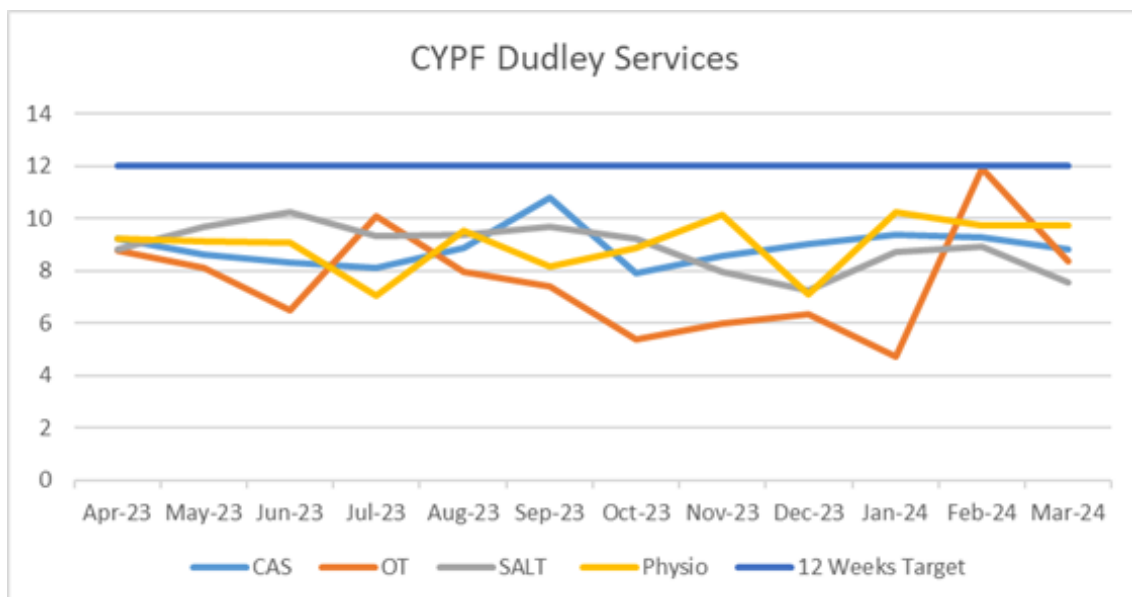


Figure 27: Learning Disabilities – Dysphagia Waiting Times Routine (28 Days)



The Dysphagia Service for Adults with Learning Disabilities have two key priority referral categories in urgent (10 Days) target & routine (28 Days) target. The targets were originally set several years ago in liaison with our commissioning partners through the Learning Disability Transforming Care Partnership programme to support clinical best practise. Performance for both urgent & routine referrals in complete waits for 2023/24 remained well within their target thresholds as evidenced in the above charts. Patients are triaged and assigned their first appointments upon referrals received into services.

Figure 28: CYPF Dudley Services – Paediatric Physiotherapy, Paediatric Occupational Therapy, Paediatric Speech & Language Therapy, Children's Assessment Service – 12 Weeks Target (Complete Waiting Times Average)



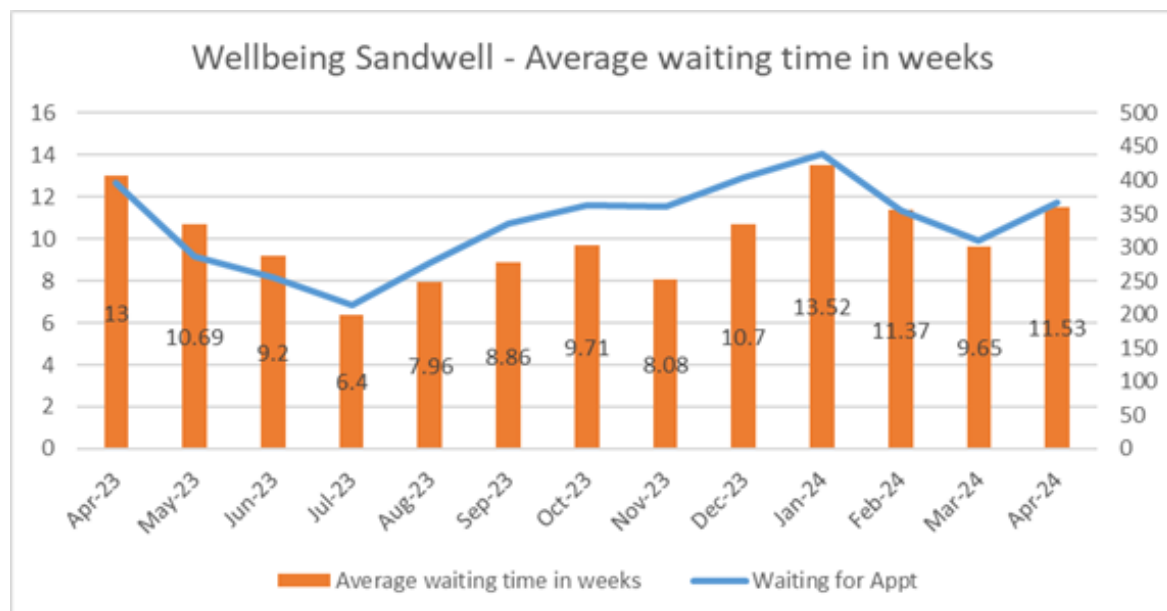
Our Dudley CYPF services have worked extremely well to achieve a 100% compliance, meeting the 12 weeks waiting times in children's paediatric services in occupational therapy, children's assessment service, speech and language therapy and physiotherapy. The 12 week target was locally set in 2023/24 with commissioning partners which changed from a historically set 8/10 week target, acknowledging the increase in service demands through increased referrals. Compliance has been maintained by these core services within the Dudley region. CYPF services are impacted by seasonal variance with activities due to school holidays, here performance continues to range under 12 weeks on average.

Secondary Waiting Times Summary (CAMHS/CYPF/LD)

Core CAMHS services in both community & outpatient consultant settings are facing pressure with secondary waiting times for patients needing to be seen and followed up on their initial assessments. The follow up appointment type depends on the outcome of a patient's initial assessment, some patients will require a specific group, a specific therapy or an appointment with a consultant depending on the outcome of the first clinical assessment. There is also a large percentage of referrals which are not specific to core CAMHS but rather Autistic Spectrum Condition, Attention Deficit Hyperactivity Disorder and other neurodevelopmental needs which further increases waiting times and pathway assessments. Improvement programmes to enhance the secondary wait functionality include moving towards the new waiting times module on the RiO system, secondary appointment sprints and demand & capacity modelling.

Working Age Mental Health – Sandwell Wellbeing Team

Figure 29: Wellbeing Team patients seen within 18 weeks of referral



The chart above displays performance across Sandwell Wellbeing Team for patients seen within 18 weeks of referrals received into services. On average for 2023/24 patients were on the waiting list for 16 weeks. The number of patients on the waiting list during this period fluctuated on a monthly basis but the average number of patients waiting per month was 334.

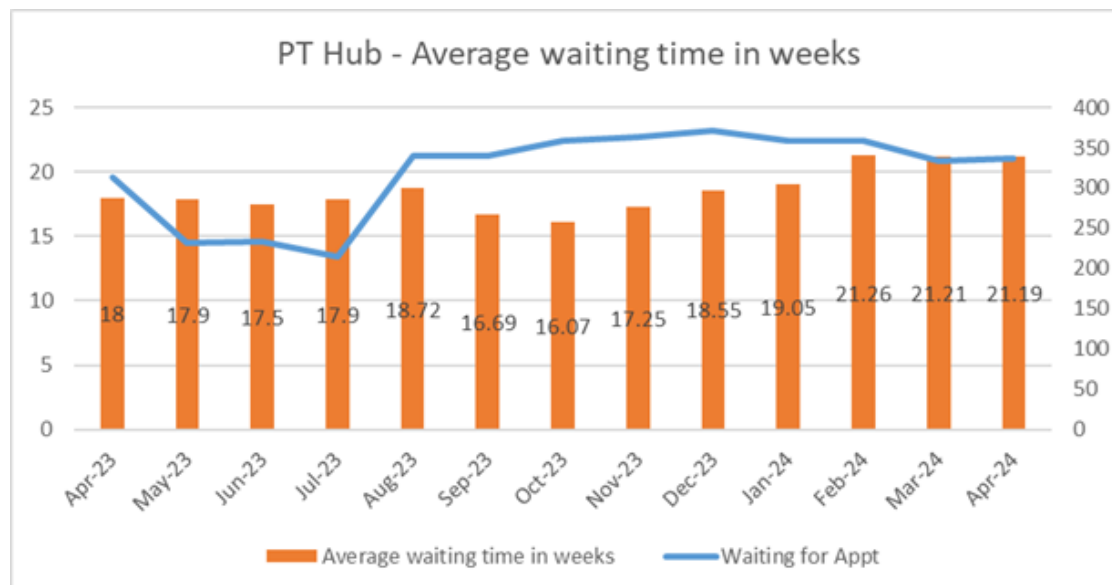
The Wellbeing Service is a multi-disciplinary team offering a range of interventions for patients with low level mental health needs such as anxiety and depression, the team consists of allied health professionals and nursing colleagues. The team offer one to one sessions alongside a wide range of groups including managing anxiety, depression, dialectical behaviour therapy and compassion.

All patients referred to the team are considered for suitability to receive treatment from other relevant services. Through the relationship interface with referring teams and services, they are also encouraged to consider these alternative options. This may include Talking Therapies, Women's Aid, Drug and Alcohol services, Physical Health Psychology, Cruse Bereavement Support, Veterans Services, Kaleidoscope and Crisis Cafés as well as culturally specific services available in the community.

The team signpost to the voluntary sector and the Recovery College initially so that they can work with our patients whilst they are waiting for a wellbeing intervention. If patients would prefer not to be signposted then they continue to remain on our waiting lists but are given fortnightly calls to check for any risks or change in presentation. If risk or presentation changes then patients are offered priority contacts.

Working Age Mental Health – Psychological Therapies Hub Dudley and Walsall

Figure 30: Psychological Therapies Hub – average waiting time in weeks



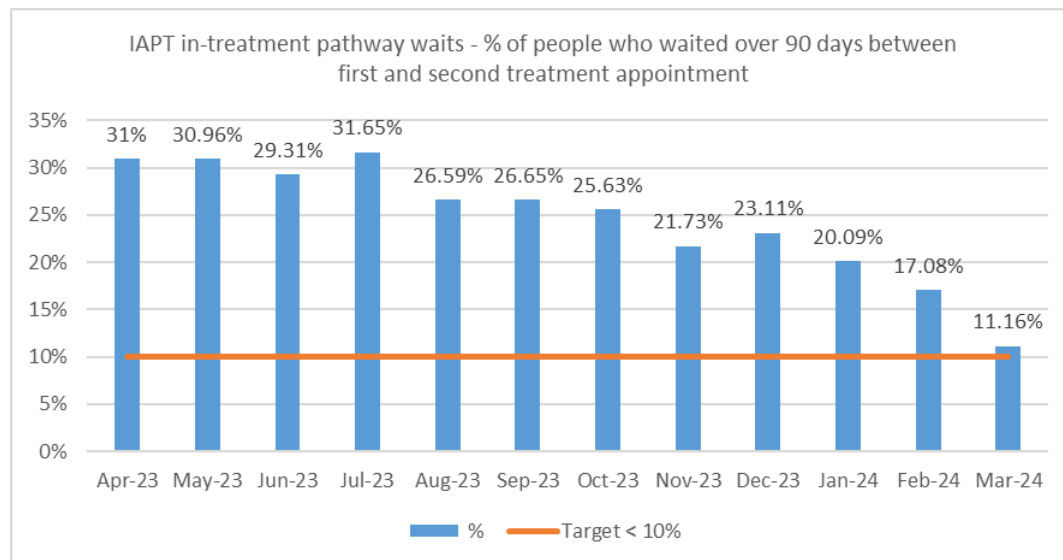
The chart above displays performance across Dudley & Walsall Psychological Therapies Hub for patients seen within 18 weeks of referrals received into services. On average for 2023/24 patients were on the waiting list for 25 weeks. The number of patients on the waiting list during this period fluctuated but the average number was 319 each month. The service is a multi-disciplinary team offering a range of interventions for patients with conditions like anxiety and depression, the team consists of allied health professionals and nursing colleagues. The team offer one to one sessions alongside a wide range of groups including managing anxiety, self-harm behaviours, personality disorder, post-traumatic stress disorder, depression, and bipolar disorder.

All patients referred to the team are considered for suitability to receive treatment from other relevant services. Through the relationship interface with referring teams and services, they are also encouraged to consider these alternative options. This may include Talking Therapies, Women's Aid, Drug and Alcohol services, Physical Health Psychology, Cruse Bereavement Support, Veterans Services, Kaleidoscope and Crisis Cafés as well as culturally specific services available in the community.

The team signpost to voluntary sector or the Recovery College initially so that they can work with our patients whilst they are waiting for psychological intervention. If patients would prefer not to be signposted then they continue to remain on our waiting lists but are given fortnightly calls to check for any risks or change in presentation. If risk or presentation changes then patients are offered priority contacts.

Working Age Mental Health – Trust Wide Talking Therapies Service

Figure 31: Talking Therapies percentage of people who waited over 90 days between their 1st and 2nd appointment



The chart above displays performance across the Sandwell, Walsall and Wolverhampton localities for patients who waited over 90 days between their first and second appointment. On average 25% of patients waited over 90 days for their second appointment against a target of less than 10%. The service sees a high rate of patients who fail to attend on a monthly basis which contributes to the challenges around meeting the target. Historically there were data quality challenges within the service and the way data was being recorded led to the indicator not being met. There has been considerable work done with the service and as a system we are on the right trajectory to meet the indicator and we have assurance that waiting times within our Talking Therapies services has improved.

Older Adults Waiting Times

Figure 32: Memory Assessment Service (MAS) – Average waiting times to first contact

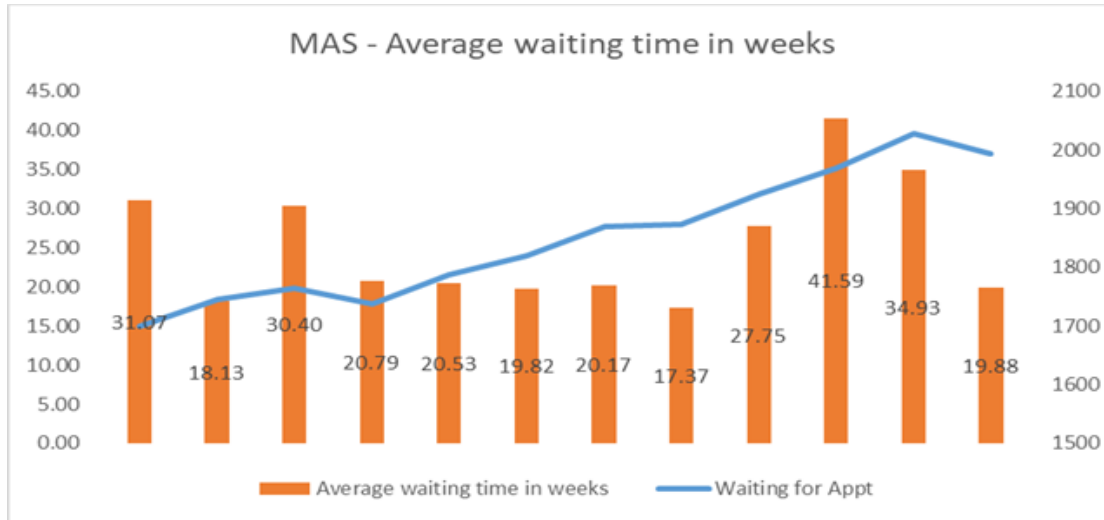


Figure 32 shows average waiting times for first contact for Memory Assessment Service over a 12 month period alongside the number of patients awaiting for their first appointment. The data shows some high waits during the 12 month picture with a spike seen in January which reduces during the next 2 months. The number of patients waiting slowly increases during 2023/24 with a small improvement seen in March. The MAS waiting times continue to be impacted by the recovery of the Covid pandemic with current challenges being high levels of referrals into the services, delays of appropriate test results being provided alongside limited administration support. Both operational management and team managers have been working closely together to introduce efficiencies into the service which we hope to see improve the overall waiting position across our four localities. A clinic based model has been introduced to support aligning the four localities to one way of working. With the introduction of a RiO mobilisation waiting times module together with harmonisation of the 4 localities in 2024/25 we hope to positively improve the differing ways of working across the service to streamline processes and providing more clinical time to complete assessments and reduce waiting times.

Enhanced Community Mental Health Services

Figure 33: Average waiting time in weeks to receive two contacts

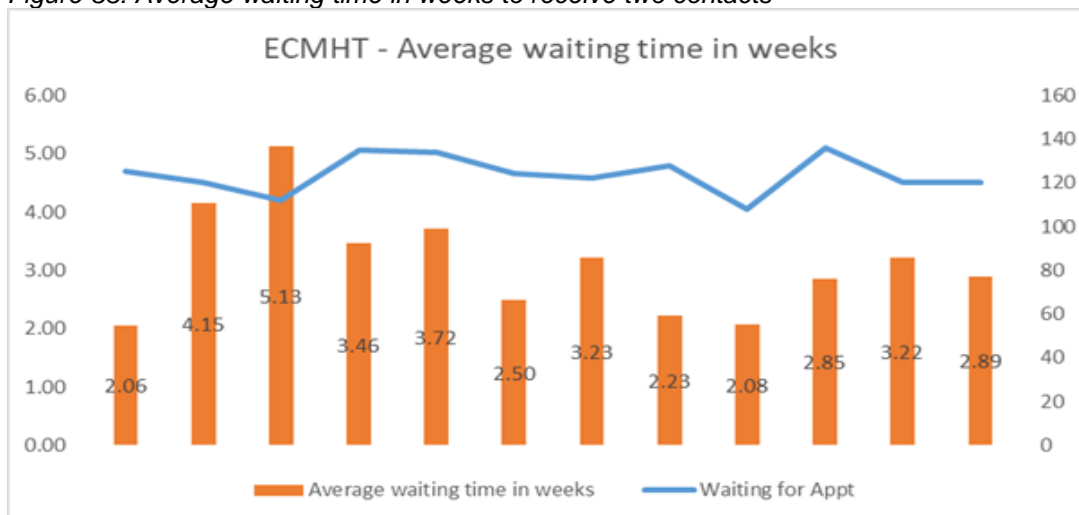


Figure 33 shows average waiting times for two contacts within the Enhanced Community Mental Health Service (ECHMT) as well as the number of patients waiting for an appointment for 2023/24. The data shows that the average waiting time for an appointment remains fairly static with a small increase seen in June. This provides a strong position for the upcoming national ambition of two contacts within four weeks for the team. Patients waiting for an appointment also remains stable across the financial year with small decrease in December and spike in January.

ECMHT are due to commence harmonisation and community transformation which will support the service to streamline processes, further improving their waiting times. Walsall ECMHT is unique as they have an Assessment Team who account for their initial waits into the service, this will also be aligned when commencing harmonisation. The introduction of the waiting list module on RiO will further support the service to monitor their waiting times effectively, identifying patients who require Section 117 reviews and psychology waits as they are currently included in overall ECMHT waiting times. The service have appropriate caseload management processes in place and weekly multi-disciplinary meetings to manage referrals appropriately.

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 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.

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:

- Community Transformation Programme
- NEWS2 – Physical Health Care
- Harmonisation Programme
- PSIRF
- NHS Pastoral Care Quality Award

3.5.1 Community Transformation Programme

Over the past 12 months we have been focusing on model development and sign off, engagement and implementing the agreed changes to support improved access to services. We have worked to ensure key values and priorities are integrated into the design of the model and implementation plans.

Figure 34: Community Transformation Programme

								CQC / Trust Values							
Top National Priorities		x	x	x	x	x	x	Safe		x	x	x			x
		x	x			x	x	Well Led			x			x	x
		x		x	x	x	x	Effective	x	x	x	x	x		x
			x	x	x	x		Responsive	x	x	x	x	x		x
				x	x		x	Caring	x	x	x	x	x		
			x				x	Enabling		x				x	x
		x	x	x		x	x	Working Together			x			x	x
			x	x			x	Integrity						x	x
Black Country Healthcare Foundation Trust To provide services that are of outstanding quality and support people to live their best lives as part of their community								Quality of care, access and outcomes: Simplified pathways based on what works well close to home Reducing inequalities (Providing Outstanding Care), keeping people well and healthy National Indicators Quality and Innovation (COINs) An Empowered Learning Environment Deploy Resources in the Best Way Possible: Change the relationship between the individual and the care system – greater personal work collaboratively with our Partner: Developing resilient specialist mental health services and pathways							
Work Streams	x	x		x			x	Workforce			x			x	x
	x	x			x	x		Capacity Optimisation		x				x	x
			x		x	x	x	Planned Care CORE Services development		x	x	x	x	x	x
			x	x		x	x	Primary Care development	x	x	x		x		
		x	x	x	x	x	x	Care Pathways (Therapy / Interventions)	x		x		x		x
				x		x	x	Plus Offer	x	x				x	x
	x	x			x	x		Operational Efficiencies							x
			x		x	x	x	Speciality Pathways CEN & REHAB		x	x			x	x

What has changed for urgent and routine access?

The community mental health transformation has been in implementation mode over the past six months. This follows work to build on the feedback provided by all stakeholders and staff about how we implement the changes that are needed and requested, and agreeing the model that was signed off in September 2023.

To support improved access we have worked alongside the urgent care services. This has led to the urgent and non-urgent referral pathways for adults being split within the trust since February 2024.

Our Crisis Resolution Home Treatment (CRHT) Services will now support triage and assessment for all urgent referrals for adults in each of the four localities. The services across the Black Country that managed referrals in formal mental health services have been reviewed and harmonised. This has given all aged adults the ability to gain the same access to services in each locality at Primary Care Network (PCN) level. This change promotes mental health, prevents mental health deterioration and supports care navigation to enable people to access the right services in a more timely way.

To implement the non-urgent referral pathways, we have reviewed, expanded and/or made changes to support the establishment of Primary Care Mental Health Teams (PCMH) in each of the four localities, which includes a dedicated referral support function provided within the teams.

In Walsall, there is already an established Primary Care Mental Health Team in place, so staffing numbers have been increased to support this new way of working. In Dudley, the PCMH Team is also already established and have been bought in line with the model.

We are continuing to closely monitor these changes and any impact and will make the required adaptations as we continue to review.

Why has this changed?

This change brings us closer to achieving a consistent structure and service provision across the Black Country, whilst also enabling us to meet national goals. These goals include; improving access to support for people with severe and enduring mental illness and implementing the changes asked of us by our communities in the co-produced bid put in place through the community mental health transformation programme three years ago.

This service, with their additional new roles, will create closer links and integration to the wider community mental health services provided by the Community Mental Health Teams (CMHT) and specialist teams, as an integrated service. Having access to professionals within the wider Multi-disciplinary Team (MDT) will bring mental health speciality support closer to the PCNs.

The services have been designed and enhanced to support triage and assessment for all new patients coming into formal mental health services, who may require brief therapeutic interventions, or may need stepped-up care within more intensive community mental health services. The service will also work closely with Talking Therapies and wider community assets to enable the right level of support to be provided at the right tier. This new way of working has been in place since January 2024, to enable quicker access and increased contacts achieving the national key performance indicators for our patients.

What else has changed since we agreed the model?

Since the model was signed off in September, 14 of the BCHFT adult services have been reviewed, and seven of these services have disbanded to support harmonised services and our four newly created teams. We are now in a position where we have increased equity of services in each locality.

