FOI0328/2024 Response

1. **Any inspection reports, notices, or correspondence between the CQC and Birmingham and Solihull Mental Health NHS Foundation Trust regarding patient safety concerns related to en-suite bathroom doors between 2014 and 2021. (that are not in the public domain)**

   BSMHFT seeking clarification: Can you please define and clarify what you mean by "notices" and "correspondences".

   Requester's Clarification: please refer to CQC website via this link regarding the notices/notifications that I am seeking these should include absence of registered individual, allegations of abuse , children and young people in adult units , death of detained patients , outcomes of applications to deprive a person of their liberty (DOLS)police involvement in an incident , serious injury to a person using a service unauthorised absences (Notifications - Care Quality Commission)

   BSMHFT seeking clarification: Can you narrow down the request and confirm what type of correspondences you are seeking and who the sender and recipient is of the noted correspondences.

   Requester's Clarification: email correspondences between the BSMHFT CNO , deputy CNO and the BSMHFT compliance manager with CQC regarding the above correspondence for the above notifications.

   Inspection reports are available through the CQC website and are a matter of public record.

   All inspection reports can be found on the link below.

   LINK: Birmingham and Solihull Mental Health NHS Foundation Trust - Overview - Care Quality Commission

   Please note that we are unable to provide the requested emails.

   This is because obtaining this information will require a manual and exhaustive searches through 3 years' worth of emails as this information is not readily recorded.

   In addition to this, we will need to review and potentially redact a large cohort of emails, all of which exceeds the 18 hour threshold to complete this task.

   The Trust therefore, rely on exemption Section 12 of the Freedom of Information Act 2000 to deny this aspect of your request.

   The Trust would advise, that if you are able to, can you further narrow your request in order for us to provide a response.

2. **Details of any enforcement actions taken by the CQC against the trust in response to these safety concerns during the same period (information that is not in the public domain)**

   Please find attached the Section 31 notice.

   Please note that the Section 31 has been lifted since November 2023.

3. **Records of any recommendations made by the CQC to the trust regarding the implementation of anti-ligature systems on en-suite bathroom doors. (internal reports and correspondences with CQC)**

   BSMHFT seeking clarification: Can you please define and clarify what you mean "correspondences".

   Requester's Clarification: Internal reports from directorates to clinical governance committee and board committees for quality safeguarding and safety regarding the ligatures reductions and door replacements work streams

   BSMHFT seeking clarification: Can you narrow down the request and confirm what type of correspondences you are seeking and who the sender and recipient is of the noted correspondences.

   Requester's Clarification: REFER TO THE ABOVE

   BSMHFT seeking clarification: Can you please confirm the time period you are seeking data from.

   Requester's Clarification: From the time (year) the first incident of a death of a patient on the ward that was related to doors that the CQC requested to be replaced

   Birmingham mental health unit 'failed us' over suicide - BBC News

   2021-0082-Response-from-Birmingham-and-Solihull-Mental-Health-NHS-Foundation-Trust-Redacted.pdf

   Multiple opportunities missed to prevent suicide death at NHS mental health unit, inquest hears | The Independent

   Please refer to the attached Section 31 notice and note that there were no separate recommendations.

   Please be aware that the Section 31 has been lifted since November 2023.

   In relation to the requested reports, we are unable to provide the requested information.

This is because obtaining this information will require a manual and exhaustive search through 3 years' worth of documentation as this information is not readily recorded.

In addition to this, we will need to review and potentially redact a large cohort of documents, all of which exceeds the 18 hour threshold to complete this task.

The Trust therefore, rely on exemption Section 12 of the Freedom of Information Act 2000 to deny this aspect of your request.

The Trust would advise, that if you are able to, can you further narrow your request in order for us to provide a response.

We have also attached CQC submissions which may address your query.

However, please note that the CQC submissions documentation have been redacted as the following exemptions have been applied:

- Exemption Section 40
- Exemption Section 38

Details regarding these exemptions are included within the CQC submissions folder.

