



Black Country Partnership
NHS Foundation Trust



Annual Report, Quality Report and Accounts

April 2017 - March 2018

Black Country Partnership NHS Foundation Trust
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Presented to Parliament pursuant to Schedule 7,
Paragraph 25 (4) (a) of the National Health Service Act 2006

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Foreword from the Chair

I am delighted and honoured to have been appointed as Chair of the Trust and look forward to leading the Board of Directors and Assembly of Governors in their work. I would particularly like to thank Jo Newton, our former Chair, for her unstinting service for the three years up to her departure in November 2017.

Readers will be well aware by now that for a number of reasons the Transforming Care Together Partnership (TCT) ended somewhat abruptly in February 2018. However, it provided us with some invaluable learning to take forward, and I'd like to take this opportunity on behalf of the Board of Directors to thank our counterparts from Dudley and Walsall Mental Health Partnership NHS Trust and Birmingham Community Healthcare NHS Foundation Trust for their support and contribution throughout.

The financial position of the Trust, as indeed for the majority of NHS Trusts, remains challenging and a priority for the Board of Directors is to secure sustainable service provision for the future, aligned very much to the expectations of the Sustainability and Transformation Plan for services across the Black Country.

Against a very difficult and for many, an uncertain time, the Trust performed extremely well last year, and this report provides what I hope you will find to be a helpful account of what has been achieved.

Our performance is testament to the skill and dedication of the people associated with the Trust. Having thanked our TCT partners, it would be remiss of me not to extend my grateful thanks to:

- all our staff in whatever function they work through whose collective professionalism and care have helped our service users, many of whom are the most vulnerable in society, on their journey to recovery.
- my fellow members on the Board of Directors for their invaluable contribution to steering the Trust through its busy agenda, from ensuring the continued quality of service provision through to overseeing operational performance; and
- our governors, who are an important, dedicated group of volunteers giving freely of their time in fulfilling their duties.

Looking forward, the Trust, like the wider NHS finds itself in an increasingly challenging and changing environment. Against that backdrop, I and my colleagues on the Board of Directors remain fully committed to ensuring the best possible service provision in the future, and the sustainability of that provision in our area.



A stylized, handwritten signature in black ink, appearing to read 'Andrew Fry'.

Andrew Fry
Chair

Foreword from the Chief Executive Officer

Whilst the end of the Transforming Care Together Partnership (TCT) was disappointing, there is now an opportunity to take the Trust forward to prominence across the Black Country and I'm delighted to have been appointed to lead the Trust in this quest.

An enormous amount of work went into preparing for a safe integration and transfer of our services as part of TCT; front line staff were heavily involved in various work-streams looking to ensure a seamless transition and to develop the service offering, but our staff in corporate supporting functions, where the change and uncertainty was most prevalent showed tremendous professionalism in their approach. There were some very good initiatives coming out of the TCT programme and it will be important that we build on this and other learning from TCT in our future work.

All of this work went on whilst we continued to provide good quality services, met all the national service targets and contractual obligations and delivered it at less cost than we expected; that's testament to everyone working together across the Trust for which I would like to say a big thank you.

The NHS faces some of its most significant challenges ahead – the need to transform service provision in collaboration with other partners in the health and social care system whilst maintaining and improving the quality of services within increasingly stretched financial budgets is perhaps of greater significance now than it ever has been.

Change and uncertainty can be daunting for both our staff and those who use our services. Having worked within the Trust for nearly seven years I am fully aware of the commitment of our staff to the provision of good quality services in which care and compassion for the people who use our services is prominent. At the same time, the Trust also has to demonstrate that it cares for its staff, which is a priority that has been agreed by the Board of Directors.

Looking ahead will inevitably lead to closer and more collaborative working relationships with other bodies and it will be as demanding in the future as it has been in the recent past, but I'm confident in our collective ability to secure the very best outcome for the services and those who use them.

In conclusion, I would once again thank staff and colleagues, and our partner organisations for their commitment and support during the year and look forward to continuing to work together to deliver high quality services in the future.



A handwritten signature in black ink, which appears to read 'Lesley Writtle'.

Lesley Writtle
Chief Executive Officer

The Trust's vision is:



Supported by our vision statement:

To work with local communities to improve health and well-being for everyone

Values

- **Honesty and Transparency**
- **Integrity**
- **Empowerment**
- **Compassion and Kindness**
- **Dignity and Respect**

Goals

- To **reduce inequality**
- To improve and promote the health of local communities
- To provide high **quality** care, in the **right place, at the right time**
- To put **people** and their families **at the heart of care**

Strategic Objectives

1. We will **nurture a culture** which provides: **safe, effective, caring, responsive** and **well led services**.
2. We will **involve and listen** to patients, carers and family's experience to **continually improve services** we provide.
3. We will be a **leading provider** of specialist mental health, learning disability and children's services, proactively seeking opportunities to develop our services **building partnerships** with others, to **strengthen and expand** the services we provide.
4. Attract and retain a well-trained, diverse, flexible, **empowered and valued workforce**.
5. Resources will be used effectively, **innovatively** and in a **sustainable** manner.



► Family Nurse Partnership Teddy Bear's Picnic

SECTION

Performance Report

1

1 Overview

1.1 Purpose of this overview

The purpose of this overview is to give the reader a short summary that provides sufficient information for them to understand the organisation, the key risks that might compromise the achievement of its objectives and how the Trust has performed during the year.

1.2 Brief background and establishment

The Trust was authorised as Sandwell Mental Health and Social Care NHS Foundation Trust in February 2009.

In 2011 the Trust changed its name to Black Country Partnership NHS Foundation Trust in acknowledgement of the transfer of services from the former neighbouring Primary Care Trusts.

The Trust's services are predominantly divided into two clinical groups: the Mental Health (planned and un-planned care) Group and the Learning Disabilities and Children, Young People and Families Group.

The following section provides an overview summary of our services. More detailed descriptions can be found on our website: www.bcpft.nhs.uk

1.3 Purpose and activities

The principal purpose of the Trust is laid out in the Trust's constitution, but is primarily the provision of goods and services for the purposes of the health service in England.

Key activities in furtherance of that purpose include the provision of mental health and specialist health learning disability services to all age groups, and the provision of children's community services.

1.4 The services we provide

1.4.1 Mental Health (MH)

In the mental health group, we support people aged 18 years and above who are experiencing both common and severe mental health difficulties. We provide services within hospital and community facilities, as well as within people's own homes.

Inpatient Care

- Hallam Street Hospital in West Bromwich comprises of three inpatient wards providing intensive care and treatment to people who are aged between 18 and 65 who are acutely unwell.
- Penn Hospital in Wolverhampton has three inpatient wards, two of these wards provide intensive care and treatment to people who are aged between 18 and 65 and one provides care to those over the age of 65, all patients will be acutely unwell and require treatment that cannot be delivered at home.
- The Macarthur Centre Psychiatric Intensive Care Unit (PICU) supports adult males with severe mental health conditions, who need a short period of intensive care to reduce risk to themselves and others and enable them to return safely to a mainstream mental health ward.
- Edward Street Hospital in West Bromwich has two wards for older adults normally over the age of 65 but the service is based on need not age. The wards provide intensive care and treatment to older adults who are acutely unwell; this service includes patients who have dementia.

Community-based Care

Comprehensive community support is provided by a number of staff working in multi-disciplinary teams.

- Sandwell has a number of community teams which currently include: Improving Access to Psychological Therapies (IAPT), single point of referral, community mental health teams, for both adults and older adults, wellbeing service, crisis resolution and home treatment, criminal justice mental health team, and acute liaison team (based in Sandwell General Hospital).
- Sandwell Recovery College provides a collaborative educational learning environment for anyone over the age of 18 who have or are experiencing a mental health issue.

- Memory assessment and treatment services are available in Wolverhampton and Sandwell. In addition Sandwell has a therapy and recovery unit for older adults which uses a recovery focused approach to care.
- Wolverhampton services are also multidisciplinary. They include a referral and assessment team, crisis and home treatment, acute hospital liaison (New Cross Hospital) and a complex care and wellbeing service which provides care to those who require

1.4.2 Learning Disability Services (LD)

These services provide specialist health care to adults with learning disabilities and additional complex health needs, including autistic spectrum disorders, mental health difficulties and behaviour problems. We provide services in Dudley, Sandwell, Walsall and Wolverhampton. A team of specialist health staff from different professions provide a range of inpatient, outpatient and community treatments and interventions. Specialist healthcare staff work closely with community nurses and social workers.

Learning Disability Inpatient Care

- The Gerry Simon Clinic in West Bromwich is a regional low secure service for men with learning disabilities and complex health needs, some of whom may have come into contact with the criminal justice system.
- The Larches is a specialist step-down and rehabilitation service for men with learning disabilities, many of whom have been discharged from a secure environment.
- The Pines is a unit for women with learning disabilities, which aims to help them move from hospital back into the community whilst keeping safe.
- Penrose House is a specialist learning disability acute assessment and treatment service for both men and women.
- Orchard Hill House is our service for people with learning disabilities and / or additional needs who require medical admission to a specialist assessment and treatment unit. This could be because they are at risk in their current situation or because they require a period of treatment and rehabilitation.

Community Learning Disability Services

In addition, the Trust provides learning disability services in the community. These services include: Dudley learning disabilities specialist health service (based at The Ridge Hill Centre); Walsall integrated learning disabilities service for people with learning disabilities requiring health and social care support.

There are two locality teams in Walsall. Walsall learning disabilities health facilitation team help people with a learning disability access primary and secondary health care. The team works with the community learning disability nursing team. The Trust also provides support to the Sandwell integrated support service, run by Sandwell Metropolitan Borough Council. This is a service for children and young people (aged 0 to 25 years) who have profound learning disabilities. We have a team within the service which can support children and young people with mental health needs.

Wolverhampton learning disabilities specialist healthcare service supports adults in Wolverhampton with a learning disability to access mainstream services. The team is based within Pond Lane, Wolverhampton.

1.4.3 Children, Young People and Family Services (CYPF)

We provide children's community healthcare services in Dudley as well as a range of services in Wolverhampton and Sandwell for children and young people experiencing mental health problems.

Children's Universal Healthcare Services

These services are for children and young people aged 0 to 18 years, and their families, living in Dudley. Services are delivered in a range of settings. Services include:

Additional Needs Services:

- **The Children's Assessment Unit**
 - The children's assessment unit provides a multi-disciplinary assessment of pre-school children with varying special needs. The unit, which is staffed by a specialist health visitor / unit coordinator, is now based at the Sunflower Centre in Dudley, having transferred from Russells Hall Hospital during the year.

Children attend the unit for a four week period following introductory visits. The assessment takes place in the nursery with planned daily activities and care carried out by experienced nursery nurses. During the assessment the children are seen by a range of healthcare professionals including a physiotherapist, occupational therapist, speech therapist, orthoptist (for eye problems) and audiologist (for hearing problems). They may also be seen by staff in the specialist early years-service and a psychologist.

Following assessment a care plan for the child is decided between all those involved including parents and carers.

- **Speech and Language Therapy**

- o The speech and language therapy services supports children and young people up to the age of 16 years-old, or 18 / 19 years-old if in special school.

The service provides assessment, diagnosis, advice, and therapy for children and young people with all types of communication difficulties or difficulties feeding and swallowing.

Speech, language and communication needs (SLCN) might include problems with;

- making/discriminating different speech sounds
- understanding spoken language
- putting words together and/or making sentences
- voice (such as persistent hoarseness)
- stammering
- social communication skills
- eating and drinking difficulties

- **The Children's Community Nursing Team (previously See-Saw Team) providing children's palliative care**

- o The team supports children and young people up to the age of 18 years and their families, who have life limiting conditions and complex healthcare needs.

Support is usually provided in the child's own home. The team includes specialist children's nurses and nursing assistant staff and is supported by a Citizens Advice Bureau worker.

- **Paediatric Physiotherapy Service**

- o The paediatric physiotherapy service is provided by a team of skilled, specialist paediatric physiotherapists and physiotherapy assistants based at the Sunflower Centre in Stourbridge.

Therapy is offered for children with developmental delay, cerebral palsy, neurological disorders, musculoskeletal problems and developmental disorders, amongst other conditions.

Treatment, advice and information is provided wherever it is most appropriate - in the therapy department, at home, in nurseries or schools.

- **Haemoglobinopathies Services (for children and young people with blood disorders)**

- o The haemoglobinopathy service works with children and young people who live in Dudley and who have been diagnosed with a haemoglobinopathy disorder such as sickle cell disease or thalassemia major
- o The team screens, counsels, supports and educates individuals with a haemoglobinopathy disease. Referrals can be made via the GP or directly to the team's haemoglobinopathies specialist nurse / counsellor.

- **Children's Occupational Therapy**

- o Occupational therapy staff work with children to develop their ability to carry out all daily activities, thereby promoting independence and quality of life.

Occupational therapists see children between the ages of 0-18 years who have physical, sensory or perceptual difficulties, which affect their daily activities and occupations. This may include:

- Self-care
- Dressing
- Eating and drinking
- Toileting, bathing and personal hygiene
- Mobility and seating
- School and nursery activities
- Organisational skills
- Leisure, play sports and hobbies

The service also provides individual and group therapy sessions using graded activities in a supportive environment, leading to improved skills, confidence and self-esteem.

Information and advice on equipment or strategies to enable participation in daily activities include:

- Activity advice to be carried out at home or school
- Liaison with parents, teachers and other professionals

Treatment approaches used include:

- Neurodevelopmental therapy
- Sensory integration
- Perceptual motor therapy
- Developmental approaches
- Skills training and cognitive approaches

- **Asthma Nurse Specialist for children and young people**

- o The paediatric asthma nurse educator works in partnership with professionals from health, education and social care to enhance care management and health/educational outcomes for children and young people with asthma, and will predominantly support professionals who work with patients who are at risk of developing, or who are diagnosed with asthma.

The paediatric asthma nurse educator will organise, develop and deliver training and on-going educational advice and support to professionals who are involved in diagnosing, treating and managing patients with asthma conditions, who are registered with a Dudley General Practice.

Pre-School Services:

- **The Family Nurse Partnership (FNP)**

- o The family nurse partnership is a voluntary home visiting programme for first time young mums, aged 19 or under (and dads or other family members, if mums want them to take part). Structured, individually tailored home visits are delivered by a specially

trained family nurse who visits the young mum from early in the pregnancy until the child is two.

The FNP programme aims to enable young mums to:

- have a healthy pregnancy
- improve their child's health and development
- plan their own futures and achieve their aspirations

The FNP is a preventive programme which has the potential to transform the life chances of the most disadvantaged children and families, helping to improve social mobility and break the cycle of disadvantage. Health in pregnancy, and the quality of the caregiving babies receive during the first years of life, can have a long lasting impact on a child's future health, happiness, relationships and achievement of their aspirations.

The family nurses deliver a tailored individual programme mostly in the home to first time mums under the age of 20 years with proven positive outcomes for parents and children.

There is a central referral pathway from midwives, GPs and other health and education colleagues. However, self-referrals are also accepted.

- **Health Visiting**

- o Health visitors offer a universal service for all families with children aged 0 - 4 years. Their aim is to empower families to provide the best possible start in life for their children and offer health and wellbeing support and advice for the whole family, from pregnancy through to the child entering school in their reception year.

Many health visitors have special interests and additional qualifications so can help with issues like smoking cessation, postnatal depression, behaviour management, sleep problems, baby massage, domestic violence and contraception.

All new born babies are automatically referred to the health visiting service by the hospital at which they are born. However, referrals of new families into an area can also be made by a GP, hospital or maternity unit.

As a minimum, new mums can expect to receive the following contact from the health visiting team:

- o from 28 weeks of pregnancy - in the antenatal period
 - o within 14 days of a child being born
 - o when baby is 6-8 weeks of age
 - o when baby is 8 - 10 months of age
 - o between 2 – 2½ years of age
- **Special Health Visiting**
The family inclusion service works with vulnerable families that have pre-school children, who are homeless or living in refuge accommodation, asylum seekers and refugees, or travellers. The team also leads the Care of the Next Infant (CONI) programme.

The family inclusion service provides enhanced and intensive health interventions as part of the universal plus and partnership plus service offered across the Dudley borough. Staff aim to address the health needs of vulnerable children and families by improving access to health, social care and community services. Specialist health visitors assess need and manage care of vulnerable children and families through involvement of partner professionals and agencies, utilising the common assessment framework where appropriate.

Anyone can refer into the service, including making referrals to the CONI programme.

Child and Adolescent Mental Health Services (CAMHS)

These services are for young people up to the age of 16 years, and those aged from 16-18 years in full-time education. Where possible, pre-school children (aged 0-4 years) are put in touch with health visitors and children's centres where they can receive appropriate support. Our staff work across Sandwell and Wolverhampton to reach children and young people who have severe mental health difficulties.

Sandwell specialist CAMHS is for children and young people with complex mental health needs. The service also aims to support their families and carers. Specialist CAMHS also run the Sandwell deliberate self-harm service for children and young people who enter Sandwell District General Hospital's paediatric unit showing signs of deliberate self-harm.

The Trust also employs CAMHS staff based in services outside the organisation. For example, there are mental health workers in Sandwell integrated support service, the youth offending team, looked after children and the Multi Agency Team Around the Child (MATAC).

In Wolverhampton, the child and family service provides assessment, diagnosis and treatment to children and adolescents experiencing mental health difficulties. The Wolverhampton CAMHS crisis and home treatment team provide a more intensive service with the aim of treating child and adolescents with more severe illnesses in their homes. The key team provides a specialist CAMHS service to hard to reach children and young people and their families.

The INSPIRE team, based at the Gem Centre, Wolverhampton, supports children and young people who have a learning disability, and their families.

Early Intervention

The Trust provides early intervention services in Sandwell and Wolverhampton for young people and adults who are going through a first episode of psychosis, or who seem at risk of going through a first episode of psychosis. The service provides diagnosis and appropriate treatment.

Eating Disorders

We have services in Sandwell and Wolverhampton for adults, and young people aged 16-18 who are in full time education, who are dealing with an eating disorder such as anorexia nervosa, bulimia nervosa or binge eating disorder. The service offers a recovery programme to help people get better psychologically and physically.

1.4.4 Carers Services

The Trust's carers team gives carers the chance to have their own caring, physical, and mental health needs considered. The team gives support to people, who must be Sandwell residents, caring for someone aged 18-65 years, living in or on the boundaries of Sandwell. The support comes in many forms including

offering a daily drop-in service; various psycho-educational and training sessions for carers; care assessments and health screening for carers, and access to carers social events.

During 2017/18 a Carers Team review took place with the new service specification they will now accept carers for patients with a learning disability and older adult presentation. The service will also now accept referrals from Primary Care.

1.4.5 Therapy Services

We have a number of therapy services which play a key part in the care and support we provide to people. There are various counselling teams, a family therapy team, occupational therapists and psychologists working across the Trust, and speech and language therapists and physiotherapists working with older people and people who have learning disabilities.

1.4.6 Black County Liaison Diversion Service

This service has been designed to improve the health and justice outcomes for adults and children who come into contact with the youth and criminal justice system. This service has three distinct arms:

- Outreach Team
- Custody Team
- Youth Pathway Team

1.5 Our performance in 2017/18 – Overview of the Chief Executive

1.5.1 Over the past two years, the strategic focus of the Trust was to ensure the sustainability of its services, which was anticipated last year to culminate in their acquisition as part of the Transforming Care Together Partnership. Certainly, at the beginning of 2017/18 it was very much anticipated that the acquisition would proceed as planned by 1st October 2017. An enormous amount of work was being undertaken in preparation for a safe transfer of services and I believe it is right to recognise the contribution of our staff in corporate departments for their contribution to that work programme during such a challenging period.

1.5.2 Against this background therefore I am delighted to be able to report on a highly satisfactory performance across the Trust.

1.5.3 When the Board of Directors set its plan for 2017/18 it recognized that it would face severe financial pressures but resolved to retain its focus on the quality of services, which has remained a key priority, maintaining and building on the Care Quality Commission rating of “good” following its inspection in November 2016.

1.5.4 Very good progress has been made by our operating divisions in implementing their quality priorities for the year; the quality report in section three of this report provides a comprehensive account of our quality improvement agenda during 2017/18, and our plans for 2018/19.

1.5.5 Encouragingly, our financial performance for the year was £0.3m better than planned, having ended with a deficit on our revenue account (before accounting for the impairment in asset values) of £2.9m.

1.5.6 The Trust continued to deliver against its obligations in the provision of NHS services under contracts with our commissioners, though was unable to meet all its Commissioning for Quality and Innovation (CQUIN) targets and consequently fell about £0.2m short in income.

1.5.7 The Trust also met all of its nationally mandated access and outcomes targets, including the target for reducing delayed transfers of care for inpatients an area which had proved difficult in the previous year.

1.5.8 Against the prospect of imminent change and uncertainty associated with the Transforming Care Together Partnership a much lower response to the annual staff survey was not unexpected but nonetheless disappointing, though overall there have been marginal changes to the highest and lowest ranking scores between years.

1.5.9 Unfortunately our sickness rate rose again during the year to 6.01% primarily due to increases in long term sickness for a number of staff. The Trust remains committed to support staff through illness and more significantly to promote good health in and outside the workplace.

- 1.5.10** The Trust made excellent progress with key service developments and improvements during the year, including:
- continued progress with the Transforming Care Programme (TCP) model of care for learning disability services;
 - the development of joint clinics with the Romany Gypsy community in Lye; and
 - the introduction of 'Baby Steps' post-natal group following recommendations from Health Visiting Research.

1.6 Risks going forward

1.6.1 The Board of Directors has conducted a review of the effectiveness of the overall system of internal control, and this is referred to in more detail within the annual governance statement in section two of this report.