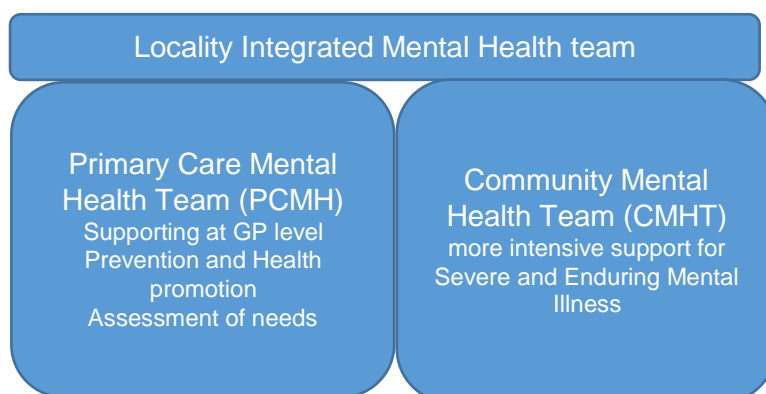


Figure 35: What has changed for formal services – Wolverhampton

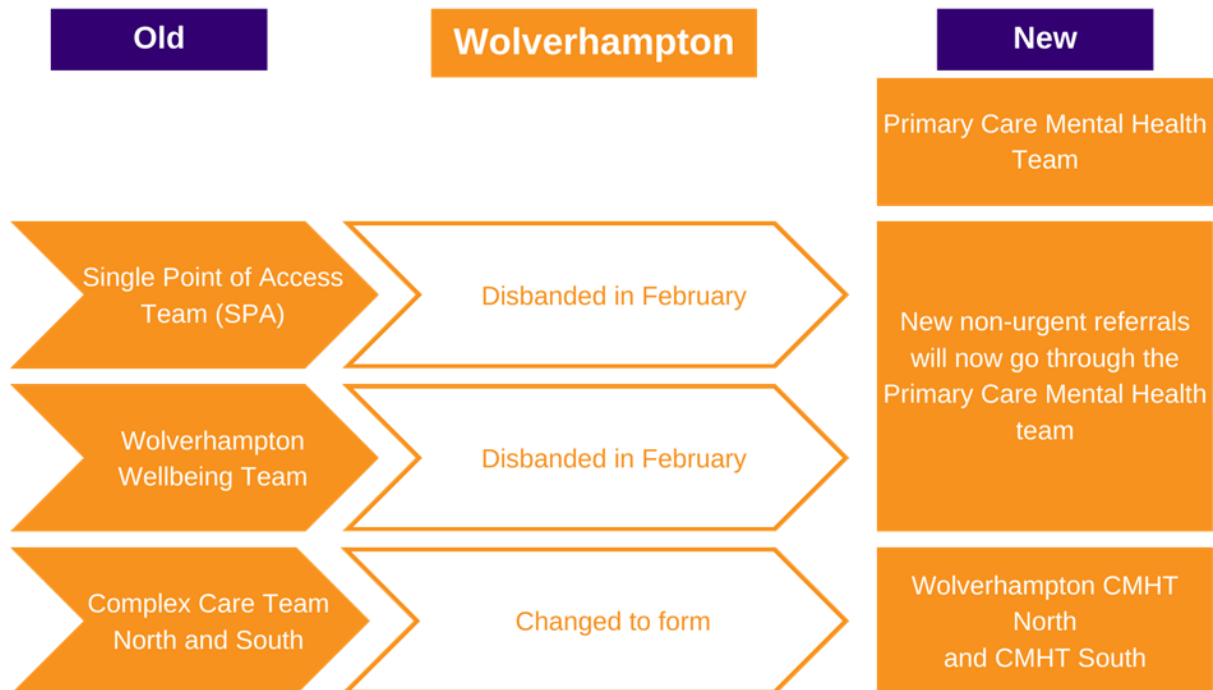


Figure 36: What has changed for formal services – Sandwell

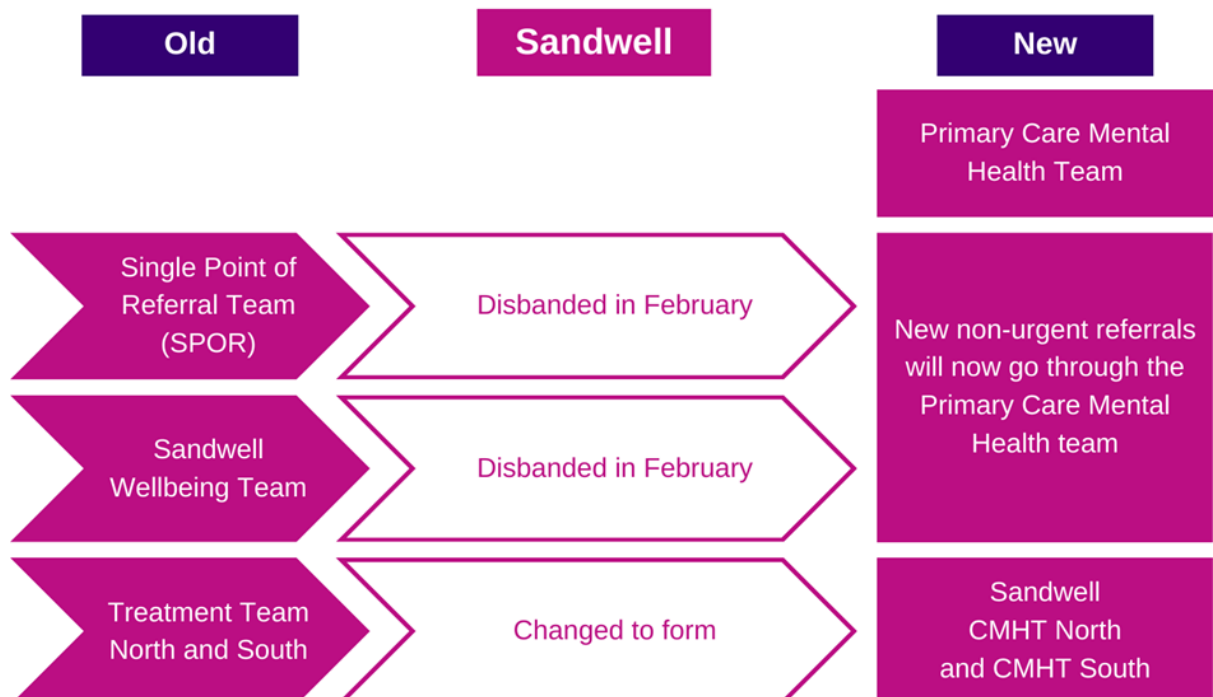


Figure 37: What has changed for formal services – Walsall

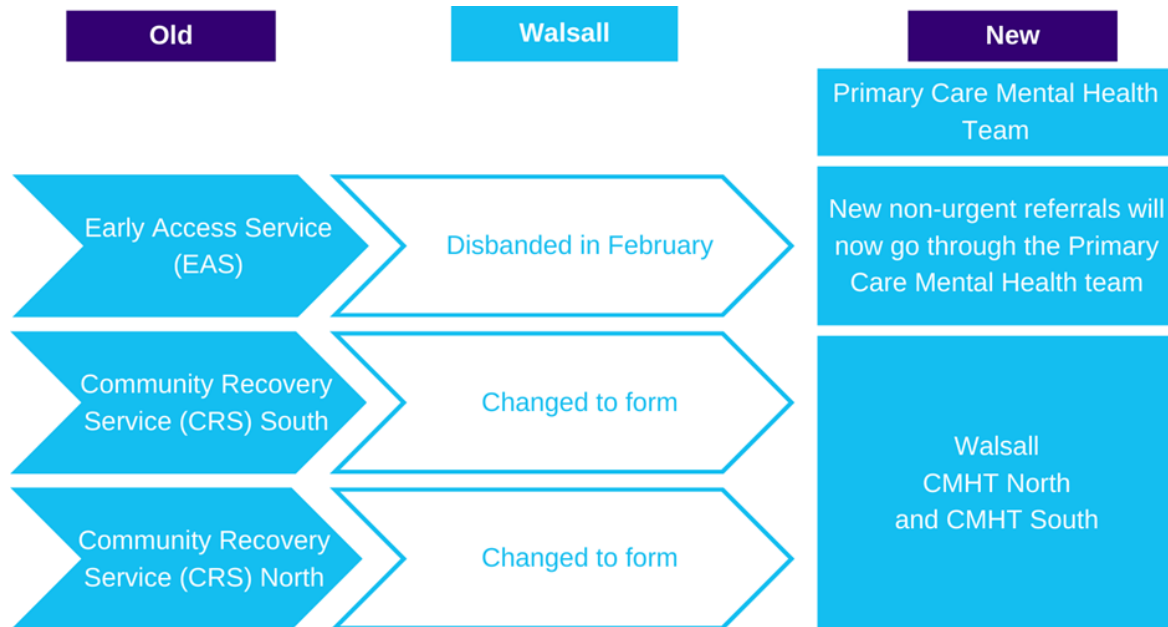
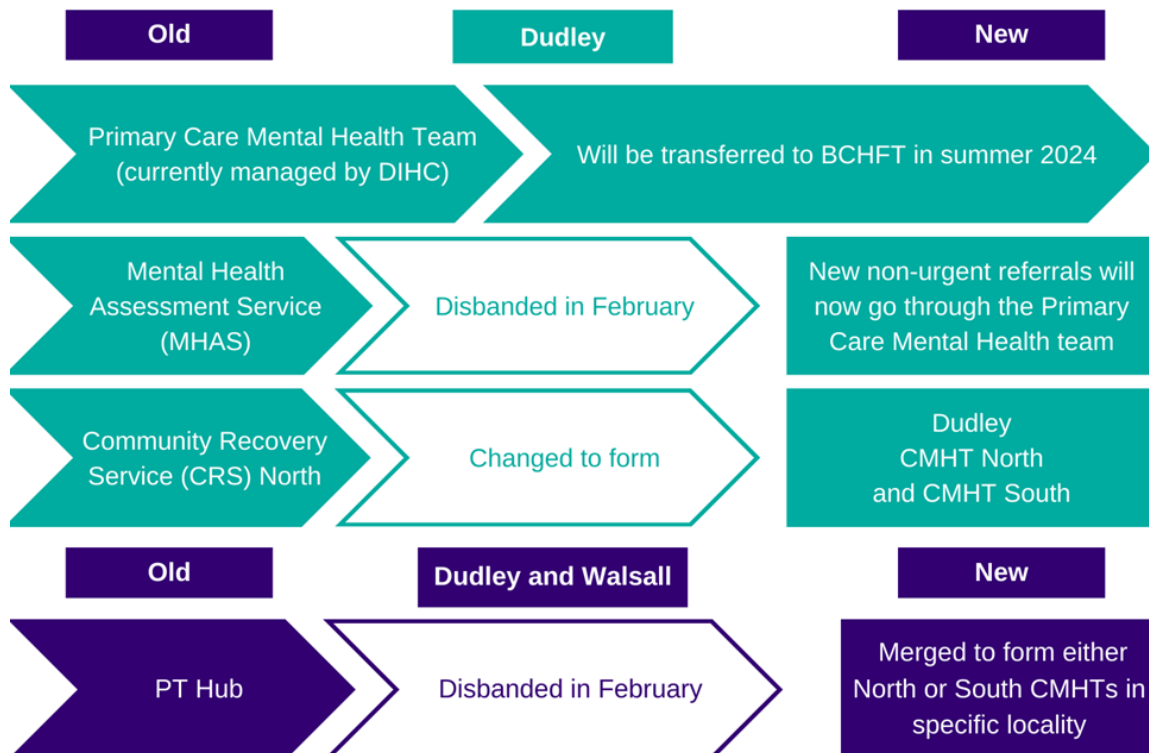


Figure 38: What has changed for formal services – Dudley



All patients awaiting services under the old structure will move over to new services seamlessly. Focused work to support the reduction in waiting times is underway to enable improved access to therapy. With the plans underway we are growing our skilled workforce to support more therapeutic requirements for our populations based on what we have learnt

from analysis of the waiting lists. We are also implementing improved active checks to support people awaiting therapy with no other formal support.

Primary Care Implementation

We have expanded our Primary Care Mental Health Teams to create closer links and integration to the secondary care services provided by our Community Mental Health Teams. This expansion allows staff to access other professionals within the Multidisciplinary Team (MDT) bringing speciality mental health support closer to the Primary Care Networks (PCNs). This team consists of the same staff, but the team has been enhanced to provide triage, assessment, and where identified, brief interventions for all routine referrals. This includes new roles such as:

- Mental Health Practitioners
- Senior Mental Health Practitioners
- Clinical Care Navigation Manager

We have also increased the number of roles for:

- Clinical Leads
- Primary Care Practitioners
- Access Practitioners

Within the Community Mental Health Team we have expanded these specialist roles to support into Primary Care for consultation and pathway support:

- Substance Misuse
- Assertive Outreach
- Consultant Psychiatrists
- Specialist Therapy Roles for Severe and enduring mental illness

Figure 39: A graphic showing the different roles in the Primary Care Mental Health Team



Launching our new community rehabilitation model

The rehab team have recently been renamed the Community Enablement and Recovery Team (CERT). The team aims to reduce the use of out-of-area hospitals, preventing admission to out-of-area rehab and reducing the length of stays in the hospital. They also support people to come back home if they are in a hospital that is outside of the Black Country. The team aims to support the prevention of placement breakdowns, whilst helping people with complex needs to build resilience and support them to reach their potential. This work will mean working closely with services such as the local authority, other care providers, third-sector services and other recovery-based services. The key features of this model include:



Caseload management: Our team would manage a caseload of approximately 50 individuals across the Black Country, ensuring personalised attention and support



Clinical and personal recovery: We prioritise both clinical and personal recovery to enhance independence, and our approach promotes hope, identity, meaning, and empowerment, as outlined by the CHIME Recovery Model



Enhanced and time-limited rehab input: Our intervention is assertive, intensive, and time-limited, focusing on goal-oriented outcomes to facilitate a personalised and more effective recovery



Interventions: We will provide a range of MDT-based interventions, tailoring our support to the individual's needs

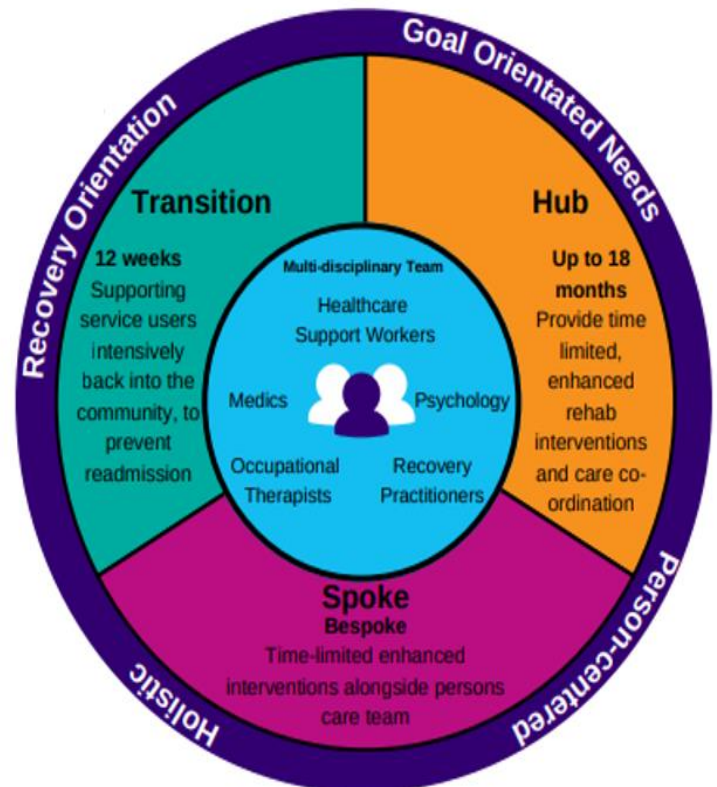


Goal-based outcomes: Utilising DIALOG and a goal-based approach, we ensure that our efforts align with the unique aspirations and objectives of each person on their recovery journey



Repatriation of patients: From out-of-area hospitals and/or long admissions back into their local communities

Community engagement: Our commitment extends beyond the clinical setting. We focus on promoting independence and increasing access to community resources by actively engaging with third-sector agencies



Introducing the Electronic Referral Service (e-RS)

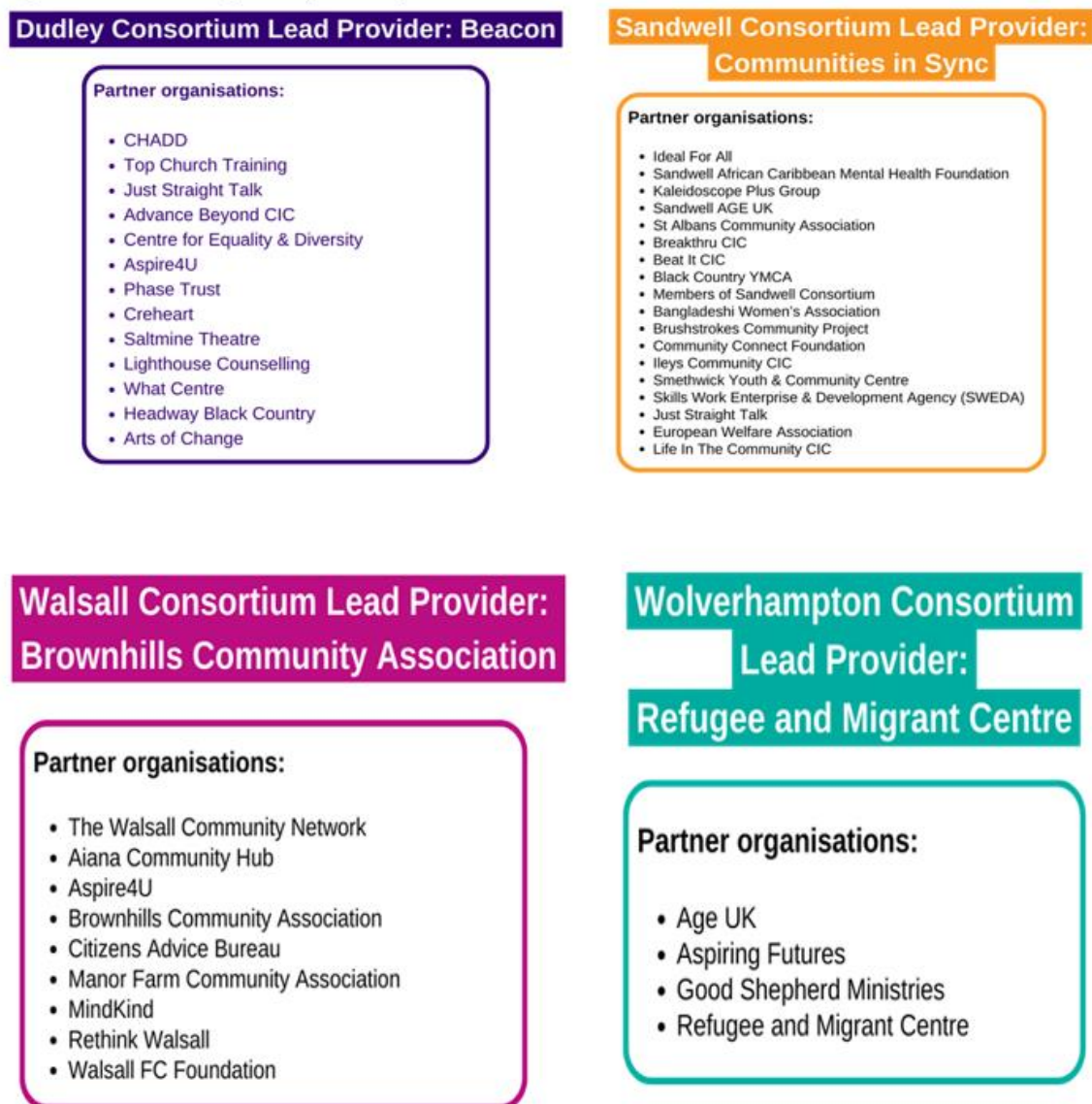
We have been working to integrate the NHS Electronic Referral Service, which is an innovative digital platform designed to streamline the process of referrals from primary care mental health to specialist services within the NHS. It provides patients with an easy way to select their initial specialist appointment, which can be booked during a visit to the GP.

It's a comprehensive electronic referral tool designed to help GPs manage patient referrals efficiently. It's now the standard method for GP practices in England to refer patients to specialist clinics, including consultant-led and non-consultant-led services like mental health, community health, diagnostics, and specialist GP services. The Referral Assessment Service allows GPs to refer patients for review before scheduling an appointment, reducing the need for unnecessary in-person visits.

Working closely with the Voluntary, Community, Faith, and Social Enterprise (VCFSE)

We have worked to support improved links with the VCFSE in each of the localities to enable improved access to both formal and informal services. Making key contractual links to VCFSE organisations to improve pathways

Figure 40: List of key Voluntary, Community, Faith and Social Enterprise



How have we supported these changes?

Throughout the implementation process of the community mental health transformation, we have introduced a variety of tools, processes and models to support these changes.

Confirmed four key access routes into the mental health services for routine referrals

We have also defined our four key access routes into formal mental health services, details of these are listed below:

Self-referral to Talking Therapies	Self-referral / GP directed to the Mental Health Practitioners (ARRS) within GP Practices
Referral - Digitally through the Referral Support Service (RSS) both email and E-Referral System	Self-refer to PCMH/CMHT Service for those previously known to BCHFT Services where identified for 'Fast Track'

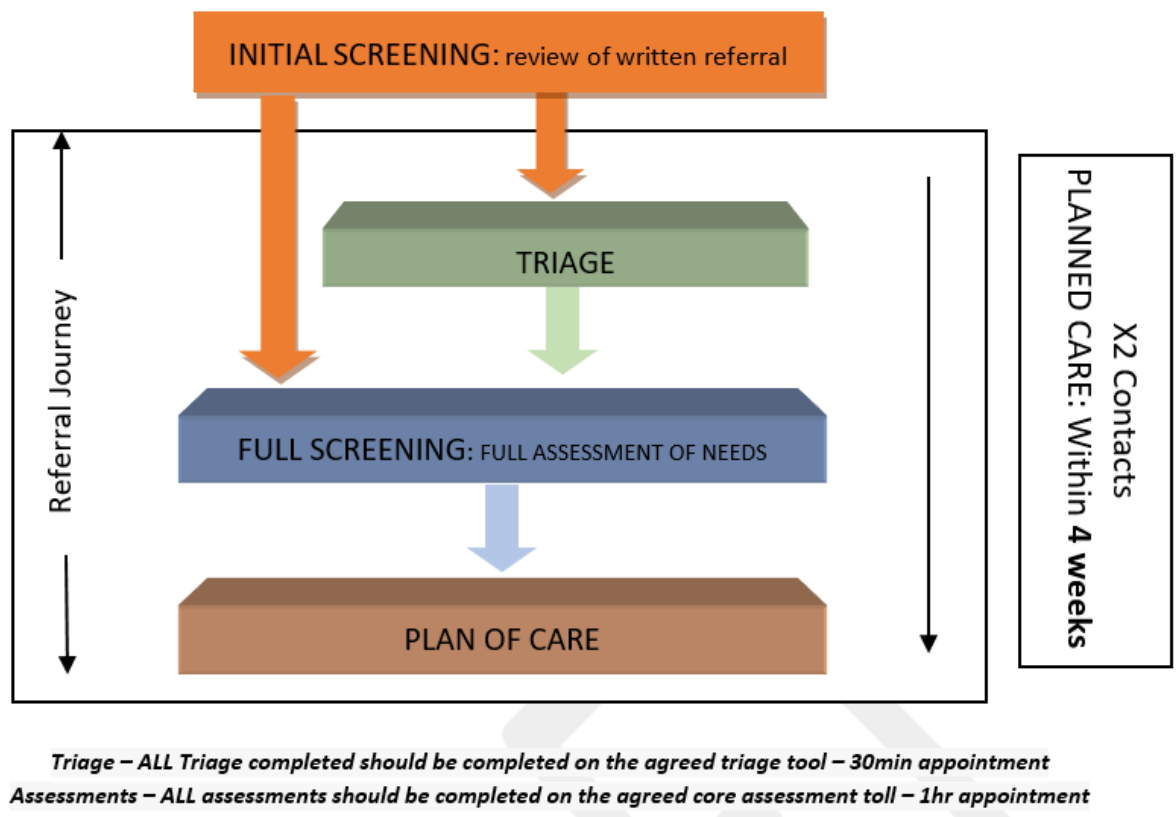
New Mental Health Referral Form

We have launched the new referral form for routine mental health referrals. This form will be used to send referrals to the Primary Care Mental Health Teams. The form has been developed using staff feedback and engagement. All urgent referrals will be via a telephone call with a quicker response time (within 24hours) based on need.