4. **Information on how the CQC monitored the trust's progress in addressing these safety concerns, including any follow-up inspections or reports (internal reports and correspondences with CQC)**

   BSMHFT seeking clarification: Can you please define and clarify what you mean "correspondences".

   Requester's Clarification: SUBMISIONS FROM BSMHFT Governance manager or CNO or their deputies to CQC regarding progress on the replacement of the doors .

   BSMHFT seeking clarification: Can you narrow down the request and confirm what type of correspondences you are seeking and who the sender and recipient is of the noted correspondences.

   Requester's Clarification: as above

   BSMHFT seeking clarification: Can you please confirm the time period you are seeking data from.

   Requester's Clarification: as above

   From January 2021, the Trust were required to make monthly submissions to the CQC outlining progress with its action plan in response to the Section 31 notice.

This continued until November 2023 when the Section 31 was removed following a CQC focused inspection of the relevant services.

We had and continue to have engagement meetings with the CQC every two months where we discuss progress against any action plans and shared any updates on works the Trust is doing to improve patient safety and experience.

In relation to the requested reports and correspondences, we are unable to provide the requested information.

This is because obtaining this information will require a manual and exhaustive search through 3 years' worth of documentation as this information is not readily recorded.

In addition to this, we will need to review and potentially redact a large cohort of documents, all of which exceeds the 18 hour threshold to complete this task.

The Trust therefore, rely on exemption Section 12 of the Freedom of Information Act 2000 to deny this aspect of your request.

The Trust would advise, that if you are able to, can you further narrow your request in order for us to provide a response.

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5. **Any internal CQC and BSMHFT documents discussing the trust's failure to implement anti-ligature systems and the resulting patient deaths. And BSMHFT failures to implement safety management systems to address patients death on the wards and in the community under the Trust care)**

BSMHFT seeking clarification: Can you please clarify what you mean by "documents", are these report/ specific reports etc.

Requester's Clarification: reports to clinical governance committee and the quality committee regarding patients deaths

BSMHFT seeking clarification: Can you narrow down the timeframe you are seeking data from.

Requester's Clarification: From the time (year) the first incident of a death of a patient on the ward that was related to doors that the CQC requested to be replaced

There are no documents detailing this 'failure'.

Updates were provided to relevant meetings detailing the progress we were making with door system trials (as no commercially available products existed) and then the subsequent progress with the implementation of the doors once the installation programme had commenced.

In relation to the requested reports, we are unable to provide the requested information.

This is because obtaining this information will require a manual and exhaustive search through 3 years' worth of documentation as this information is not readily recorded.

In addition to this, we will need to review and potentially redact a large cohort of documents, all of which exceeds the 18 hour threshold to complete this task.

The Trust therefore, rely on exemption Section 12 of the Freedom of Information Act 2000 to deny this aspect of your request.

The Trust would advise, that if you are able to, can you further narrow your request in order for us to provide a response.

We have also attached CQC submissions which may address your query.

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6. **What system does BSMHFT use to record patients safety incidents and who is the executive lead and how many patients deaths by year have happened on the wards and community that have attracted PFD since 2008 ?**

BSMHFT seeking clarification: Can you please clarify if you are seeking the general number of deaths or deaths related to ligature.

Requester's Clarification: all deaths from 2008 to date of patients under BSMHFT that attracted a prevention of future death (

PFD) recommendation from the coroner plus reports confirming that the recommendations in these PFDs have been completed .

BSMHFT seeking clarification: Can you confirm which time period you would like the data from, 2018 to ?

Requester's Clarification: As above mentioned.

BSMHFT record patient safety incidents on the Ulysses system

The Chief Nurse- Lisa Stalley-Green is the Executive Lead for the Patient Safety portfolio.

The number of PFD associated to inpatient and community patients can be found on the link below.

Link: You searched for BSMHFT - Courts and Tribunals Judiciary

For the PFD's with an associated action plan there are 29 actions, 27 have been completed or are on track to be completed within the set timescale, whilst 2 due to the complexities of the action have not been completed on time.

Please note that reporting on actions from the Prevention of Future Deaths are governed through our Learning from Deaths Group, which reports to the Clinical Governance Committee.