1.6.2 In reviewing the position of the Trust following the demise of the Transforming Care Together Partnership, the Board of Directors has identified the following key risks which are to be managed during the coming financial year:

- Financial and clinical sustainability: the Trust continues to operate with a financial deficit and has already received approval from the Regulator to access distressed funding facility of short term borrowing to maintain service provision, though further deterioration in the revenue position could impact on the quality of services;
- Workforce; the results of the staff survey, soft intelligence from our staff generally and other workforce indicators has identified a multi-dimensional risk that will require us to refresh our approach to staff engagement, enhance our offer for recruitment and retention and promote the health and well-being of our workforce;
- Reputation of Trust: there is a risk that the reputation and credibility of the Trust may be damaged following the demise of the Transforming Care Together Partnership and with it the Trust's then sustainability plan;

- Changing environment: there is a risk that the ever changing health and social care environment could result in increased focus on the development of accounting care organisations which could compromise the sustainability of Trust services; and
- Dudley MCP: linked to the changing environment the potential establishment of the Dudley MCP could result in loss of services and income in the short and medium term and result in non-Dudley commissioned services becoming unsustainable.

1.6.3 The most significant of these risks relate to the Trust's ongoing financial sustainability, which has been considered by the Board of Directors when determining whether the financial statements have been prepared on the 'going concern' basis.

1.7 Going Concern

The financial statements have been prepared on a going concern basis.

International Accounting Standards (IAS1) requires the Directors to assess, as part of the accounts preparation process, the Foundation Trust's ability to continue as a going concern.

In accordance with the NHS Foundation Trust Annual Reporting Manual, paragraph 2.12, the financial statements should be prepared on a going concern basis unless the Directors either intend to apply to the Secretary of State for the dissolution of the Foundation Trust without the transfer of the services to another entity, or have no realistic alternative but to do so. The Directors have therefore prepared these financial statements on a going concern basis.

The Directors have also considered the advice in the Government Reporting Manual that states:

"The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern".

After making enquiries, the Directors have concluded that there is sufficient evidence that services will continue to be provided and that there is financial provision within the forward plans of commissioners. Local Clinical Commissioning Groups and NHS England have

recently all confirmed the status of 'commissioner regulated services' provided by the Trust for 2018/19 and signed contracts remain in place for such services. Directors will also rely on the assurance of continued support from NHS Improvement in the future. The Directors therefore have a reasonable expectation that service continuity will be the case and have therefore prepared these financial statements on a going concern basis.

The current economic environment for NHS organisations remains challenging with ongoing internal efficiency gains necessary due to annual tariff (price) reductions, cost pressures in respect of national pay structures, non-pay and drug cost inflation, and a national shortage of clinically trained staff.

Following a detailed review of the Trust's financial sustainability during 2015 the Board of Directors developed a Sustainability Action Plan to address the local issues and ensure sustainability of the services provided. On 15th December 2015 the Trust confirmed its intention to enter into a Partnership arrangement with Birmingham Community Healthcare Foundation Trust and Dudley and Walsall Mental Health Partnership Trust, locally referred to as "Transforming Care Together" (TCT).

In February 2018 the individual Boards concluded that the integration of the three trusts into one organisation under TCT was no longer a viable option. The key factors taken into account in reaching this decision were:-

- Strategic fit – recent NHS planning guidance for 2018/19 highlighted the strengthening role of Sustainability and Transformation Partnerships (STPs) in developing models of care appropriate to their geographical footprints, and the TCT proposal would have operated across two (namely Birmingham & Solihull and the Black Country);
- Clinical concerns – discussions around how best to integrate the three Trusts' clinical areas raised a number of challenges for all three organisations;
- Financial – the financial plan for the integrated organisation could not meet the requirements that were set for the transaction.

NHS Improvement has been supportive of the decision to cease the TCT partnership for the above reasons.

The Board of Directors is currently reviewing the strategic options that are available to the Trust to ensure the continuation of services to local users and carers. As part of this process the Trust will reflect on the lessons learnt from TCT. However, the main aim of TCT was the integration of clinical services across the Black Country STP and whilst TCT as an organisational form will not now progress, this remains our key strategic objective and much valuable joint working with our partners will help to stabilise these services for the future.

The Trust is continuing to work collaboratively with colleagues in Dudley and Walsall Mental Health Trust towards developing integrated Black Country Mental Health, Learning Disability and associated Community services. The Chief Executive Officers and the Chairmen of both Trusts met on the 10th April 2018, and our respective Executive Teams on 26th April, to continue discussions around establishing a common strategic approach and timescale.

The Trust is further refreshing its stakeholder engagement strategy, post TCT, which will look to re-establish other partnerships which could strengthen existing services, and may identify further opportunities for strategic development in the future.

In parallel to the collaborative working and stakeholder strategy development, the Trust will be focused upon the delivery of recovery plans for Mental Health. In addition, the Children's, Young People and Families Division will develop strategies to ensure resilience against the potential impact of the Dudley Multispecialty Community Provider (MCP) tendering process. The Learning Disabilities Division will work to implement the ambitious local Transforming Care Partnership (TCP) initiative. The review and analysis of service line management information will be key to ensure that there are service specifications in place for each service line, which is matched by income to cover the cost of delivery of that specification or a revised specification drawn up to reduce costs, in partnership with commissioners. At the same time the Trust will benchmark overhead costs and develop a plan to reduce overheads.

The Trust has incurred a deficit before impairment of £2.9m for the year ended 31st March 2018 – (2.9% of turnover). The deficit before impairment for 2016/17 was £0.6m. The Directors consider that the outlook presents significant challenges in terms of cash-flow and the need to deliver significant efficiency savings in year.

The Trust has prepared its financial plans and cash flow forecasts on the contractual income agreed with commissioners in signed contracts and forecast non-contract activity based on previous experience. In addition, the Trust has negotiated the provision of short term cash support from NHS Improvement. These are expected to be sufficient to enable the Trust to meet its obligations as they fall due in the short term.

However, the Directors have identified that there are material uncertainties which cast doubt over whether the Trust can continue to exist in its current form, and to discharge its liabilities in the normal course of business, in the longer term.

The Trust has continued to develop and maintain several cash management initiatives during the past year to provide early warning of any working capital risks. The Trust foresees a requirement for cash support during the year ending 31st March 2019 commencing during quarter 2. Preparatory discussions have taken place with NHS Improvement and the outcomes confirm that cash support will be made available.

The significant risks facing the Trust are summarised as follows:

- The Trust has submitted a cash flow plan which shows a closing position at 31st March 2019 of £1.3m – incorporating £2.1m of funding drawn down from NHS Improvement in quarter 2.
- There is uncertainty over whether the Trust will achieve its efficiency savings of £4.2m which have been incorporated into its financial plan. This level of savings is challenging and must be supported with adequate operational engagement to deliver against agreed detailed plans. As of April 2018 schemes totalling £1.4m (33%) of the total target have been identified - £0.8m (60%) recurrently. There is a reasonable expectation that normal staff turnover will yield further savings of £2m;
- The cessation of the Transforming Care Together strategic partnership has resulted in the Trust needing time to be able to reform its identity as BCPFT and develop a new sustainability plan for the future.
- The Dudley MCP procurement process (impact in 2019/20) is still ongoing with the Trust requesting to be a sub-contractor. Currently the Trust is awaiting completion of the procurement process and confirmation of sub-contractor status.

- The Trust has entered into negotiation with the Local Government Pension Scheme regarding the forced withdrawal from that scheme of a small number of Trust employees in 2018/19. The Trust could be liable to meet a share of the Fund' deficit if such a transfer progresses.

There are thus material uncertainties which may cast doubt on the Trust's ability to continue as a going concern in the longer term, when it may be unable to realise its assets and discharge its liabilities in the normal course of business. The financial statements do not include any adjustments that would be required if the going concern basis were not appropriate.

The following factors could potentially impact the Trust's performance and position:

1. Increasing demand for mental health, learning disabilities and universal children's services for which the Trust is not remunerated;
2. Commissioners' ability to pay for increasing demand for services;
3. Unplanned capital investment required to maintain the Trust's estate and infrastructure;
4. Ability to attract and retain highly skilled staff.
5. Development of the Dudley Multispecialty Community Provide

2 Our performance in detail

2.1.1 The quality report in section 3 provides a wealth of information about the range of quality improvement initiatives and associated work programmes across the Trust.

2.2.1 The Trust is also obliged to meet certain targets relating to nationally agreed standards for access to services and outcome of service delivery. As illustrated in the table below the Trust achieved all its mandated targets.

Target	Threshold	2017/18
Incomplete Pathways- % Patients waiting less than 18 weeks for consultant led services	92%	97.8%
Improving Access to Psychological Therapies - % of patients treated within 6 weeks	75%	94.1%
Improving Access to Psychological Therapies - % of patients treated within 18 weeks	95%	99.6%
Early Intervention - % of patients treated with a NICE approved care package within 2 weeks	50%	75.0%
Care Programme Approach (CPA)- 7-day follow-up	95%	96.3%
Care Programme Approach (CPA)- 12 month formal review	95%	98.2%
Assessment by Crisis Team prior to hospital admission	95%	99.5%
Delayed Transfers of Care	<7.5%	3.6%
Data completeness- Identifiers	95%	99.8%
Data completeness- Outcomes	50%	91.0%

2.2.2 Performance against the measures in the table and other measures relating to both the quality of services (as referred to in the quality report in section 3), the workforce (as referred to in the staff report at section 2), the financial performance (as reflected in the financial statements in section 6) is reported to and monitored by the Board of Directors at each of its meetings. Relevant performance measures are also referred to within the Board Assurance Framework as forms of assurance of controls or mitigation of key strategic risks.

2.2.3 The Trust does not own or have any interest in any trading subsidiary or overseas operation.

2.3.1 The results of this year's annual staff satisfaction survey showed little movement between years in the highest and lowest ranking scores. Though the overall response rate of 34%, whilst not wholly unexpected given the uncertainty surrounding the Transforming Care Together Partnership was disappointing and served as a timely reminder of the need to engage more closely with our staff.

2.3.2 We have continued to make improvements in our efforts to recruit, retain and develop our staff, though recognise that challenges exist across all areas and closely monitor key indicators relating to our workforce, including safe staffing levels. Our sickness absence rate at 6.01% remains higher than we would like, mainly due to increased long term sickness, but we remain committed to both the promotion of good health and the support of our staff through episodes of ill health as outlined in our Staff Health and Well-Being Strategy.

2.4.1 The following table is a summary of the financial position for 2017/18:

	Plan £m	Actual £m	Variance £m
Operating Income	99.3	99.6	0.3
Operating Expenses	(98.9)	(97.8)	1.1
EBITDA	0.4	1.8	1.4
Depreciation	(1.8)	(2.8)	(1.0)
Non-Operating Expenditure	(1.8)	(1.8)	0.0
Net Deficit (excluding impairment of assets)	(3.2)	(2.8)	0.4

2.4.2 The deficit of £2,834k is stated before a net impairment of assets of £40k, resulting in a technical deficit of £2,874k in the Trust Accounts.

The net deficit reported is favourable to plan and is largely due to the settlement of the Oracle license dispute resulting in £586k non cash benefit to the financial position.

2.4.3 Excluding the impairment of assets, the difference to the planned deficit for 2017/18 was £344k. The earnings before interest, tax, depreciation and amortisation (EBITDA) for the year was £1,797k (1.8%), which was £1,407k favourable to plan.

This improved performance was primarily caused by; operating income favourable to plan by £358k due to income received for clinical activities, operating expenditure favourable to plan by £1,049k resulting from the Oracle License dispute benefit (£586k), impairment of receivables benefit (£730k) and operational non pay reductions (£190k) offset by a net pay overspend (£457k).

Depreciation was above plan due to 2016/17 valuation saving assumptions included within the annual plan being greater than the actual depreciation saving realised, and the identification of a number of assets on the fixed asset register not depreciating. In order to bring the assets net book value in line with their useful economic lives, an accounting adjustment was made, and assets under construction were reclassified to being in use with depreciation backdated to the date of purchase.

Non-operating expenditure was in line with plan.

2.4.4 During 2017/18 the Trust received 97% of its planned income for NHS commissioned services. Other operating income amounted to £2,940k and includes education and training (£1,969k), research and development (£112k), national vanguard (MERIT) funding (£154k), Her Majesty's Revenue & Customs national insurance refund (£153k), and canteen provision (£157k).

2.4.5 Overall, Income received was £358k higher than plan, due to funding received for in-patient observations (£700k), Commissioning for Quality and Innovation (CQUIN) (£236k), winter pressures monies (£100k), staff recharges (£128k) and service developments (£1,111k) offsetting the lower than planned bed occupancy levels (£2,307k) within our Learning Disabilities and Mental Health in-patient units.

2.4.6 Further, overall income received was £1,759k lower than the previous financial year, due to a £1,151k reduction in revenue as a result of STF funding being non-recurrent in 2016/17 and £608k relating to clinical activities.

2.4.7 Operating expenses were below plan for the year, as shown in the table below.

	2017/18 Plan £m	2017/18 Actual £m	2017/18 Variance £m	2016/17 Actual £m	Year on year change £m	Year on year change £m
Staff Expenses	81.9	82.3	(0.4)	81.8	0.5	0.6
Other Expenditure	17	15.5	1.5	16.5	(1.0)	(5.8)
Total Operating Expenses	98.9	97.8	1.1	98.3	(0.5)	(0.5)

2.4.8 Staff expenses were £457k higher than plan due to the continued use of bank and agency staff within clinical services, to cover observations and staffing roster shortages. Observation income received from commissioners and pay budget underspends only partially offset the costs of temporary staff engaged. Meanwhile, non-pay costs were £1,506k favorable against plan due to £508k of benefits arising from favorable contract reductions and a £998k net favorable movement against reserves in the year. Included within this sum is the settlement of the Oracle License dispute.

2.4.9 A desktop property revaluation was completed at year end resulting in a net impairment charge of £40k and a £2.0m revaluation gain in the revaluation reserve. In total, the Trust's property revaluation has increased land and buildings value by £2.0m (4.0%)

2.4.10 The cash flow summary for 2017/18 is shown in the table below:

	Plan £m	Actual £m	Variance £m
EBITDA	0.4	1.8	1.3
Net movement in Current Receivables	0.1	1.3	1.2
Net movement in Current Payables	0.6	(2.1)	(2.7)
Net cash inflow/(outflow) from operating activities	1.1	1.0	(0.1)
Capital expenditure	(2.0)	(1.4)	0.6
Net cash inflow/(outflow) before financing	(0.9)	(0.4)	0.5
PDC dividends (paid)	(1.3)	(1.2)	0.1
Funding received	1.0	0.0	(1.0)
Capital payment of PFI	(0.2)	(0.3)	(0.1)
Interest payment	(0.5)	(0.5)	0.0
Net cash inflow/(outflow)	(1.9)	(2.4)	(0.5)
Period Start Cash	2.1	4.2	2.1
Period End Cash	0.2	1.8	1.6

2.4.11 The higher than anticipated earnings before interest, tax, depreciation and amortization (EBITDA), accompanied by a decrease in capital payments and a net cash outflow from working capital led to a cash outflow in the period.

Dividend payments made by the Trust during the year were £636k in September 2017 and £563k in March 2018, totaling £1,199k.

The amount of cash used for capital items amounted to £1,464k.

2.4.12 Capital expenditure relating to fixed asset additions during the year amounted to £1,964k which was partially offset by prior year credits (£500k) resulting in a net capital spend of £1,464k. An analysis of the high value schemes is shown in the table below.

Scheme Name	Expenditure £m
Better Service Better Care - Backlog Maintenance	0.8
Better Service Better Care - Clinical Risk	0.3
IM&T - Ops & Development	0.9
Prior Year Schemes	(0.5)
	1.5

2.5.1 The Trust developed a carbon reduction plan in 2016/17. At 31st March 2016, the Trust generated 4,497 tonnes of carbon emissions, and the target within the plan was to reduce this by 8% by 2018 in line with the national target of a reduction of 28% over a seven year period.

2.5.2 The main source of its carbon emissions is through energy (i.e. gas and electricity) consumption at 85%, and many of the actions within the plan, including good housekeeping practices are aligned to reduction in such consumption.


2.6.1 A key condition of the Trust's operating licence is that it remains compliant with all relevant legislation, including the Bribery Act 2010, and the Trust's governance arrangements (as described in the Annual Governance Statement in section 2 of the report) are established with this in mind. Assurance of compliance is obtained from a range of sources, including the Care Quality Commission, the Information Commissioner, the Trust Auditor and the Trust's Internal Auditor.

2.7.1 The Trust made excellent progress with key service developments and improvements during the year, including:

- the development of a new service specification for Sandwell Carers Service following a review in 17/18;
- a relaunch of the Recovery College;
- continued progress with the Transforming Care Programme (TCP) model of care for learning disability services;
- the development of joint clinics with the Romany Gypsy community in Lye;
- the introduction of 'Baby Steps' post-natal group following recommendations from Health Visiting Research; and
- the launch of an accessible CAMHS website and the 'Participant Council'

3. Significant events affecting the Trust since 31st March 2018

The Board of Directors is able to confirm that there are no significant events since the Statement of Financial Position date that have had an impact on the Foundation Trust accounts.

Signed.....

Lesley Writtle
Chief Executive

23rd May 2018



► Dementia group member

SECTION

Accountability Report

2

A: Directors Report

1. The Board of Directors

1.1 Duties of the Board of Directors

The Board of Directors has the following primary duties:

- ensuring compliance with its license and other legal obligations
- setting the strategic direction of the Trust
- ensuring the quality and safety of the services it provides
- ensuring services are provided in an effective, efficient and economical manner
- setting the vision and values of the Trust and standards of conduct for members of the Board of Directors and Assembly of Governors and other very senior management
- ensuring a framework of internal control and risk management is in place.

In fulfilling these duties the Board is advised by the chief executive officer, other executive directors, the company secretary and those reporting directly to the executives, and is guided by the schedule of matters reserved for the Board itself. The Board reviewed the schedule of matters reserved at its meeting in March 2018.

1.2.1 Composition

The composition of the Board of Directors changed during the year:

- The Board had previously agreed arrangements for the secondment of an Interim Chief Executive Officer from Birmingham Community Healthcare NHS Foundation Trust; the original appointee resigned her position in October 2017 and the subsequent appointee's term ended when the Transforming Care Together (TCT) Partnership ended at the end of February 2018. The then Deputy Chief Executive Officer was subsequently appointed as Chief Executive Officer on an interim basis from March 2018;
- The Chief Finance Officer (Statutory Director of Finance) had been seconded from Birmingham Community Healthcare NHS Foundation Trust under similar arrangements to the former Chief Executive and when these ended a new Director of Finance was appointed on an interim basis;

- the resignation of the substantive Chair at the end of November, the appointment of a successor Chair on an interim basis who resigned at the end of February 2018 when the TCT partnership ended, and the appointment of a new Chair on an interim basis from March 2018; and
- the appointment of an associate non-executive director in May 2017.

1.2.2 The following held positions on the Board of Directors during the financial year ended 31st March 2018::

Non-Executive Chair:

Joanna Newton (from 1/4/2017 to 30/11/2017)

Tom Storrow (from 1/12/2017 to 28/2/2018)

Andrew Fry (Acting from 1/3/2018 to 19/3/2018 and Interim from 19/3/2018)

- Chair of the Board of Directors;
- Chair of the Assembly of Governors;
- Chair of the NED led Appointment and Remuneration Committee
- Chair of the Governor led Remuneration and Nomination Committees

Non-Executive Directors:

Kathy McAteer

- Senior Independent Director
- Chair of Finance & Investment Committee

Fayaz Malik

- Chair of Charitable Funds Committee

Andrew Fry (until 1/3/2018)

- Chair of Quality and Safety Committee
- Deputy Chair of Trust

Joy Jeffrey

- Chair of Mental Health Legislation Scrutiny Committee
- Chair of Quality & Safety Committee (from 1/3/2018)

David Stenson

- Chair of Audit Committee
- Deputy Chair (from 20/3/2018)

Executive Directors:

Tracy Taylor

- Chief Executive Officer - Interim (until 27/10/2017)

Peter Axon

- Chief Finance Officer - Interim (statutory role of Director of Finance - from 1/4/2017 to 27/10/2017);
- Chief Executive Officer – Interim (from 28/10/2017 to 28/2/2018)

Joyce Fletcher

- Interim Director of Nursing, Allied Health Professionals (AHP's) and Governance

Dr Jas Lidher

- Medical Director
- Deputy Chief Executive Officer (from 1/3/2018)

Lesley Writtle

- Director of Operations
- Deputy Chief Executive Officer (until 28/2/2018)
- Chief Executive Officer – Interim (from 1/3/2018)

Paul Assinder

- Director of Finance – Interim (from 28/10/2017)

In addition to the voting directors, meetings of the Board of Directors are also regularly attended by Associate Non-Executive Directors (Sukhbinder Heer from 1/5/2017), the Strategy and Transformation Director (**Jo Cadman**), the Interim Assistant Chief Executive (**Caroline Nolan**, until 28/3/2018), the Interim Director of Strategy and Transformation (**Lorraine Thomas** until 28/2/2018), the Interim Director of Workforce (**David Holmes**, until 28/2/2018), the Interim Corporate Governance Director (**Michelle Rogan**, until 28/2/2018) and the Company Secretary (**Andy Green**).

1.2.3 Meetings of the Board of Directors

Public meetings of the Board of Directors are held on a regular basis. The Board also meets in private in accordance with the constitution of the Trust. Meetings of the Board are supplemented by planning and development sessions during the year. The table below provides a record of each voting director's attendance at public meetings during the year together with the term of office end date of the Chair and Non-Executive directors and the notice period, start and termination dates of the Executive directors.