Overview of routine triage/assessment process/KPI

Below is an overview of our triage and assessment process. This was introduced to ensure that teams were aligning with our KPIs

Figure 41: Diagram showing triage and assessment process



Referral Pathway and Response Times

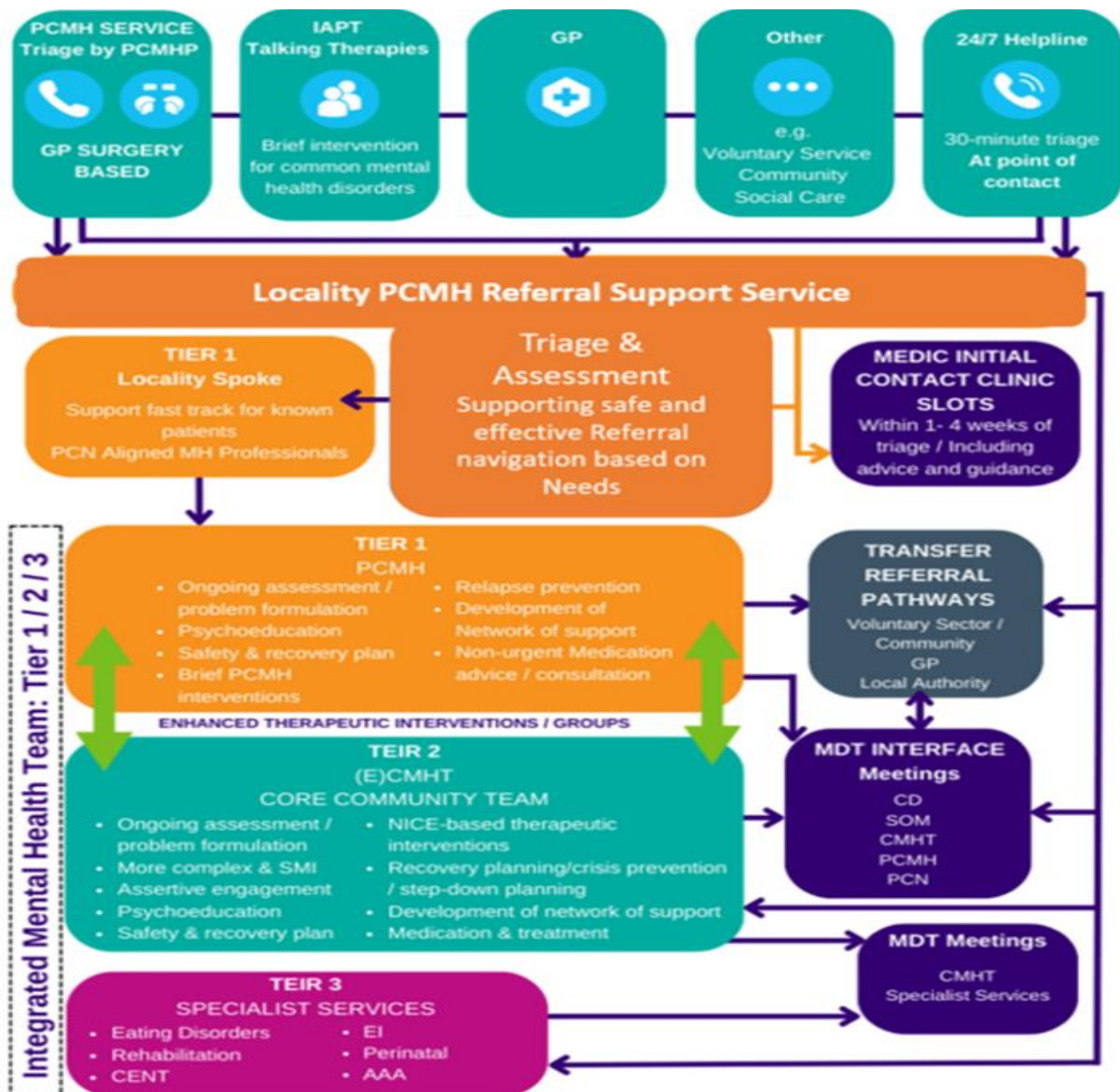
We created and shared a poster which details referral pathways, response times and contact details for the following teams which has been used to help embed the new teams and their contact details:

- Primary Care Mental Health Teams
- Community Mental Health Teams Talking Therapies
- The Recovery College
- Urgent Care
- Emergency Care

Introduced a consistent 'Stepped Care Model'

The newly named Community Mental Health Teams (CMHT) in each locality operate a stepped care model, where a service user's care is stepped up at the time of greatest need and stepped down to a less complex service such as primary care level services, voluntary or community assets and/or their GP when they are more stable. Please see our new pathway linking services in our stepped care model below:

Figure 41: Stepped Care Model



3.5.2 NEWS2 Quality Improvement Update PAN Trust

The NEWS2 tool is now embedded across all inpatient areas within the trust. The tool provides a "track and trigger" system that can assist staff in the escalation process for patients who are deemed to be deteriorating and can support clinical decision making.

The E-Obs (Electronic Observations) project has now concluded, and all inpatient areas are using this to upload patient data, including NEWS2 results. The E-Obs system alerts staff to escalate patient deterioration. For new staff to be able to use this, they must have undergone the trust's NEWS2 e-learning package available on the intranet.

To support all clinical staff, requests for bespoke NEWS2 training or refresher training are being met by our Physical Health Matrons across all inpatient areas. Further training on the deteriorating patient for clinical staff will be delivered through our resuscitation provider (RADAR training) to further enhance their skills and knowledge.

Both e-learning and face to face training provides staff with the skills to undertake non-contact physical observations where a patient is refusing or unable to participate in full NEWS2.

NICE guidance on sepsis has recently been updated (January 2024). Benchmarking on the new guidance has now been completed and an action plan is in development for divisions to include the additional guidance on managing pregnant or recently pregnant patients.

New posters, reflecting the updated guidance have been procured and are currently being rolled out to all inpatient areas. Work continues to finalise the Deteriorating Patient Policy and the NEWS2 SOP in view of the new guidance. Agreeing and embedding a consistent approach to monitoring patients with NEWS2 across all inpatient areas will be part of the trust's ongoing improvement project in 2024/25.

3.5.3 Harmonisation Programme

This is a two-year programme of work to harmonise Black Country Healthcare Foundation Trust services across four localities of the Black Country into one set of pathways and processes. We aim to work across all clinical services and divisions to build on the merger that took place in April 2020. The programme has been set up to ensure our clinical services are truly aligned and harmonised in process and practice. We will capture and innovate opportunities along the way to support our services to develop and enhance their current offer. Realising the benefits of our merger by working together, effectively and for our people, which will be led by our people (patients and staff).

Our logo, the triangle shape is to signify moving forward. The outline of the triangles are the four localities coming together in a solid 'harmonised' triangle which is our ultimate goal.

Figure 42: Harmonisation logo



We have 6 work streams that we will review across all services

Clinical Pathway Alignment	Estates/ Environment
<ul style="list-style-type: none"> • Eliminate variance • Parity of services • Align to best practice • Improving the patient experience • Service specific • Clinical concerns 	<ul style="list-style-type: none"> • Staff facilities/space • Review of working environments • Suitability of base-size/location • Space utilisation • Base/expected activity
Finance & Contracts	People
<ul style="list-style-type: none"> • Transparent budgets/funding • Budgets that people can sign up to & are realistic • Hold to account • Ensuring funding information reaches the right people • Review of contracts - value for money 	<ul style="list-style-type: none"> • Establishment reviews • Training and development • Recruitment and retention • Innovation • Agile/Flexible working • Uniforms • Black Country culture
• Quality & Safety	• Digital and Information
<ul style="list-style-type: none"> • Operational Policies • Led by our people • Incident escalation process • Best Practice • Root Cause Analysis • Complaint Investigations 	<ul style="list-style-type: none"> • Electronic Staff Records alignment • Data reporting & analysis • Scope definition of /baseline service • What needs to happen to improve care • Key Performance Indicators • RiO (patient information system)

The team consists of five members of staff; 1 x Programme Manager, 3 x Project Managers and 1 x Project Facilitator. We have been fully staffed since January 2023 and have harmonised the following services:

- Crisis Resolution and Home Treatment Team (core service only)
- Remodel of place of safety and 24/7 Access
- Electronic Convulsion Therapy
- Mental Health Liaison Service
- Bed Management

Other work we have completed or supported teams with are:

- Directory of services
- "As Is" RiO process mapping
- Wellbeing areas for inpatient teams
- Ice pathology
- Agency reduction
- Pharmacy

From January 2024 onwards we will be harmonising:

- Children Adolescent Mental Health Service, Crisis Intervention Treatment Team
- Medical Outpatients
- Early Intervention Psychosis
- Perinatal Mental Health Services
- Talking Therapies
- Enhanced Community Mental Health Team Older Adults
- Trust Wide Administration Harmonisation
- Out of Hours Multi-Disciplinary Team Review
- Memory Assessment Service

Below you will find a copy of our programme plan which supports services into 2025:

Q4 22/23 - Q1 23/24	Q2 23/24 - Q3 23/24	Q4 23/24 – Q1 24/25	Q2 24/25 – Q3 24/25
<ul style="list-style-type: none"> • CRHT (Core Model) • Place of Safety • Single Point of Access (Dudley & Walsall) • Inpatients (Immediate) • ECT (Completed) • ICE/Pathology Services • Medical On-call ROTAS (Demand & Capacity) • Contracts (Ongoing) 	<ul style="list-style-type: none"> • Bed Management • CAMHS Crisis Services • Memory assessment service (MAS) • Medical outpatients • Medical workforce/Job plans • Mental Health Liaison Service • Agency Reduction • Trust wide admin Review including Medical Secretaries • Community Services affected by Community Transformation (PCMH and Core model O CMHT's) 	<ul style="list-style-type: none"> • Older Adult Inpatients • Older adult community services • Perinatal Services • Early Intervention • Eating Disorders • Talking therapies • Older adult Crisis Teams 	<ul style="list-style-type: none"> • Learning Disabilities Community Services • Learning Disabilities Inpatient Teams

The programme plan is subject to change following on boarding requests from services and requests from the Harmonisation Programme Board, which receive all updates on the progress of projects monthly.

3.5.4 Patient Safety Incident Response Framework (PSIRF)

To improve our approach to responding to patient safety incidents the trust successfully transitioned to the Patient Safety Incident Response Framework (PSIRF) during 2023/24 and now aims to fully embed the trusts PSIRF policy and plans across all services.

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 12 months the trust will continue on its journey to ensure all staff are clear that the response to patient safety incidents under PSIRF are conducted for the sole purpose of learning. Developing plans to further strengthen our change and improvement plans in response to incidents so we can measure improvements over time.

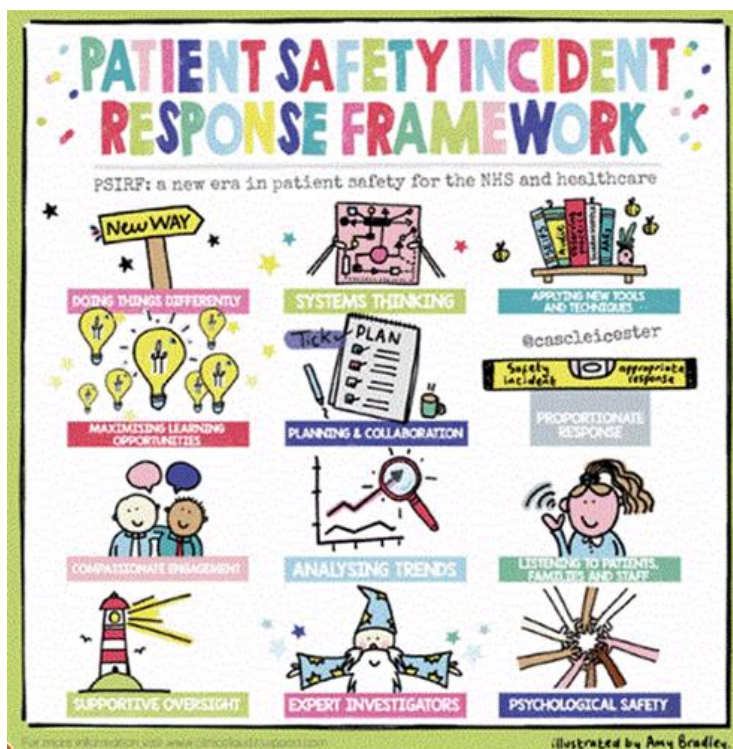
Our Patient Safety Incident Response Plan (PSIRP) was ratified in November 2023. This outlines our individual patient safety incident profile and reviews existing improvement work, to identify the areas that will benefit most from learning responses and maximise the opportunities for improvement.

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 the response system functioning and improvement

Over the next few months, we will make an assessment to the degree to which the PSIRF policy and plan have been implemented post transition, considering how integrated PSIRF is across services and lastly how learning processes can be matured to ensure identified areas for improvement are part of an ongoing organisational development plan.

Figure 43: Patient Safety Incident Response Framework graphic



3.5.5 NHS Pastoral Care Quality Award

Launched in March 2022, the NHS Pastoral Care Quality Award scheme is helping to standardise the quality and delivery of pastoral care for internationally educated nurses and midwives across England to ensure they receive high-quality pastoral support. It's also an opportunity for trusts to recognise their work in international recruitment and demonstrate their commitment to staff wellbeing both to potential and existing employees. Through the scheme, NHS trusts can apply for a quality award based on their international recruitment practices for nurses and midwives. To achieve the award, they must meet a set of standards for best practice pastoral care, which have been co-developed with regional and international recruitment leads and international nursing and midwifery associations. By achieving the award, trusts demonstrate a commitment to supporting internationally educated nurses and midwives at every stage of their recruitment and beyond. The award focuses on various aspects of pastoral care including:-

- **Pre-arrival Webinar:** Ensuring that nurses and midwives receive essential information before their arrival
- **New Induction Plan:** Providing a comprehensive orientation for new staff members
- **Preceptorship Program:** Supporting newly recruited nurses and midwives during their initial period
- **Welcome Pack:** Offering relevant materials and resources to facilitate their integration
- **OSCE Pass Rates:** Monitoring and improving the success rates in the Objective Structured Clinical Examination (OSCE)
- **Celebration Event:** Recognising and celebrating the achievements of internationally educated nurses and midwives

In 2023/24 Black Country Healthcare achieved the NHS Pastoral Care Quality Award and staff are proud that their work in international recruitment has been recognised enforcing the trusts commitment to staff well-being, both to potential and existing employees.

Figure 44: NHS Pastoral Care Quality Award logo



3.6 Adult Mental Health Service Priorities

3.6.1 Improving health outcomes through Employment and Recovery Services

There is strong evidence that work/employment is one of the key factors that can affect health and our employment teams work to improve employment outcomes for those who are unemployed or are in work and need support. One key approach is to seek to remove barriers that people face so that they are able to effectively seek, start, succeed and sustain work.

This has been an exciting year where we have added more employment support into health pathways through the development of our Employment Advisors in Talking Therapies teams across the Black Country. Our staff are based with our clinical colleagues and support people with advice, information and guidance on employment matters that may be affecting their mental health. The team started delivering support in November 2023 and have already supported a number of people into work or to retain their job.

However, we also understand that there are many steps to take to be in a position to gain or maintain employment and for some it may be that they lack confidence or experience to be able to move into work. For those that need this time to prepare for work the trust has used its position as Lead Provider to invest in our Bridge Team (which has transitioned from our Building Better Opportunities Team which ended in March 2023 and focussed on people with mental health problems and health conditions) The Bridge team has a Black Country presence and provides information, advice and support to move closer to being work ready through building confidence, exploring volunteering and educational opportunities, and completing job search and job applications. Additionally we aim to support our communities into vacancies within health and in August 2023 we launched our Volunteering Service which recruits local people from our communities into volunteering roles across the organisation. People volunteer for many reasons and we are thankful that we have had lots of interest and applications to join our teams to add value to our work in a number of roles across our services. One example is having a group of volunteer activity co-ordinators across our inpatient sites which will help improve the quality of serviced user experiences whilst on wards.

Further to this we are also reaching out our underserved groups through our Recovery College commissioning project which has funded several pilots within voluntary sector organisations to reach communities that may need support, but that may not traditionally access our courses. We aim to continue to fund this again in 2024/25 to expand the reach into our local communities further. We have also expanded some of our other teams to provide more support to people in the hope to improve their health, such as our Let's Talk service and our Mental Health First Aid team (MHFA). Next year we will be offering free MHFA training to a range of voluntary and community organisations so that we can work together to support people to have the knowledge and skills to support those with mental health conditions in their neighbourhoods.

In 2024/25 we will be adding to our Complex Emotional Needs service by recruiting additional Well-being and Recovery Practitioner staff that will help people live the life that they want to live by building up strong social networks and connections in their local areas. We also plan to continue to increase our Individual Placement and Support (IPS) and Employment Retention staff to provide even greater access to specialist employment advice for those with severe and enduring mental health problems in our Black Country communities. In 2023/24 we have recruited to an additional Welfare Benefits Advisor which has been fundamental in increasing the income that our patients are entitled to, which again helps to provide better opportunities for good health. This continues to be an exciting opportunity for us to add value

to our clinical service provision and make a difference to addressing the things that matter most to people to enhance their health and well-being. This is really important area to continue and connect with the feedback from our community mental health survey, where we have a clear direction of improvement.

Figure 45: RISE graphic

RISE
Complex Emotional Needs (CEN)
Wellbeing & Recovery Service

Recognising Individuals Self-Emotions

What does this service offer?

The RISE (Recognising Individuals Self-Emotions) Service offers one-to-one, holistic support to individuals who have complex emotional needs. The service aims to practically support individuals to identify and achieve their recovery goals in order to build and maintain a meaningful future.

How can I access this service?

Give us a call on: **01922 608500**

Drop us an email at: bchft.cenwellbeing@nhs.net

We receive referrals through our specialist pathway via healthcare professionals. If you feel you are eligible for our service, please get in touch with your healthcare professional.

How can the service help me?

The RISE Service can help by offering a range of support to help achieve your recovery goals. These goals may relate to:

- Mental Health
- Physical Health
- Employment
- Educational
- Social

Some of these recovery goals could include promoting healthy lifestyles, building confidence and resilience.

Support for individuals is available both:

- face-to-face
- and online

What happens next?

Once we have received your request into our service, we will arrange to complete an initial meeting with your well-being practitioner. Following this, we will then have regular contact with you to be able to support you to achieve your recovery goals.

Get in Touch:

If you would like more information from the RISE service, please get in touch with us by giving us a call on **01922 608500**, or dropping us an email at bchft.cenwellbeing@nhs.net

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

The Harmonisation Team commenced work to harmonise the three talking therapies localities of Sandwell, Wolverhampton and Walsall In August 2023 with the expectation that Dudley will be joining the trust in July 2024. The purpose of the project is to align all of the services to be able to offer continuity of care and better patient outcomes.

The NHS England and NHS Improvement IAPT System Maturity tool was completed by Talking Therapies services in July 2023. The tool was designed and completed to provide information to aid improvement, identify key actions needed to ensure practice is meeting national standards and delivering a quality service. Services are still in the process of implementing these actions but work has commenced to further engage people with lived experience, further develop integrated pathways for clients with long term conditions as well as working on barriers to accessing talking therapies services.

Talking Therapies is proud to have a designated specialist perinatal team within Sandwell. The team have worked hard to produce its first workshop focusing on maternal wellbeing. With the aid of pathways established with health visitors and midwives the workshop will allow parents an earlier intervention within primary care as well as added benefit of peer support within a group setting.

Across the three localities over the last 12 months there has been a focus on recruitment which has been very successful. This has allowed waiting lists to reduce and clients to be seen promptly. Alongside the recruitment we have been able to upskill staff so that a variety of therapy modalities are available to meet the needs of our community.

The introduction of a business development and sustainability manager was introduced in July 2023 with a focus on increasing access to talking therapies, further developing pathways and prompting talking therapies.

The Talking Therapies service is looking forward to the changes and challenges that 2024/2025 have to offer, always keeping clients at the forefront of our decision making.

3.6.3 Increase access to, and scope of, Perinatal Mental Health Services

The Black Country Perinatal team specialise in the assessment, diagnosis and treatment of those affected by a moderate to severe mental health condition in the preconception, antenatal and postnatal period. The team promotes wellbeing during pregnancy, prevention of relapse and assists with birth planning. The team works with those who have a previous history of serious mental health difficulties and those who are experiencing mental health difficulties for the first time during the perinatal period.

We provide support for a range of mental health difficulties, including bipolar disorder, puerperal psychosis, depression, anxiety, OCD and bonding difficulties. The perinatal service is there to support those whose needs cannot be met in primary care. The service is well established now, and although we are one service the teams are split into two geographical areas, Dudley and Sandwell and Walsall and Wolverhampton.

The last twelve months has seen a whole host of positive developments. The service has now extended it's time working with people during the postnatal period from twelve months to two years. This has made a huge difference, particularly with parent-infant bonding and infant and parent mental health.

In January 2024 we launched our partner's pathway; this enables each referred person's partner to have a mental health assessment in their own right. Currently, this is for signposting and advice but our future plan is to offer structured interventions for partners.

We recognise as a service that there are still some communities that are underserved. It is of paramount importance that we reduce stigma and fear and ensure our service is accessible to all. We decided to make this the theme of our leadership away day in March 2024 and we had a number of guest speakers, including experts from traveller communities, Approachable Parenting (established in response to the needs of Black Asian and Minority Ethnic communities), Adoption at Heart, and Hannah Ackom-Mensah (the trusts community connexions lead and underserved population community development worker). The day was a triumph and each team has now set up work streams to develop this work further. The day was also a success in terms of opening the doors to direct referrals from Adoption at Heart, Approachable Parenting and Family Nurse Partnership.

Similarly, we have also increased training around diversity and inclusion and this is a standing item on both team meeting agendas and the service development agenda. The last twelve months has seen a plethora of therapeutic groups being delivered by the service. Some of

these are aimed to improve the mental health of the mother or birthing person, and others are to promote bonding and attachment and infant mental health.

We have had a really positive period of recruitment and this includes recruiting to a parent-infant lead post, a systemic family therapist, a peer support coordinator and a number of mental health practitioners and nursery nurses. We hope to shortly recruit two 'in-house' peer support workers, and this is a vital step in imbedding rich and authentic lived experience. The last twelve months has also seen an increase in referrals to the service and a reduction in wait times for assessments to take place.