The Board of Directors			
Name	Role	Term of Office end date/ Notice period	Attendance Actual/ Possible
Mrs Joanna Newton	Chair	30th November 2017	6/7
Mr Tom Storrow	Interim Chair	28th February 2018	2/2
Mr Andrew Fry	Interim Chair Non-Executive Director	31st March 2019 28th February 2018	1/1 7/9
Mrs Kathy McAteer	Non-Executive Director	31st July 2018	8/10
Mr Fayaz Malik	Non-Executive Director	31st August 2018	8/10
Mrs Joy Jeffrey	Non-Executive Director	31st January 2019	9/10
Mr David Stenson	Non-Executive Director	22nd January 2020	9/10
Mrs Tracy Taylor	Chief Executive Officer – Interim (note 1)	29th October 2017	4/6
Mr Peter Axon	Chief Executive Officer – Interim Chief Finance Officer (statutory Director of Finance) – Interim (note 1)	28th February 2018 29th October 2017	3/3 6/6
Mrs Lesley Writtle	Chief Executive Officer – Interim Director of Operations	31st March 2019 28th February 2018 (6 months)	1/1 8/9
Dr Jas Lidher	Medical Director	6 months	10/10
Mr Paul Assinder	Director of Finance - Interim	6 months	4/4
Mrs Joyce Fletcher	Director of Nursing, Allied Health Professionals & Governance - Interim	6 months	10/10

Notes:
1: Seconded under a shared service agreement with Birmingham Community Healthcare NHS Foundation Trust

1.2.4 The effectiveness of the Board of Directors

1.2.4.1 In previous years, it was the recognised practice of the Board, in accordance with the Code of Governance and Licence conditions to undertake regular and as necessary, independent reviews of its own effectiveness and the way it leads the organisation. As is mentioned elsewhere in the report it was anticipated that the services of the Trust would be acquired during 2017/18 and the Trust then dissolved. In light of this and in acknowledgement of the outcome of the Care Quality Commission inspection of November 2016 which assessed services as "good" across the "Well Led" domain, it was determined that no assessment of the Board's effectiveness was necessary. However, plans are in place to undertake a review using the Well Led Assessment Framework in the first part of the new financial year.

1.2.4.2 In May 2017, the Board of Directors confirmed its ongoing compliance with specific licence conditions relating to corporate governance and continuity of service provision and confirms there are no material inconsistencies between its certification and other disclosures.

1.2.5 Profiles of members of the Board of Directors in office at 31st March 2018

Andrew Fry: Chair



Andrew joined the Trust in July 2014 as an Associate and commenced as a NED in June 2015. Andrew took up the role of Chair on an acting basis from 1st March 2018 and was appointed as Chair on an interim basis until 31st March 2019.

Andrew is currently interim General Manager at Herefordshire MIND, a Group Non-Executive director of The Community Housing Group, for which he both is Chair of its Remuneration Committee and is a director of its trading subsidiary. Andrew is also a Trustee at the Black Country living Museum.

Andrew's previous positions include the roles of chair of Sandwell Leisure Trust and Chief Executive of a retail interiors design and manufacturing group, and he was a former manufacturing consultant to the European Union.

He has experience in both the public and private sector in entrepreneurial management; business development and acquisitions; sales and marketing; business evaluation and change management, and has professional interests ranging from commercial interior design to conservation and ethics.

MA (History); Grad Bth and LTh (Theology)

Lesley Writtle: Chief Executive Officer (CEO)



Lesley took up the position of Chief Executive Officer on 1st March 2018 on an interim basis until 31st March 2019, having previously served as Executive Director of Operations since February 2016, and Deputy Chief

Executive Officer since January 2017. She had previously held the position of Director of Operations from June 2015. Prior to that Lesley had been Associate Director of Operations, having joined the Trust in 2011 from Wolverhampton PCT where for she had been Director of Mental Health since 2006, and before that Director of Primary Care and Children's services from 2004.

She started her NHS career as a Registered General Nurse at Sandwell District General Hospital. After qualifying as a Registered Sick Children's Nurse she then worked at Birmingham Children's Hospital occupying a range of specialist roles in Children's Oncology services before moving into general management in the late 1990's where she undertook a range of operational roles as Senior Nurse and General Manager.

Lesley has had a successful record in managing a range of complex health services and has spent the majority of her career leading operational delivery and numerous transformation and service redesign programmes across a range of acute, community and primary care settings. Lesley has also recently completed the Leadership Academy Nye Bevan Programme leading to an Excellence award in Executive Healthcare.

RGN, RSCN, ONC, Dip HSSM

Kathy McAteer: Non-Executive Director

Kathy joined the Trust on 1st August 2014; she chairs the Investment Committee and is the Senior Independent Director.

Kathy is a social care professional with extensive strategic and operational

experience in the development of integrated health and social care services, having held a range of posts at executive and second tier level, joint posts between local government and the NHS, and independent chair positions of adult Serious Case Reviews and Domestic Homicide Reviews. Kathy has specialist knowledge of learning disability services and performance management, and has experience of both commissioning and delivery of health and social care services for adults in all service areas. She had up until 2017 worked as an independent consultant including leading on quality reviews, improving operational performance, and improving safeguarding processes and procedures. Kathy is currently a board member of Midland Heart Housing Association, and formerly independent chair of Worcestershire Safeguarding Adults Board.

Diploma in Social Work (CQSW)

Fayaz Malik: Non-Executive Director

Fayaz commenced in his role on 1st September 2014, and is Chair of the Charitable Funds Committee.

Fayaz is a Fellow of Association of Chartered Certified Accountants

and works as a management consultant. As a senior finance professional with over 16 years of experience in almost all areas of finance, he has had significant experience working in the public sector as well as in the wider industrial and commercial sectors in the areas of business planning strategy and growth, enterprise risk management, restructure, turnaround and improvement.

Fayaz is a professional mentor at the Aston Business School and an Advisory Board Member at the Global Risk Community. He is also a

member of and contributor to the University of Cambridge supported Performance Management Journal (PMA), and holds certificates in Foundations of Business Strategy from Darden Business School, and in Mergers & Acquisitions from the London School of Business and Finance.

BSc, FCCA

Joy Jeffrey: Non-Executive Director

Joy joined the Trust on 1st February 2016.

Joy is currently self-employed as an external policy consultant to the NHS providing strategic policy advice, developing quality measures, leading strategic

implementation and service review and redesign.

Joy has gained extensive experience of clinical leadership at both strategic and operational levels in the NHS, and was most recently employed as Executive Head of Nursing and Quality at the former Sandwell PCT and successor Black Country PCT Cluster.

A registered nurse and health visitor, Joy also has a Master's degree in Public Health and successfully completed the Cabinet Office sponsored two year Public Service Leadership Course in 2005.

MPH; Dip Health Care CPT; RHV; RGN

David Stenson: Non-Executive Director

David commenced with the Trust on 1st October 2015 as an Associate Non-Executive Director and was appointed as a Non-Executive Director from January 2017. David was appointed as Deputy Chair of the Trust in March 2018.

David has held a number of senior management positions within the NHS across both primary and secondary care, most recently as Associate Director of Clinical Governance at the former Birmingham East & North PCT. Before that he had been Chief Officer at two Primary Care Commissioning Groups in the Birmingham area, Project Manager with North Derbyshire Health Authority and Unit General Manager of a large General Hospital in the Black Country.

David has been a publicly elected governor at the Dudley Group NHS Foundation Trust, is currently a patient representative on Dudley Clinical Commissioning Group's Primary Care Commissioning Committee and is a volunteer with Healthwatch Dudley.

MBA; ACIS; MIHM; DipHSM

Dr Jas Lidher: Medical Director



Jas has been a Consultant Psychiatrist within the Trust for 15 years, and was appointed as Medical Director in May 2015; she was appointed Deputy Chief Executive Officer in March 2018.

She completed her medical training at Leeds University and then moved to Birmingham working in local Trusts whilst completing her postgraduate training in Psychiatry and gaining membership of the Royal College of Psychiatrists. Jas then further specialised in Learning Disability Psychiatry.

Jas has significant operational and change management experience having been a Clinical Director within the Trust for over 12 years. During this time she provided clinical leadership that enabled the significant and successful growth of Learning Disability services within the Trust which are now provided across the Black Country. Jas continues to work clinically within the Trust at Heath Lane Hospital in Sandwell.

MBChB; MRCPsych

Paul Assinder: Director of Finance



Paul is one of the most experienced and respected Chief Financial Officers currently working in healthcare in the UK. He was elected as National President of the Healthcare Financial Management Association (HFMA), the

leading professional body for finance staff working in UK healthcare, in December 2009.

Doubly qualified as an accountant, with a University background in both economics and management, he trained and worked with Ernst

& Young Co in the UK after graduation before specialising in the healthcare and technology sectors. Paul is a graduate of the Senior Managers Course at Insead (French Business School) and was one of the first Finance Directors to be selected to join the elite NHS Top Leaders Programme in 2010.

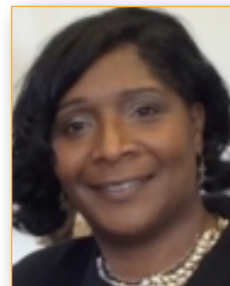
Paul has a broad portfolio of financial and business experience most recently advising policy makers on transformational change through the NHS STP Programme and before that as European CFO of the US transformational genomics provider Nant Health.

In the local NHS Paul has served as Director of Finance and Information and Deputy Chief Executive of Dudley Group NHS Foundation Trust and held similar positions at Sandwell & West Birmingham Hospitals NHS Trust and Birmingham City Hospital NHS Trust and a number of other board level appointments in the NHS and private sector.

He is committed to the development of the next generation of healthcare leaders and holds the position of Senior lecturer at the University of Wolverhampton Business School and with others, founded the MBA qualification in Business & Finance for the HFMA Academy in 2017.

FCCA; CIPFA; Fellowship of Healthcare Financial Management Association

Joyce Fletcher: Director of Nursing, AHP's and Governance



Joyce was appointed as Interim Executive Director in November 2016 having previously held the position of Deputy Director of Nursing and Professional Practice at the Trust since 2011.

Immediately prior to that Joyce had been seconded as Director of Nursing and Addiction Services at Wolverhampton PCT and had previously held the position of Head of Nursing and Risk within the Trust.

Joyce started her career as a Registered General Nurse, before commencing her mental health nurse training where she has worked across a range of mental health services in both clinical and senior leadership roles in areas of nursing,

policy governance and quality. Joyce has a passion for high quality, compassionate care that puts patients first and has a real drive for ensuring inclusive leadership at every level, supporting an organisational culture where engaged and high performing staff teams are equipped to improve the quality of services so that they are accessible, sustainable, safe and effective.

She has worked at a national level as a council member of the Nursing and Midwifery Council (NMC) where she served as the registrant member for England. She was instrumental in strengthening NMC engagement with employers and helped to shape the strategic position for Revalidation within Nursing.

Joyce holds a Master's Degree in Health Policy and Management (HSMC), Birmingham University, First Class Honours Degree (Community Health Studies) and successfully completed "Leading Strategic Change in the NHS" at Insead Business School, France.

RGN, RMN, BSc Hons, MSc.

1.2.6 Register of Directors Interests

The Directors are required to adhere to a Code of Conduct, based on and incorporating the "Nolan Principles of Conduct in Public Life", which includes a requirement to declare any interests they feel may compromise their objectivity in fulfilling their duties.

A full register of Directors' interests is published on the Trust's website, www.bcpft.nhs.uk, or may be obtained on application to the Company Secretary.

2. Quality Governance arrangements

2.1 2.1 The quality report in section three of this report gives a comprehensive account of the work undertaken during the year to improve the quality of service provision across the Trust.

2.2 The Medical Director and Executive Director of Nursing, AHP's and Governance have provided executive leadership of the quality governance arrangements within the Trust.

2.3 The Quality and Safety Steering Group brings together executives and operational clinical leaders to ensure robust oversight of the delivery and development of quality improvement plans across the Trust, and each operating division has its own sub group of clinical leaders to manage and deliver their respective quality improvement agenda.

2.4 The involvement of our service commissioners in quality improvement is significant and regular "contract review meetings" are held between our senior clinical leaders and commissioners to review delivery of services.

2.5 In 2017/18, the Trust agreed a number of "CQUIN" (Commissioning for Quality and Innovation) targets, some of which were nationally mandated, with service commissioners, the value of which amounted to approximately £2.0m. Unfortunately the Trust was unable to achieve all its targets, only partially achieving those related to staff health and well-being initiatives, improvements to physical healthcare for patients with serious mental illness, and initiatives to prevent ill health caused by alcohol and tobacco, resulting in a shortfall of income of £0.2m.

2.6 Improving the patient experience remains a priority for the Trust. In the national Friends and Family Tests during the year Trust again received encouraging responses from over 1700 people, where 95% of were likely to recommend mental health services, 84% were happy with the care in learning disabilities services; and 96% would recommend children's services to their friends and family.

2.7 The Trust received 102 formal complaints in the year, compared with 116 in the previous year. Four complaints were referred to the Parliamentary Health Services Ombudsman during the year, one of which was withdrawn by the complainant, one which was closed with no further action and two which remain under investigation.

3. Stakeholder relations

3.1 Developing partnerships, and engaging with our stakeholders is critical to ensuring that our services are designed, developed and delivered in the best interest of our local communities - to deliver the right care, at the right time, in the right place, by the right people long into the future. In the short time since the decision was taken not to pursue our partnership through Transforming Care Together (TCT) we have reviewed our stakeholder relationships. Initially we have ensured there is strong engagement with key health and care partners across the Black Country, and as we move forward we will more proactively engage with a wider range of stakeholders keeping everyone regularly informed and offering opportunities to work more closely with us. Key programmes that we are committed partners in include, but are not limited to:

- Healthwatch – we are meeting jointly with Wolverhampton, Sandwell, Walsall and Dudley Healthwatch to listen, and work with our partners to ensure that their voice is heard in how we manage and develop our services going forward. We are expanding this to include Dudley & Walsall Mental Health Partnership NHS Trust (DWMH) to ensure there is joined up thinking and planning across the Black Country. Our intention is to develop a Memorandum of Understanding to ensure that our discussions lead to meaningful involvement;
- Black Country Sustainability and Transformation Plan (STP) – we are working with our health and care partners across the Black Country to develop a system approach to deliver clinically and financially sustainable services for our communities, which addresses three key themes – Better Care, Better Value and Better Outcomes. Through a shared vision we will address unwarranted variations and make the best use of resources to work as a system to deliver the best care for the population. There is a well-developed mental health and learning disabilities work-stream which builds on the strong partnership built up between us and DWMH to enhance services for our communities;
- Mental Health Excellence, Resilience, Innovation and Training (MERIT) – the new model of care (Vanguard) programme formally closed on 31st March 2018, however, the partners have committed to continue to work together to enhance mental health service across the West Midlands. This will give us an opportunity to learn from each other and develop partnership responses where appropriate. During the last two year programme we have improved IT, records, bed management systems, and training;
- Transforming Care Programme (TCP) - partnership with all Black Country NHS and Local Authority commissioners and NHS England to reduce NHS Learning Disability inpatient bed numbers, which has enabled us to develop a stronger community offering supported by specialist bed provision where appropriate;
- Dudley Multi Specialty Community (MCP) or All Together Better – another new model of care vanguard programme between local NHS and care organisations, GP's and the voluntary sector in Dudley that seeks to improve health and wellbeing for local people through more closely linked health and care services, based around GP practices, allowing easier access to care that is consistent and better coordinated; and
- Wolverhampton Integrated Care Alliance (ICA) – has been developed through collaborative work with all health and care partners in Wolverhampton with a shared vision to work together for the population of Wolverhampton to live well longer. GPs are fully engaged with this programme, and we are working as partners with the Royal Wolverhampton Hospitals (RWT) NHS Trust, Wolverhampton CCG, City of Wolverhampton council, and the Health & Wellbeing Board wider stakeholders.

4. Better Payment Practice Code

The Trust is committed to following the Better Payment Practice Code in dealing with suppliers of goods and services. The code requires Trusts to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Better payment practice code - measure of compliance	2017/18		2016/17	
	Number	£000's	Number	£000's
Total Non-NHS trade invoices paid in the year	25,046	36,840	30,142	26,241
Total Non-NHS trade invoices paid within target	14,067	26,996	10,173	13,485
Percentage of Non-NHS trade invoices paid within target	56.16%	73.28%	33.75%	51.39%
Total NHS trade invoices paid in the year	1,173	9,532	799	6,125
Total NHS trade invoices paid within target	107	461	59	253
Percentage of NHS trade invoices paid within target	9.12%	4.84%	7.38%	4.13%
Total Percentage of trade invoices paid within target	54.06%	59.21%	33.07%	42.45%

5. Income disclosures

Following Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2013) the Trust can confirm that the income from the provision of goods and services for the purposes of the health service in England is greater than income we have received from the provision of goods and services for any other purpose.

5.1 In accordance with Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2013) the Trust can confirm that the income from the provision of goods and services for the purposes of the health service in England is greater than income we have received from the provision of goods and services for any other purpose.

5.2 The Trust has not established any income generation activity for which either fees or costs have been levied.

6. Private Finance Initiative

The Trust's Hallam Hospital, used for Adult Mental Health and Learning Disability Services, is a Private Finance Initiative (PFI) development. The unit was opened in February 2000, as the first PFI in the West Midlands. Since 2012/13, the PFI has been classified as on-balance sheet in the Trust Accounts.

Within the PFI Project Agreement, Ryhurst Ltd, the project company provides hard facilities management services to the Trust. Payments that the Trust made to Ryhurst during 2017/18 were included within expenditure as either (i) management and capital replacement, classified under operating expenditure, or (ii) interest payable classified under non-operating expenditure.

7. Audit arrangements

The external Auditor to the Trust is Deloitte LLP, 4 Brindley Place, Birmingham, B1 2HZ.

The Auditor was appointed by the Assembly of Governors in September 2012 following a competitive tendering exercise. Tenure for the appointment was for an initial term of three, extendable to five years. As part of the governance arrangements surrounding the Transforming Care Together Plan, and in anticipation of a then imminent dissolution of the Trust, the Assembly of Governors approved that the Auditor be appointed for a further one year term to September 2018.

Remuneration of the Auditor for 2017/18 was £53,500 (excluding VAT). Additional work relating to the Trust's annual quality report was conducted at a cost of £10,000 (excluding VAT). Where the Trust's Auditor provides non-audit services, these would be considered on a case by

case basis, by the Board of Directors to ensure the Auditor's independence would not be compromised. Such appointments are reported to the Audit Committee which receives reports on the outcomes of the work, and generally involve a different team to ensure independence.

8. Risk in use of financial instruments

There are no significant risks identified in the use of financial instruments.

9. Statement as to disclosure to Auditor

As far as the Directors are aware, there is no relevant audit information of which the auditor is unaware, and the Directors have taken all of the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the Auditor is aware of that information.

10. Political Donations

The Trust does not make donations to any political body.

B: The Remuneration Report

1. Annual Report on Remuneration

1.1 The Appointments and Remuneration Committee

1.1.1 Membership of the committee is comprised wholly of non-executive directors, and one of its prime functions is to determine the remuneration and terms and conditions of executive directors and other very senior management posts that are not governed by those nationally negotiated frameworks, such as "Agenda for Change"

1.1.2 Member attendance at meetings of the Committee during the year is provided in the table below.

The Appointments and Remuneration Committee	
Name	Attendance (Actual/Possible)
Tom Storrow (Interim Chair to 28/2/2018)	1/1
Andrew Fry (Interim Chair from 1/3/2018)	1/1
Mrs Kathy McAteer	2/3
Mr Fayaz Malik	3/3
Mr Andrew Fry (until 28/2/2018)	1/2
Mrs Joy Jeffrey	3/3
Mr David Stenson (from 23/1/2017)	3/3

1.1.3 Other people who attended and provided advice and services to the committee during the year were:

Mr Peter Axon - Interim Chief Executive until 28/2/2018
 Mrs Lesley Writtle – Interim Chief Executive from 1/3/2018
 Mrs Judy Griffiths – Head of Human Resources
 Mr Andy Green – Company Secretary
 Mrs Natalie Grainger – Clerk to the Committee

1.1.4 During the year the committee:

- reviewed and agreed the arrangements for the secondment of the Interim Chief Executive Officer, prior to its recommendation for adoption by the Board of Directors;
- appointed an Interim Chief Executive Officer, and Interim Deputy Chief Executive Officer;
- determined the remuneration of the Interim Chief Executive Officer;
- reviewed the remuneration of all executive directors and subsequently approved increases to the salaries of the Director of Nursing, AHP's and Governance, the Director of Workforce and the Company Secretary, all effective from 1st April 2018;
- approved the remuneration of the interim Director of Finance noting the appointment as off payroll; and
- with the advice of the Chief Executive, reviewed the portfolio of executive directors

1.2.1 The Assembly of Governors did not review the remuneration of non-executive directors during the year. It did make two interim appointments of Chair of the Trust but made no changes to the remuneration.

2. Annual Statement on Remuneration

- 2.1.1** In 2013, the then remuneration committee agreed the policy for the remuneration of executive and other very senior management, and in particular to use benchmarking information to inform its decisions.
- 2.1.2** No changes were made to the policy during the 2017/18 year.
- 2.1.3** The policy was referred to when determining the remuneration of the interim Chief Executive Officer and in reviewing the remuneration of other executive and very senior managers for 2018/19.
- 2.1.4** No changes were made to the remuneration of the clinical directors.
- 2.2.1** Non-executives also are remunerated on a per session basis for each panel hearing they attend in the course of their duties as hospital managers under the Mental Health Act 1983; the rate of remuneration remained the same during the year.

3. Senior Managers Remuneration Policy

- 3.1** The tables overleaf provide details of both the remuneration and pension benefits of the board members and other very senior managers,
- 3.2.1** The remuneration policy for executive directors provides that remuneration could include basic salary, performance related pay and other benefits.
- 3.2.2** The policy has at its core the main principle within the Code of Governance for NHS Foundation Trusts (Monitor, 2014) which states that:

"Levels of remuneration should be sufficient to attract, retain and motivate directors of the quality required to run the NHS Foundation Trust successfully, but the NHS Foundation Trust should avoid paying more than is necessary for this purpose".

- 3.2.3** The remuneration committee has not introduced performance related pay for any position that falls under its remit.
- 3.2.4** Other benefits within the policy may include reimbursement of travelling and subsistence expenses incurred whilst on duty, the provision of a mobile telephone and the provision of a vehicle for undertaking business travel (where the cost of private usage is paid for by the individual). No changes have been made to this policy.
- 3.2.5** Whilst benchmarking data is used to determine levels of remuneration, the remuneration committee also considers agreements relating to the pay and conditions of the Trust workforce and wider NHS and public sector in determining the final remuneration.
- 3.2.6** The benchmarking data referred to in 3.2.5 above is provided via the annual survey of board member remuneration conducted by the "NHS Providers" organisation.
- 3.3.1** The remuneration of non-executive directors, including the chair and associate non-executive directors is agreed by the Assembly of Governors.
- 3.4** In all cases compensation for loss of office is made in accordance with the terms and conditions of either the contracts of employment for the executive directors and other very senior management positions or the service contracts of the chair, non-executive and associate non-executive director positions.

4. Other disclosures

- 4.1** The Board of Directors confirms that no executive director held other non-executive directorships within other bodies during 2017/18. Had this been the case then the remuneration policy provides that: *"it will be for the remuneration committee to determine whether or not that individual will retain the associated remuneration and whether or not there will be any amendment to the substantial remuneration of the individual concerned."*

- 4.2** One of the board members or other senior management in office during 2017/18 were remunerated "off payroll" as outlined below.
- 4.3** Pension benefits apply to executive directors and other very senior management only; non-executive directors are not employees and are not therefore entitled to pension benefits. Details of pension benefits are provided in the table overleaf.

5. Off Payroll arrangement disclosures

The following tables provide details of the off-payroll engagements (of more than £245 per day) as of 31 March 2018.

Number of existing engagements as of 31 March 2018 Of which...	2017/18 Number of Engagements
Number that have existed for less than one year at the time of reporting	4
Number that have existed for between one and two years at the time of reporting	1
Number that have existed for between two and three years at the time of reporting	1
Number that have existed for between three and four years at the time of reporting	1
Number that have existed for four years or more at the time of reporting	1
Total	8

Number of new engagements, or those that reached six months in duration between 1 April 2017 and 31 March 2018; Of which	2017/18 Number of Engagements
Number assessed as within the scope of IR35	1
Number assessed as not within the scope of IR35	7
Number engaged directly (Via PSC contracted to Trust) and are on the Trusts payroll	1
Number of engagements reassessed for consistency / assurance purposed during the year	8
Number of engagements that saw a change to IR35 status following consistency review	1

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	2017/18 Number of Engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	1
Number of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year.	1

The off-payroll engagement for the Board member relates to the position of Executive Director of Finance. The post holder was originally appointed as interim Director of Finance from 1st November 2017 in anticipation that the services of the Trust were to be acquired before the end of the financial year. When the decision was made at the end of February 2018 not to proceed with the acquisition it was agreed that the post-holder be re-appointed for a further term to 31st March 2019.

6. Fair pay multiple

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The median remuneration of the reporting entity's staff is the total remuneration of the staff member(s) lying in the middle of the linear distribution of the total staff, excluding the highest paid director. This is based on annualised, full-time equivalent remuneration as at the reporting period date

The banded remuneration of the highest-paid director in Black Country Partnership NHS Foundation Trust in the 2017-18 financial year is £95k-£100k (2016-17: £110k-£115k). This is 4.02 times the median remuneration of the

workforce, which is £24,848 (2016-17: 4.62 times the median remuneration of the workforce, which is £24,441).

There were 24 employees that received remuneration in excess of the highest-paid director in the range of £100-195k (2016-17: 17 employees banded as £115-185k).

Total remuneration includes salary and benefits-in-kind. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

7. Expenditure on Consultancy

The Trust's expenditure on consultancy in 2017/18 is detailed in Section 6: Financial Accounts and Associated Notes (Note 3: Operating Expenses).

8. Directors and Governors expenses

The tables below give details of the expenses paid to directors and governors during the year.

2017/18			2016/17		
Total Number of Directors in Office	Number of Directors receiving Expenses	Total amount of Expenses paid to Directors	Total Number of Directors in Office	Number of Directors receiving Expenses	Total amount of Expenses paid to Directors
16	10	£11,126	19	14	£10,655

2017/18			2016/17		
Total Number of Governors in Office	Number of Governors receiving Expenses	Total amount of Expenses paid to Governors	Total Number of Governors in Office	Number of Governors receiving Expenses	Total amount of Expenses paid to Governors
20	0	0	27	2	£20

9. Exit packages - Reporting of other compensation schemes – exit packages 2017-18


The tables below give details of the expenses paid to directors and governors during the year.

	Number of compulsory redundancies Number	Cost of compulsory redundancies £'000	Number of other departures agreed Number	Cost of other departures agreed £'000	Total number of exit packages Number	Total cost of exit packages £'000
< £10,000	-	-	-	-	-	-
£10,001 - £25,000	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-
£100,001 - £150,000	2	229	-	-	2	229
£150,001 - £200,000	1	167	-	-	1	167
> £200,001	-	-	-	-	-	-
Total	3	396	-	-	3	396

Reporting of other compensation schemes – exit packages 2016-17

	Number of compulsory redundancies Number	Cost of compulsory redundancies £'000	Number of other departures agreed Number	Cost of other departures agreed £'000	Total number of exit packages Number	Total cost of exit packages £'000
< £10,000	-	-	2	13	2	13
£10,001 - £25,000	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-
> £200,001	-	-	-	-	-	-
Total	-	-	2	13	2	13

During 2017-18, there were no departures agreed which were in relation to a Compromise agreement.

Signed.....

Lesley Writtle
Chief Executive

23rd May 2018

2017/18 Salary Entitlements of Senior Managers

Name	Job Title	2017/18						2016/17					
		Salary	Benefits in Kind	Pension Related Benefits	Termination Benefits	Total	Salary	Benefits in Kind	Pension Related Benefits	Termination Benefits	Total	Salary	Benefits in Kind
		Bands of £5,000 £'000	To the nearest £100	Bands of £2,500 £'000	To the nearest £1,000	Bands of £5,000 £'000	Bands of £5,000 £'000	To the nearest £100	Bands of £5,000 £'000	To the nearest £1,000	Bands of £5,000 £'000	Bands of £5,000 £'000	To the nearest £100
Joanne Newton	Chair (1st April 17 – 30th November 17)	30-35	-	-	-	30-35	45-50	-	-	-	45-50	45-50	-
Tom Storrow	Chair (1st December 17 – 28th February 18)	5-10	-	-	-	5-10	-	-	-	-	-	-	-
Andrew Green	Company Secretary	80-85	-	-	-	80-85	80-85	-	-	-	80-85	80-85	-
Lesley Writtle*	Executive Director of Operations (1st April 17 – 28th February 18) Interim Chief Executive (1st March 18 – 31st March 18)	95-100	-	0	-	95-100	100-105	-	107.5-110.0	-	205-210	205-210	-
Joycelyn Fletcher	Interim Executive Director of Nursing, Allied Health Professionals & Governance	90-95	-	187.5-190	-	277.5-285	75-80	-	865.0-867.5	-	940-945	940-945	-
Dr Jaswant Lidher*	Executive Medical Director	175-180	-	0	-	175-180	190-195	5	235.0-237.5	-	430-435	430-435	-
Joanne Cadman	Director of Strategy & Transformation	85-90	-	27.5-30	-	110-115	85-90	-	567.5-570.0	-	650-655	650-655	-
Kathleen McAteer	Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	-	10-15	10-15	-
Fayaz Malik	Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	-	10-15	10-15	-
Andrew Fry	Non Executive Director (1st April 17 – 28th February 18) Interim Chair (1st March 18 – 31st March 18)	10-15	-	-	-	10-15	10-15	-	-	-	10-15	10-15	-
Joy Jeffrey	Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	-	10-15	10-15	-
David Stenson	Non Executive Director	10-15	-	-	-	10-15	5-10	-	-	-	5-10	5-10	-
Sukhbinder Heer	Associate Non Executive Director (1st May 17 – 31st March 18)	5-10	-	-	-	5-10	-	-	-	-	10-15	10-15	-

* These staff have no pension related benefits in 2017/18 due to a reduction in salary in year when compared to 2016/17 which in turn results in a reduction in pension benefits when the two years are compared.

The services of Chief Executive were provided under an agreement with Birmingham Community Healthcare NHS Foundation Trust. Tracy Taylor 1st April 2017 to 27th October 2017 and Peter Axon 28th October 2017 to 28th February 2018. Neither Tracy Taylor nor Peter Axon were directly remunerated by Black Country Partnership NHS Foundation Trust for services as the Chief Executive. The benefit paid to Birmingham Community Healthcare NHS Foundation Trust in respect of their services was £ 106,535.

During 2017/18 the Trust provided an Acting Director of Operations service under an agreement to Dudley and Walsall Mental Health NHS Trust. Lesley Writtle was not directly remunerated by Dudley and Walsall Mental Health Partnership NHS Trust for services performed as the Acting Director of Operations. The benefit paid to Black Country Partnership NHS Trust in respect of these services was £54,346.

2017/18 Pension Benefits

2017-18 Pension Benefits	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2017 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2018	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Lesley Writtle - Executive Director of Operations (1st April 17 – 28th February 18) Interim Chief Executive (1st March 18 – 31st March 18)	0-2.5	0-2.5	5-10	130-135	894	947	53	-
Joanne Cadman - Director of Strategy & Transformation	0-2.5	0-2.5	40-45	65-70	347	393	46	-
Joycelyn Fletcher - Interim Executive Director of Nursing, Allied Health Professionals & Governance	7.5-10	25.0-27.5	200-205	140-145	696	907	211	-
Dr Jaswant Lidher Executive Medical Director	0-2.5	0	0-5	170-175	992	1019	27	-

* There has been a reduction in salary which has resulted in no real increase in pension lump sum.

C: The Staff Report

The workforce themes for 2017/18 build on the Trusts objectives with a key focus to addressing and improving against the workforce risks and challenges identified specifically: recruitment and retention, reducing reliance on temporary staffing and agency, health and well-being and engagement. In addition work continues with regards to supporting opportunities for development through leadership and education programmes.

The Trust has key policies in place in respect of the above, and others including local security management and counter fraud, both which are reviewed by the Internal Auditor.

In focusing our priorities we will continue to support a workforce that is based in the right place at the right time, with the right behaviours and values, and adaptable to change.

Staff costs and numbers for the year

Analysis of our staff costs and average numbers of staff employed for the year are shown in the tables below.

Employee costs

	Year ended 31 March 2018		Year ended 31 March 2017	
	£'000	%	£'000	
Salaries and wages	63,767	77.58	63,137	
Social security costs	6,020	7.32	6,049	
Apprenticeship Levy	292	0.36	-	
Pension cost – defined contribution plans	7,544	9.18	7,546	
Pension cost – other contributions	222	0.27	55	
Agency/contract staff	4,350	5.29	4,815	
Total	82,195	100.00	81,602	

The above table does not include Non-Executive Directors.

Average number of persons employed

	Year ended 31 March 2018		Year ended 31 March 2017	
	Number	%	Number	
Medical and dental	76	3.67	89	
Administration and estates	494	23.77	498	
Healthcare assistants and other support staff	393	18.91	381	
Nursing, midwifery and health visiting staff	583	28.05	593	
Nursing, midwifery and health visiting learners	-	0.00	11	
Scientific, therapeutic and technical staff	201	9.67	216	
Bank Staff	273	13.15	205	
Agency Staff	59	2.78	79	
Total	2,079	100.00	2,072	

An analysis of our workforce as at the 31st March 2018 is included in Table 1.

Table 1: Analysis of Workforce Diversity over a 3 year period

Analysis		31st March 2016		31st March 2017		31st March 2018	
Gender	Staff	HC	%	HC	%	HC	%
Female	Directors	9	0.44	8	0.4	5	0.25
	Senior Managers	15	0.74	14	0.67	15	0.75
	Employees	1556	76.61	1632	78.61	1580	79.24
Male	Directors	7	0.35	4	0.19	6	0.30
	Senior Managers	15	0.74	10	0.48	9	0.45
	Employees	429	21.12	408	19.65	379	19.01
Total		2031	100	2076	100	1994	100.0

Age	HC	%	HC	%	HC	%
Under 21	25	1.23	40	1.93	31	1.55
22 to 59	1871	92.12	1905	91.76	1805	90.52
60 to 64	111	5.47	110	5.3	137	6.87
65 and over	24	1.18	21	1.01	21	1.05
Total	2031	100	2076	100	1994	100.00

Ethnicity	HC	%	HC	%	HC	%
White	1360	66.97	1386	66.76	1324	66.40
Mixed	35	1.72	39	1.88	40	2.01
Asian	278	13.69	264	12.71	257	12.89
Black	247	12.16	258	12.43	243	12.19
Other	35	1.72	39	1.88	34	1.71
Not Stated	76	3.74	90	4.34	96	4.81
Total	2031	100	2076	100	1994	100.00

Source: Electronic Staff Records (HC = Headcount)

Recruitment

During 2017/18, the Trust has experienced an increase in the overall vacancy rate. This is due to a rise in our turnover rate, although this does remain below our key performance indicator and adjustments to our establishments. This increase does reflect the on-going recruitment and retention challenges that the NHS as a whole is facing, in particular within specialist services as provided by the Trust.

In response to the challenges faced during this period the Trust has taken a targeted and focused approach to reduce vacancies and reduce agency costs including working with NHS Improvement to develop a targeted retention plan for our registered nursing workforce.

During 2017/18 we have also begun to work with local partner Trusts and medical colleagues to consider international recruitment overseas and will be an area further explored and developed during 2018/19.

The Trust has also continued to improve by streamlining processes within the overall recruitment service and is now reporting below the Trusts internal key performance indicator for 'Time to Hire'. The Trust is actively pursuing a range of recruitment and retention initiatives including a targeted incentive package for newly qualified nurses. The Trust actively promotes and undertakes national recruitment campaigns, job fairs and career fairs within our local community proactively working with local education providers.

Equality and Diversity

The Trust serves an ethnically diverse area made up of people from many different cultures, communities and backgrounds. During 2017/18 the Equality and Inclusion Board continued to focus on ensuring that the Trust has a diverse workforce, representative of the population it serves, with a number of key programmes, including the Workforce Race Equality Standard and the new Workforce Disability Equality Standard, to support inclusion at all levels within the organisation.

Over 27% of our staff are from a Black and Minority Ethnic (BME) background, which compares favourably with the BME population of 26% (based on the 2011 Census) across the four Boroughs of the Black Country.

We aim to encourage applicants from the widest range of backgrounds to come and work for us, and to ensure our employment policies promote the equitable treatment of candidates and staff, irrespective of their background.

The Trust continues to use the Guaranteed Interview Scheme for applicants with disabilities, is signed up to the national government Disability Confident Scheme and engages specialist advice in the design and implementation of adaptations to the working environment for staff with disabilities including learning disabilities.

Retention, Health and Wellbeing

Whilst it is recognised that some turnover of staff supports is necessary for a healthy organisation, as part of our focus during 2017/18 the Trust has strengthened how it monitors turnover and retention in order to explore the reasons that staff leave and to fully understand any trends or issues linked to turnover including health and wellbeing.

Whilst turnover remains within our key performance indicators during the latter part of 2017/18 the Trust committed to a programme led by NHS Improvement with a specific remit for improving the staff retention of our Registered Nursing workforce. The retention plan over the coming 12 months will focus on three drivers; Continual Professional Development; Staff feeling valued and supporting the reduction of violence and aggression. In addition targeted work has continued to develop closer links with our local education providers and universities.

Following its launch The Health and Wellbeing Strategy continues to be embedded through different approaches, ways of working and access to staff benefits. The Health and Wellbeing Committee throughout 2017/18 have found innovative approaches to health and wellbeing – using lifestyle assessments for staff to help maintain their resilience at work and improve their overall mental and physical wellbeing.

A number of targeted campaigns such as 'cycle schemes' have taken place as well as providing a signpost to free and local fitness and wellbeing classes external to the Trust to enable staff choices on improving their health and wellbeing.

In addition all our staff have access to a comprehensive occupational health service and staff support service.

Our sickness rate for the year was 6.01% against the intended target of 4.5%. Whilst we have not achieved the target, the Workforce team continue to work proactively with Divisions to reduce with targeted support in areas where we have higher absence rates. Workforce reporting has been further strengthened during 2017/18 and forms an integral part of the Trusts performance management enabling triangulation of quality, safety and workforce indicators. In addition the Trust has implemented the Electronic Staff Record Management Self Service which enables improved 'real time' reporting and auditing.

A breakdown of the sickness absence across the last three years up to 31st March 2018 is included in the table below.

Table 2: Analysis of Sickness Absence Rates

	2015/16	2016/17	2017/18
	%	%	%
Short Term	2.02	2.25	2.27
Long Term	3.41	3.51	3.74
TOTAL	5.43	5.76	6.01

The level of sickness between 2016/17 and 2017/18 is represented as follows

	Year ended 31 March 2018 Number	Year ended 31 March 2017 £'000
Total Days Lost	38,348	37,314
Total Staff Years	2,873	
Average Working Days Lost per WTE	13	13

Learning and Development

Learning and Development (L&D) is an essential part of the wider organisational system that articulates the workforce capabilities, skills and competences. The L&D deliverables for compliance on training is aligned to the wider workforce strategy, HR development including new models of care and the overall business and performance support to our Divisions.

New training management systems have been introduced to improve recording and reporting for mandatory and specialist training including the Mental Health Act and Safeguarding. Opportunities for training include face to face and eLearning introduced in January 2017.

Learning and Development has improved outcomes on aligning BCPFT training to the National Core Skills Framework and contributed to Career Pathways including TCT Nursing Associate Programme. Future developments will be focused on strengths of working in partnership and sustainable ways of training and developing staff across the organisation.

Staff Engagement

The Trust has a long standing commitment to working and involving staff, and has continued to develop good relations with staff and their representatives at all levels. This has been delivered through a range of staff engagement events, especially those related to the Transforming Care Together Partnership, and various communication media, as well as the formal consultation framework through the Staff Forum and Medical Local Negotiating Committee. The Staff Side Leads work in partnership with the Trust to support all agendas affecting staff with the overarching aim of improving the staff experience.

Phil Cole, our Staff Side Chair says:

"The joint trade unions have continued to actively represent our workforce throughout the year. We have different unions working together for different groups of people. Some can choose which union they join, for others professional bodies are affiliated to particular unions. All unions within BCPFT have reps who volunteer within the workplace. We are always looking for more people who have an interest in learning more and taking a more active role within the UNIONS. They support, represent, negotiate and influence at a Local and National level."

Staff Survey

The NHS Annual Staff Survey takes place between October to December each year, and the Trust is required to take part in this survey and information is reported to the National Co-ordination Centre. BCPFT is provided national average with a benchmark result comparing us to 28 other similar Trusts in the Mental Health / Learning Disabilities and Community Trust Sector.

The NHS Staff Survey offers the opportunity to understand the views of our staff and their experiences of working for the Trust. Obtaining feedback from staff and taking account of their views and priorities is vital for driving real service improvements in the NHS.

During 2017, the Trust undertook a full census of staff using a mix mode methodology of 80% electronic and 20% paper copies provided to staff within Learning Disabilities and Estates and Facilities. The overall return from BCPFT was 34% showing a decrease compared to 40% from the previous year; the national average response rate within our sector was 45%.

Tables 3a – 3d outline survey response rates, the Trust's top five and bottom five ranking scores and the Trust's largest local changes since the 2016 survey. All key findings within the staff survey results are rated and comparisons made with both the previous year's results and the national average for other combined mental health/ learning disability and community trusts. Interestingly most results had little difference to 2016 results with 2 bottom scores and 4 top scores remaining the same as 2016.

Table 3a: Staff Survey Response Rate

	2016		2017		Trust/National Improvement/Deterioration	
	Trust	National Average	Trust	National Average	Trust	National
Response Rate	40%	44%	34%	45%	6% Deterioration	1% Deterioration

Table 3b: Trusts Top Five Ranking Scores

	2016	2017		Trust Improvement/deterioration
Top 5 Ranking Scores	Trust	Trust	National Average	
KF11. Percentage of staff appraised in the last 12 months	96%	97%	92%	1% improvement
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	95%	94%	92%	1% deterioration
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	23%	21%	23%	2% Improvement
K16 Percentage of staff working extra hours	69%	68%	71%	1% Improvement
KF27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	59%	62%	57%	3% improvement

Overall the Key findings of the top ranking 5 scores the Trust have shown an improvement with a higher score than the national average.

Table 3c: Trust's Bottom Five Ranking Scores

	2016	2017		Trust Improvement/ deterioration
Bottom 5 Ranking Scores	Trust	Trust	National Average	
KF15 Percentage satisfied with the opportunities for flexible working patterns	52%	52%	58%	No Change
KF14 Staff satisfaction with resourcing and support	3.28	3.24	3.33	0.04 deterioration
KF30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.60	3.57	3.77	0.03 deterioration
KF32 Effective use of patient / service user feedback	3.52	3.45	3.69	0.08 deterioration
KF18 Percentage of staff attending work in the last 3 months despite feeling unwell because of the pressure from their manager, colleagues or themselves	55%	58%	53%	3% deterioration

Overall the Key findings of the bottom ranking 5 scores the Trust have shown deterioration with a lower score than the national average.

Table 3d: Largest Local Changes since the 2015 Survey

	2016	2017		Trust Improvement/ deterioration
Largest local change	Trust	Trust	National Average	
KF19 Staff satisfaction with the quality of work and care they are able to deliver	4.12	4.06	3.85	0.21 improvement nationally
Staff appraised in the last 12 months	96%	97%	92%	5% Improvement national
Staff satisfaction with level of pay	43%	34%	32%	9% deterioration locally
Staff putting pressure on themselves to come to work	60%	61%	56%	5% deterioration nationally
Staff having any (non-mandatory) training learning or development in last 12 months	83%	76%	75%	7% deterioration locally

The overall indicator of staff engagement for the Trust in 2017 is 3.72 compared to 3.75 in 2016. This is below the national average of 3.79 for combined mental health, learning disability and community trusts. This overall indicator has been calculated using the key findings related to the following aspects of staff engagement: KF1. Staff recommendation of the Trust as a place to work or receive treatment; KF4. staff motivation at work; and KF7. staff ability to contribute towards improvements at work.