All of the above achievements adhere to the ambitions of The NHS Long Term Plan and we have a clear strategy in terms of what we do next. This will include increasing access to psychological interventions by upskilling and training more staff to deliver these. Both teams are hoping to achieve accreditation to the Perinatal Quality Network, set up to share best practice at a national level. The last twelve months has demonstrated the commitment, hard work, drive and dedication from the team, and this has been reflected in the abundance of positive feedback we have received from recipients of our care.

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 ages of 20–29. 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 livelihoods of individuals with psychosis and their families.

IN 2023/24 BCHFT EiP services achieved top performing status in NCAP (level 4), surpassing the goal of level 3. In 2024/25 EiP aims to retain level 4.

This will require the service to deliver a range of increased interventions including:

- Adults with psychosis or schizophrenia are offered cognitive behavioural therapy
- 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

A Family Work Lead was appointed as part of a 12 month pilot scheme to improve access to family work within EiP, working towards all four locality teams meeting the level 4 NCAP standard. This post has now been made substantive and we aim to appoint into the permanent position by summer 2024. This will enable in-house family intervention training to run alongside those completing the Meriden programme.

EiP are developing a trust wide friends and family information sharing network, with various points of access, including online or in person. This will be fully functioning by September 2024. We have appointed peer support workers (PSW) into our Sandwell and Walsall teams, and aim to have a PSW in all four localities by summer 2024. A carer peer support worker will be appointed in due course, to work alongside the friends and family information sharing network.

Our Physical Health Team, led by a Registered General Nurse (RGN) continues to provide a targeted service to address physical health monitoring and promoting healthy lifestyles. It is anticipated the service will retain NCAP audit level 4 in 2024/5 indicating a successful increase in access to physical health care.

Psychology recruitment continues. During the year, all areas have been successfully recruited to for Cognitive Behavioural Therapy (CBT) Therapists and Assistant Psychologists. The increased provision of CBT for psychosis has again led to improved NCAP scores. A Consultant Psychologist has commenced in post, leading the psychology service, improving 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.

BCHFT EiP Services have successfully completed two quality improvement projects set out for 2023/2024, supported by the Royal College of Psychiatry and NCAP. This involved the roll out of the At Risk Mental State (ARMS) service in Wolverhampton, which is set to go live in autumn 2024 pending recruitment and improving access to Family Interventions in Sandwell.

This year Wolverhampton EiP increased the service age range to 65 years old, bringing the team in line with the three other localities, providing a service for patients diagnosed with First Episode Psychosis up to 65 years old.

Sandwell, Walsall and Dudley provide a service for patients who meet the criteria for At Risk Mental State (ARMS) however the service was audited and revealed that the pathway was somewhat diluted with the First Episode Psychosis (FEP) pathway. During 2023 work has been undertaken to re-launch this service, to provide a service within EiP which sits independently of FEP. This team will incorporate nurses, CBT therapists and psychologists in order to be concordant with NICE guidelines for the provision of ARMS.

3.6.5 The Impact of Registered General Nurses (RGN) and Physical Health Nurses on Serious Mental Illness in Early Intervention Services

In 2021 the trusts National Clinical Audit of Psychosis (NCAP) scores were low/requires improvement. To understand and analyse the impact of RGN/physical health nurses working within physical health teams and how this improves outcomes of Serious Mental Illness (SMI) patients, a review took place.

This review sought to outline the improvements in NCAP results and how this would impact on SMI patients with a view to increasing scores from level 1 to level 4 by 2023/24. A robust physical health team within the Early Intervention service needed to be built, with an RGN leading and staff from physical health backgrounds recruited to manage the assessment and monitoring of patients physical health. Expert knowledge and follow up care would aid in improving outcomes and improve trust scores. Sourcing the correct specialist staff, growing the physical health team and imbedding the importance of physical health within the service were priorities by utilising the assertive outreach model.

Actions that were taken:

- Incorporating blood tests for vitamins/infections/hormones to aid in the assessment process and management of clients with potential first episode psychosis
- Highlighting the need to interpret physical health data that affects the patient's journey and their outcomes
- Closing the gap between physical and mental health. Increasing staff knowledge and awareness of physical health/mental health
- Harmonising localities and what the trust can provide. Following the 'don't just screen, intervene' initiative
- Decreasing the delay in reviewing results, providing interventions and reviewing medications
- Decreasing the risk of side effects of antipsychotic medications such as weight gain, increased prolactin, low vitamins and risks associated with premature mortality among SMI patients

Next steps

The Early Intervention Service will strive to improve physical health outcomes and assessments for physical health throughout 2024/25 - improving access to physical health care throughout the trust and identifying potential risks and deterioration early to provide better outcomes. The service hopes to retain level 4 results in the next NCAP audit.

3.6.6 Ward Activities Pilot

In response to the NHS England guidance (July 2023) regarding increased rates of self-harm on hospital wards particularly in the evenings - *"there should be a programme of activities and groups that help to improve people's physical and mental wellbeing. These activities and groups should run daily on each ward, including at weekends and in the evenings."* The trust ran a pilot on one ward for the period of one week to demonstrate how patient experience and outcomes could be positively affected.

Information available to the project demonstrated that generally, current ward activities were being delivered between the hours of 9-5pm which is outside of the peak times for self-harm (this is variable across the wards) No standardised approach to the scheduling of activities by the coordinators was observed and content varied across wards with little interaction or peer support. Patients reported variation in activities from other hospital wards and that there were limited options available to engage with throughout the day. Patients reported they were bored on the wards with little to occupy their time.















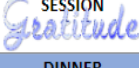





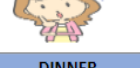







The pilot was also intended to identify challenges to implementing activities on the wards and provide recommendations to enable all wards to develop their activity scheduling. A ward at our Penn hospital site was chosen for the week long pilot, an activity co-ordinator was already in post and the project had the full support of the ward manager. Several visits to the ward by the project team enabled co-production of the schedule. A workshop comprising of internal staff and external partners took place to operationalise the 7 day activity schedule of activities, shown below. An additional Health Care Assistant was booked on shift in the afternoon / evening to support the pilot delivery. The project team also attended the ward at evenings and weekends to support.

All trust staff were contacted with a request for volunteers who would be able to provide an interest or hobby they could share with ward. Members of the Project Management Office team volunteered a guitar/music lesson workshop and a cupcake decorating activity. The

Recovery College delivered activities and a Lived Experience Consultant delivered a drama workshop and an art design session.

Examples of the planned weekly schedules from the week prior, week of and week post the pilot were studied and demonstrate a clear variation in activities being offered the week prior and post pilot in comparison to the week of the pilot.

Figure 47: Ward activities time table

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
10AM-12 NOON JO PAMPERING MORNING 	10AM-12 NOON JO POSTER PAINTING 	10AM-12 NOON WARD STAFF ACTIVITY WORKSHEETS 	10AM-12 NOON WARD STAFF BOARD GAMES 	10AM-12 NOON WARD STAFF BOWLING 	10AM-12 NOON JO CLAY MODELLING MORNING 	10AM-12 NOON WARD STAFF ACTIVITY WORKSHEETS 
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:30-2:30 REBECCA VOLUNTARY COORDINATOR VISIT 	1:30PM-2:30PM ALEX BRAINSTORMING FOR A WALL MURAL 	2PM-3:30PM JO R CUPCAKE Decorating 	1:15-3PM TARA DRAMA 	2PM-3:30PM ADAM GUITAR AND MUSIC SESSION 	1PM-2PM JO ONE TO ONES 	1PM-2PM WARD STAFF GARDEN GAMES 
3PM-4PM RECOVERY COLLEGE GRATITUDE SESSION 	3PM-4PM RECOVERY COLLEGE CREATIVE WRITING SESSION 	3:30PM-5PM JO OUTDOOR GAMES 	3:30-5PM JO AFFIRMATION SESSION 	3:30-5PM WARD STAFF BOARD GAMES 	2PM-5PM JO CLAY MODEL PAINTING 	2PM-5PM WARD STAFF PATIENT LED ACTIVITIES 
DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
6PM-8PM WARD STAFF MOVIE NIGHT 	6PM-8PM WARD STAFF MUSIC VIDEOS, DANCING SINGING 	6PM-8PM JO BINGO 	6PM-8PM JO GAMES SHOW NIGHT 	6PM-8PM WARD STAFF NAIL PAINTING 	6PM-8PM WARD STAFF KAREOAKE 	6PM-8PM WARD STAFF BOARD GAMES 

Outcomes

- No patients who self-harmed the week prior or post pilot week self-harmed during the pilot week and all engaged with the activities
- There were no incidents of violence or aggression on the ward during the pilot (3 weeks previous, 5 weeks after)
- 82% of feedback from patients was positive about the week
- Staff reported noticeable improvements in individual's progress during the week and greater engagement towards their treatment

Next Steps

The trust has continued this project work around therapeutic activities under the Therapeutic Environments Project (part of the Inpatient Transformation Programme) as a pilot at one trust site with a view to create a blueprint that can be replicated across other adult wards.

- Engagement with patients and LEC's regarding the activities they would like to participate with on the wards and feedback from the LEC's on what they felt worked well and didn't work well
- A two week activity timetable has been created for both the male and female wards at the pilot site to provide three activity sessions per day, 7 days per week

- We are engaging with the VCSE sector including the Recovery College to deliver 4 sessions per week to each ward as an in reach opportunity. This will assist with the sustainability of delivery of the two week timetable whilst introducing patients to organisations they can access upon discharge
- Setting up a monthly network meeting for activity coordinators to allow them to share ideas
- A donations drive for therapeutic activities took place the end of January where we asked staff to donate games, puzzles which could be utilised on our wards
- We are working with the charity engagement officer who has already secured us a £750 donation to help purchase items for a therapeutic garden space

3.6.7 Crisis Resolution and Home Treatment Service Evaluations

Service Evaluations were carried out in two of our Crisis Resolution and Home Treatment teams (CRHTTs) to monitor if they met the standards of care set out within the Core Fidelity Scale-version 2 (CFS-V2) from a service user perspective. The Core Fidelity Scale was developed in 2016 to assess CRHTTs in relation to a model of evidence-based practice. Its aims were to:

- highlight areas of strength and areas for improvement
- The satisfaction of participants with different aspects of their care in line with CFS-V2
- Any barriers in teams to achieving the model

A patient satisfaction questionnaire was devised from the CFS-V2. Quantitative and qualitative data was collected from participants via telephone interviews. Participants were service users who received an episode of care from Walsall and Wolverhampton CRHTTs and were discharged between 20 March 2023 and 20 June 2023.

The highest areas of satisfaction were:

- Staff attitudes: many participants reported that staff were friendly and professional and showed genuine care that was holistic i.e. considered social, financial needs and there was practical advice i.e. how to access foodbanks
- Being informed about the role and remit of the CRHTT: many participants reported that they had been informed about what the CRHTT does and how they can help and they had access to fast, timely and appropriate support
- working with diversity, caring/professional staff and fast response times

The highest areas of dissatisfaction were:

- Discharge planning: some participants felt that they were not properly prepared for discharge or how to cope in the future with waiting lists and discharge to services that felt less accessible
- Goals: some participants also reported lack of assistance around helping to develop goals whilst under CRHTT
- Communication with service users and family/carers, information provision and social/practical resource signposting

Results suggest that according to service user feedback Wolverhampton and Walsall CRHTTs continue to work towards the CFS-V2 standards explored. Recommendations around visits include:

- continuity of staff for initial contacts and length of contacts
- discharge planning and information
- improved communication with service users and their carers/family members
- consideration of physical health needs will be factored into this work during the coming financial year

3.6.8 Emoji score cards and Recovering Quality of Life (ReQoL)

The Allied Health Professionals Team within the Dudley Adult Inpatients Service created an assurance audit to capture patient outcome measures using both patient Recovering Quality of Life (ReQoL) scores and emoji's. The ReQoL outcome measure tool is completed during attendance at the therapy hub weekly whilst the emoji's (also used at the therapy hub) are used pre and post each group session to evaluate the effectiveness of the group via patients rating their mood.

The ReQoL is aimed to be completed twice weekly to gain the patient perspective of their wellbeing. ReQoL is a standardised wellbeing self-assessment measure. The team decided to use the 10 question version rather than 20 to encourage completion. It provides a score out of 40, the higher the score the greater a person rates their wellbeing.

Patient emoji cards are used to assess how a patient feels once they have left a ward to engage in therapeutic groups. The emoji is a visual tool where the patient picks which colour/facial expression matches their mood at the time. The emoji is completed in every group as it's a quick and non-invasive tool – adapted to allow those with variation in cognitive and language barriers to complete. This is completed before and after the group hence capturing an updated reflection on their mood related to the group specifically.

Using both of these methods provided a mixture of both quantitative and qualitative data to capture patient's feedback on sessions and their level of wellbeing. Data compiled for a six month period from June-November has shown positive results. ReQoL use showed 20 patients out of 34 noted an improvement in their wellbeing scores. November 2023 data alone in respect of the emoji scorecards showed an 81% improvement score.

Other inpatient localities in adult division have now adopted the emoji feedback method. We have also introduced across the 4 localities a QR code to allow patients to provide further feedback on groups attended and what they would like in the future.

3.6.9 Summer of meaningful occupation

During the summer months the Therapy Hub has been providing a variety of occupational focus sessions at Bushey Fields Hospital. These have ranged from leisure and productive groups (gardening, cooking and tennis sessions) alongside traditional hub programmes of sleep hygiene, worry management and emotional coping skills group. These groups have supported social participation, learning new skills and promoting the benefits of physical activity. The gardening group resources have contributed to the cooking group, using the products grown such as strawberries used to make Eton mess, and lettuce used to make side salads and vinaigrettes.

The 75th anniversary celebrations for the NHS was held in the hub garden allowing others to enjoy the therapeutic space that service users have contributed to the development/maintenance of. 46% of service users who attended hub in July rated an improvement in their wellbeing following attending sessions. Whilst 58% of service users in August stated attending maintained their wellbeing.

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, maximising 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 2024/25 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 the Major Conditions Strategy 2023 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.

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 as part of the overall older adults bed strategy
- Establishing five new primary care posts to act as a single point of entry and integrate in the Place Based Teams
- Developing and strengthening the therapeutic offers within the service

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 locations and providers in the community day service, rather than bringing patients into a hospital facility for their day service.

The trust's Clinical Strategy sets out its 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 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. This 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. We will review and agree 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.

We will work with statutory partners to continue to provide seamless access to social care and support, enabling patients to optimise their social, physical and mental health.

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 stream line processes and reduce delays.

3.7.5 Dementia Choir

In the autumn of 2023 we piloted the first Dementia Choir in the Sandwell region. This project was a wide ranging partnership between NHS staff in the Older Adult division such as psychology and occupational therapy staff, the NHS charity division, third sector providers,

alongside an external dementia choirmaster Sarah Jones. The choir was held for ten sessions and a performance at West Bromwich Baptist Church. The project was life enhancing for participants and facilitators alike. A short video about the project is available here [Shine A Light Choir \(youtube.com\)](#)

Further funds have been secured through the NHS charity division from applications to both the Power of Music fund and West Bromwich Building Society and the steering group is due to meet soon to plan future choir sessions in 2024.

3.7.6 Greenspace Projects

Greenspace projects across Black Country Healthcare Trust are collaborative gardening and horticultural projects facilitated by Occupational Therapy (OT) staff across the Mental Health OT workforce. Greenspace runs on the principles of “recovery through activity” and is aimed at increasing participation in everyday occupations. However they are often much more than gardening - Greenspaces offer plenty of other activities including, mindfulness, bird watching, pond dipping, walking for health and building small gardening structures.

Aims and objectives of Greenspace projects

Over the last year Greenspace aims have been to provide an inclusive community outdoor space where the therapeutic nature of horticulture can be experienced to enhance recovery and overall health and wellbeing. They aim to help those older people in the Black Country suffering with mental ill health and/or dementia to meet their psychological, physical, social, cognitive and sensory needs identified by themselves, with the help of their Occupational Therapist. The groups help set identified goals for each person referred and improve independence/functional ability following a decline in functional skills.

What are the benefits of Greenspace Projects?

During the pandemic years, Greenspace Projects were some of the few groups available to meet the occupational needs of older people as they were facilitated outdoors and met Covid rules and restrictions. In the post pandemic period, Greenspace projects have and will continue to be available to provide older people occupation when often other community groups have struggled to reform or ceased altogether. Benefits have been many for those attending:-

- provided opportunities to practise existing skills and learn new ones
- enabled people to establish/maintain a routine
- enhanced a sense of productivity, increased confidence and motivation and helped lift moods
- helped increase/maintain independence
- provided a connection with the natural environment and rekindled previous interests
- encouraged memory, attention and concentration

Greenspace projects will continue to be improved and structured in a consistent manner across the trust, so that older people have access to a wonderful resource that meets their identified goals.



3.7.7 Supporting Carers and Relatives of Individuals living with Dementia

Caring for an individual with dementia can have a significant impact on the carer's health and well-being. Therefore, it is crucial that carers are offered timely and appropriate support. STrAtegies for RelaTives (START) is an evidence-based intervention for relatives and carers of individuals living with dementia. START offers an eight session manualised intervention; each session focuses on a different topic, including stress and well-being, reasons for changes in behaviour, making a behaviour plan, behaviour strategies and unhelpful thoughts, communication, planning for the future, and pleasant events and your mood. START aims to support carers and relatives in understanding dementia and the needs of the person living with dementia, explore and develop strategies to manage difficulties associated with the caring role and manage stress and well-being.

In developing START, University College London adapted an existing carer's programme currently used in the USA (Gallagher, et al., 1985). START has since been successfully implemented across many NHS Trusts within the UK.

In 2023, the Older Adult Therapeutic Service (OATS) at Black Country Healthcare NHS Trust, implemented START as part of its care provision. START has since been delivered to carers and relatives of individuals living with dementia by the Assistant Psychologists working within OATS, under the supervision of qualified psychologists. START is delivered as a 1:1 intervention within an individual's home or across one of the trusts sites. We recognise that carers have various other commitments outside of their caring role, therefore, we work with carers when planning the intervention.

Since the intervention was commenced in June 2023, we have worked with eight carers from across all four of the trust localities with increasing referrals in recent months. The implementation of the programme has meant that carers have been provided the opportunity to reflect and recognise the importance of looking after their own wellbeing to enable them to continue to care for their relative. Through accessing the sessions, carers have been able to identify and access other avenues of ongoing support, learn and practice stress management skills such as guided meditations and also enhance their communication and engagement with the person living with dementia. Overall, the START sessions work to enhance the care of people living with dementia, by helping carers to feel better equipped and supported to deal with the challenges that caring can bring.

3.7.8 We Care – Service Evaluation

The National Dementia Strategy highlighted the need for improved training for professionals supporting people with dementia. Growing numbers of adults with dementia live in care homes within the UK, with reports of poor quality care being delivered in these settings. Improving the quality of care is reliant on a trained workforce. Therefore, a service evaluation aimed to assess the extent to which the service meets the objectives of the National Dementia Strategy was carried out, alongside an evaluation of an online dementia training package and the organisational factors impacting on the service's ability to meet these objectives.

Three care homes participated in the evaluation by completing a pre-training survey assessing their current experiences of dementia training. They also completed pre-post training measures assessing knowledge, confidence and attitudes towards dementia. Care home managers were interviewed to explore organisational factors.

Most staff members reported that they had not received adequate dementia training. Overall the online dementia training was found to improve staff confidence, knowledge and attitudes towards dementia. In line with literature, key organisational barriers discussed included poor resources and staffing levels.

The evaluation suggested that the service partially met the standards. However, it highlighted that training alone may not be adequate and that change is needed at an organisational level. The evaluation was discussed with the project lead based at the ECMHT and the care home liaison team to allow for recommendations to be made and actioned.

3.7.9 Football Cognitive Stimulation Therapy (CST)

CST is a recommended non medication treatment for mild-moderate dementia and is promoted in the UK by the National Institute for Care Excellence (NICE) and Memory Services National Accreditation Programme (MSNAP) and worldwide. CST is a 14 week programme of structured work aimed at improving memory and thinking skills, but also helps with mood and quality of life. Sessions are themed each week and follow the same structure. CST is currently facilitated within the trust by the Older Adults Therapeutic Service (OATS), for people of any age diagnosed with mild-moderate dementia.

This group 'kicked off' around 15 years ago, from an initial concept by a Community Nurse OATS, and a Community Support Worker. Taking the theoretical, research base of CST and combining this with the passionate subject of football. The sessions are held within two locations: Molineux Stadium in Wolverhampton (home of Wolverhampton Wanderers Football Club) and Birmingham County FA (Great Barr)

Referrals are received for this beneficial intervention from the internal services within the Older Adult division of the trust and also from local third party Dementia Support Services across the Black Country. Routine outcome measures at the beginning and end of the group are completed and staff seek feedback throughout the programme for any improvements that could be made to the delivery or content.

Three groups have been completed during this financial year and another is currently in progress within Wolverhampton. During May 2023 in the Wolverhampton group, The Wolves foundation supported facilitation for 2 of the 14 sessions. An event was held where two current players attended the group, providing an opportunity for photographs, autographs and prizes. One participant's photograph was chosen to be included on the front cover of a match day programme. He was also offered 2 tickets for this match. The Wolves Foundation also provided an opportunity for all participants to experience the Molineux ground tour. This was well received by all in attendance.

Participants in the group were very interactive, motivated and receptive to the themes of CST. The boundaries of the group rules which they developed during the initial session were maintained throughout the programme. It was observed as the sessions progressed that participant's confidence increased. One patient commented their love of the sessions "*It makes a difference bonding, so much laughter*"

The football CST programme has won several awards, been featured on the BBC and local radio. It has created other similar developments by football teams throughout the country. The group at the Molineux has been particularly successful in building links with the clubs charity the Wolves Foundation to introduce patients into the Molineux Memories support group for football fans whom have a diagnosis of dementia.

Future plans for the group will include running sessions in the Dudley and Walsall OATS regions and the possible development of a generic sports CST programme and a specific Cricket CST group. The OATS team are continuing to promote Football CST along with traditional CST and encouraging patients to consider this if they have a love of football, regardless of where they live within the Black Country or which team they support.

3.7.10 'Mindful Movement' Programme for Older Adults living in Sandwell - An Occupational Therapy Intervention

At the start of November 2023, Occupational Therapy Assistant Practitioners working in Sandwell Enhanced Community Mental Health Team for Older Adults launched the 'Mindful Movement' Programme for older adults who are experiencing anxiety/depression or in the early stages of dementia.

The programme aimed to improve our client's physical fitness and wellbeing through attending a gentle movement programme. We aimed to promote active ageing, supporting our clients in maintaining strong muscles and flexible joints, improving heart health and increasing balance and stamina to help reduce the risk of falls. The sessions were a great way to help people stay connected, improving confidence and self-esteem. Sessions also provided cognitive stimulation – recent studies have shown that exercise helps improve memory and slows down mental decline. The 'mindful walk' and relaxation elements of the sessions enabled people to feel calm and grounded.

Every session included gentle warm up exercises, seated yoga movements, a guided 'mindful walk' and relaxation exercises. At the end of each session we had time to connect with each other, providing social interaction. This was really valuable time to reflect on each members experiences of the session and encourage individual activity goals for the following week. There were 14 sessions in total, each week had a themed walk such as 'The Secret Garden' or 'A Day at the Beach'. Sensory props and themed music were used to help create the scene. Members were invited to share what they imagined on our mindful walk such as the types of trees or flowers they could see, this also created lots of discussion around past memories of special places.

Seated yoga movements were a key part of the session, yoga teaches us to be in the moment and when living with dementia – life is all about the moment.

At the start of the programme, everyone completed a WEMWBS (The Warwick-Edinburgh Mental Health Scale) – this is a tool used to measure mental wellbeing, clients who attended the Mindful Movement Programme all showed significant increases in their scores at the end of the 14 week programme. We also collated verbal feedback from our clients and their carers which supported the positive difference our clients had experienced through attending the weekly sessions.