Interestingly the indicators relating to Workforce Race Equality (WRES) have significantly shifted in the Trust result, suggesting that “white” staff now experience discrimination in career progression. KF21 and Q17b identify white staff reporting lower results which in comparison to 2016 have ‘tipped’ the results rather than closed the gap.

Key priorities and plans going forward

The essence of our plan is to take a holistic view to improving the overall staff experience by making staff experience a part of our daily business and aligning it into other strategic plans and objectives.

Rather than responding to individual survey questions, the plan is themed and has actions in the following five categories; your job; your manager; your health and wellbeing; your personal development; and your organisation. There are organisational wide actions designed to increase the outcome in each of these areas and operating divisions add to it with their own local context to ensure we are addressing what’s important to the staff in their environment.

Additionally the plan specifically looks at those areas ranked bottom by implementing an immediate “you said we did” campaign focussing on non-mandatory development, flexible working and the process and fairness or errors and incidents. Likewise the plan also focusses on positive and improved scores to enhance and share the processes and practices of these.

Equality indicators will be intrinsic to the survey plan and also as part of the Equality and Inclusion Board (EIB), WRES action group and internal Workforce Committee.

Freedom to Speak Up

The Trust supports all staff in raising concerns at work at the earliest reasonable opportunity about safety, malpractice, wrongdoing at work or where quality or standards of care have diminished or have reached a level that would cause major concern. There is a publicly available document called Raising Concerns at Work (Whistleblowing) Policy which outlines the Trust approach.

In line with the policy the Trust has a Freedom to Speak Up Guardian supported by five local Freedom to Speak up Champions who will all be working to support and encourage people to raise concerns in order to address issues and support future service improvement.

Trades Union representation

The following information is provided in accordance with recently introduced legislation

Table 4a: Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
10	2.27 FTE

Table 4b: Percentage of time spent on facility time

Percentage of working hours spent on facility time	Number of employees
0%	1
1-50%	7
51%-99%	1
100%	1

Table 4c: Percentage of pay bill spent on facility time

	Values
Provide the total cost of facility time	£114,650
Provide the total pay bill	£82,285,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.14%

Table 4d: Paid trade union activities

	Values
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	100%

D: Corporate Governance

1. Membership

1.1 Eligibility

The Trust has two constituencies of membership, public and staff. Our public constituency includes service users and carers and is drawn from the Black Country areas of Sandwell, Wolverhampton, Walsall, Dudley, and Birmingham, and other areas that fell under the responsibility of the former West Midlands Strategic Health Authority.

Our constitution dictates that the minimum age for becoming a member of the Trust is 12 years old. All staff who are employed by or seconded to the Trust for at least twelve months automatically become members of the Trust, unless they choose to opt out.

1.2 Membership profile

The tables below provide analyses of our membership at 31st March 2018.

Membership by Constituency and area at 31st March 2018			
PUBLIC		STAFF	
Area	Number	Class	Number
Sandwell	2676	Generic	1843
Wolverhampton	985		
Walsall	407		
Dudley	909		
Birmingham & Wider West Midlands	943		
TOTAL:	5920	TOTAL:	1843

Public Membership by gender, age and ethnicity at 31st March 2018		
Analysis	Number	%
Gender		
Male	2240	37.8
Female	3651	61.7
Not stated	29	0.5
Age		
12-16	6	0.1
17-21	131	2.2
22 and over	5466	92.3
Not stated	317	5.4
Ethnicity		
White	3952	66.8
Mixed	197	3.3
Black	791	13.4
Asian	521	8.8
Other	93	1.6
Not stated	366	6.2

1.3 Representative membership

When comparing with the relevant demographic data within the 2011 Census, there remains under representation in white people and the male population, but most significantly within the age range of 12 to 16 year olds.

1.4 Movements in membership

The changes in membership within the year are provided in the table below:

	Public	Staff	Total
At 31st March 2017	5,970	1,815	7,785
Add Members joining	93	130	223
Less Members leaving	143	102	245
At 31st March 2018	5,920	1,843	7,763

1.5 Engagement with membership

During 2017/2018 the majority of our engagement with our public membership was focused around our planned Transforming Care Together (TCT) partnership. A number of general drop-ins were held in service and public locations, along with general stakeholder events themed around: mental health; learning disability; and children, young people and families' services. The drop-ins were attended by: staff; service users and carers; trust members; and members of the public. The themed stakeholder events were attended by these and also: commissioners; local councillors; partner organisations; and governors. These events asked participants to contribute in mixed groups so there was good conversation around how we could develop our services for the benefit of our patients and local community. A dedicated TCT website (www.transformingcaretogether.org) and newsletter enabled us to jointly engage with members, stakeholders and the public about the proposals.

During this time, we took the decision to pause the Membership Strategy Steering Group (MSSG), whose membership is primarily the Governors, to focus on TCT engagement and because a new membership strategy would be developed with our TCT partners.

The annual member event and Annual General Meeting took place in September 2017 at the Copthorne Hotel in Dudley. The member event was supported by a number of service areas within the Trust, external partners and Governors. It was held alongside the annual staff awards which helped to increase staff participation.

The Trust has now taken the decision not to continue with the TCT partnership. Therefore, the focus for 2018/2019 will be to review our membership strategy and plans, and increase engagement with members as Black Country Partnership NHS Foundation Trust. We have developed a partnership and network meeting with our local Healthwatch organisations, and this will help us to work with our local partners to develop our membership and public engagement.

The Trust website (www.bcpft.nhs.uk) contains details of how members can contact their constituent governors.

2. The Assembly of Governors

2.1 Composition

The composition of the Assembly is laid out in Annex 4 of the Constitution of the Trust. The current composition is shown in the table below.

Composition of Assembly of Governors	
Category of Governor	Number
Public	
Sandwell	7
Walsall	3
Dudley	4
Wolverhampton	7
Birmingham & the Wider West Midlands	1
Total Public	22
Staff:	7
Appointed Governors	
Sandwell Metropolitan Borough Council	1
Wolverhampton City Council	1
Dudley Metropolitan Borough Council	1
Walsall Metropolitan Borough Council	1
The Children's Society	1
Total Appointed	5
Assembly total	34

2.2 Tenure and attendance

The following table provides the names of Governors in office during 2017/18, the date they became or ceased to be a Governor, and a record of their attendance at general meetings of the Assembly.

Assembly of Governors				
Constituency and Name of Governor	Date Elected/ Appointed	Date Ceased	Public Area, Class, or Organisation	Attendance (Actual/Possible)
Public				
David GRATWICK	2/8/2014	1/8/2017	Sandwell	2/2
Sonia DAVIES	9/9/2016		Sandwell	3/6
John CASH	12/5/2016		Sandwell	1/6
Lloyd WALTERS	9/9/2016		Sandwell	5/6
Sabrina FRENCH	9/9/2016		Sandwell	2/6
Rizwan JALIL	1/6/2016	1/6/2017	Sandwell	0/1
Mary BOLLAND	2/8/2014	1/8/2017	Wolverhampton	2/2
Alan DEAN	9/9/2015		Wolverhampton	4/6
Mel PASSMORE	2/8/2015		Wolverhampton	6/6
David HELLYAR	2/8/2014	1/8/2017	Wolverhampton	1/2
Jas DEHAR	22/7/2016		Wolverhampton	3/6
Brian CHINDENDERE	22/7/2016		Wolverhampton	1/6
Paul RILEY	1/4/2016		Dudley	4/6
Shindo BARQUER	16/1/2017		Dudley	4/6
Parmjit SAHOTA	16/1/2017		Dudley	3/6
Doreen TILL	9/7/2015		Walsall	4/6
Peter SINCLAIR	21/5/2014	20/5/2017	Walsall	1/1
Peter SINCLAIR	21/5/2017		Walsall	4/5
Bambul MIAH MBE	16/1/2017		Walsall	2/6
Mark WOOD	1/7/2015		Birmingham & Wider W.Midlands	3/6
Staff				
Phil COLE	1/12/2014	30/11/2017	Staff	3/4
Oliveth LAWRENCE	1/8/2014	31/7/2017	Staff	2/3
Dr Suvanthi SUBARRAYAN	22/7/2016	10/4/2017	Staff	0/0
Melvena ANDERSON	16/1/2017		Staff	5/6
Appointed				
Councillor David VICKERS	1/12/2017		Dudley MBC	2/6
Councillor Sandra SAMUELS MBE	24/5/2017		Wolverhampton City Council	2/6
Councillor Bob PIPER	1/6/2016		Sandwell MBC	2/6
Councillor Ian ROBERTSON	13/7/2015		Walsall Council	5/6
Simon COTTINGHAM	1/1/2015	1/7/2017	The Children's Society	1/1
Note: (*) denotes re-elected/re-appointed				

2.3 Register of Governors Interests

Governors are required to adhere to a Code of Conduct as approved by the Board of Directors, and are required to declare any interest, which may compromise their objectivity in fulfilling their duties. A copy of the current register is published on the Trust website, www.bcpft.nhs.uk or can be obtained by application to the Company Secretary.

2.4 Vice Chair of the Assembly (Lead Governor)

The role of the Vice Chair, as provided for in the Constitution of the Trust, is identical to that of "Lead Governor". Mr. Mel Passmore, Public Governor for the Wolverhampton area, was appointed to the position for the remaining term of his office at the meeting of the Assembly of Governors in November 2015.

2.5 Elections to the Assembly

There were no elections held during the year

2.6 Role of the Assembly of Governors

The Assembly of Governors has a wide range of statutory duties. The key overarching duties of the Assembly of Governors is to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. It has discharged this duty primarily through the mandatory duties described below:

- the appointment or dismissal of the Chair and other Non- Executive Directors;

The Assembly approved the re-appointment of Jo Newton as Non-Executive Chair of the Trust for a further one year term commencing 1st November 2017.

Upon Jo's resignation the Assembly, on the recommendation of the Board of Directors appointed Tom Storrow as Interim Chair for the period 1st December 2017 to 31st March 2018.

Tom immediately resigned his position on the ending of the Transforming Care Together Partnership on 28th February 2018, and on the recommendation of the Board of Directors, the Assembly duly appointed Andrew Fry as interim Chair

until 31st March 2019.

- the determination of the remuneration and terms and conditions of the Chairman and Non-Executive Directors;

The Assembly has not reviewed the remuneration or terms and conditions during the year for the Non-Executive Directors but agreed that there should be no increase in remuneration for the interim Chair appointments.

- the approval of the appointment of the Chief Executive Officer;

At its meeting in March 2018, the Assembly approved the appointment of Lesley Writtle as Interim Chief Executive Officer

- the appointment or removal of the Auditor to the Trust;

No further appointment was necessary having been made in the previous year

- to receive and consider the Annual Report and Accounts;

Directors presented the Annual Report, the Annual Quality Report and the Financial Accounts for the year ended 31st March 2017 to the annual meeting of the Assembly and Members meeting in September 2017; the Auditor's report on the above was presented at the same meeting.

- to review the Annual Plan, as presented by the Board of Directors.

Governors had been involved in the development of the plan covering the two year period from 2017/18 and 2018/19 and have been presented with the changes made to the plan for 2018/19 as agreed by the Board of Directors.

- To represent the interests of the members of the Trust as a whole and the interests of the public;

Governors are actively involved in engagement activities as described elsewhere within this report.

- Where a forward plan contains a proposal that the Trust (i) carry on non-NHS activity, and/or (ii) increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England, the Assembly of Governors must (a) determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the trust of its principal purpose or the performance of its other functions and (b) notify the directors of the trust of its determination;

No such increases were planned;

- To approve amendments to the constitution, only if: (a) more than half the members of the board of directors voting approve the amendments, and (b) more than half the members of the Assembly of Governors voting approve the amendments;

No changes were made

- To approve an application (under Section 56 or 57 of the National Health Service Act 2006) for a merger of the Trust with another NHS Foundation Trust or NHS Trust, or an acquisition of another NHS Trust or NHS Foundation Trust, or the dissolution of the Trust and the establishment of two or more new NHS Foundation Trusts (separation) or the dissolution of the Trust (only with the approval of more than half of the members of the Assembly of Governors);

No such applications were presented during the year.

- To approve for the Trust to enter into a "significant transaction", (as described in the Constitution) only if half the members of the Assembly of Governors voting approve entering the transaction;

No such transactions were proposed

The Assembly also undertook the following constitutional duties:

- **Appointment of David Stenson, Non-Executive Director as Deputy Chair of the Trust from 20th March 2018 for an interim period to 31st March 2019; and**
 - **Reviewed and approved the Register of Interests for Governors.**

In accordance with regulatory requirements, the Assembly selected the local quality indicators that would be subject to review by the Auditor in its work to provide an assurance opinion on the quality indicators that would be included within the Annual Quality Report for 2016/17.

In addition to the above, the Assembly also received reports from directors and officers concerning:

- the operational performance of the Trust as measured against compliance and contractual requirements;
- the arrangements surrounding the then proposed acquisition of the Trust services under the Transforming Care Together Partnership programme of
- the outcome of appraisals of the Chair and Non-Executive Directors;
- the membership of both the Trust and the Assembly itself;
- the approval of the appointment of governors as observers to the Audit, Finance and Investment, Mental Health Legislation Scrutiny and Quality and Safety sub-committees of the Board of Directors; and
- the Trust's engagement in the development of national "Vanguards" of care.

The Assembly did not exercise its power to require one or more directors to attend a meeting for the purpose of obtaining information about the performance of the Trust or the directors' performance of their duties.

The Chair of the Trust continues to lead the Assembly of Governors and ensures a sound and open working relationship is maintained between the Assembly and the Board of Directors.

The Senior Independent (Non-Executive) Director also attends meetings of the Assembly and its sub committees and groups and is accessible to Governors should they need to obtain his advice.

Any disputes that may arise between the Assembly of Governors and the Board of Directors will be addressed in accordance with the Constitution of the Trust; no disputes arose during the financial year.

Governors used an online survey tool "Governor Gauge" developed by the Trust but managed independently to assess the ongoing skills and knowledge needs of governors. Outputs from the survey were reviewed by the Assembly of Governors at its meeting in May 2017.

3. The Chair

The Chair leads the Board of Directors and ensures it effectively fulfils its primary duties.

The Board of Directors confirms that both Jo Newton, the Chair until 30th November 2017, and Andrew Fry, the Interim Chair from 1st March 2018 remained independent in character and judgment throughout the year and had no interests which might impair their judgment.

The Board of Directors recognised and approved the situational conflict that presented with the appointment of Mr Tom Storrow as interim Chair for the period 1st December 2017 to 28th February 2018.

Each appointed Chair declared their full interests which were managed in accordance with the Constitution of the Trust.

4. The Deputy Chair and Senior Independent Director

Andrew Fry held the position of Deputy Chair of the Trust until his interim appointment as Chair of the Trust on 20th March 2018. He was succeeded by David Stenson.

The role of the Senior Independent Director is undertaken by Mrs Kathy McAteer Non-Executive Director.

5. Role and Independence of Non-Executive Directors

In addition to their role as board members, Non-Executive Directors also undertake the duties of Hospital Managers in accordance with the Mental Health Act 1983. They are assisted in these specific duties by duly appointed Associate Hospital Managers.

The Board of Directors considers that all its Non-Executive Directors and the Associate Non-Executive Directors are independent in character and judgment and have no relationships which may affect their judgment.

6. Evaluation of the Performance of the Board Sub Committees

The Audit, Finance and Investment and Quality and Safety Committees undertook separate internal evaluations of their effectiveness, again using member self-assessment questionnaires. Analysis of the feedback was reported to each committee which in each case reflected a high degree of satisfaction in the effectiveness of the committees and no significant improvements were required.

The Chair and Non-Executive Directors have annual appraisals in accordance with the process approved by the Assembly of Governors. The appraisals of the Non-Executive and Associate Non-Executives are conducted by the Chair, and the appraisal of the Chair by the Senior Independent Director. The outcomes of the appraisals are reported to the Assembly of Governors.

Executive and board level directors are appraised annually by the Chief Executive Officer, and these are reported to the Non-Executive led Appointments and Remuneration Committee.

7. Sub-committees of the Board of Directors

7.1 The Audit Committee

7.1.1 Membership

The Audit Committee is a sub-committee of the Board of Directors, and its membership is comprised wholly of Non-Executive Directors. All meetings held during the year were quorate.

7.1.2 Other attendees

Meetings are regularly attended by the Internal and External Auditors, the Director of Finance and the Local Counter Fraud Specialist. Other directors and officers are invited to attend meetings at the discretion of the committee or committee chair.

Meetings of the Audit Committee are also attended by Governor observers, as nominated by the Assembly of Governors.

7.1.3 Role and duties

The Committee's key function is to provide assurance as to both the adequacy and operation of systems of risk management and internal control within the Trust, and the integrity of the financial statements and quality accounts of the Trust.

In discharging its duties during the year the Committee has:

- reviewed and approved the annual work programme of both Internal and External Audit;
- reviewed the annual management letter from External Audit and progress of management in addressing the recommendations within;
- received and reviewed the annual report of the Internal Auditor, including consideration of the Head of Internal Audit Opinion;
- reviewed the accounting policies of the Trust;
- reviewed the Board Assurance Framework and associated risk management systems of the Trust;
- reviewed the financial accounts for 2016/17;
- reviewed the proposed quality report for 2017/18;
- reviewed and recommended adoption of the Annual Governance Statement for the financial year ending 31st March 2017;
- received the report from the external auditor as to the assurance of the Annual Quality Report for 2016/17;
- received regular reports from the external auditor including progress with its work programme, sector highlights and any regulatory issues requiring consideration;

- reviewed and agreed the policy for the supply of non-audit services;
- received and reviewed reports from the Internal Auditor concerning assignments across all aspects of governance and internal control;
- reviewed progress of management in implementation of agreed recommendations and recommended enhancements to the process of management review and reporting;
- reviewed schedules of contracts where tender processes had been waived;
- received updates on the Counter Fraud work plan at each of its meetings;
- reviewed the performance of the Auditor and made a recommendation to the Assembly of Governors for a one year extension to the term of appointment of the current Auditor;
- reviewed the contract for the provision of Internal Audit and Counter Fraud services for the year 2018/19; and
- reviewed ad-hoc submissions to the regulator;

7.1.4 Accountability

The Chair of the Audit Committee presents a report to the Board on the proceedings of each meeting, highlighting any risks or exceptional matters that have been or remain under consideration. The Audit Committee has not had cause to make any specific recommendations to the Board of Directors during the year.

7.2. The Quality and Safety Committee

7.2.1 Role of the Committee

The Quality and Safety Committee has a wide remit in seeking assurance as to the adequacy of governance systems and processes in place to support the Trust in delivering services against the mandated and accredited standards expected of service delivery.

During the year the Committee has undertaken the following:

- reviewed operational quality management reports, including details of incident reporting and analysis, and complaints, concerns and compliments;

- received internal audit reviews on the adequacy of arrangements in place for maintaining compliance with the quality governance framework and other relevant control areas;
- reviewed relevant high level risks and the associated mitigation plans;
- reviewed the use of quality impact assessments;
- reviewed arrangements in place for the training and development of staff;
- monitored the action plan to address the recommendations of the Care Quality Commission following its inspection of services in 2016;
- received the annual reports on arrangements for the Safeguarding of Children and Adults;
- received the annual report on Health and Fire Safety arrangements;
- undertook a detailed review of incidents relating to violence and aggression;
- undertook a detailed review of operational workforce policies and associated risks;
- received the annual reports concerning Infection Prevention and Control;
- reviewed the annual clinical audit plan;
- reviewed arrangements in respect of Research and Innovation activities;
- received reports concerning the Trust's compliance with Information Governance standards;
- received updates on the arrangements for implementation of the Trusts equality and diversity strategy and in particular the Workforce and Race Equality Standard;
- received reports on the use of equality impact assessments;
- received reports on the service user and staff satisfaction surveys and associated action plans;
- received reports from the Chair of the Quality & Safety Steering Group on any exceptional matters arising at its meetings; and

7.2.2 Membership of the Committee

The Committee is comprised wholly of Non-Executive Directors. The Chair of the Audit Committee is not a member of the committee but may attend its meetings.

All meetings of the committee during the year were quorate.

7.2.3 Other attendees

The Medical Director and Director of Nursing, AHP's and Governance are required to attend meetings of the committee.

Meetings are also attended by other directors, officers and the Internal Auditor. The Chair of the Trust may attend committee meetings. Governor observers, as nominated by the Assembly of Governors also attend meetings.

7.2.4 Accountability

The Chair of the Quality & Safety Committee presents a report to the Board on the proceedings of each meeting, highlighting any risks or exceptional matters that have been or remain under consideration.

7.3. The Finance & Investment Committee

7.3.1 Role of the Committee

This committee undertakes a range of duties with the purpose of seeking assurance as to the underlying financial position of the Trust, the delivery of financial targets including the Cost Improvement Programme, the commercial framework and contracting position and the review, and the approval of investments and business plans within limits delegated by the Board of Directors.

During the year the Committee has:

- reviewed in depth the arrangements and management plans to achieve cost efficiency savings;
- regularly conducted in depth reviews of the financial performance of the Trust;
- reviewed emerging business opportunities and their relevance to the core business of the Trust;

- reviewed operating and cash flow forecasts
- reviewed the underlying assumptions in the development of the Annual Budget and Annual Plan;
- reviewed the long term financial plan;
- reviewed the annual capital programme;
- reviewed arrangements for compliance with the rules on the use of agency staff;
- reviewed reports concerning service line reporting and management;
- reviewed the adequacy of high level risk mitigation plans;
- received updates as to the status of and performance against service contracts;
- received assurance on assumptions made in financial and treasury management; and
- reviewed financial provisions in the management accounts;

7.3.2 Membership of the Committee

Membership of the Committee is primarily Non-Executive Directors though also includes the Chief Executive Officer or her/his deputy in its membership. The Chair of the Audit Committee may not be a member of this Committee, but may attend its meetings.