The programme overall was a great success and made a positive difference to everyone who attended, following the programme clients started attending 'walking for wellbeing' sessions at Sandwell Valley with the future goal to introduce clients to community led walking groups, so that maintaining physical health and wellbeing is a regular part of their routine and key to retaining independence and sense of self.

Ultimately, the programme aimed to increase/improve and maintain independence with performing daily living activities, enabling clients to stay active. This was very much a 'doing' intervention – which is what Occupational Therapy is all about.

3.8 Learning Disabilities, Dudley Children's Services and Specialist Mental Health

3.8.1 Community Services Review

We have an opportunity to look at community learning disability services across the Black Country and focus on supporting people in communities and keeping them healthy. Evidence from other areas such as Winterbourne and LeDeR (Learning from lives and deaths – People with a learning disability and autistic people) emphasises the importance of meeting the needs of people at the right time at the right place. Our services have evolved in line with the Transforming Care Programme and this has changed the population of people with a learning disability that are in our care.

Our aim is to both improve the quality and consistency of care for people who use our services by providing a harmonised service across all localities to reduce duplication, taking advantage of new digital opportunities and developing a co-produced new service model that is fit for the Community Learning Disability Team. We believe the only way to truly develop our services is through co-production with the people that use the service, their families/carers, care providers and people who work alongside our service and colleagues who work in our learning disability community teams.

What has been done so far?

We have designed an easy-read questionnaire asking three questions: what has worked well? What did not go so well? Have you got any ideas to make our services better? We have asked people who have a learning disability, their families/carers and providers, staff and other colleagues, voluntary organisations, stakeholders and partners. We have held engagement events that have invited all disciplines of staff from across the division and we have joined community events with voluntary groups, providers and service users to hear their feedback.

Next steps

With all of the information that has been gathered, we want to develop a new service model that is fit for the future.

3.8.2 Adult Short Stay Crisis Provision – 'Crash Pad'

In December 2022, NHS E allocated BCHFT additional winter pressures funding to support with our hospital avoidance pathway for adults with learning disabilities and autistic people. The trust already commission an emergency response service with a community provider, to help prevent unnecessary admissions for people with learning disabilities and autistic people into mental health inpatient settings. This provider was asked to source a property that would be used as part of our hospital avoidance work and function as a short stay provision, where citizens go for a few days when in crisis or potentially at risk of being admitted.

The funding allocated covered rent, utilities, furnishings and food for a 12 month period, and the property has been available for use since 1st June 2023. The service is available for use by any Black Country citizens and the aim is to provide emergency short stays in order to support adults in a robust way, inform care planning to help determine and inform future support and accommodation and where possible support to return to their usual accommodation, family home or any other longer term provision.

The service can accommodate up to 2 adults at one time and is accessed through the Learning Disability and Autism Commissioning Team. Citizens who need to stay in the Crash Pad service usually do so for a period of up to 14 days, before they return back to their usual living arrangements or alternative accommodation.

Since opening in June 2023, 23 people have benefitted from the use of the Crash Pad service, 3 of these have used it twice. This has helped prevent avoidable hospital admissions and enabled the individuals to return home after a short break to support them through a crisis period.

Funding has now been agreed for an additional 12 months, which will ultimately support individuals with learning disabilities and autistic people to stay out of hospital, live well in their local communities and have a more positive experience with managing their crisis.

3.8.3 Improved Multi-Disciplinary Reviews for our patients - Person Centred Care

In spring 2023, The Larches ward implemented a new 'Terms of Reference' for how their patients received their regular Multi-Disciplinary Reviews – this gave a clear agenda, so all issues were discussed and framed within these meetings. In summer 2023 The Gerry Simon Clinic adopted this framework and developed it further, to ensure that 'Terms of Reference' provided consistency across the two provisions.

The improvements include:

- Fixed 'appointment times' for each patient – reducing uncertainty – 'when will they see me?' activities can be planned around appointment times, patients across the clinic are staggered over two sessions reducing possible disruption on one particular area. This also allows external professionals to attend the meeting more effectively
- Patients complete a 'preparation/ward round form' the day before to help them achieve the maximum out of their review – these reviews can sometimes be challenging for patients but by preparing, the patients can ensure that a wide range of aspects can be discussed during the meeting. Issues range from physical health, medication, activities and requests
- Patients are present, if they wish, throughout their review – this supports the patient being at the centre of all discussions and empowers them to have a stronger collaborative voice. If patients do not choose to be present, their completed form is still discussed and fed back to them following the review
- Rotating chair of the review – this ensures that all the members of the Multi-Disciplinary Team take responsibility for discussions, are seen equally, the framework set out in the Terms of Reference is adhered to and also that if further discussions are required these are planned with key individuals

The terms of reference and the ward preparation form were reviewed by all staff and patients following three months of implementation and amendments were made to the ward preparation form – patients wanted medication and a discussion around any incidences to be included. Both documents will be reviewed yearly going forward.

3.8 4 Changes to Care Planning for Learning Disabilities Inpatients - Person Centred Care

Both Matrons overseeing in-patient areas, with support from the Inpatient Operational Manager, are planning to support the Multi-Disciplinary Teams in overhauling how care plans are written and shared in 2024/25. Practises related to care planning will soon replicate practises within the wider trust and will ultimately result in care plans inputted directly onto RiO (electronic patient record).

This will enable all staff to access the care plans, especially temporary staffing – this will improve consistency and safety and ensure that the patients care is at the heart of all decision making.

A training programme is set to be rolled out in summer 2024 which will include experts by experience talking about why care planning, and getting it right, is so important for their journey.

3.8.5 Recruitment of Lived Experience Consultants (LEC) within Learning Disabilities - Person Centred Care and Co-Production

At BCHFT we constantly seek to provide the best possible care for our patients; to help us achieve this it is vital that we recognise and acknowledge any areas for improvement. We also recognise that those who have used our services can offer us invaluable feedback to help us develop.

One way for people who have used our services to get involved in helping service development is by becoming a Lived Experience Consultant (LEC).

A Lived Experience Consultant is someone who has had personal, lived experience of healthcare services (either as patient or carer), and uses their own experience to help inform and improve the delivery of those services.

LEC's play a crucial role in the NHS by sharing their unique perspectives from their personal journeys, with health care professionals, policymakers and service providers. They contribute to shaping policies, programmes, and practices to ensure they are more responsive and tailored to the needs of the service users and carers. LEC's collaborate with healthcare professionals and service providers to offer valuable feedback, identify areas of improvement and contribute to the development of innovative solutions.

During 2023/24 within the Learning Disabilities Division no LEC roles were filled, but this is something the service is keen to change. To help advertise and promote the LEC role within LD an easy read leaflet was developed titled "Get involved as a Lived Experience Consultant (LEC)". This was created in collaboration with the Patient Experience and Involvement Team, LD Speech and Language Team and a charity called Dudley Voices for Choice.

Using clear and understandable language, supported by images from Photosymbols, the leaflet explains what a Lived Experience Consultant is, lists how they can be involved, and the reward and recognition they can choose to claim, as well as who to speak to if they wish to be involved.

All services within our Learning Disabilities division are encouraged to promote and advertise this leaflet to patients and their carers; this can be done by either handing them out, having them available in reception/waiting areas, sending via post or by emailing a digital copy. We

are hopeful that this leaflet will help with this recruitment drive and we can work together to improve our services.

3.8.6 Transition Pathway Learning Disability (LD) CAMHs to Adult LD Services - Person Centred Care

This Divisional Quality Improvement priority (QIP) was identified through NICE guidance/benchmarking, incident outcomes, CQUIN, local audit, patient feedback and earlier transition scoping work. The aim of the pathway is to agree minimum standards for the transition of children with LD into Adult LD services, with a key focus on developing a needs led pathway for the transition of young people.

The rationale for this work is that there are differences in the standards between localities on the transition of young people with LD into Adult LD services. The purpose of this work is to bring these standards in line, using best practice, NICE guidance and commissioning arrangements to reduce variation in response across trust services. The focus will be to improve service user and carer experience and to support staff to offer a seamless quality service that is focused on the individual needs of service users at the point in time they require support.

The project commenced in June 2023 and is being monitored via the Divisional Quality Improvement Groups for LD and CYPF/CAMHs. Progress has been made in establishing a core transition working group that has representatives across child and adult LD services. There has been good representation across professional groups and services. Information has been shared in relation to national standards and best practice for transition. A scoping exercise has been conducted across locality areas to identify gaps in service provision and information from an earlier transition project shared. A SharePoint page has also been established to share information with all those involved in the development work.

A mapping workshop was held in March 2024 which examined:

- Individuals in scope/ eligibility
- Referral routes and entry points
- Screening assessment
- Learning disability transition electronic flagging system
- Transition tools
- Gold standard pathway- what does it look like?
- Transition documentation and accessible plan
- KPI development

Plan for 2024/2025

- A communication launch of the planned pathway- a meeting was held in April 2024 with the trust Communications Team to agree a plan for this
- A survey/questionnaire for staff and CYPF service users to understand any gaps in the current transition process and to gather feedback on their experience, highlighting what went well and what needs to change
- To present a case study of a service users own experience
- To hold a Living Experience Consultant (LEC) workshop to gather feedback and share initial mapping information
- To hold a further staff workshop to agree the pathway stages and process
- To develop a trust policy on transition and associated standard operating procedures
- To pilot a transition pathway for 12 months
- To ensure the National Confidential Enquiry into Patient Outcome and Death recommendations (2023) and audit conducted by CYPF services in 2024 are embedded

into the transition pathway work which relates to 5 key recommendations as shown below:

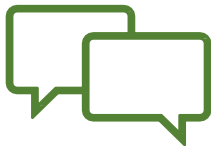
Recommendations



1. Make developmentally appropriate healthcare core business for all involved



2. Involve young people and parent/ carers in transition planning and transfer to adult services



3. Improve communication and coordination between specialities



4. Organise healthcare services to enable young people to transfer to adult services effectively



5. Provide strong leadership at Board and Speciality level at all stages of transition and transfer

3.8.7 Goal Based Outcomes in Specialist Mental Health Services

Over the 2023/2024 financial year CYPF Specialist Mental Health services have progressed and evolved the work which began with the Goals Based Outcomes being selected as our routine outcome measure. To enable us to audit against this and to audit against other markers of quality we worked with the Business Intelligence team to develop a Caseload Management Tool which is a live report available to all clinicians, supervisors and managers. This tool enables staff to know whether the Plan Implement Review Cycle is up to date and therefore whether care plans, goals based outcomes, risk assessments etc. are up to date. We launched this in January 2024 and have had wonderful feedback about its helpfulness.

3.8.8 Hospital Rooms Project

Sandwell CAMHS were successful in bidding for the opportunity to work with Hospital Rooms who are a National Arts organisation who collaborate with artists and service users to improve Mental Health hospitals.

We were the first Community CAMHS service in England to work with Hospital Rooms. Improving the environment was a priority for us as it had been a constant thread throughout all the feedback received from young people and families for several years. Our project started in April 2023 to make Sandwell CAMHS a more beautiful and creative place by transforming the Lodge Road CAMHS building with artworks made especially for these spaces. The final workshops took place in March/April 2024. The installation process will then take place over the next few months culminating in a celebration weekend in July 2024 where the artworks will be officially revealed.

During 2023/2024 there have been 36 workshops held during the school holidays. These workshops have been run by artists and the curators from Hospital Rooms who made the artworks influenced by what they hear from the young people in the workshops.

The workshops were divided into two groups under 14 and over 14. They were consciously inclusive and accessible to all young people regardless of their gender, culture, neuro diversity and mental and physical health needs. The young people who have taken part in the workshops have been a mix of past, present and future CAMHS users. The impact the workshops have had on the young people is really positive. The workshops are a space where they can be creative and connect with others in a safe non-judgemental environment. The responsibility for creating a legacy and improving the environment for future young people who access Lodge Road, helps improve their self-esteem and makes them feel like they have worth and are helping others. Workshops have taken place in various places including: Lodge Road, on a barge, outside in parks, in one of the artist's studios.

A group of 13 artists were recruited by Hospital Rooms. They have come from a wide range of backgrounds and have experienced mental health or physical health difficulties or have a learning disability. This has helped the young people to relate and see that people like them are able to be successful and are positive role models.

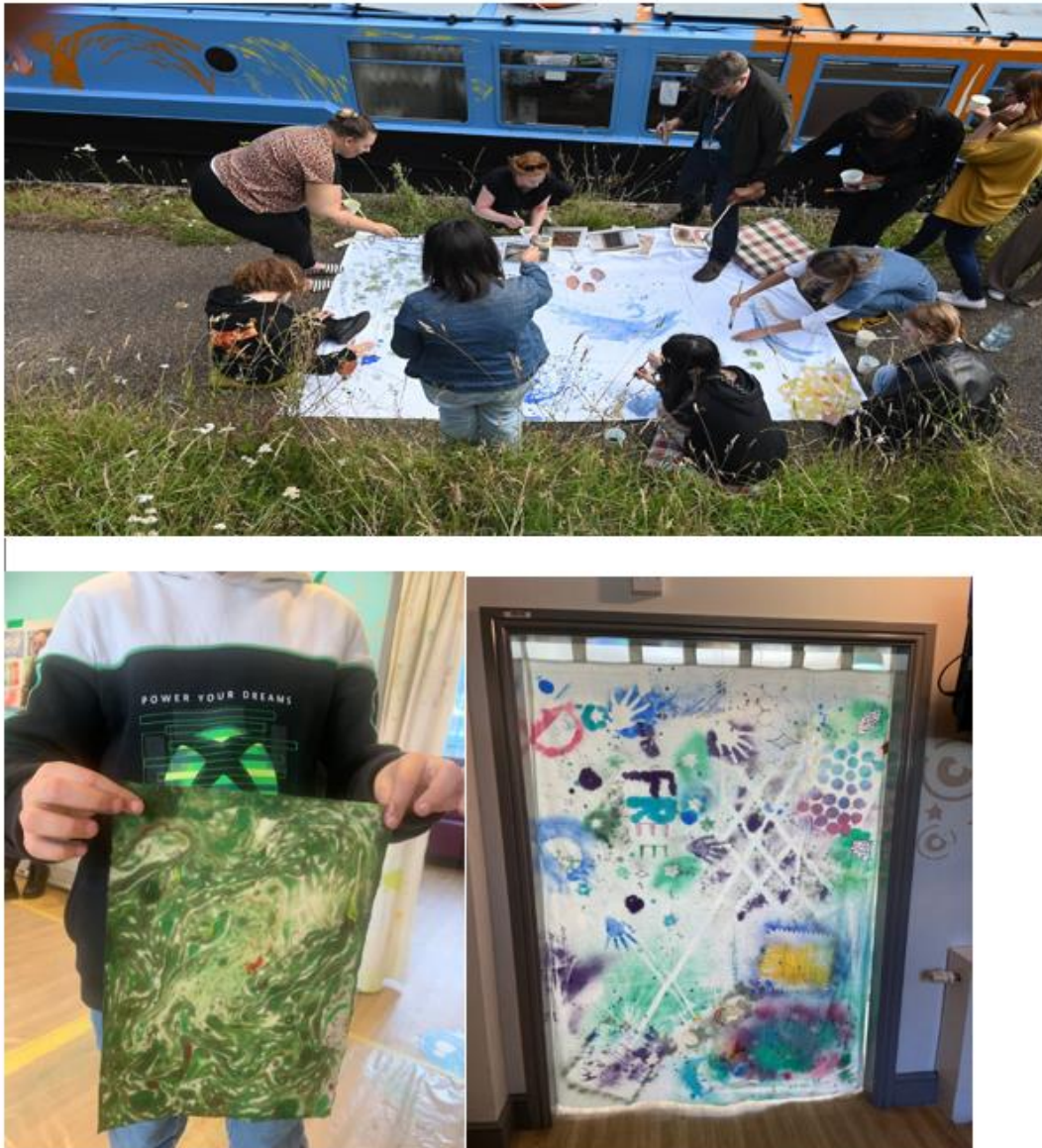
In addition, taking part in Hospital Rooms and listening to the artists and others talk about their experiences makes the 'arts' more accessible in a way that it may not have featured in their lives otherwise.

In September 2023 Hospital Rooms held an auction at Bonham's in London to raise money for the project. A video was shown at the start of the auction to encourage people to bid and was extremely successful and raised over 400K.

A fantastic quote from one of the young people (who can struggle with their mood and anxiety) in one of the workshops was, *'It was a good day. I felt light and colourful. Mum watched!'*

On the following pages are a few pictures of art created in the workshops by the young people. These workshops will inform and inspire the artists who have created and installed the final artworks in the rooms between April and July 2024. The hospital room's work is now rolling out to Adult Mental Health and Older Adult services, with art resources being provided to our organisation.

Figure 46: Hospital Rooms Project pictures

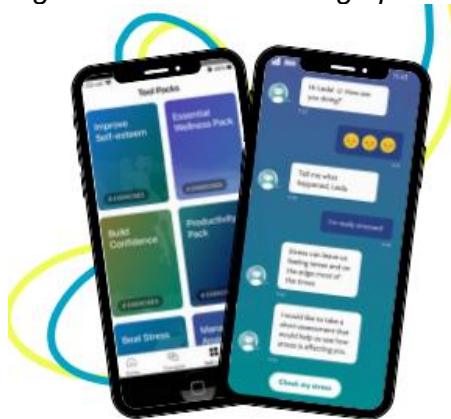


3.8.9 Wysa – Children's Artificial Intelligence App

Wysa is an Artificial Intelligence Mobile Device application which can respond in real time to young people who are wanting advice and guidance about their mental and emotional wellbeing. The app will 'listen' to what young people type, will suggest resources or skills that may be helpful in response. In addition Wysa will, via notifications, reach out to the young people, ask about their day, about the things that have been difficult and will seem to actively listen and respond to what the young people type.

The App is for children over 12 years old in the Black Country, children younger can use with parental support, and is available to all children in the region who would need a smart device (phone/tablet) to access it. So far more than 90% of young people who log into the app return for multiple follow on sessions and report it as being helpful and useful with users seeing improvements in their mood and worry.

Figure 47: WYSA details graphic



What does Wysa Premium include?

Your students get full access to all of Wysa's self-help tool packs, including 150+ exercises, with everything from mindfulness and meditation to therapy tools for anxiety and depression.


They will have access to Wysa Premium for 1 year from the date they download it.


What happens in case of emergency?


Wysa has built-in crisis support that gives SOS advice on how to get urgent help from local emergency mental health services in the case of an emergency. This feature also takes users through a grounding exercise to calm during panic.





How can students get Wysa?

Wysa Premium is **FREE** for all Secondary School students across Dudley, Sandwell, Walsall & Wolverhampton as part of a project commissioned by Black Country Healthcare NHS Foundation Trust. Students can follow instructions to download the app via the QR code on the marketing materials provided.

 **A safe space with Wysa**

 **Self-help content library**

 **24x7 mental health support**

3.8.10 All Age Eating Disorder Service

Following the trust merger and the continued community transformation work, we have 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 to align the service provision. The core team for eating disorders consists 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. We also have Peer Support workers to support coproduction and add the value of lived experience. Due to community transformation project work we are in the process of completing the recruitment to our eating disorder outreach element. This allows us to deliver more intensive interventions 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 (MEED) 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.

Figure 48: All Age Eating Disorder Service infographic



3.8.11 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 the 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 CAMHS-AMHS transitions element of the service launched across all localities of the Black Country beginning in Wolverhampton in Mid-December 2023, quickly followed by Sandwell, Walsall and Dudley areas all being live by late January 2024. The workforce are actively engaged with CAMHS Services across the Black Country and are establishing relationships with Adult Mental Health Services currently.

There is a commitment to establish Community Hubs (one in each locality of the Black Country) to provide additional support to those 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. This aspect of the service is a future plan, engaging in an expression of interest process for this work with Voluntary Sector Agencies in order to provide the community with services for the 18-25 age cohort that is not currently being provided or replicated elsewhere.

The following staff members have been successfully recruited into the workforce to date:

- Service Manager & Clinical Lead
- Principle Psychologist
- Transition Workers
- Mental Health Wellbeing Practitioners (Trainees for 12 months, progressing to substantive posts on completion of MHWP University Course)
- Expert By Experience Trainer and Young Person Panel Lead
- Peer Support Workers
- Admin Team Leader
- Admin Officers

This is a future plan to recruit a Clinical Psychologist, agreed within the workforce plan, to support the delivery of Psychological Interventions with the service. A further three transition workers join the workforce in May 2024. Branding and digital innovations have continued to be co-produced. A future plan is to have a website that is interactive for young people accessing the service, giving provision of digital resources to provide additional support.

The service has a future plan to apply for Lived Experience Charter Status on the basis that several volunteers that helped to develop the CAMHS-AMHS Transition Service have now acquired substantive Peer Support Worker Roles within the NHS workforce. These individuals have lived experience of mental health challenges and have successfully attained employment within BCHFT. There are also career progression opportunities for our Peer Support Workers, in the event that any vacancies appear within the future in the EbE Trainer & Young Persons Panel Lead and Mental Health Wellbeing Practitioner posts.

The service has launched using a strengths-based pathway. The workforce have been trained in the Personal Empowerment Approach, allowing the strengths-based pathway to be used in the initial stage of roll out of the service. Once the workforce is established in full, a future plan is to upskill the workforce with Systemic Family Therapy Training, in order to develop a family focus pathway and DBT Skills Training, in order to provide a managing emotions pathway. The service would offer these 3 pathways to strengthen the psychological aspects of care to the young people accessing the service.

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

A Quality Improvement Priority was developed to review transition due to age for children and young people within Dudley community services to ensure a seamless transition from

- Midwife to Health Visitors
- Midwife to Family Nurse Partnership (FNP)
- Family Nurse Partnership to Health Visitors
- Health Visitors to School Nurse
- Health Visitors to Special School Nurse

We followed a child/young person's journey between midwife, health visiting/FNP and school health/special school. There was some consideration given to incidents relating to lack of communication between midwifery and health visiting and ensuring that there are robust pathways in place. Learning was also taken from the school nurse handover audit that is done annually. The findings showed there are robust pathways in place which support transition (due to age) within Dudley Children/Young people's services however after reviewing these pathways it was identified parents/carers are not informed of the transition of care from health visitors to school nurses. To improve communication to parents of children/young people who transition, this was put forward for consideration to the 0-19 Service that Dudley Health Visiting adopted when they moved to Shropshire Community Health NHS Trust on 1st April 2024.

0-19 Service

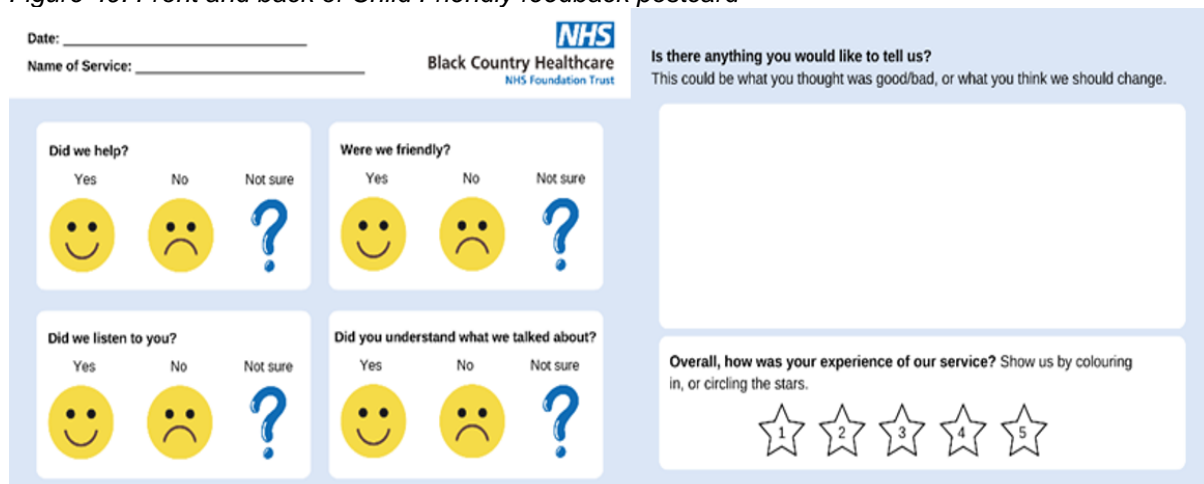
Dudley Health Visiting Teams and Family Nurse Partnership mobilised to Shropshire Community Health NHS on the 1st April 2024. The services will join with Dudley School Nursing with the aim of developing the 0-19 service clinical model.