Governor observers, as nominated by the Assembly of Governors also attend meetings of the committee.

All meetings of the committee were quorate.

7.3.3 Accountability

The Chair of the committee provides a report to the Board of Directors on key matters arising from meetings of the committee.

7.4 The Mental Health Legislation Scrutiny Committee

7.4.1 Duties of the committee

The Mental Health Legislation Scrutiny Committee is established to gain assurance as to the Trust's compliance with mental health legislation in the provision of its services.

During the year, the Committee has:

- Reviewed training arrangements for front line practitioners;
- Reviewed the training programme for Associate Hospital Managers;
- Reviewed service contract arrangements for Associate Hospital Managers;
- Reviewed the application of the Mental Health Act through the annual statistics;
- Received reports from the Mental Health Act administrators on matters arising from hearings;
- Received reports from the Mental Health Legislation Operational Group, from the Medical Director; and
- Received reports on exceptional matters from meetings of the Associate Hospital Managers Group; and

7.4.2 Membership of the Committee

Membership of the committee is comprised wholly of Non-Executive Directors, but is also attended by both the Medical Director and Mental Health Act Administration Manager. Associate Hospital Managers may also attend meetings of this committee.

All meetings held during the year were quorate.

7.4.3 Accountability

The Chair of the Committee provides a report to the Board of Directors on key matters arising from meetings of the committee.

8. Compliance with the NHS Foundation Trust Code of Governance

Black Country Partnership NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a "comply or explain" basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

E: Regulatory matters

1. NHS Improvement: Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy.

A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

At the time of preparing this report the Trust was placed in segment 2.

This segmentation information is the Trust's position as at 4th May 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance score

The finance score theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance score is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Weighting	2017/18 Q4 Score
Capital Service Capacity	20%	4
Liquidity (days)	20%	4
I&E Margin	20%	4
I&E Margin distance from Plan	20%	1
Agency Spend – Distance from Cap	20%	2
Average Rating	100%	3
Overriding rules applied	-	Yes
Overriding Risk Score		3
Is the Trust in Special Measures	-	No
Revised Overriding Risk Score	-	3

The overall finance score is a mean average of the scores on five individual metrics, however a score can have overriding rules applied to it if the following scenarios occur:

- if a provider scores 4 on any individual finance metric, their overall finance score is at least a 3 triggering a potential support need;
- if a provider has not agreed a control total: where they are planning a deficit their finance score will be at least 3 (i.e. it will be 3 or 4), where they are planning a surplus their finance score will be at least 2 (i.e. it will be 2, 3 or 4).

2. Care Quality Commission

The Care Quality Commission undertook an inspection of Trust services in November 2016 and published its report in February 2017. The overall rating provided for Trust services was "good", with community based mental health services for older people deemed as "outstanding".

The Care Quality Commission has not taken any enforcement action against the Trust during the year.

F: Statement of Accounting Officers Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Black Country Partnership NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.


NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Black Country Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the affairs of Black Country Partnership NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *Department of Health Group Accounting Manual* and in particular to:

- Observe the Accounts Directions issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual)* have been followed, and disclose and explain any material departures in the financial statements;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- Prepare the financial statements on a going concern basis

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Signed.....

Lesley Writtle
Chief Executive Officer

23rd May 2018

G: Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Black Country Partnership NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Black Country Partnership NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

The Trust remains committed to ensuring that risk management forms an integral part of its philosophy, practices and development, where responsibility for its application is accepted at all levels within the Trust.

At a collective level, the Board of Directors is responsible for approving the Risk Management Strategy and monitoring and reviewing its implementation.

I as the Chief Executive Officer, have overall responsibility for establishing internal control systems and have delegated certain risk

management responsibilities to Executive Directors and other senior managers within the Trust. For the eleven month period to 28th February 2018, executive responsibility for the development, maintenance and oversight of the organisational risk management systems and associated policies rested with the Corporate Governance Director and thereafter with the Director of Nursing.

Governance arrangements within the Trust provide for the identification, assessment, analysis and management of risk at appropriate levels representing a systematic approach to risk management and thus enabling a fair, responsible and learning culture to develop.

Staff at all levels are required to undertake mandatory training which includes a module on risk management, and associated policies, though an internal audit review noted a need to provide more robust risk management training across the Trust and this will be addressed during the new financial year. More specific training (for example physical intervention skills) appropriate to individual roles and responsibilities is provided in accordance with the risk management and learning and development strategies of the Trust.

Mandatory training also covers responsibilities and duties in the areas of health and fire safety, infection prevention and control, information governance, local security management, and counter fraud, and staff have access to specialists who lead in these areas within the Trust. During the year, it was recognised that specific fire safety training for staff working on in-patient areas should be enhanced and additional training continues to be provided to ensure compliance.

The Trust seeks to learn from good practice in a number of ways including incident reporting and reviews, complaints and claims management and the review of safety alerts, the outcomes of which are cascaded through the Trust's governance structure, including reviews by the Quality and Safety sub-committee of the Board of Directors, and through the publication of regular bulletins via the Trust intranet and email system.

Care Governance Facilitators provide risk management support within the operating divisions and provide an interface with the corporate Governance Assurance Unit and co-ordinate the dissemination of divisional briefings on learning from incident and complaint reviews.

Improvements to systems and practice are included within service quality improvement plans developed by the Quality and Safety Groups at divisional level and are reviewed corporately by the Quality and Safety Steering Group.

The risk and control framework

The Risk Management Strategy and Policy describes in detail the approach to risk management and defines clearly where responsibility lies at each stage of the process.

All staff are required to report risks, including hazards that they encounter in their work, through well-defined incident reporting procedures. Risks are recorded on the Trust's electronic risk management system, which is in turn used to populate divisional and corporate risk registers and the board assurance framework. Risks are also identified from the review of complaints and concerns, through clinical and operational audit and from research and development activities. Management and internal audit reviews of functional control systems against mandated and other standards of good practice and the ongoing assessment of our performance against plans also provide mechanisms for the identification of clinical, operational, financial, strategic, non-compliance and external risks.

Once identified, risks are recorded and evaluated for their potential to adversely affect service delivery and the objectives of the Trust. Evaluation of the risk includes an assessment of both the likelihood of the occurrence and the consequence of the risk being realised, using a risk matrix adapted from the former Australian/New Zealand risk management standard (AS/NZS 4360:1999). The descriptions allocated to each level of likelihood and consequence within the risk matrix enable a consistent approach to risk evaluation across the Trust.

The authority to treat risk is determined by the level of risk assigned, and treatment plans will be reviewed and monitored at relevant managerial levels, both individually, e.g. Director or Service Manager, and collectively, e.g. Quality and Safety Steering Group.

All risks, as recorded in the risk register are reviewed by the Risk Management Group, which was established during the year to provide regular oversight of the risk registers.

Those high level risks are then reported to and reviewed by both the Executive Management Forum, and the Quality and Safety Steering Group. Risk mitigation plans, the identification of lead directors responsible for the execution of mitigation plans, indicative timescale for mitigation to be implemented, and an assessment of the residual risk are identified in relevant risk management reports. The board assurance framework identifies the strategic objectives, the controls and assurances in place and actions to address any gaps in control or assurance that are identified.

The above reporting and review process enables both the co-ordination and review of all risks and the ongoing identification of high level risks and monitoring the progress of mitigation plans. Both the Quality and Safety, and Finance & Investment sub-committees of the Board of Directors undertake assurance of the high level risks through their respective business agendas, and any exceptional matters arising are reported directly to the Board.

The board assurance framework is regularly reviewed by the Board of Directors to both ensure the adequacy of mitigation plans and to determine any further action to be taken.

The Audit Committee has a key responsibility to review the adequacy of the organisational systems of risk management and internal control and in so doing reviews and considers the adequacy of the board assurance framework, together with reports from Internal Audit as to the adequacy of the controls in place for its production and ongoing maintenance.

The Audit Committee also receives reports of reviews undertaken by Internal Audit as its major source of assurance.

None of the internal audit reviews conducted during the year concluded there was insufficient assurance as to the effectiveness of the controls, though the review of WEB access and Local Area Network security identified areas for improvement which have already been addressed. It is worthy to note however that the Trust was not affected by the global "WannaCry" ransomware attack that took place during the year.

Actions to address the recommendations of all Internal Audit reviews are in place, and progress in implementation is reviewed regularly by the Audit Committee.

The Quality and Safety Committee regularly reviews detailed reports which provide an overview of risk management activity, including incident reporting and analysis, investigations into serious untoward incidents and complaints management.

An internal review of the Trusts approach to managing investigations of serious incidents found some common issues and areas of non-compliance during the year. Recommendations and actions to improve the process for investigations into serious incidents review have been implemented and the process is monitored via the Trusts Risk Management Committee.

In December 2016, the CQC published its review, "Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England". Subsequently, the National Quality Board published its guidance to NHS Trusts on establishing learning from deaths frameworks, and in response the Trust established its own Mortality Review Group, chaired by the Medical Director, to ensure compliance with the national guidance in respect of the identification, reporting, investigation and learning from deaths of patients whilst under care of the Trust.

The Board of Directors receives reports on mortality and any exceptional risk management issues arising at its meetings.

In May 2017 the Board approved its corporate governance statement confirming compliance with its governance obligations going forward.

In developing its operational plan for 2017/18, the Board identified the following key risks to maintaining compliance with its licence conditions:

- the possibility that the Trust would be unable to achieve the required level of recurrent cash releasing efficiency savings which would impact adversely on its ability to deliver core services to required standards;
- the potential inability to afford and deliver timely transformational change programmes would lead to deterioration in financial position and compromise delivery of services to required standards;
- reduced levels of cash held by the Trust could lead to the Trust being unable to finance its ongoing activities;
- capacity and capability within the Trust could be compromised if senior clinical staff and managers chose to leave the Trust in advance

of potential significant organisational change; and

- any delay in the timescales for the delivery of the Transforming Care Together Partnership could compromise the short term financial sustainability of the Trust.

The Board of Directors regularly reviewed these risks and associated mitigation plans at its meetings.

In reviewing the position of the Trust following the demise of the Transforming Care Together Partnership, the Board of Directors has identified the following key risks which are to be managed during the coming financial year:

- Financial and clinical sustainability: the Trust continues to operate with a financial deficit and has already received acknowledgement of the Regulator for the need to access the distressed funding facility of short term borrowing to maintain service provision, though further deterioration in the revenue position could impact on the quality of services;
- Workforce; the results of the staff survey, soft intelligence from our staff generally and other workforce indicators have identified a multi-dimensional risk that will require us to refresh our approach to staff engagement, enhance our offer for recruitment and retention and promote the health and well-being of our workforce;
- Reputation of Trust: there is a risk that the reputation and credibility of the Trust may be damaged following the demise of the Transforming Care Together Partnership and with it the Trust's then sustainability plan;
- Changing environment: there is a risk that the ever changing health and social care environment could result in increased focus on the development of "accountable care organisations" which could compromise the sustainability of Trust services; and
- Dudley Multi – specialty Community services Provider (MCP): linked to the changing environment the potential establishment of the Dudley MCP could result in loss of services and income in the short and medium term and result in non-Dudley commissioned services becoming unsustainable.

The Assembly of Governors has received reports from directors about the annual operational plan, noting that the plan for 2018/19 is a modification of that submitted in the previous year, and has received reports concerning the strategic risks as monitored by the Board of Directors.

Details of risks, incidents and complaints are also shared with the Trust's main service commissioners through the regular contract quality review meetings.

Ultimate responsibility for ensuring the quality and safety of services provided rests with the Board of Directors, which regularly reviews reports on quality performance using a dashboard of key quality performance indicators, together with performance reports on quality initiatives, such as performance against "CQUIN" (Commissioning for Quality and Innovation) targets.

The Board also receives reports from its Quality and Safety sub-committee, which has a duty to obtain assurance as to the delivery of services to the national and local standards of safety and quality expected.

In furtherance of its aim to seek more positive, independent assurance as to the quality of services provided, the Board continues to receive both direct and indirect accounts of service users, carers and staff as to their experience of using Trust services; Board members also take full participation in regular visits to operational units.

The Director of Nursing, (AHP's) and Governance holds executive responsibility for quality governance. The Medical Director and Director of Nursing, AHP's and Governance are key members of the Quality and Safety Steering Group which oversees quality performance, the implementation of the quality strategy and the development and monitoring of the quality governance framework. Other members of this group include the Clinical Directors from each division, the Chairs of each sub-group (which are described below) and key specialists, e.g. Associate Director of Safeguarding, etc.

Each division has its own Quality and Safety Group reporting to Quality and Safety Steering Group and has representatives on subject specific corporate groups, such as the Infection Prevention & Control Committee, the Health and Safety Group, and the Medicines Management Committee, thus ensuring consistency in the development of policy. These sub groups also

provide oversight of relevant risks and provide regular reports on exceptional issues to the Quality and Safety Steering Group.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. The Care Quality Commission undertook a full inspection of Trust services in November 2016 and published its report in February 2017. The overall rating provided for Trust services was "good", with community based mental health services for older people deemed as "outstanding".

Action plans to address recommendations following the Mental Health Act inspections of the Care Quality Commission are monitored by the corporate Governance Assurance Unit in order to ensure implementation within required timescales. Oversight of these plans is provided by the Quality and Safety Steering Group. As at 31st March 2018, all action plans, arising from visits during the year had been completed or were on target for completion by their relevant due dates. The Mental Health Legislation Scrutiny Committee has a duty to gain assurance as to compliance with all aspects of mental health legislation. Non-Executive Directors are members of this committee and its meetings are regularly attended by the Executive Medical Director and the Mental Health Act Administration Officer. Non-Executive Directors have delegated the responsibilities for hearing appeals under the Mental Health Act 1983 to independent Associate Hospital Managers. Meetings of the Hospital and Associate Hospital Managers Group take place twice a year and report to the Mental Health Legislation Scrutiny Committee.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Board is aware of its obligations under the Equality Act 2010 and has arrangements in place to ensure the Trust not only complies with the legal requirements but more importantly harnesses and embeds the principles of equality into everyday operations.

Significantly the Trust uses Equality Impact Assessments (EqIA) as a proactive approach to positively promoting equality, challenging discrimination, and creating accessibility for staff, for those who use our services, and for the local community.

An EqlA is carried out whenever the Trust is developing or amending strategies, policies, projects and services. Managers have a responsibility to complete the EqlA and to ensure that other relevant staff are involved in the process so as to provide different perspectives and challenge the established way of doing things. The EqlA process and accompanying online forms are kept on the Trust Intranet to provide easy access for staff.

The Head of Diversity reviews each completed EqlA to ensure it has been completed appropriately, is added to the corporate register and that any overarching themes which arise are addressed at Divisional level and as necessary are brought to the attention of the Equality Inclusion Board. It is the responsibility of the Division in which the EqlA has been undertaken, to ensure that any resulting actions are incorporated into the ongoing delivery and review of services. All completed EqlAs are published on the Trust's Intranet and website.

In addition, any proposal for achieving cash releasing savings is assessed not only for the impact on quality but also whether there are any equality impacts.

In accordance with the requirements of the Equality Act 2010 the objectives of the Trust's equality strategy are published on the Trust's website.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and the member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The foundation trust has undertaken risk assessments and a carbon reduction plan has been developed in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaption Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Board of Directors is responsible for ensuring systems are in place to maintain the economic, efficient and effective use of resources within the Trust.

An integrated performance report, covering finance, workforce, compliance targets, contractual targets and service line activity is regularly presented to and reviewed by the Board of Directors.

The Management Board whose membership includes Executive, Clinical and Divisional Directors met on a monthly basis and had a duty to monitor the performance of the Trust, against the agreed financial, contractual, and service targets as set by the Board of Directors. In the new financial year, the functions of the Management Board have been subsumed by the newly formed Executive Committee. The Quality and Safety Steering Group monitors the quality performance of the Trust and reports to the Quality and Safety sub-committee of the Board.

At operational level, the group management boards meet regularly to review operational and financial performance, and any exceptional matters are escalated to the executive directors via the Performance and Planning Management Boards.

The Finance and Investment Committee reviews and assures the rationale and adequacy of investment and cost improvement plans, and the Quality and Safety Committee reviews the adequacy of the Quality and Equality Impact Assessment process.

The Audit Committee approves and monitors at each of its meetings the progress in implementation of the work programme for the Local Counter Fraud Specialist.

The Board of Directors had previously established a plan to address the medium and longer term sustainability of the Trust, the outcome of which was the establishment of the "Transforming Care Together" partnership with the Birmingham Community Healthcare NHS Foundation Trust and the Dudley and Walsall Mental Health Partnership NHS Trust with the aim of securing future delivery of qualitative and economically sustainable NHS commissioned services. Subsequently, in November 2016, the Board approved an outline business case supporting the formal merger, by way of acquisition by Birmingham Community

Healthcare NHS Foundation Trust of the other two Trusts. The full business case was approved by the Boards of the three Trusts in the summer of 2017 and integration plans put in place. However in November 2017 it became apparent that further work was required to address a number of issues; subsequently in February 2018, the Board of Directors, being cognizant of feedback that the case for the planned acquisition would not meet Regulatory approval, decided that the Transforming Care Together Partnership be immediately dissolved; the Boards of Directors of the other two partner Trusts independently arrived at the same decision, which was supported by the Regulator.

In light of the termination of the Transforming Care Together partnership, the Board of Directors resolved to terminate the service agreement with Birmingham Community Healthcare NHS Foundation Trust for the provision of services from the Chief Executive, Director of Finance and other directors under secondment to the Trust and interim appointments to the resultant executive vacancies were made by the Non-Executive Led Appointments and Remuneration Committee.

These appointments were made with the knowledge and support of the Regulator and the interim appointment of the Chief Executive Officer was subsequently approved by the Assembly of Governors in March 2018.

The Board of Directors has now committed to developing alternative plans to secure the future sustainability of service provision in alignment with the Black Country Sustainability and Transformation Plan, which it has been actively engaged in.

The Trust has been a party to a nationally approved "vanguard", (as referred to in the NHS Five Year Forward View) known as "MERIT" (Mental Health Alliance for Excellence, Resilience, Innovation and Training), working with three other neighbouring provider Trusts.

At its meeting in April 2018, the Board of Directors determined whether or not the financial statements for the year ended 31st March 2018 should be prepared on a going concern basis. This is referred to in the Performance Report at section 1 of this Annual Report. In determining that the financial statements should be prepared on a going concern basis, it identified material uncertainties that may cast doubt on the ability of the Trust to continue to exist in its current form, and to discharge its liabilities in the normal course of business in the longer term.

Whilst the Board noted that the Trust has continued to develop and maintain several cash management initiatives during the past year to provide early warning of any working capital risks, it foresaw a requirement for cash support during the year ending 31st March 2019 commencing during quarter 2, support for which has been acknowledged by the Regulator.

The significant risks facing the Trust are summarised as follows:

- The Trust has submitted a cash flow plan which shows a closing position at 31st March 2019 of £1.3m – incorporating £2.1m of funding drawn down from NHS Improvement in quarter 2.
- There is uncertainty over whether the Trust will achieve its efficiency savings of £4.2m which have been incorporated into its financial plan. This level of savings is challenging and must be supported with adequate operational engagement to deliver against agreed detailed plans. As of April 2018 schemes totalling £1.4m (33%) of the total target have been identified - £0.8m (60%) recurrently. There is a reasonable expectation that normal staff turnover will yield further savings of £2m;
- The cessation of the Transforming Care Together strategic partnership has resulted in the Trust needing time to be able to reform its identity as BCPFT and develop a new sustainability plan for the future.
- The Dudley MCP procurement process (impact in 2019/20) is still ongoing with the Trust requesting to be a sub-contractor. Currently the Trust is awaiting completion of the procurement process and confirmation of sub-contractor status.
- The Trust has entered into negotiation with the Local Government Pension Scheme regarding the forced withdrawal from that scheme of a small number of Trust employees in 2018/19. The Trust could be liable to meet a share of the Fund' deficit if such a transfer progresses.

Information Governance

The Trust has in place appropriate governance arrangements for data and information security in accordance with the standards laid out within the national Information Governance framework; at 31st March 2018 the Trust declared compliance at level 2 of the standards of the national Information Governance toolkit.

An Information Governance Steering Group, which is chaired by the Senior Information Responsible Officer and whose membership includes the Caldicott Guardian, the Information Governance Manager and other key professional leads is responsible for overseeing the development and implementation of information governance policy across the Trust.

During the year the Information Governance Steering Group co-ordinated and monitored the action plan to ensure the Trust was prepared for the introduction of the anticipated new Data Protection Act which incorporates the European General Data Protection Regulations.

The roles of Caldicott Guardian and Senior Information Responsible Officer are undertaken by the Medical Director and Director of Nursing, AHP's & Governance respectively, and the job requirements of other key corporate officers include relevant responsibilities associated with information and data security. All staff within the Trust receive relevant training at induction and throughout their employment in accordance with national information governance standards.

Any incidents and/or risks associated with data and information security are reported and dealt with in accordance with the Trust risk management and incident reporting policies.

There were four incidents identified during the year that were reported to, but resulted in no action being taken by the Information Commissioners Office.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The development of the Annual Quality Report is led by the Director of Nursing, AHP's and Governance. The report contains performance data on specific measures of quality that have been agreed by the Board of Directors and as necessary for external audit review, the Assembly of Governors.

The majority of the measures rely on data and information that is already known and captured by the Trust in its everyday operations. Some of the metrics used are identical to those used within the mandated performance targets of the compliance regime, e.g. "Care Programme Approach" 7 day follow up" and are subject to the same data and information management policies and validation procedures that the Trust relies on for its performance reporting.

Where other local and new measures are required, for example following requests for additional monitoring data from NHS service commissioners, then these have been consulted on, the systems have been developed to ensure correct capture and staff have been trained as necessary in recording of such data.