3.8.13 Child friendly feedback Occupational Therapy/Physiotherapy

In 22/23 The Paediatric Occupational Therapy and Physiotherapy services completed a project alongside Patient Experience and Involvement 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 form was redesigned in co-production 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.

This trial continued during the early part of 23/24. During the trial we were relying on staff printing out A4 paper versions of these forms for patients to complete. Due to the overwhelming success of these new forms it was agreed that these would be re-designed and printed professionally as an A5 post card and would be made available for the whole of the Children and Young people's division. The form is also available online on the trust internet or directly via QR code.

Figure 49: Front and back of Child Friendly feedback postcard



The image shows the front and back of a child-friendly feedback postcard. The front side (top half) has a light blue background. At the top left, there are fields for 'Date: _____' and 'Name of Service: _____'. To the right of these is the NHS logo and the text 'Black Country Healthcare NHS Foundation Trust'. Below this, there are four questions, each with three options: 'Yes' (smiley face), 'No' (frowny face), and 'Not sure' (question mark). The questions are: 'Did we help?', 'Were we friendly?', 'Did we listen to you?', and 'Did you understand what we talked about?'. The back side (bottom half) has a white background. At the top, it asks 'Is there anything you would like to tell us?' and 'This could be what you thought was good/bad, or what you think we should change.' Below this is a large white box for writing. At the bottom, it asks 'Overall, how was your experience of our service? Show us by colouring in, or circling the stars.' and shows five stars numbered 1 to 5.

Since using the new Child friendly feedback form, we have seen a massive increase in the amount of feedback we receive in the Children and Young Peoples division. During 23/24 46% of the divisions Friends and Family Test feedback came from Paediatric Occupational Therapy and Physiotherapy via this method.

3.8.14 Dudley Children's Occupational Therapy Upper Limb Clinics

A new method of service delivery has been developed in the Children's Occupational Therapy Service for children with cerebral palsy. Some children with cerebral palsy can be at risk from their muscles tightening and shortening which can affect how they use their bodies to move and carry out daily functions. As Occupational Therapists we work with children and young people with physical difficulties or disabilities to enable them to carry out their occupations (the practical things they want to do, need to do or are expected to do) as independently as possible. For our children and young people with cerebral palsy, if the muscles in their arms or hands become too tight or stiff they may struggle to carry out their daily occupations. As a result of NICE guidelines and guidance from our professional body, the Royal College of Occupational Therapists, we have been working more proactively to manage any concerns that children and young people may have with their upper limb function. We have therefore set up upper limb clinics based on the Cerebral Palsy Integrated Pathway (CPIP). CPIP is a national follow-up programme allowing early detection of changes in muscles and joints, enabling timely intervention. The intervention may include us providing more intensive therapy sessions, provision of a hand splint or referral on to a paediatrician for medication to manage their symptoms.

We initially rolled out our clinics in the Dudley special schools and are now offering them to our pre-school and mainstream school educated children with tightness/stiffness in their upper limbs. Children up to the age of six years are invited to the clinic every six months and then every twelve months once they are over six years old as per the guidelines. We have liaised with the regional specialist Hand & Upper Limb Service at Birmingham Children's Hospital to develop an agreed pathway for onwards referral if we need more specialist intervention and advice. We have liaised with our local paediatricians to share the pathway with them, so they are also aware of the support that is now available to our children and young people. This new pathway enables us to manage children more proactively and equitably so that they can access the support and intervention that they need at the right time to maintain their independence and function.

3.8.15 Children's Speech and Language Therapy Service (SALT)

Over the last year the SALT service has worked closely with the library services and IT to produce a 'stand-alone' website. This has been developed to support parents, by providing advice/strategies, pre-referral and whilst waiting for appointments with the Children's Speech and Language Therapy Service.

[Home \(blackcountrychildrens.nhs.uk\)](https://blackcountrychildrens.nhs.uk)

The website contains:

- Areas of need/How can I help my child? For example: attention and listening, play, understanding, expressive language, vocabulary and speech sounds. Within the different areas we have included '*what the needs might look like*' and '*how can I help?*' which includes top tips and a link for a leaflet for parents/professionals
- Information about Dudley Children's Speech and Language therapy service and links to other Black Country Children's Speech and Language Therapy Services
- Useful links to recommended websites to support Speech, Language and Communication Needs/Development

We are continuing to develop the website to include a professional's page. This will include resources that have been produced for nurseries and schools by the service such as our 'Get Talking Programme' and 'Class Based Strategies' documents. In the future we are also hoping to have a blog section to encourage parents and professionals to return to the website for future support.

Alongside the website development, our team, in collaboration with the Communications Team, have also produced a number of demonstration videos to support parents and professionals. These give a visual representation of the strategies discussed in appointments and recommended in reports.

3.8.16 Development of Cerebral Palsy Pathway for Children and Young People

The trusts Paediatric Occupational Therapy Manager and Specialist Paediatric Physiotherapist have been working in conjunction with paediatricians at Dudley Group of Hospitals to provide a pathway of care for children aged 2 years and over with a diagnosis of Cerebral Palsy.

The project was initiated as a result of NICE guidance that outlined the gold standard for management of children with Cerebral Palsy. This led to the creation of Jigsaw clinic, a multidisciplinary clinic providing a holistic annual review for children with a Cerebral Palsy diagnosis who have complex needs.

The team have sought feedback from families via an initial questionnaire and a follow up focus group, around their experiences of being given a Cerebral Palsy diagnosis, and their experiences of Physiotherapy, Occupational Therapy and medical services since their journey began.

The outcome of the feedback collation is driving actions to improve experiences and service delivery for our families with a diagnosis of Cerebral Palsy, and work is ongoing to co-produce suitable information that can be provided to families along their journey, work with external services on providing accessible activities and peer support for children and young people with physical disabilities, and improve timely accessibility of care across therapy and medical services.

3.8.17 Delivery of High Quality and Effective Infant Feeding Support

National drivers and policies highlight the 1,001 days from pregnancy to the age of two as laying the foundations for an individual's development. It is also part of the World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health, the UNICEF Baby Friendly Initiative, and in England, both the NHS Long Term Plan and Public Health England's 2016 guidance on "giving every child the best start in life".

The Health Visiting Service delivers infant feeding support as outlined in The Healthy Child Programme. As part of maintaining a high quality service that is evidenced based and protects, promotes and supports breastfeeding, the Health Visiting Service has been accredited by the Baby Friendly Initiative (BFI) which is backed by United Nations International Children's Emergency Fund (UNICEF). However, the initiation figures for breastfeeding and continued breastfeeding remains low across many areas in England. Many women stop breastfeeding before they want to due to the lack of timely support. Yet, research has shown that breastfeeding not only has an immediate nutritional impact for babies but also long-lasting health benefits over the life course, helping close the gap caused by the wider determinants

of health. Families that choose to formula feed their babies also need information on how to make this an effective and rewarding experience but also as safe as possible.

In order to meet the vision of excellent infant feeding support for all families, regardless of their background or where they live, the Health Visiting Service and the Local Authority Public Health Directorate offered a secondment to a health visitor to maintain and develop high quality infant feeding support. This Infant Feeding Transformation Lead started the role in June 2023. The Infant Feeding Lead has since been working on developing infant feeding support across the borough with a number of stakeholders ranging from the health visiting workforce, the Family Nurse Partnership, specialist infant feeding midwives, family hub practitioners, public health practitioners at the local authority and a number of third sector organisations including those that offer the voice of parents and carers.

The Health Visiting Workforce, including the Family Nurse Partnership were re-assessed by the BFI in November 2023 and showed significant progress including around promoting close and loving relationships between parents and their babies, which is key to successful breastfeeding. The keyworker team of health visiting workers, with a passion for infant feeding, delivered practical skills audits and training to their colleagues. The community practice teacher produced effective teaching programmes to support the training. Training on how to use breast pumps was delivered to the keyworkers since expressing breastmilk can facilitate the continuation of breastfeeding. This resulted in being able to lend breast pumps to local mothers to support their breastfeeding goals.

The infant feeding lead has also worked in co-delivering training with the specialist infant feeding midwives to a mixed audience of health care workers and family hub practitioners.

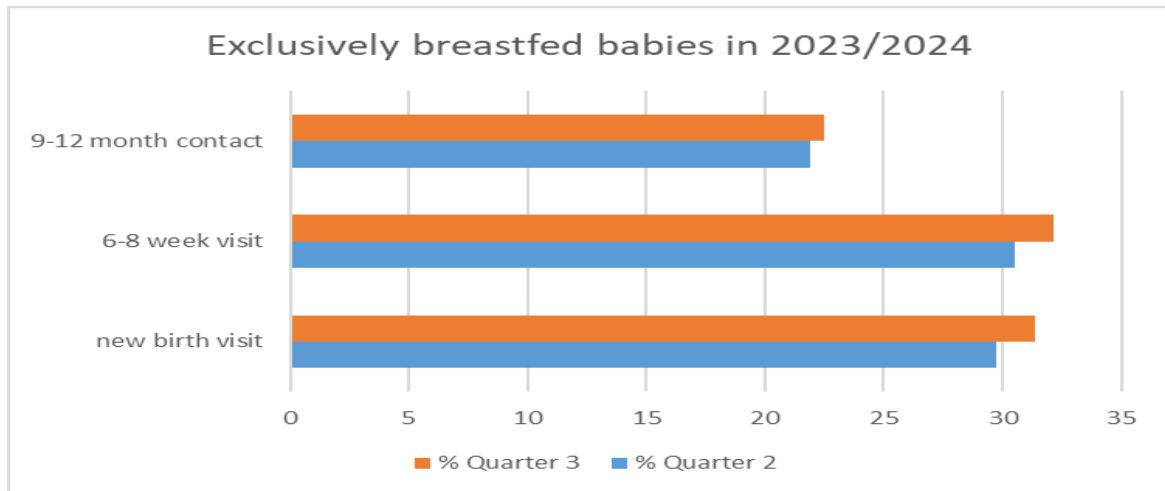
This initiative has resulted in increased staff knowledge and confidence around supporting infant feeding in a way that results in infant nutrition but also promotes the development of close and loving relationships between the main carer and their baby. Staff use evidence-based information during mandated visits with families, at well-baby clinics and other opportunities e.g. providing a baby weighing service whilst working alongside local peer supporters. These outcomes were highlighted by the recent BFI re-assessment, which not only included staff audits but also maternal audits.

Working with different stakeholders has helped staff develop an appreciation of other professionals' roles. Family hub practitioners and the specialist infant feeding midwives can refer families needing infant feeding support for babies older than 6 weeks to the health visiting service: families can access the health visiting infant feeding specialists for practical advice and support to achieve their breastfeeding goals.

Equally, health visiting staff can refer families to the specialist infant feeding team based at the local hospital and this service also offers a tongue tie assessment and frenulotomy service (minor surgery to release a tongue tie).

The data for exclusive breastfeeding at the new birth visit has shown an increase in numbers from quarter 2 to quarter 3, 2023/2024. This upward trend is also reflected in the breastfeeding data from health visitor contacts at 6-8 weeks and at 9-12 months as shown in figure 14.

Figure 50: Breastfeeding data



BFI accreditation of the Health Visiting service remains a priority and will entail on ongoing programme of training, auditing and data analysis to ensure the needs of local families are met. This will be evidenced by the feeding outcomes as mentioned above.

The development of a system wide infant feeding strategy is also underway with the local authority which will support infant feeding across the borough in a variety of contexts such as family hubs, leisure centres and other community assets.

There are also ambitious plans to further train keyworkers to move towards being breastfeeding specialists and baby friendly trainers. This will result in local families feeding their babies in the way they choose whilst protecting those who want to reach their breastfeeding goals.

3.8.18 Family Nurse Partnership – “Dads worker”

‘Dads at their best’ is a new and exciting service for young fathers who experience health and social inequalities and whose partners are eligible for the Family Nurse Partnership service in Dudley. Overall, the aim of the Dads Worker is to improve health and wellbeing outcomes for the young men themselves, their babies and their families. This is achieved by providing an intensive, newly developed, evidence-based programme of one-to-one visits to young men, from before the birth of their child up to when the child is one year old. The role compliments and works very closely with the Family Nurse Partnership team to achieve positive outcomes.

The service began to take referrals from within the Family Nurse Partnership team in October 2023. Currently there are 7 dads that are engaged with the Family Nurse Partnership Dads Worker who has visited dads at home, in the community as well as within the prison setting.

The new service is only the second in the country and has been supported by the Family Nurse Partnership National Unit.

3.8.19 Development of a pathway between Special School Learning Disability Nurses and Learning Disability Nurses for Children and Adolescent Mental Health Service

A pathway has been developed between the Special School Learning Disability Nurses Nursing team and the Learning Disability Nurses who work for Dudley Children and Adolescent Mental Health Services (CAMHS) Previously, there was no direction when children/ young people needed the support of the specialist CAMHS team and there were

inconsistencies with referrals; this pathway was developed jointly with the CAMHS team. It gives clear direction to the Special School Learning Disability Nurses and CAMHS nurses on when a child may require input from a CAMHS specialist and what strategies should be explored prior to a referral.

The goal is to ensure that families and the child are confident that all strategies have been explored and a detailed referral can be made to CAMHS. This will prevent unnecessary referrals to the CAMHS service and reduce the number of professionals involved in family care.

3.8.20 Continence Service care plan improvements embedded into practice

In 2023 the Continence Service carried out an audit of patient care plans to assess their effectiveness and to gain assurance that children and young people are included in the decisions made around their care. All agreed actions should be recorded into a personalised care plan which is then reviewed at every appointment. 43 audits were completed and their aim was to establish:

- How are the care plans beneficial?
- Who are they beneficial to?
- Are improvements required?

Key Successes

- Care plans are mainly beneficial to staff nurses and parents
- All children and families felt involved in the health care plan and understood it
- Care plans are easy to read even if English is not the families first language
- All parents felt no changes were needed to the care plan to aid understanding
- Most parents like the next appointment details being listed on the care plan
- Bullet pointed notes were preferred over lots of information

7 children said they would like to be involved in creating a new care plan format. They would like pictures and more colour and information that is key for them. Some asked for fun facts regarding the bladder and bowel. Children said they didn't understand the doses of medication and would prefer an image instead of writing.

Key Challenges

- The majority of children do not see the care plan, however the plans are sometimes discussed with them
- Parents found the care plans made the health problem too serious for the child
- The care plans were not deemed child friendly
- Opinions were not sought from GP surgeries (most care plans are sent to them for health requests)
- Not all fathers receive copies of care plans if they are separated from the child's mother
- At initial appointment mothers are asked if care plans could be sent to fathers but often said they will pass information on. Some fathers said they would take more ownership if they received care plans








Learning

The learning from this audit was embedded into the continence service as best practise and the team now regularly receive outstanding feedback regarding the child being at the centre of their care.

3.9 Care Quality Commission's Inspection Quality Rating

There has not been a comprehensive inspection of trust services or a Well-Led inspection by the CQC during this financial year. BCHFT continues to maintain a rating of Good at provider level, refer to the table below for full details. The trust is currently rated as Good in the domains of *Effectiveness, Caring, Responsiveness and Leadership*, and remains rated as Requires Improvement in the *Safe* domain.

Figure 51: Trust CQC rating

Ratings	
Overall trust quality rating	Good 
Are services safe?	Requires Improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 
Are resources used productively?	Inspected but not rated 

Core Service Report of Actions, Oversight and Governance

In accordance with Regulation 17(3b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, following the core service responsive inspection, the trust was required to provide a written report to the CQC of the actions planned to ensure compliance with the Health and Social Care Act 2008.

Internal performance reporting on all actions required as part of the written response is monitored via the established reporting cycles of the Quality and Safety Steering Group, Quality and Safety Committee and escalation reporting to the Board of Directors; chaired by the Chief Medical Officer, the Non-Executive Director for Quality and Safety and the Chief Executive Officer respectively.

External performance reporting takes place via quarterly reporting to the Black Country Integrated Care system, Clinical Quality Review Meetings, CQC routine updates and provider relationship meetings, and to external bodies as required.

Ratings for core services

The table below provides an overview of all core services provided by BCHFT and their respective quality ratings. Please note there have been no changes to other core service quality ratings during this reporting period.

Figure 52: CQC ratings of BCHFT services



3.10 Quality developments

Quality Improvement Team

The Quality Improvement Team provide support for our trust wide priorities and divisional priorities. The team is comprised of:

- **Head of QI** – Strategic lead for team and function
- **QI Lead** – Deputises for Head of QI and leads on our trust wide priorities
- **QI Coordinator and Facilitator** – 2 team members support each division to provide QI expertise and support

- **QI Administrator** – provides support to the whole team
- **Policies Coordinator and Facilitator** – delivery of our trust wide policies function

Roles of the Quality Improvement Team

Our Quality Improvement team currently supports and delivers:

- Development and delivery of the annual Divisional Quality Plan
- Clinical Audits
- Quality Improvement Projects
- AIMS Accreditation
- Training and Development (QSIR, quality improvement approaches, supporting teams to lead a QI Project)
- Divisional NICE guidance

Corporately, the Trust Quality Improvement Lead coordinates:

- National RCP, POMH and NCAPOP Audits
- Quality Account
- CQUINs
- PSIRF quality improvement coordination
- Corporate NICE guidance

Governance

Each Division has a Quality Improvement Group that:

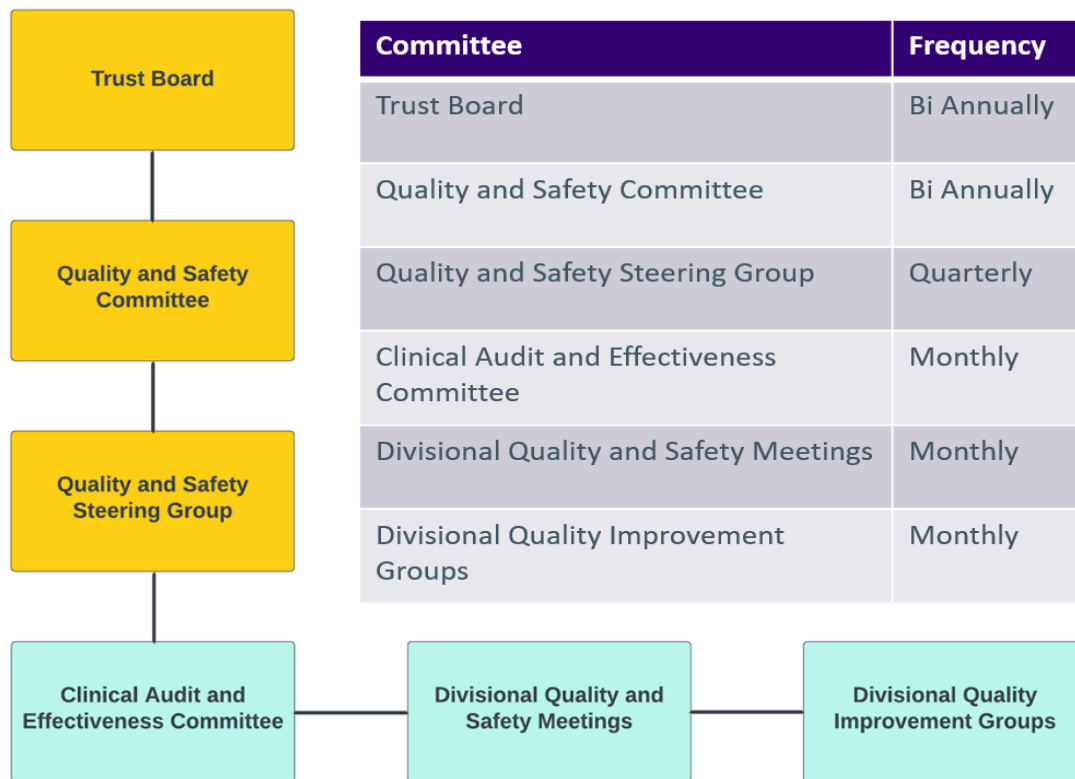
- Strategically steers all Quality Improvement Priorities for the division
- Recommends the agreement of the Divisional Quality Plan to the Divisional Quality and Safety meeting
- Reports on progress, risks and issues with the implementation of the Divisional Quality Plan
- Supports QI Champions
- Receives updates on National / Trust wide priorities that require divisional support

Reporting

A monthly update from each QIG is shared at our Clinical Audit and Effectiveness Committee meeting. Divisional Quality and Safety meetings also receive monthly updates and also report on Quality Improvement Priorities as part of their QSSG report. A governance flow chart can be seen below.

Governance Flow

Figure 53: Governance Flow



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 2024 – March 2025 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 28: Divisional Quality Plan contents

Division	Older Adults	Working Adults	Learning Disabilities	Children and Young People
Clinical audits/National Audits	√	√	√	√
Divisional Quality Improvement Projects	√	√	√	√
Assurance Audit migration to SMS Tech	√	√	√	√
AIMS Standards Review and Accreditation for inpatients wards	√	√		

Flu vaccinations for frontline healthcare workers	√	√	√	√
Reducing the need for restrictive practice in adult/older adult settings	√	√	√	
Routine outcome monitoring in community mental health services	√	√		
Routine outcome monitoring in CYP and community perinatal mental health services		√		√
Training and Development <ul style="list-style-type: none"> – QSIR Training Cohorts 2024/25 – Ad-hoc Ulysses Audit Module Training – PSIRF training 	√	√	√	√
Inpatient Transformation – demand and capacity inpatient flow project	√	√		
Culture of care standards	√	√	√	√
PSIRF – learning from QI	√	√	√	√
Promotion of patient engagement in QI	√	√	√	√
QI Champions/Practice and Quality Development Groups	√	√	√	√
Physical Health work streams: <ul style="list-style-type: none"> – Falls Prevention/Physical Activity/Therapeutic environment – Long Term Conditions – Cardiometabolic/VTE/NEWS – Lifestyle – Nutrition & Hydration 	√	√	√	
NICE monitoring and oversight	√	√	√	√
Delivery of year 2 Quality Improvement Strategy	√	√	√	√

3.10.2 QSIR Methodology

Figure 54: 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. We now have:
 - 59 staff trained in QSIR Fundamentals
 - 13 staff trained in QSIR Practitioner

Our QI Strategy includes support for all staff in utilising QSIR. This includes:

- Rollout of QI cafes during 2024/25
- Rollout of Continuous Improvement Days
- Development of a QSIR forum to ensure we are utilising the skills of our collective team of QSIR trained staff across the trust

During 2025/26, the trust will commence work on the development of a Quality Academy and will engage with partners across the Black Country to support the development of this. We will update on our plans for this in next years' Quality Account.