During the year assurance as to the reliance of these systems has been provided by internal audit, and through the limited assurance report undertaken by the external auditor.

The Annual Quality Report has, in accordance with directions by the Secretary of State, also been shared with local commissioners, "Healthwatch" bodies, and overview and scrutiny committees of local councils, and comments received by these bodies have been included in the report.

In accordance with directions from "NHS Improvement" (in exercise of the powers conferred on Monitor), the external auditors published their limited assurance report to the Assembly of Governors which for 2016/17 the Auditor provided a qualified conclusion on the accuracy of data relating to the "Care Programme Approach 7 day follow up" indicator, having identified errors in its calculation. However the report concluded that except for the qualified conclusion nothing had come to its attention to suggest that the Quality Report had been presented other than compliant with guidance.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the

content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit committee, and other sub committees of the Board, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

With regard to the specific processes applied in maintaining and reviewing the Quality Report, over and above those cited below, these include:

- the regular reports on quality metrics within the integrated performance reports submitted to the Board of Directors;
- the limited assurance report of the External Auditor in 2016/17, acknowledging the qualified conclusion of one indicator;
- the assurance provided by Internal Audit through their reviews; and
- the views and comments received from external organisations.

In addition, other processes applied in maintaining and reviewing the effectiveness of the system of internal control include the following:

- regular reviews of the board assurance framework by the Board of Directors;
- reviews of the board assurance framework by the Audit Committee;
- the reports of inspections regarding compliance with mental health legislation undertaken by the Care Quality Commission;
- the reports of any ad-hoc quality inspections by Clinical Commissioning Groups;
- the work of the Audit Committee and in particular its assurance of the adequacy of the risk management arrangements and wider system of internal control including quality governance arrangements;
- the duties of the Quality and Safety Committee in its assurance of quality governance;
- the duties of the Mental Health Legislation Scrutiny Committee in its assurance of compliance with mental health legislation;
- sources of positive assurance as to the quality of service provision considered by the Board of Directors, in particular direct and indirect accounts of service user experience and quality assurance visits to service areas by board members;
- the role of the Finance & Investment Committee in both assuring the adequacy of

plans to mitigate high level business, financial and strategic risks, and reviewing the financial and performance reports and forecasts;

- the ongoing application of the risk management strategy and processes by Executive Directors and other senior management; and
- the work-plan and associated reviews conducted by Internal Audit, which due to the anticipated and subsequently abandoned acquisition was restricted to core systems, and the opinion of the Head of Internal Audit which states that "...significant assurance can be given, based on a limited scope review, that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and/or inconsistent application of controls could put the achievement of particular objectives at risk."

Conclusion


Other than the issues relating to improvements required to address the financial sustainability of the Trust, there are no other significant internal control issues that have been identified in the reporting period, or are anticipated to occur in the future, that require disclosure in this statement.

Signed.....

Lesley Writtle
Chief Executive Officer

23rd May 2018

The Accountability Report is hereby approved

Signed.....

Lesley Writtle
Chief Executive Officer

23rd May 2018



► Ward activities

SECTION

Quality Report

3

3.0 Introduction

About Us

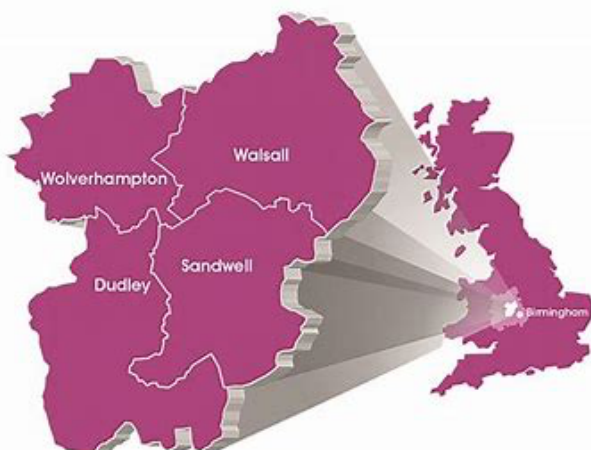
Black Country Partnership NHS Foundation Trust is a major provider of mental health, specialist health learning disabilities and community healthcare services for people of all ages in the Black Country. The first trace of 'The Black Country' as an expression dates from the 1840s, when it was one of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

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

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

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

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



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

What is a Quality Report?

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

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

How we produce the Quality Report

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

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

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

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

- Data is derived from a large number of different systems and processes. Only some of these are subject to external assurance, or included in internal audits programme of work each year.
- Data is collected by a large number of teams across the Trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably classified a case differently.
- National data definitions do not necessarily cover all circumstances, and local interpretations may differ.
- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to re-analyse historic data.

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

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

Part One

3.1 Statement on Quality from the Chief Executive

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

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

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

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

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

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

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

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

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

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

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

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

I would like to take this opportunity to pay tribute to our staff and formally thank them for their support, dedication and commitment to provide high quality services. I hope you will

enjoy reading about their achievements and the progress they have made over the last year.

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

Signed.....



Lesley Writtle
Chief Executive

23rd May 2018

Part Two

3.2 Priorities for Improvement

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

3.3 Looking Back – Review of Priorities 2017/18

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

Table 1: Quality Improvement Priorities for 2017/18

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

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

Why this was a priority for improvement

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

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

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

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

Progress in 2016/17

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

Progress in 2017/18

- An implementation group 'Refocus on Recovery' was established and meets monthly with relevant stakeholders to maintain an overarching view of the strategic development of a recovery focus across mental health services. Three subsequent groups were developed locally to establish specific recovery focused culture within urgent care, planned care and older adult mental health services. Each group

meets monthly to address local service specific needs.

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

Next Steps

- The use of data currently being collated for the first wave of ReQoL will be evaluated to review processes and pathways before implementation into second wave teams

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

3.3.2 Older Adult Mental Health Services – Improving discharge notifications

Why this was a priority for improvement

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

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

The improvements we wanted to make

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

Progress in 2016/17

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

Progress in 2017/18

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

Next Steps

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

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

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

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

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

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

The improvements we wanted to make

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

Progress in 2016/17

- Best practice review of the recommendations from Southern Health NHS Foundation Trust's independent investigation report into the tragic death of Connor Sparrowhawk
- Benchmarking against the NICE standards for epilepsy management
- Snap shot audit of current practice across all areas showed inconsistencies in relation to epilepsy care plans, risk assessments and protocols
- Matrons' audits confirmed that inconsistencies remain

Progress in 2017/18

- An epilepsy improvement group was established, led by the Head of Nursing for Learning Disabilities, to oversee this priority
- A baseline audit was undertaken to review the quality of epilepsy care plans in place using standards from the NICE clinical guideline on epilepsy (CG137) i.e. all children, young people and adults with epilepsy should have a comprehensive care plan agreed between the person, family and/or carers; the plan should include lifestyle issues as well as clinical matters
- The audit of epilepsy care plans indicated a compliance rate of 38% against national standards
- Local epilepsy champions were introduced across all inpatient units
- The improvement group devised a new standardised documentation epilepsy pack which includes forms for completing initial assessments, risk assessments, seizure recording tool, seizure recording chart, a flowchart for the administration of buccal midazolam (medication used to control seizures)
- The new epilepsy documentation pack was formally approved for use across all inpatient areas and includes setting timescales for completion following a patient's admission
- The epilepsy documentation pack has been distributed across all inpatient areas
- A further audit of epilepsy care plans was carried out in March 2018 to measure improvement and the results showed 73% compliance against national standards.

Next steps

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

3.3.4 Children's Services – Learning and improving from complaints

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

The improvements we wanted to make

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

Progress in 2016/17

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

Progress in 2017/18

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

Table 2: Categorisation of complaints

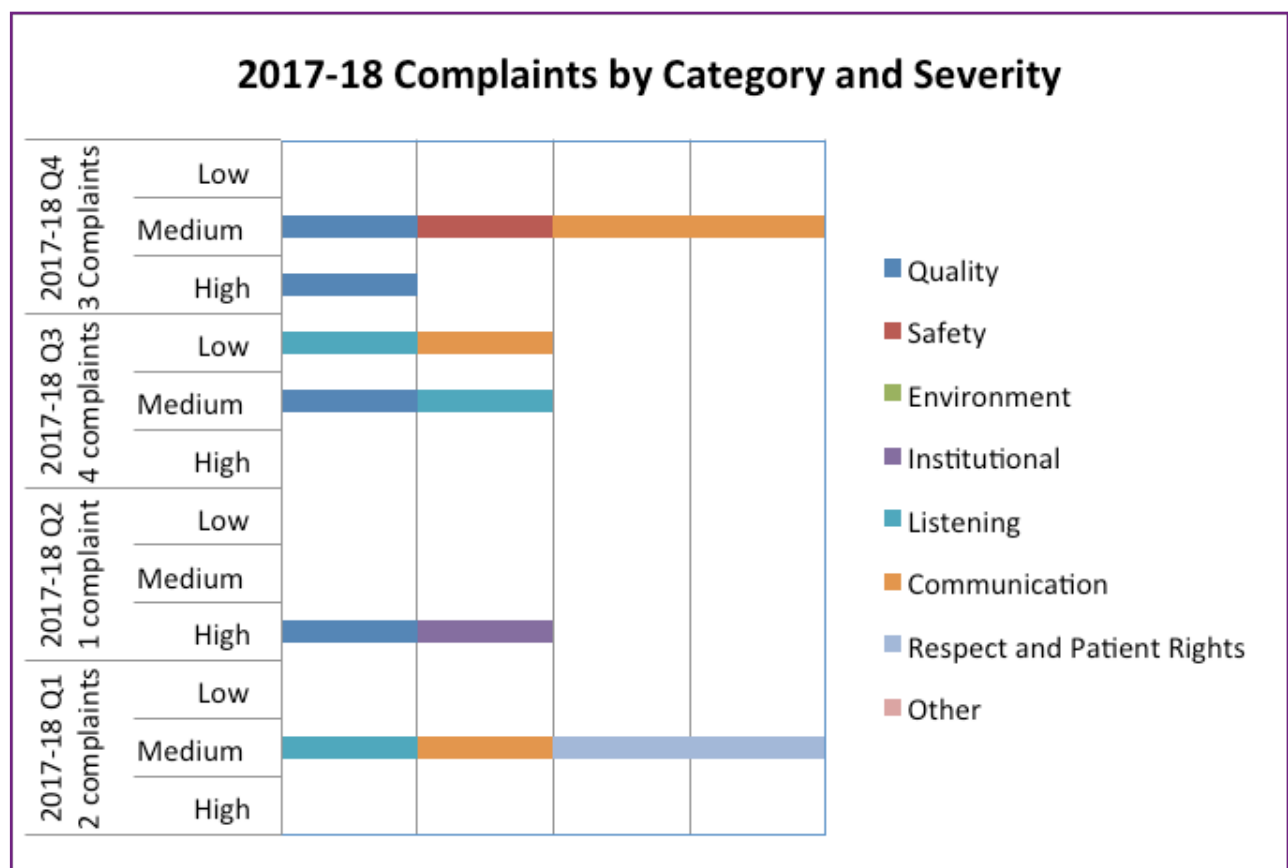
Clinical Problems:	Quality: Clinical standards of healthcare staff behaviour
	Safety: Errors, incidents, and staff competencies
Management Problems:	Environment: Problems in the facilities, services, clinical equipment, and staffing levels
	Institutional Processes: Problems in bureaucracy, waiting times,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

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

Table 3: Examples of the level of impact

Level	Low	Medium	High
Quality:	Patient was not involved in their care plan	Aspect of a patient's care plan overlooked	Failing to heed warnings in patient notes
Safety:	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication was administered
Environment:	Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
Institutional Processes:	Patient notes not ready for consultation	Patient notes temporarily lost	Another patient's notes used as the basis for the consultation
Listening:	Staff ignored question	Staff ignored mild patient pain	Staff ignored severe distress
Communication:	Patient received incorrect directions	Patient received conflicting diagnoses	Patient given wrong test results
Respect and patient rights:	Private information divulged to the receptionist	Private information divulged to family members	Private information shared with members of the public

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



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

Next Steps

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

3.4 Looking Forward – Priorities for 2018/19

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

Table 4: Quality Improvement Priorities for 2018/19

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

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

Why this is a priority for improvement

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

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

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

for the minimisation of risk and the prevention of harm or further harm.

The improvements we want to make

- o Every service user has an individualised risk management care plan, appropriate to their needs, with their risks identified through specific relevant risk assessments and translated into their individualised care plan
- o Devise a measurable question to gain assurance that identified risks are translated into individualised care plans
- o Record keeping audits carried out across all mental health services will include the measurable question to gain assurance that risk management care plans are reflective of identified risks

Progress in 2017/18

- Record keeping audits were completed across services on a weekly basis and reported through the quality and safety reporting structure
- Examination of themes and trends arising from investigations into patient safety incidents through root cause analysis, indicated a quality gap around the translation of risks into care plans
- While record keeping audits are quite extensive it was identified that they do not include a measurable question for this aspect of care delivery to gain assurance

How we will monitor, measure and report on progress during 2018/19

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

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

Why this is a priority for improvement

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

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

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

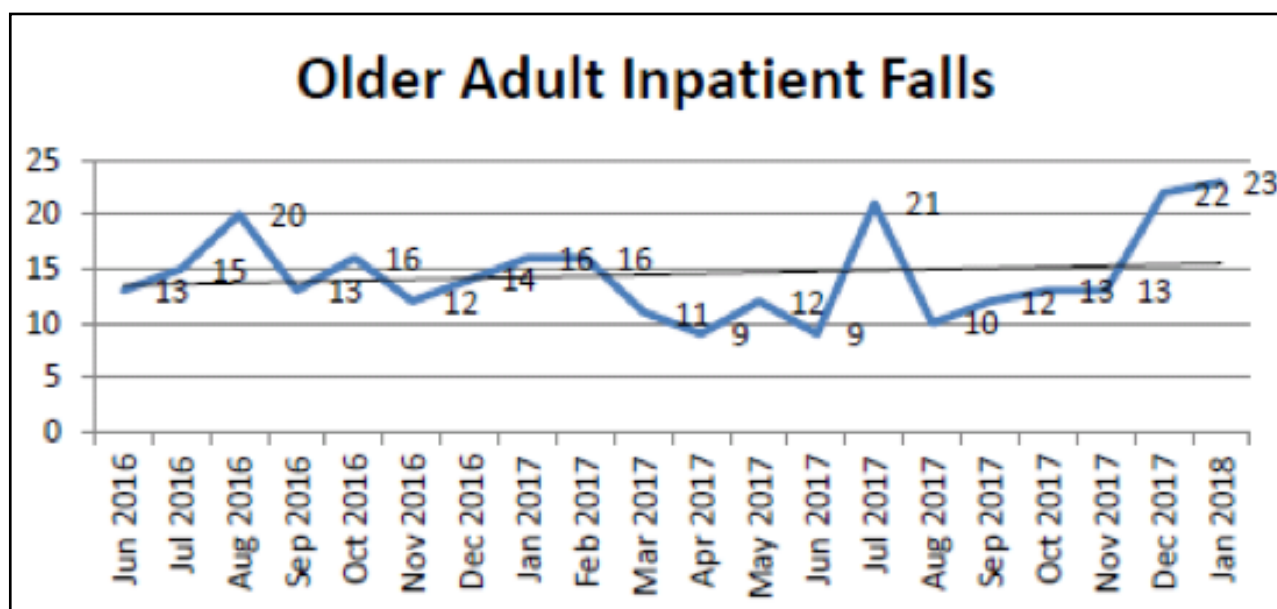
The improvements we want to make

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

Progress in 2017/18

- Continual monitoring of incidents of falls, as shown on Figure 2 below, indicates that an average of sixteen falls per month occurs across all older adult psychiatric wards.

Figure 2: Monthly falls recorded on Older Adult Psychiatric Wards



How we will monitor, measure and report on progress during 2018/19

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

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

Why this is a priority for improvement

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

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

The improvements we want to make

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

Progress in 2017/18

- A comprehensive review of the management of epilepsies was undertaken across all inpatient units

How we will monitor, measure and report on progress during 2018/19

- Epilepsy link nurses working in the community will join the epilepsy improvement group to continue this work
- A baseline audit of community records for patients with epilepsy will be undertaken to review the quality of epilepsy risk assessments and epilepsy care plans in place against national standards
- This will inform the need to make any adjustments to the documentation pack developed for inpatient areas
- The new epilepsy care plan will be formally approved for use across all community areas
- Staff will receive training and support as part of the implementation plan

- An audit will be carried out to measure improvement and compliance against national standards
- The epilepsy improvement lead will provide regular updates to the learning disabilities quality and safety group, who will monitor this priority each month until completion.

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

Why this is a priority for improvement

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

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

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

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

The improvements we want to make

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

Progress in 2017/18

- Record keeping audits for all children and young people receiving care were completed on a quarterly basis.
- Care planning, risk assessments and patient, family, carer involvement formed part of the audit criteria.

- The audits identified variations in compliance across children's services

How we will monitor, measure and report on progress during 2018/19

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

3.5 Statements of Assurance from the Board of Directors

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

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

3.5.1 Review of Services

During 2017/18, Black Country Partnership NHS Foundation Trust provided and/or sub-contracted fifteen relevant NHS services:-

- Adult mental health inpatient services for people in Sandwell and Wolverhampton
- Specialist male adult mental health inpatient services for people in Sandwell and Wolverhampton
- Older adult mental health inpatient services for people in Sandwell and Wolverhampton
- Adult mental health community services for

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

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

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

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

3.5.2 Participation in Clinical Audit and National Confidential Enquiries

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

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

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

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

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

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

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

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

Table 6: Completed Reports received in 2017/18

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

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

Table 7: Local Clinical Audits reviewed in 2017/18

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

Title	Action Taken/to be taken
<p>Standards of practice and communication between Learning Disabilities psychiatric services and local GPs</p> <p>This audit was undertaken by Learning Disabilities Psychiatrists in Wolverhampton.</p> <p>The purpose of the audit was to assess compliance against the Royal College of Psychiatry standard for sending outpatient letters to GPs, to improve the quality of letters where possible and so improve communication with local GPs.</p>	<p>An initial audit was undertaken of twenty cases which identified deficiencies in the documentation of essential clinical information. Changes were recommended and implemented.</p> <p>An unannounced re-audit of sixty cases was subsequently undertaken to complete the audit cycle and ascertain whether standards had improved. The re-audit revealed significant improvements on key parameters:-</p> <ul style="list-style-type: none"> - ICD-10 code documented from 0% (0/20) to 98% (59/60) - Risk assessment from 10% (2/20) to 100% (60/60) - Changes to medication from 65% (13/20) to 98% (59/60)
<p>The impact of dysphagia awareness training on everyday practice</p> <p>This audit was undertaken by the Older Adult Mental Health Speech and Language Therapy Team.</p> <p>The Royal College of Speech and Language Therapists (RCSLT) highlight that one of the key roles for Speech and Language Therapists working in dementia care is providing training in dysphagia. Dysphagia is the clinical term for swallowing difficulties. The RCSLT states that 'It is crucial that those responsible for providing food and drink to people with dysphagia have the necessary understanding to follow the recommendations from a swallow assessment.</p> <p>The aim of the audit was to assess the impact of dysphagia awareness training on staff behaviour/ practice during mealtimes</p>	<p>5 key standards based on dysphagia awareness training session content were audited. 15 mealtimes were randomly selected for the audit, 7 at breakfast and 8 at lunchtime. The results showed good compliance with three of the standards with the following action taken to improve adherence:-</p> <ul style="list-style-type: none"> - At every handover, ward staff to be reminded of patients' swallow recommendations, where to refer to for information and signs of difficulty with swallowing and eating/drinking to look out for - Additional time in training spent on food/fluid consistencies to support staff to identify correct consistencies/increase awareness - Staff reminded to ensure they report all incidents for diet/fluid consistency errors in order to support the ward manager to identify which members of staff require more training and/or additional support - Re-audit to be undertaken to measure improvement
<p>NICE Clinical Guideline CG133: Longer-term care and treatment of self-harm in adults</p> <p>Self-harm refers to any act of self-poisoning or self-injury carried out by an individual irrespective of motivation; self-harm is associated with many mental health disorders.</p> <p>The aim of the audit was to measure current practice in the longer-term management of self-harm against the recommendations in the NICE guideline and to identify areas for improvement in order to enhance patient care and services.</p>	<p>15 patients with a history of self-harm were selected for the audit.</p> <p>Four standards in respect of each patient's care plan were the focus of the audit. The results of the audit showed that in every case, the aims of longer-term treatment were discussed and agreed with each individual and documented in the care plan and shared with their GP.</p> <p>Please refer to section 3.7.2.1 for a more detailed description of the work undertaken on self-harm during 2017/18</p>

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

3.5.3 Participation in Clinical Research

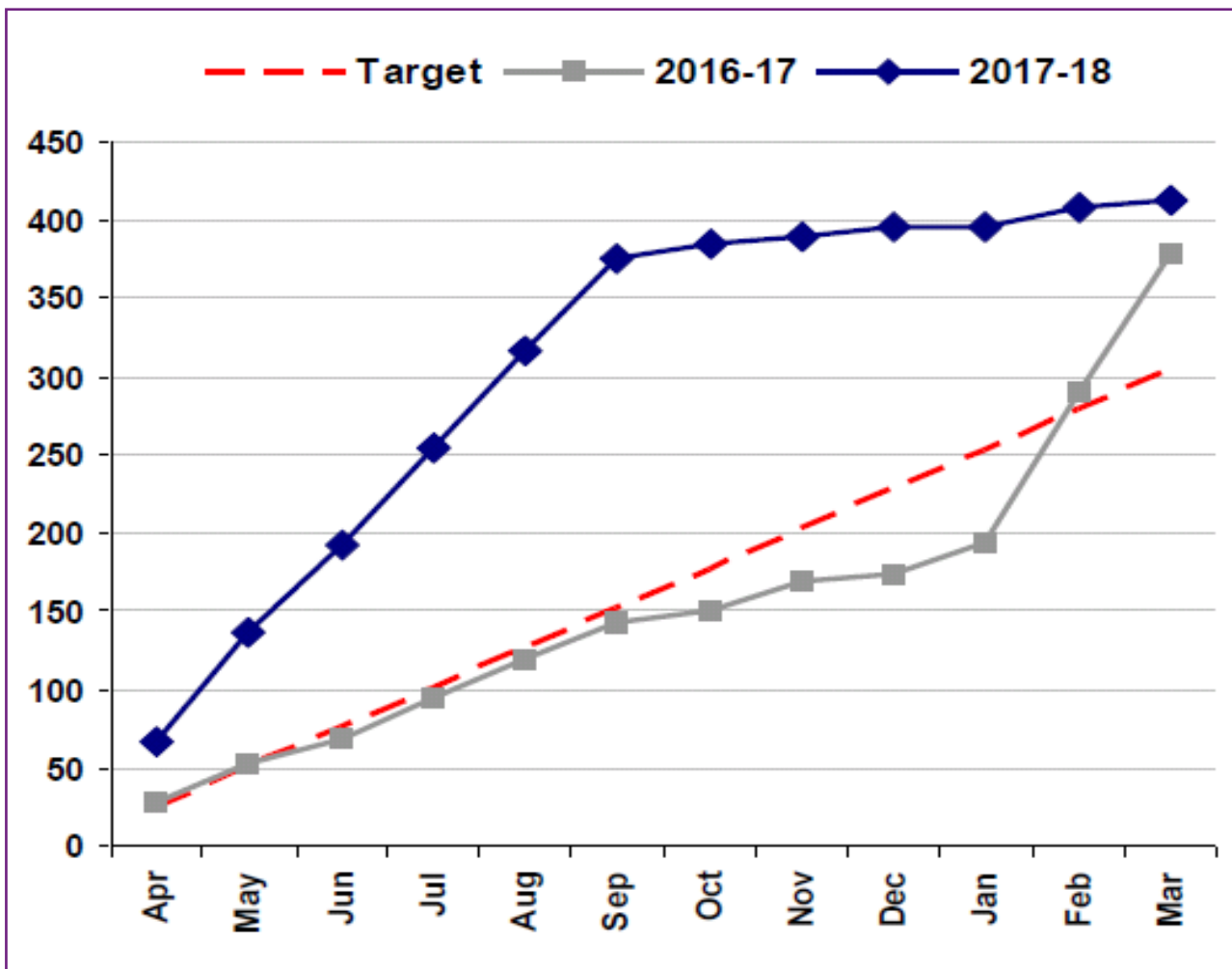
Research enables the NHS to improve the current and future health of the people it cares for. 'Clinical research' is research that has received a favourable opinion from a research ethics committee, to ensure the interests of those who participate have been fully considered and protected.