3.10.3 Patient Engagement

Engaging with, consulting with and co-producing with our Patients, Service Users and Carers is an important priority for the trust. In April 2022 the trust launched its three year service user and carer partnership strategy titled: *Empowered Involvement*. The strategy is led by the Patient Experience and Involvement Team who are responsible for delivering on three priorities. These are:

- How we capture, use and report feedback to bring about improvements with services and demonstrate our seriousness when it comes to learning from service user and carer experience
- Creating a unified, mutually beneficial programme of involving people with lived experience including the strengthening of governance arrangements
- Building on engagement and consultation with the Black Country community and embedding the principles and values associated with co-production

2023-24 has seen some significant developments during the second year of the strategy. Some of these are detailed below:

Priority 1

In 2022-23 an increase in the number of accessible ways for people to provide feedback was developed. In 2023-24 we continued this work by introducing a British Sign Language option on the trust website, utilising a QR code for printed communication. A trial also took place within Children and Young Peoples services with the aim of increasing the amount of feedback coming from users of these services. Therefore a postcard was developed with a more colourful design, relatable imagery, simplified questions and space to draw. The utilisation of Care Opinion and the use of a text message system to capture feedback have also increased the variety of accessible methods available to provide feedback and have overall increased the amount of feedback received across the trust.

Process and governance has also been strengthened in 2023-24 in relation to how feedback responses are collated, analysed and distributed in preparation for the triangulation with complaints, concerns and incidents as part of our Learning Lessons pathway in 2024-25.

Priority 2

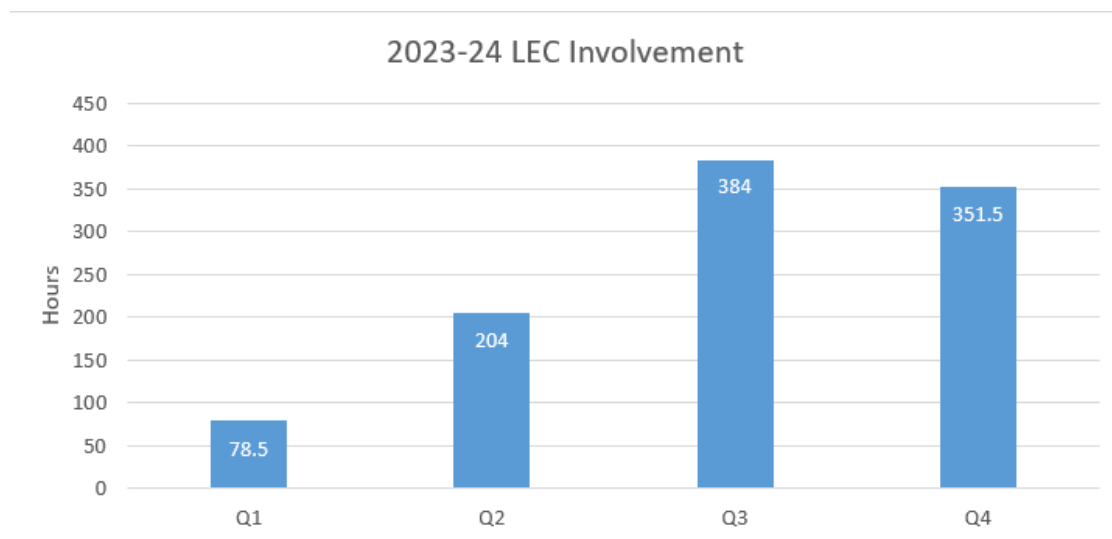
The recruitment of an Involvement Coordinator has led to a significant increase in both the number of people involved and the numbers of hours spent by people with Lived Experience in the inner workings of the organisation.

Figure 55: What is a Lived Experience Consultant?



The number of people involved grew from 10 at the start of 2023-24 to 42 at the end of March 2024. Subsequently, we have seen a significant increase from 300 hours of lived experience involvement during the previous year to 1018 in this financial year. A breakdown of the improvement trajectory and increase in hours is included below for reference.

Figure 56: Lived Experience Consultant Involvement 2023-24



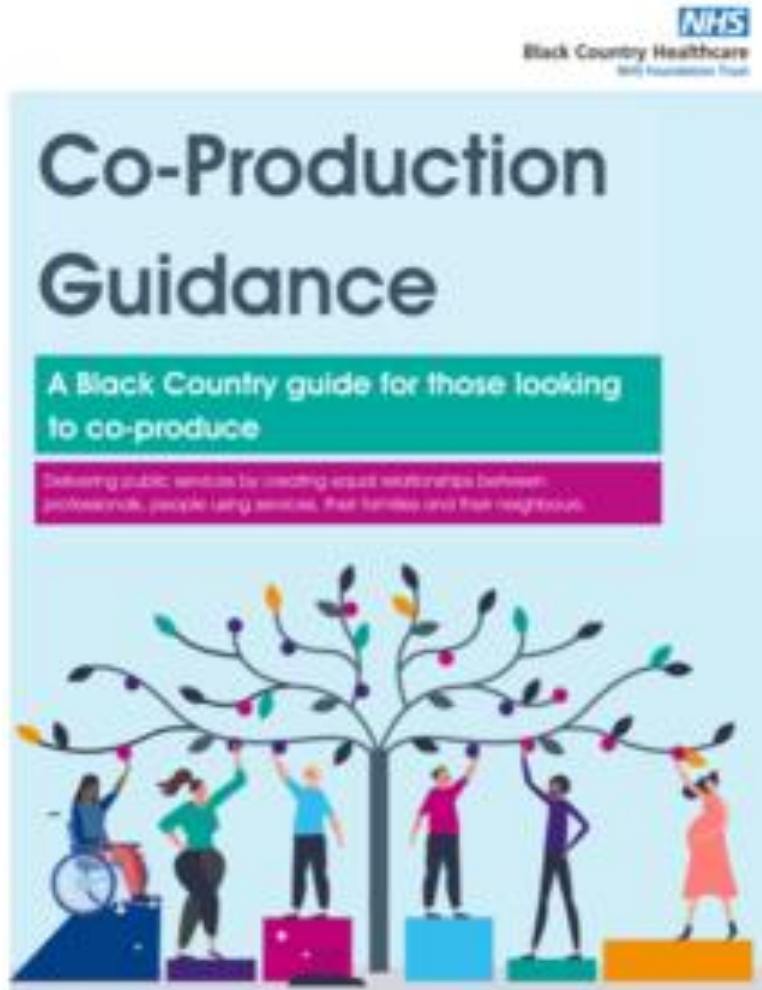
The hours associated with involvement cover a broad spectrum of activities. From reviewing patient literature to being part of staff recruitment and training, to Black Country wide service transformations and improvements. This also includes representation at the trust core business function meetings including those associated with Quality and Safety improvement.

In the previous 12 months there has also been a strengthening of governance arrangements with the development of our Involvement Policy and three accompanying SOPs to support staff, protect the trust and future proof the involvement programme.

Priority 3

Our co-production guidance was launched in 2023-24. This guidance has been co-produced by a collaboration of people with lived experience, trust staff and staff from local third sector organisations. Research, guidance and resources were sourced locally and naturally helped steer the guidance. These were encapsulated by peoples shared experiences and knowledge from across the Black Country.

Figure 57: Co-Production Guidance front cover



Next Steps

Heading in to 2024-25 a range of promotional materials are in development to share the guidance but also to increase peoples knowledge of Co-Production practice and principles. Early ideas include podcasts, posters, videos, and newsletters. In addition, the members of the Co-Production Network will also be aiming to deliver Co-Production training across the organisation and within the Black Country.

3.10.4 Quality Improvement Strategy

Our Quality Improvement Strategy was ratified by Trust Board during February 2024. The Strategy has three core pillars as illustrated below



- Quality Assurance – our mechanisms to provide assurance and support continuous improvement
- Quality Improvement – our approaches to improve quality
- Quality Culture – our approaches to embed quality in everything we do

Quality Improvement Priorities

We have outlined below the main priorities for each pillar. These will be part of our three year strategy and a phased programme of delivery has been agreed.

Pillar one – Quality Assurance

Key Priorities

- Implementation of our peer review approach
- Oversight and Coordination of ICB assurance visits
- Migration of assurance audits to SMS Tech
- Update and transformation of our Policies and Standard Operating Procedures portfolio

Progress to date

We consulted on our peer review approach during the summer last year and have now delivered peer reviews in each of our divisions. Our peer reviews are supportive continuous improvement reviews that enable teams to review what is working well, what are the challenges they need support with and their chance to shine – an opportunity to share good practice that we can share trust wide. Our ICB colleagues have been visiting our wards and services with their programme of planned assurance visits. These are reported and action plans are overseen by the Divisional Quality and Safety Meetings.

Over the last year we have reviewed all of our assurance checklists and updated these. We will be implementing a digital solution (SMS TECH) during 2024 which will provide real time information on our assurance checks and provide both assurance and areas where remedial work is required. This will be shared with divisional leads who will be responsible for monitoring and updating on progress with these.

We have been steadily updating our policies portfolio and will continue to support our teams to review and update these. We will aim to have 100% of our policies updated by the end of the 2024/25 financial year.

Pillar two – Quality Improvement

Key Priorities

- Strengthen our NICE implementation approaches
- Enhance our QIGs
- Introduce Quality Improvement Dashboard
- Introduce a sharing forum to support PSIRF dissemination across the trust

Progress to date

We have recently reviewed and updated our NICE framework. This was approved at our Clinical Audit and Effectiveness Committee following trust wide discussions. This will help support our implementation of NICE Guidance across the trust. Next steps will be to monitor implementation of the new framework and strengthen the learning and sharing of learning across the trust. During the summer of 2024, we will review our QIGs asking three key questions:

- What is going well?
- What can we strengthen?
- What would you change?

The Terms of Reference for QIGs will be updated following this review. Our Quality Improvement Dashboard is now live and we provide a monthly update on all Quality Improvement priorities from Divisional Quality Plans.



Division	Clinical Audit		Quality Improvement Projects		NICE		1:1 QI advice (counted by people, not number of times met)	QIGs
	Completed Clinical Audits	Clinical Audits in progress	QIP ongoing	QIP complete	Benchmarked	in progress		
LD	5	2	5	1	6	5	14	6
SMH	4	7	3	1	7	6	10	9
Dudley Childrens	5	9	2	1	3	4	13	5 (bi monthly)
LD/CYPF Total	14	18	10	3	16	16	37	20

Division	Clinical Audits	QI Projects	NICE relevant to Division	Informal QI and Audit Advice/Training	QIG Meetings
Older Adults	8	8	5	8	6

Division	Clinical Audits	QI Projects	NICE relevant to Division	Informal QI and Audit Advice/Training	QIG Meetings	Junior Doctor QI Induction Sessions
AMH	10	9	11	13	8	2

Our PSIRF Framework is now live. The QI Team are supporting our Patient Safety Team with the learning from these.

Pillar three – Quality Culture

Key Priorities

- Introduction of Quality and Continuous Improvement Awards
- Working with system partners to establish a Quality Academy
- Developing our QI tools
- Growing our network of QI champions
- Introducing our Quality Forums

Progress to date

We have commenced work on our Quality and Continuous Improvement Awards. We have agreed a phased programme introducing different awards over the coming year. This will culminate in an annual Chair and Chief Executive award from all of the awards we celebrate during the year. Our Quality Academy will be a priority for 2025/26. Our QI tools are all on our trust Intranet. We will continue to enhance and add to these during 2024/25. We now have a network of 80 QI champions and are continuing to grow. QI champions meet quarterly and many attend the Divisional Quality Improvement Groups. Our Clinical Senate will continue to drive our quality and continuous improvement lenses. During 2024/25, we will host four Quality Forums. The themes and focuses of these will be selected by the Clinical Senate.

Quality Improvement and Clinical Senate Festival

We are due to host our first of many festivals in 2024/25. This trust wide event will showcase our quality and continuous improvement journey and celebrated good practice.

Figure 60: Quality Improvement and Clinical Senate Festival graphic



3.11 Ways in which staff can speak up if they have concerns over quality of care, patient safety/experience, staff safety/experience, bullying and harassment or anything that causes concern 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 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 called "Listening Sessions", in support of open cultures, Guardians also endeavour to regularly attend the Staff Network Groups meetings.

A Manager's FTSU Handbook has been written and issued, FTSU Champions have been recruited, trained and are in post. 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, an FTSU App hosted by the trust in has now been launched. 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 and other initiatives. Guardians regularly meet with the Midlands Regional Guardians and play an active role in these meetings. Guardians also mentor new Guardians from this group as well as neighbouring trust Guardians.

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.

The National FTSU Policy at the trust has been ratified and published this year, which includes work that Guardians did on Disadvantageous and Demeaning Treatment (DDT), formerly known as detriment. Guardians noted that fear of retribution was a large barrier to staff speaking up and although the FTSU Policy made clear that the trust would protect anyone raising a concern from detriment, there was no clear procedure as to what the trust would do if DDT occurred, or the perception of DDT occurred. This procedure was also featured in communications along with a message from leaders that was intended to offer reassurance to staff that if they decided to Speak Up, they would be protected.

Guardians are joint leaders in a collaborative piece of work that involves other local trusts, The Dudley Group, Walsall Healthcare, The Royal Wolverhampton and Sandwell & West Birmingham NHS Trust. It is proposed that the above trusts along with BCHFT, all collaborate to produce a day/two-day schedule of messages to promote FTSU as business as usual. Trust CEOs and senior leaders will be invited to make a pledge to FTSU. Communications, Equality Diversity & Inclusion and Network Group Leads have been invited to facilitate this event.

Guardians were recently invited to be a part of the Black Country Integrated Care System (BCICS) expert reference Group - Task 3 Project Group. The purpose of a nursing and midwifery ethnic minority expert reference group is to act as experts by experience to advise and support the development and delivery of BCICS actions to address the historical inequity faced this group of staff. This will be undertaken by the Midlands Chief Nursing Officer & CMidO Ethnic Minority Delivery Group. The expert reference group will provide expertise through lived experience, vast NHS knowledge and intelligence from how race equality and inclusion is being felt “on the ground.”

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.

1888 staff completed their staff survey questionnaires, representing a response rate of 47% an increase of 3% over 2022; the Mental Health, Learning Disability & Community Trusts sector median response rate was 52% for the 51 sector comparator trusts. Across the composite scores making up the 9 themes, based on the 7 NHS People Promises and the additional themes of Staff Engagement and Morale, BCHFT scores were broadly in line with sector averages.

3.13 Doctors Out of Hours Duty Rotas

- The trust operates out of hours junior doctor on-call rotas at four localities in Wolverhampton, Sandwell, Dudley and Walsall
- The Junior Doctor on call rotas, which are residential rotas, are managed by the Department of Medical Education
- There are rest room facilities for junior doctors which are provided at all the four 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

Doctors within hour's rota for the wards

- Junior doctors cover the wards to manage emergencies during working hours
- This is mostly done by the team doctors and supported by junior doctors

Challenges

- Rota gaps occur primarily due to health reasons (sickness absences), to allow for Less than Full Time (LTFT) Trainees, vacant posts and for maternity leave

- Occasionally there are gaps in the Ward Cover Rota due to sickness, approved leave and attending on-calls or post on call off days for junior doctors. There are usually covered by other junior doctors

Actions taken

- Guardians of Safe Working hours provide the information to junior doctors during the induction about safe working hours and rest periods. They also provide the information about how to report any exception
- Guardians of Safe Working hours oversee the Out of Hours rota arrangements and 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 Tutors and Clinical Directors have worked together in sourcing internal doctors to cover these gaps
- Rest facilities in the hospitals are discussed in the Junior Doctors Forum Meetings 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. Working conditions and psychological wellbeing of staff is an increasing cause for concern and how they can best be supported in these challenging times.

Using the national NHS People Plan within our work, 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 and happy at work. We promote physical, emotional and mental wellbeing at work, with advice, awareness, guidance and information on a variety of wellbeing themes including stress, psychological wellbeing, compassion, menopause, self-care, burnout and financial wellbeing.

We continue to work collaboratively with a number of partners within the trust, such as, the Human Resources Team, Mental Health First Aiders, Menopause Champions, Organisational Development Team (OD), Spiritual Care Team, ICS Colleagues, Health and Safety, National NHS Employers Network and our 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 in 23/24:

Staff Support and Wellbeing Interventions

Table 29: number of group and individual wellbeing interventions for the year: (April 23 - March 24)

	Number of Referrals	Referrals from MH	Referrals from LD	Referrals from CYP	Referrals from Corporate	Wellbeing contacts (Inc Menopause, groups, training, induction)	1:1 Appointments attended	1:1 Appointments cancelled	1:1 Appointments DNA	Total Contacts
Apr-23	24	19	1	2	2	11	131	19	8	169
May-23	26	16	1	4	5	5	147	17	5	174
Jun-23	23	19	1	2	1	1	136	14	9	160
Jul-23	25	17	0	3	5	8	128	14	4	154
Aug-23	25	16	2	2	5	6	135	10	11	162
Sep-23	29	27	1	0	1	14	125	13	9	161
Oct-23	28	19	0	6	3	76	138	11	8	233
Nov-23	32	22	1	6	3	32	175	9	7	223
Dec-23	22	15	1	2	4	55	125	15	3	198
Jan-24	29	24	0	5	0	116	173	21	6	316
Feb-24	25	16	0	7	2	89	194	15	10	308
Mar-24	24	19	3	0	2	88	200	27	14	329
Total:	312	229	11	39	33	501	1807	185	94	2587

figures for staff wellbeing support includes all group interventions we have provided during the year

The highest referrals from continues to be received from the Mental Health Directorate, with over 74% referrals received. Followed by 12% CYPF, 11% Corporate and 3% Learning Disabilities. The cancellation and DNA rate has reduced from 15% in 2022-2023 to 10% in 2023-24 following the introduction of SMS reminder messages 48 hours before appointment.

Many of the staff accessing the staff support service are often absent from work.

Table 30: Referrals received for staff absent from work at point of referral

Referrals received for staff who were absent from work at point of referral				
	Absent at point of referral	Returned to work	Absence continued	Percentage returned %
Mental Health	31	27	4	87
Learning Disability	2	1	1	50
Children and Young People	9	7	2	78
Corporate	6	5	1	83
Total	48	40	8	83

Over 80% of the staff absent from work before receiving staff support had returned to work at the end of their treatment.

Summary of themes for referrals are below:

- Management of change
- Confidence / Imposter syndrome
- Social anxiety
- General anxiety
- Vicarious trauma / burn out
- Workplace incidents

- Interpersonal issues at work
- Bereavements
- Family issues
- Health issues
- Relationship issues
- Fertility
- Menopause

New Staff Wellbeing Booth

Funding was secured at ICS level for a wellbeing booth which is available for all staff to use and is located at Penn Hospital. The wellbeing booth is a fantastic resource and will provide staff with the following information regarding their health:

BMI • Blood Pressure • Heart Rate • Body Fat • Alcohol Consumption • Smoking Status • Type 2 Diabetes Risk • Mental Health • Perceived Stress Levels Wellbeing Age • Heart Age • Mood • Guidance on Recommended Actions

This was installed on 19 March and is already being used by staff see below:

Figure 61: Image of New Staff Wellbeing Booth



Staff Induction Wellbeing Support

The team continue to support the monthly staff induction programme, promoting the wellbeing offer at a face to face venue. The team now have a wellbeing presentation slot on the formal agenda to include the wellbeing offer, self-care and compassion.

Menopause Café

The online menopause cafes have been running for nearly 2 years now with dates set up until end of December 2024 and continue to take place monthly. Our face to face event in October 2023 featured as best practice in the December edition of the NHS Employers Connect wellbeing newsletter. We will be hosting a face to face event in October 2024 to mark World Menopause Day.

Menopause Champions

The network of Menopause Champions offers support to colleagues, signposts to relevant resources and regularly checks in on others as supportive friendship 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.

In-person Menopause World Day Event

Our first in-person Menopause Café took place on 19 October to provide support, advice and resources for staff to mark World Menopause Day. The event, which took place at DY1 in Dudley, included a range of stalls to offer support and signposting on how the trust can help colleagues experiencing menopause. The event was also a chance for colleagues to network in a safe, relaxed environment.

Attendees learnt about self-care and wellbeing techniques, from head and hand massage to yoga, meditation and breathing exercises. Beauty students from Dudley College were also on hand to provide treatments, while attendees could also take away a self-care and wellbeing goody bag of menopause-friendly treats.

Up to 20 free copies of 'Cracking the Menopause' by Mariella Frostrup were given away plus a special winner walked away with a copy of 'Menopausing' by Davina McCall. It was a fantastic, inspiring event with some feedback from delegates below:

"I just wanted to say 'Thank You' for the work you both do in terms of Menopause Wellbeing. I've had some real progress with my journey following advice I received at the menopause café at a time when I was getting really lost and exasperated with GP's and not being listened to.

After 18 months of what I call "losing myself", the 2 sets of bloods that I'd had taken have been reviewed and the female hormone indicator which is supposed to indicate Peri-Menopause was high and had been over looked.

I'm now receiving treatment and have a plan. Even though it's early days I have 'hope' which I didn't have before and that's down to you both facilitating this support."

Nursing - Retention Menopause Support (high impact action)

The ICB have held a Menopause Champion in the workplace workshop designed specifically for Nursing and Midwifery staff as part of the focus on retention work nationally and funding has been provided for this. Menopause support is regarded as a 'high impact action'. Although we already have menopause champions within the trust, we put forward 4 nursing nominations to complete this training.

Wellbeing Poster: Signs a colleague might need help

The Wellbeing Team have produced a signs to spot poster that has been sent out to all bases to raise awareness of the important signs to spot in colleagues that they might need help.

The bullet points are not exhaustive and offer prompts on spotting the signs and picking up on cues of stress in colleagues. It explains how to encourage a wellbeing conversation and to seek support and signpost them to help.

Figure 62: Wellbeing Poster: Signs a colleague might need help

Signs that a Colleague Might Need Support



Black Country Healthcare
NHS Foundation Trust

Behaviour

- Being moody or irritable
- Mood swings
- Being unusually quiet or withdrawn or very loud
- Avoiding others
- Being negative or argumentative
- Crying
- Blaming self or others
- Being suspicious or resentful
- Conflict or not getting on with colleagues or others

Feelings

They may report feeling:

- Worried
- Anxious
- Stressed
- Depressed or low
- Lonely
- Unable to enjoy things or feeling uninterested in things they normally enjoy

Behaviour

- Tiredness
- Frequent headaches
- Tense muscles, aches and pains
- Problems with digestion or nausea
- Weakened immune system, frequent colds
- Weight loss/ weight gain (from not eating enough or too much)
- Deterioration in appearance or personal hygiene
- Signs of self harm
- Being unusually fidgety or being unable to sit still
- Shallow breathing

Performance

- Being late/ leaving early
- Working longer hours (sign of feeling overloaded)
- Missing deadlines
- Making mistakes/ reduced quality of work
- Poor judgement
- Difficulty making decisions/ being indecisive
- Reduced motivation
- Difficulty focussing or concentrating on work
- Difficulty remembering things



The above signs are not exhaustive but spotting the signs of stress in colleagues/ staff is really just about knowing them and picking up on cues that something is not usual or quite right with them.

If you notice any signs that they need support:

- Arrange to speak with them privately, but reassure them that this because you want to help.
- If they don't feel able to talk to you, is there someone else they might be able to talk to?
- Ask them how they are feeling.
- Listen to them and do not judge
- Find out what they think might help them to feel better.

Where can you signpost them for help?

- BCHFT Staff Support on 0121 612 6812 or email bchft.staffsupport@nhs.net
- Vivup 24 hour telephone counselling and advice line on 03303 800658
- 19 self-help CBT guides from Vivup available from www.vivup.co.uk
- Their GP
- Our staff wellbeing intranet page - <https://staffzone.blackcountryhealthcare.nhs.uk/staff-dashboard/staff-wellbeing>

Together with you to achieve  **healthier, happier lives**



staff Wellbeing
@BCHFT

REST Campaign: It's Time to Have a REST – Take a break while on shift

We launched a campaign to encourage staff to take a break during their work day. Statistics in the July Happiness Survey showed that less than half of staff had a sufficient rest break whilst on shift, 17% saying they had to work through their lunch and 40% said they had 'too much work to do' to have a break.

6+ hour shifts carry an increased risk of accidents. This is why all staff should ensure they have a break during their work day to reduce the risk of accidents, injuries, and stress. We are also encouraging managers and colleagues to support their teams and ensuring everyone has time to have a break.

Figure 63: REST campaign graphic



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 trust priorities with work streams aligned to the People Promise Plan.

Wellbeing work streams for 2024/25 are:

- Wellbeing Strategy and associated 3 year work plan
- Wellbeing Champions
- Financial Wellbeing
- Delivery Board – Team BCH – Staff Safety: Respect and Civility, Compassionate Leadership, Debriefs (Psychological)
- ICB People Programme Delivery Group Wellbeing Programme - Inclusive Culture

Wellbeing Drop-in Sessions

Our new wellbeing drop-in sessions for all staff and managers launched in April 2024. The sessions play a key role in the engagement and awareness in the overall wellbeing offer. The sessions are a safe space for staff to take some time out of their busy work days, share challenges, get advice, have a cuppa and speak with colleagues about all things wellbeing including the completion of the wellbeing passport.

Each session is facilitated by a member of the staff support and wellbeing team and there are opportunities to have a 1:1 break out session with a mental health professional if needed.

There is opportunity throughout the session to receive free wellbeing treatments including head and hand massages and also exciting giveaways with some great offers.

Rest and Recharge – Mindfulness Sessions

The Rest and Recharge (R&R) Mindfulness Sessions take place on a monthly basis, on every first Tuesday of the month from 12:30-13:30. The sessions are a great resource to encourage staff to take breaks, connect with colleagues and reflect on their current wellbeing.

Figure 64: Rest and Recharge logo



The sessions are themed and focus on a different area of mindfulness each week. Each session is recorded and uploaded to the wellbeing page every month.

Month	Theme
April	Introduction to Mindfulness
May	Mindful space to rest and recharge
June	Mindful Sight
July	Mindful Hearing
Aug	Mindful Touch
Sept	Mindful Smell
Oct	Mindful Taste
Nov	Mindful Movement
Dec	Mindful Holiday

Wellbeing Passport

The wellbeing drop-in sessions will play a key role in engagement and awareness in the overall wellbeing offer. The Wellbeing Passport has been developed and designed as a tool to help self-monitor staffs' wellbeing journey and progress. The passport has been developed using NHSE guidance and is to be completed with a manager or someone staff members trust, to help establish wellbeing needs and decide how the organisation can support individuals. A training package for staff on the wellbeing passport has been developed to assist staff and managers.

Development of a Men's Wellbeing Support Group

We are in the process of setting up a Men's wellbeing support group and will be raising awareness of what support is available. We have run a series of men's campaigns throughout November 2023 as part of the Men's Health Awareness Month (Movember) to promote the importance of men seeking support and having wellbeing conversations.

Wellbeing Calendar

An interactive wellbeing calendar has been developed and will be available online. This will include dates and links for all of the internal support we provide such as wellbeing drop-ins, staff wellbeing group, mindfulness sessions, menopause cafes, financial wellbeing and men's wellbeing group. As well as external links for sessions provided by Shropshire Hub, Vivup, Pam (Occupational Health).

This allows staff to more effectively manage their time and ensure that managers have advance notice if staff request to attend. There will be posters printed and displayed across sites with a QR code taking them to the electronic version.

Wellbeing Strategy and Programme of Work

The new wellbeing strategy will briefly review achievements from the last strategy and outline our priorities for the next 3 years. It will follow the structure of the NHSE Health and Wellbeing

Framework and we will be transparent about realistic goals and potential barriers and challenges to achieve.

The programme of work has been developed in collaboration with staff across all areas of the organisation. Feedback has been provided through staff survey results, happiness survey results, engagement events and dedicated wellbeing focus groups with staff. Following the closure of the Black Country ICS Staff Wellbeing Hub in June 2023, it was recognised there was a need to move to a more stable, sustainable and preventative approach to wellbeing as an organisation rather than a more reactive, crisis led method.

All of the programmes of work have been developed to incorporate a therapeutic element and will be supported by senior counsellors working within the Staff Support Service. The wellbeing programme of work will be closely monitored by the Wellbeing Group and will report to the People Committee quarterly to ensure it continues to meet the strategic priorities of the organisation.

We hope that this work will support BCH priorities to improve staff retention, promote a culture of compassion and psychological safety, and reduce sickness absence associated to poor staff wellbeing. We know that being happy, healthy and well both at work and at home looks different for people and that one size does not fit all. This is why we have created a variety of wellbeing resources and support for staff to access when they feel they need it.

3.15 Empowering Our Staff Networks & Embedding Equality

The trust recognises the central role that our Staff Networks play in ensuring that all staff have a loud voice within it:

- Equality Network
- Disability Network
- LGBTQ+ Network
- Women's Network

We have provided all our Staff Network Chairs and Vice-Chairs with a monthly additional payment, to cover the work they do for their Network, and access to ring fenced funds in the overall Equality Diversity and Inclusion (EDI) budget. They also work closely with a professional partner in the EDI Team who belongs to the relevant demographic group.

This investment in our Staff Networks has allowed them 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 at staff induction days.

The increased support has also allowed them to undertake more ambitious projects, including the four Staff Networks working together with an external producer to produce a video that explained what allyship means to them and the wider Black Country Healthcare Economy. The video not only featured members of the Staff Networks but senior leaders including the Organisational Development and Culture Manager, Deputy Chief Nurse, and the Chair of the Board of Governors. The video has been incorporated into equalities training and can be viewed at <https://www.youtube.com/watch?v=loAfogMBpYI&t=1s>. Staff Networks also held a joint staff party at the end of the year which was attended by members of all Staff Networks and several members of the Board and Executive Team.

The EDI Team works closely with Staff Networks to deliver 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. Activities in 2023/24 included:

- Embedding diversity into the celebrations of NHS 75 with a special poster celebrating the 59 nationalities represented amongst our substantive staff team, the Windrush 75 flag being flown from Bloxwich during June, a Windrush 75 conference being held at the Wolverhampton African-Caribbean Heritage Centre, and South Asian food and activities at the NHS 75 fun day
- The Equality Network for Racial Inclusion and Cultural Heritage hosted a range of speaking events throughout the year, including welcoming Yorkshire Cricketer Azeem Rafiq and Professor Kehinde Andrews to talk about the impact that racism can have on people's mental health as part of our South Asian Heritage Month and Black History Month event programmes respectively
- Disability Staff Network secured funding for a deaf awareness video, with interviews with four deaf staff members about their experiences in the NHS being filmed at Penn Hospital in February. The video and associated training materials will be published later this year
- LGBTQ+ Staff Network celebrated Pride Month by attending Birmingham Pride and delivering rainbow-themed leaflets and celebratory materials across the trust. They also celebrated LGBTQ+ History Month with a special concert from the LGBTQ+ Choir Rainbow Voices
- The Women's Staff Network hosted two in-person wellbeing and celebration events for women at trust headquarters which included enrichment activities and inspirational talks from senior staff

The trust has continued to build on its work to enhance equalities training. The EDI Team has continued to deliver a comprehensive hour-long EDI segment as part of the in-person staff induction, with the staff networks promoted at the lunchtime marketplace. We also partnered with organisations such as Birmingham LGBT+, Fawcett Society, Show Racism the Red Card, Business Disability Forum, and Stonewall to deliver enhanced training sessions on equalities issues. The trust has developed new training sessions with relation to Active Bystander, Anti-Racism, Disability Inclusion, and LGBTQ+ Equality that it is now rolling out.

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. It is now a mandatory procedure at the trust that Equality Impact Assessments are completed for all business activities. Our Health Inequalities Strategy and Delivery Manager continues to develop 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: 2023 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 opted for an entirely online, full census of all staff, undertaken by its independent survey provider IQVIA; 1888 staff completed questionnaires. 47% (1888) staff completed their

survey. This was an increase from 2022, from 44% but below the sector median of 52%, up from 50% for the sector in 2022.

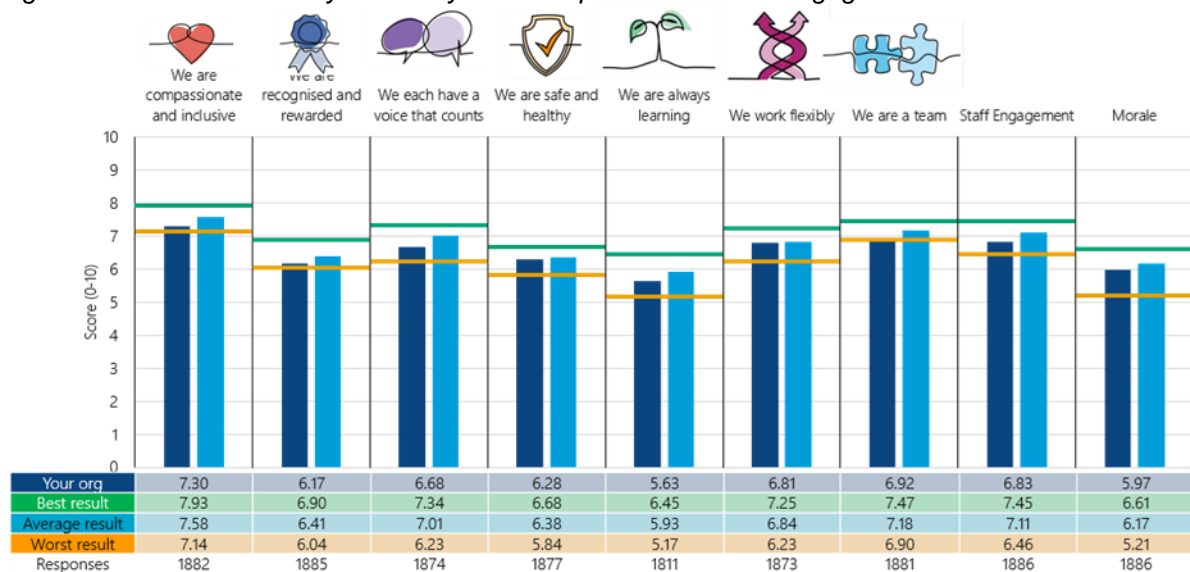
Overall Engagement rating of 6.8

This is a composite score from questions measuring Advocacy, Motivation & Involvement, rated out of 10. This score fell slightly from 2022 when it was 6.9 and is also slightly lower than the sector average of 7.1 (up 0.1 on 2022, with a sector range of 6.5 to 7.5) This drop and variation is not considered to be statistically significant.

Theme Results vs Sector

Results remain themed against the 7 NHS People Promises, alongside Staff Engagement and Morale. In all 9 themes we scored around the sector average for 2023

Figure 65: 2023 Staff Survey results by NHS People Promise and Engagement/Morale Themes



Theme Results Trust like for like

In all 9 themes there are no statistically significant positive or negative variations verses our 2022 score; changes shown below vs 2022

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

It worth noting at individual question level there are greater variations and more apparent declines in positive scores, so while it is legitimate to look at these overall composite scores, we should not ignore the changes or trends at question level.

At question level vs the sector 66% of question responses were statistically significantly below the sector 2023 score. For trust 2022 vs 2023 scores, the picture is better, as while 66% of questions did show a decline, only 10% showed statistically significant declines

The heat map reports will allow for further analysis around where challenges may be concentrated by sites, ethnicity, role etc. which can help for a more localised divisional and service line approach for targeting actions. Divisional and service line reports, using the same themed scoring system, are also helpful in highlighting particular areas to focus on and facilitates the identification of more nuanced, local priority setting.

Co-ordinating the follow up responses to the staff survey feedback will form part of the Learning and Development Group's portfolio, ensuring better governance and accountability for actions.

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 2024/25.

Healthwatch Dudley – Quality Account Statement 2023/24 Black Country Healthcare NHS Foundation Trust

As the voice of health and social care service users in Dudley, Healthwatch Dudley warmly acknowledges Black Country Healthcare NHS Foundation Trust's efforts to enhance patient services over the past year.

We're encouraged by the focus on improving community services, crisis support for adults, and measures to support individuals with learning disabilities, all of which point to a positive direction towards comprehensive and compassionate care.

Initiatives such as improved care planning processes, recruitment of lived experience consultants, and development of transition pathways for young people demonstrate a genuine commitment to prioritising patient well-being.

Furthermore, we welcome the proactive approach evident in delivering specialised pathways and enhancing therapy services with initiatives like goal-based outcomes in mental health services, introduction of an AI app for children's mental well-being, and establishment of an all-age eating disorder service showcase's commitment in addressing diverse healthcare needs with innovation and empathy.

We look forward to learning more about the focused work underway to reduce waiting times, as we know this is of great importance to people requiring timely help and treatments.

We recognise efforts to gather diverse patient feedback to adapt services accordingly. However, we believe that ensuring representation of the entire patient population in feedback is crucial. Monitoring feedback to identify and address potential gaps in representation, particularly among underrepresented groups, could further enhance inclusivity.

As the independent champion for people who use health and social care services in the Dudley borough, we're keen to understand the lasting impact of BCHFT's aims. With our commitment to valuing patient lived experience, we're naturally interested in the progress. We welcome any future opportunities to collaborate and work together to enhance healthcare in Dudley.

Healthwatch Dudley Team
May 2024

***Lead Commissioner Comments – Black Country Integrated Care Board
Quality Account Statement 2023/2024
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 2023/2024 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 2023/2024, the Trust has continued to have significant challenges relating to increased numbers of patients and acuity of patients. The BC ICB would like to understand further the community transformation work underway and how this work may begin to impact on length of stay and reduction in acute hospital admissions to Mental Health wards.

Within this reporting period, we recognise that the Trust have worked in partnership, to improve the quality and effectiveness of care provided, enhancing the close working relationships across the Black Country that supports the delivery of quality, safe services provided to our population. We recognise the Trust's achievements against their quality and patient safety priorities 2023/2024 which are outlined in this account and the continued work on CQUIN schemes despite the National decision to stand these down.

During 2023/2024, we have continued to meet regularly with the trust. Our Clinical Quality Review meetings and Quality Assurance Visits have provided an effective arrangement for the monitoring, reviewing, and mitigation of any safety and quality issues.

The Trust has demonstrated its commitment to quality, through the introduction of several quality improvement schemes during the year as detailed within section 3.8 of this Quality Account. We would particularly note the use of technology to develop the Childrens Artificial Intelligence App, the work undertaken relating to development of a pathway between Special School Learning Disability Nurses and Learning Disability Nurses for Children and Adolescent Mental Health Service and the Delivery of the 18-25 pathway including transition between CAMHS and AMHS.

The Trust has also maintained its overall CQC rating of 'Good', it is recognised by both the Trust and the BC ICB, that there are continued 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 2024/2025 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. A focus on staff support and staff wellbeing following the recent publication of staff survey needs to be a key priority for the trust and work to further support the arrangements for FTSU will be another key focus this year.

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. The Trust was able to successfully transition to PSIRF in 2023/2024 and we are confident that the patient safety priorities identified by the Trust will help drive through improvements and create better outcomes for patients. In addition, PSIRF will support more immediate action to be taken following an incident and allow a greater scope of methodology to be applied to ensure opportunities for learning are clearly identified and mitigating actions implemented.

In conclusion, we note the challenges of lead provider model with regards the pace of transformation activity and we will continue to work with the trust to understand the impact of the identified 2024/2025 priorities.



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

30th May 2024

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 2023/24 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 2023 to March 2024
- Papers relating to quality reported to the Board over the period April 2023 to March 2024
- 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 7th August 2024
- The latest national staff survey dated January 2024
- The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2024
- 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



Jeremy Vanes
Chair – Black Country Healthcare
NHS Foundation Trust



Marsha Foster
Chief Executive – Black Country Healthcare
NHS Foundation Trust

How to Provide Feedback

Thank you for taking the time to read our 2023/24 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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**If you require this document in another language or format please email
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Glossary of Terms

Term	Definition
Admiral Nurses	Specialist dementia nurses
ADSM	Anxiety Disorder Specific Measures
AEC	Anticholinergic Effect on Cognition score – a way of measuring the impact of medication on cognitive function
AHP	Allied Health Professional
AIMS Accreditation	Accreditation for Inpatient Mental Health Services
AMH(S)	Adult Mental Health (Services)
Annual Report	Annual reports to the public from providers of NHS healthcare
Anticholinergic medicines	Substances that block the action of acetylcholine, a neurotransmitter that affects involuntary muscle movements and functions
ARFID	Avoidant Restrictive Food Intake Disorder
ARMS	At risk mental state
ARRS	Additional roles reimbursement scheme – a funding scheme that provides primary care networks with funding for additional roles to create bespoke multi-disciplinary teams
AWOL	Absent without leave
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
BCICS	Black Country Integrated Care System
BCPFT	Black Country Partnership NHS Foundation Trust
BFI	Baby Friendly Initiative
BMI	Body Mass Index
BNF	British National Formulary – provides key information on medicines for health professionals in the UK
BPSD	Behavioural and psychological symptoms in dementia
CAMHS	Child and adolescent mental health services

Term	Definition
Care Plan	A plan to make sure that patients have care and support; it sets out treatment and goals for recovery and agreed plans between services and the patient
Care Programme Approach (CPA)	A process to co-ordinate the care, treatment and support for people who have mental health needs
Care Quality Commission (CQC)	The independent regulator of health and social care services in England; it also protects the interests of people whose rights are restricted under the Mental Health Act
CBT	Cognitive Behavioural Therapy
CEO	Chief Executive Officer
CERT	Community Enablement and Recovery Team
CFS-V2	Core Fidelity Scale-version 2 –aims to assess the fidelity of crisis resolution teams in providing optimal care for individuals experiencing mental health crises
CHIME	A framework for personal recovery – Connectedness, Hope, Identity, Meaning and Empowerment
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
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
Connecting with People	One of the Trust's suicide awareness training courses
CRHT	Crisis Resolution Home Treatment
CRS	Community recovery service
CSDS	Community Services Data Set - a tool that NHS digital us to collect community services data from the health records of individuals

Term	Definition
CST	cognitive stimulation therapy
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
DCCAB	Digital Clinical Change Advisory Board
DCF	Divisional Complaints Facilitator
DDCO	Divisional Digital Clinical Officers
DDT	Disadvantageous and Demeaning Treatment
Dialog	An outcome measure where service users are asked to rate their satisfaction and needs for care across different parts of their life and treatment
DNA	Did not attend
DQMI	Data Quality Maturity Index
DSPT	Data Security and Protection Toolkit
DWMHPT	Dudley and Walsall Mental Health Partnership Trust
EAS	Early Access Service
(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
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
ECMHT	Enhanced Community Mental Health Teams
E-Observations (E-Obs)	A digital solution to record the vital signs of a patient

Term	Definition
ePMA	Electronic Prescribing and Medicines Administration – A digital system to replace paper drug charts on inpatient wards
EPR	Electronic Patient Record
e-RS	Electronic Referral Service
Family Work	Behavioural Family therapy and formal carers support
FEP	First Episode Psychosis
FFP3	Personal protective respirator masks worn for medium and high risk care pathways
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 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
HCAI	Health Care Associated Infection
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
Hemoglobinopathy	The medical term for a group of inherited blood disorders involving the protein of red blood cells
HR	Human Resources
HSCA	Health and Social Care
Hyperprolactinemia	A hormonal disorder that affects both men and women, causing infertility, sexual problem and breast milk leakage
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. Now known as talking therapies

Term	Definition
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
ICB	Integrated Care Board – Replaced CCGs (Clinical Commissioning Groups) in July 2022
ICS	Integrated Care System
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
IRTCH	In-reach to care homes
K041a	Hospital and Community Health Services complaints collection
KPI	Key performance Indicators
LD	Learning Disability
LEC	Lived Experience Consultants
LeDeR	Learning Disabilities Mortality Reviews
LFPSE	Learning from patient safety events
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, + other sexual identities
LTFT	Less than full time
Mail on Monday (MoM)	Trust weekly newsletter
MAS	Memory Assessment Services
MDT	Multi-disciplinary team
MHAS	Mental Health Assessment Service
MHFA	Mental Health First Aid team
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
MRSA	A type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder

Term	Definition
	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 Institute for Health and Care Excellence (NICE)	A public body that provides guidance, advice and information for health, public health and social care professionals
National Reporting and Learning Service (NRLS)	National framework for reporting and learning from serious incidents requiring investigation in the NHS
National Early Warning Score (NEWS/2)	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
NCAPOP	National Clinical Audit and Patient Outcomes Programme
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 National Health Service 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
OCD	Obsessive-Compulsive Disorder
OD	Organisational Development
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
OSCE	Objective Structured Clinical Examination
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
PALS	Patient Advisory and Liaison Service
PAM	People Asset Management (occupational health team)
PAN Trust	The whole trust or more than one division
PCHR	Personal Child Health Record
PCMH	Primary Care Mental Health Teams
PC-MIS	This is one of the trust's electronic patient record systems
PCN	Primary care network
PCREF	Patient and Carer Race Equality Framework
PEA	Personal Empowerment Approach
PET	Personal Empowerment Training
PHP	Physical Health Psychology Service
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
PICU	Psychiatric Intensive Care Unit, providing intensive and specialist care and treatment for adult service users with mental health needs that cannot be managed on an open acute ward
POMH	Prescribing Observatory for Mental Health
PPT	Percentage Point
PSED	Public Sector Equality Duty

Term	Definition
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
PSW	Peer Support Worker
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)
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
QSSG	Quality and Safety Steering Group
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
Regulation 28 report	A report written by a coroner after an inquest, where the coroner has heard evidence that further avoidable deaths could happen if preventative action is not taken
ReQoL	Recovering Quality of Life – a brief outcome measure tool developed to assess the quality of life of people with different mental health conditions
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
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

Term	Definition
Royal College of Psychiatrists (RCP)	Professional organisation of psychiatrists in the United Kingdom, responsible for representing psychiatrists, for psychiatric research and for providing public information about mental health problems
RCRP	Right Care Right Person
RT	Rapid Tranquillisation
RTSSS	Real time suspected suicide surveillance
RSS	Referral Support Service
RSV	respiratory syncytial virus
SAF	Single Assessment Framework – new Care Quality Commission (CQC) approach to assess health and social care services
Safewards	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
SED	Service Experience Desk
Short messaging service (SMS)	A system that enables mobile phone users to send and receive text messages
SI	Serious Incident
SMI	Serious Mental Illness
SMS Tech	Smart Manufacturing Solutions Technology – hospital management solution
SOP	Standard Operating Procedure
SPA	Single point of access
SPC chart	Statistical Process Control chart – simple graphical tools that enable process performance monitoring
SPOR	Single point of referral
SPRINT	The successful planning and delivery of a project in a short timeframe
Staff space	A Facebook page for trust staff
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
(STEIS)	Strategic Executive Information System - NHS England's web-based serious incident management system
STORM training	One of the Trust's suicide awareness training courses
Talking Therapies (TT)	A programme that was developed to improve delivery of and access to psychological therapies for depression and anxiety disorders within the NHS

Term	Definition
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
TTT	Train the trainer
Ulysses	The Trusts combined incident reporting system
UNICEF	United Nations International Children's Emergency Fund
UTI	Urinary tract infection
VCFSE	Voluntary Community Faith and Social Enterprise
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
WYSA	An artificial intelligence mobile phone app to support mental health through chat, CBT programs and self-care exercises
ZSA	Zero Suicide Alliance



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