The Trust continues to be research active and has an established Research and Innovation Group which meets every month. Senior clinicians attend representing their different services and professions. The Trust is a member of the

Clinical Research Network, West Midlands and this collaborative approach enables the Trust to participate in national large-scale research projects, to improve the quality of care we offer and to contribute to the wider health economy.

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

Figure 3: Recruitment of voluntary patients taking part in clinical research network projects



3.5.3.1 Patients' stories of taking part in research

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

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

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

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

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

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

Every day Barry remembered what trial tablet he had to take in the morning, and which one to take in the evening. Judy explained that it was hard to tell if the trial medication had an

impact on Barry, as he had been having a slight decline in memory for the last two years but felt the daily routine of taking the medication was helpful.

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

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

3.5.3.2 Journal of Geriatric Care and Research

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

3.5.3.3 Research celebrated in Annual Event

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

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

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

3.5.3.4 Research and Innovation Studies

Research and Innovation: Studies

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



Nalaxone (bulimia) Trial – trialling a nasal spray to see if it has an effect on bingeing and purging urges in bulimia patients.

Our first clinical trial in the area of eating disorders

DPIM Schizophrenia – a genetic study investigating factors contributing to the development of schizophrenia

Also part of the national study looking into genetic differences in a variety of illnesses.

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

An innovative study looking into immune system differences in psychosis

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

A personalised medicine study!

ReQoL – a questionnaire being developed to help understand feelings and monitor progress of recovery and quality of life for people with different mental health conditions.

A study funded by the Department of Health.



ELAD – a study designed to evaluate the effect of a drug that is already used for the treatment of diabetes in Alzheimer's disease.

The Trust is one of only two sites running this trial in the Midlands.

ALOIS (in follow up) – an observational study looking at the progression of mild to moderate Alzheimer's disease

A study taking into account the patient and relative/carer perspective

AD Genetics - A study aiming to expand the number of genetic variants and biomarkers in Alzheimer's Disease

Our first study collecting information from people with Early Onset and Late Onset Alzheimer's Disease and their relatives.



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

First of its kind!



Adult Autism – A qualitative study looking at the lives of people with autism to help improve services and support

Our first study focused on adults with Autism!

3.5.4 Goals agreed with Commissioners

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

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

Table 8: CQUIN Schemes 2017/18

Table 9: CQUIN Schemes 2016/17

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

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

3.5.5 Statements from the Care Quality Commission (CQC)

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

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

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

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

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

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

Table 10: CQC Ratings Grid

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

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

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

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

3.5.6 Data Quality

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

3.5.6.1 NHS Number and General Medical Practice Code Validity

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

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

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

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

Table 11: NHS Number

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

Table 12: General Practice Medical Code

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

3.5.6.2 Information Governance Assessment Report

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

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

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

Table 13: Information Governance Assessment Report

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

3.5.6.3 Clinical Coding Error Rate

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

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

Table 14: Clinical Coding Error Rate

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

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

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

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

3.5.7 Learning from Deaths

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

Following the review, all NHS trusts are required to ensure their processes give due focus to the

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

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

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

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

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

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

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

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

We are unable to provide the information requested in the statements above as we do not carry out investigations with a view to determining whether the death was wholly or partly due to problems in the care provided to the patient. The purpose of the investigations we do carry out, called root cause analyses (RCAs), is for learning and to understand what we can do differently in future rather than to determine whether problems in care directly caused a death.

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

3.6 Reporting against Core Quality Indicators

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

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

Table 15: Core Quality Indicators 2017/18

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

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

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

The national target for this indicator is to follow up 95% of patients within 7 days which the Trust

achieved for all four quarters of the year.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Table 18: Re-admissions within 28 days

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

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

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

3.6.4 Patient experience of community mental health services

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

The survey assesses people's experiences of the care and support they receive such as in clinics

and in their own homes for conditions ranging from mild depression to psychosis. The survey asks for their views on aspects of their care such as whether they felt they were treated with dignity and respect and whether they felt involved in decisions about their care.

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

CQC recognises that it is good practice for trusts to employ consent systems to record the wishes of service users around the use of their personal information. However, following the migration of data, the CQC concluded that a bias would be introduced to the survey results due to the apparent number of service users who had

indicated they did not wish to be included and decided it was best if we did not take part this year to clarify this anomaly.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- o A review of the data submitted to NRLS for the period 1 October 2016 - 31 March 2017 shown in Table 19 above indicated that the Trust's low patient safety incident reporting rate was due to an administration error, whereby low harm and no harm incidents were deemed not to meet the criteria for uploading to NRLS. Following a review of our internal processes, the uploading of incidents is monitored every week to ensure consistency with the application of the NRLS criteria. Table 20 above shows a return to previous reporting rates for the period 1 April 2017 - 30 September 2017.
- o All serious incidents are reported to our commissioners and regulators via the Strategic Executive Information System (STEIS), NHS England's web-based serious incident management system. The Trust will continue to work with local commissioners and regulators to learn lessons and to prevent the likelihood of recurrence of harm
- o The Trust has established a Mortality Review Group to oversee the introduction of a new policy for identifying, reporting, investigating and learning from deaths in care, setting out the process for staff to follow to ensure all deaths are reviewed appropriately

Part Three

3.7 Reporting against Local Quality Indicators

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

Table 21: Local Quality Indicators 2017/18

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

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

3.7.1 Patient Safety

3.7.1.1 Influenza Vaccinations

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

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

The Trust began planning well in advance for this year's flu vaccinations taking the following actions:

- We teamed up with our TCT partners to share best practice, exchange ideas and produce promotional materials to be used across all three organisations
- A flu coordinator was recruited for the first time to help with the flu campaign – Jane Ridd (pictured with Non-Executive Director, Fayaz Malik)
- Patient Group Directions were authorised i.e. written instructions by which specific medicines can be supplied and administered without a doctor
- A 'Health and Wellbeing Day' was held on 28 September 2017 to officially launch the flu vaccination programme
- A Flu Vaccination Tour Bus visited the different sites across the Trust to make it easier for staff to receive their vaccination
- A monthly draw for the prize of an extra day's annual leave was held for the first four months of the campaign to incentivise staff to be vaccinated
- The Trust's electronic staff records (ESR) system was utilised for the first time to identify any teams/sites/services where there was less uptake so extra effort could be directed to these areas

- As part of the incentive to encourage staff vaccination, the Trust is helping children around the world by making a donation to UNICEF for their 'get a jab, give a jab campaign' and we are pleased to have contributed over 5,700 vaccines.

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

Table 22: Staff Vaccination Rates

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

3.7.1.2 Patient Safety Thermometer

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

1. **Pressure ulcers** (bedsores) are ulcerated areas of skin caused by irritation and continuous pressure on part of the body. They can be very painful and can take a long time to heal.

They can look different so they are graded depending on their severity ranging from grade 1 to grade 4, the most severe.

2. **Catheter associated urinary tract infections** (CAUTIs) are infections that can occur in the kidneys, the tubes that take urine from the kidneys to the bladder or in the bladder. The longer a 'catheter tube' remains in place, the more likely an infection is to develop. To reduce the incidence, we monitor all patients with urinary catheters very closely and ensure that staff follow national best practice guidelines.
3. **Falls** a fall is defined as unintentionally coming to rest on the ground, the floor, or a lower level regardless of whether or not an injury has occurred that takes place mainly within inpatient settings
4. **Venous thromboembolisms** often referred to as VTEs (a patient may be defined as having a new VTE if they are being treated for a deep vein thrombosis (a blood clot in the calf), pulmonary embolism, (blood clot in the lung) or any other recognised type of VTE with appropriate therapy such as anticoagulants (medication to prevent the blood from clotting).

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

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

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

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

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

3.7.1.3 Infection Prevention and Control

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

Our Infection Prevention and Control Team use a surveillance system to monitor and record data on Alert Organisms and Alert Conditions found in the patients that we care for. Alert organisms and alert conditions are those that may give rise

to outbreaks. The tables below are based on locally produced information in the absence of information available from an independent source.

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

Table 25: Alert Organisms

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

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

Table 26: Diarrhoea and Vomiting Cases

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

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

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

Table 27: No. of Outbreaks of Serious Infection Illness

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

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

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

3.7.2 Clinical Effectiveness

3.7.2.1 Self-harm

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

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

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

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

Patients used a variety of ways to self-harm across all wards including cutting or scratching, ligature tying, self-poisoning or burning. For every incident

reported, staff are required to rate the severity of each incident from level 1 (negligible) through levels 2 (minor), 3 (moderate) and 4 (severe). Most incidents across all wards were rated at levels 1 or 2.

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

Table 28: Severity Ratings by Ward

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

Table 29: Consistency breakdown of incidents by ward and by month.
Self-harm incidents tended to cluster around particular months.

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

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

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

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

Staff adopt a mixture of two separate approaches to the management of self-harm, a protective approach and a therapeutic approach. A protective approach involves direct actions such as close observation, room searches, removal of potentially harmful objects and patient searches on return from leave. A therapeutic relationship with patients allows patients to build trust and ventilate their feelings so they are more likely to talk to staff first before they self-harm. During the assessment of the Trust's guidelines, when staff who had not read them were asked to describe what they would find helpful to have in self-harm guidance, they cited content that already exists in the current guidelines. The review found the guidelines are in line with national and professional guidance, they were evidence based and provide a useful framework for staff assessing, formulating and managing self-harm in ward environments.

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

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

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

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

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

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

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

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

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

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

Table 30: Frequent Attenders

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

Table 31: Frequent Attenders

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

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

Table 32: Reduction in attendances

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

Table 33: Reduction in attendances

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

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

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

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

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

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

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

A joint meeting is arranged for the most complex/high risk cases between consultants and clinical managers from young people's mental health service and adult mental health services. If the young person is on a 'child in need' or 'child protection' plan the 'safeguarding lead' for children's services will liaise with the 'safeguarding lead' for adult mental health services so that automatic transfer of safeguarding responsibility takes place.

Young people with lower level mental health needs are supported by psychological interventions such as Improving Access to

Psychological Services (IAPT). Those with a diagnosis of attention deficit hyperactivity disorder (ADHD) requiring continuing mental health care are referred to Dudley and Walsall Mental Health Partnership Trust, who have a specialist service for treating adults with ADHD.

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

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

- a) 100% of young people approaching transition who had been with young people's mental health services longer than six months had a meeting to prepare for transition at least six months before transitioning. However for those who were less than six months from transition age when they came under young people's services only 40% had a meeting at least one month before transition.
- b) A transitional meeting should include the young person, the appropriate key worker and where appropriate and the young person agrees, the young person's parent(s)/carer(s). One young person whose mental health deteriorated at transition asked to be excused so their parents attended on their behalf while another young person requested for professionals to meet without wanting to be present. There were two cases where medical staff made referrals via telephone and letter without a pre-meeting with the young person and arrangements were subsequently made for this to take place post transition.
- c) 92% of the transition plans audited included the young person's personal transition goals and the contact details of the key worker had been shared with the young person.
- d) 75% of transitions plans contained evidence that they had been agreed and signed off by the young person, or where appropriate and where consent was given they had been signed off by the young person's parent(s).

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

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

3.7.3 Patient Experience

3.7.3.1 Complaints

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

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

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

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

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

Table 34: Total Trust Activity 2016/17

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

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

Table 35: Analysis of Complaints

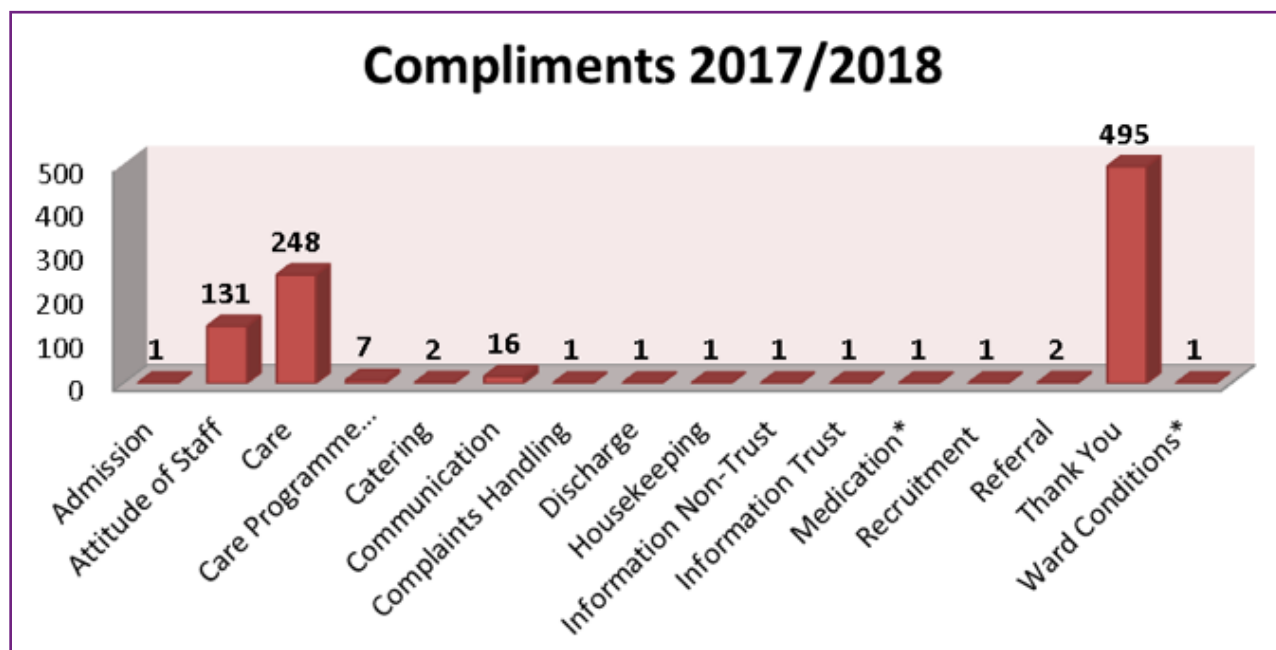
Recurring Themes for Complaints	2013/14	2014-15	2015/16	2016/17	2017/18
Admission	1	1	2	2	0
Attitude of Staff	28	44	35	40	21
Care	65	42	56	34	46
Communication	11	8	15	11	15
Discharge	7	7	6	4	5
Information about the Trust	3	2	1	0	0
Medication	10	11	4	8	6
Mental Health Act	1	1	2	4	0
Outpatient Appointments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

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

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

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

Figure 4: Analysis of Compliments



3.7.3.2 Friends and Family Test

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

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

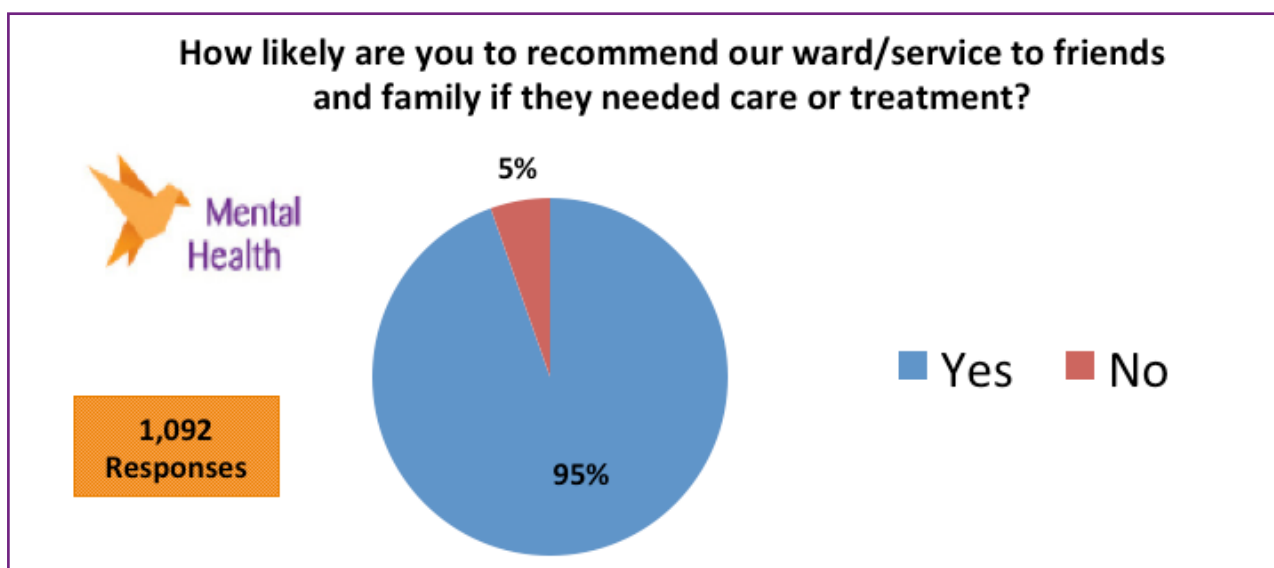
All answers are voluntary but we value and respect each person's feedback as it provides valuable information for our services to celebrate and build on what is working well and to identify areas where improvements could be made. FFT does not replace the complaints procedure or other forms of feedback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

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

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

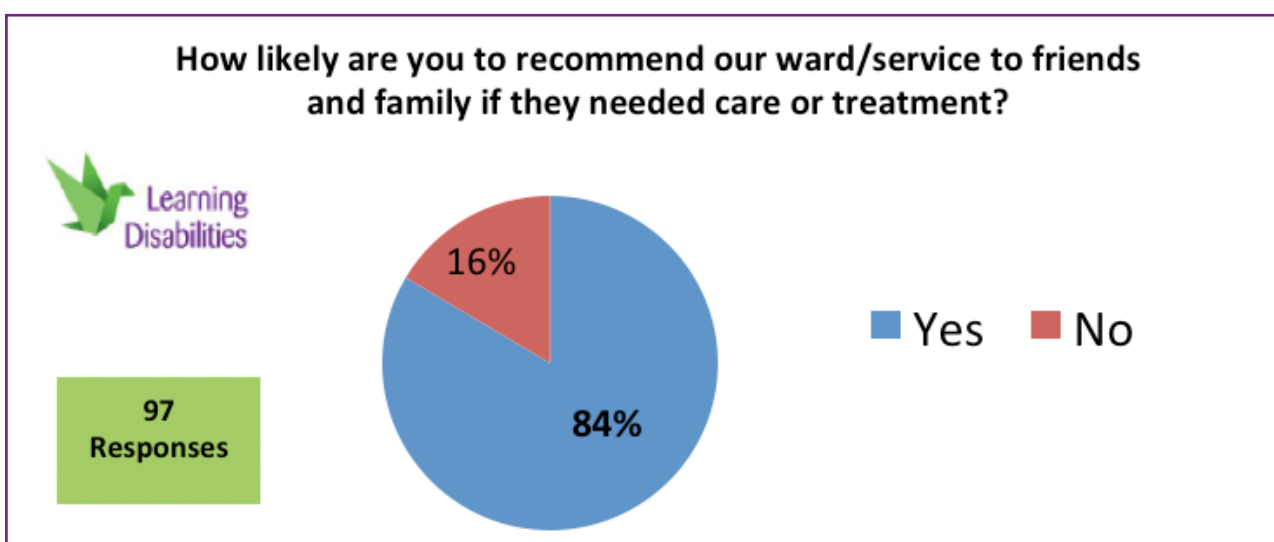
1,092 patients responded to the Mental Health services Friends and Family test. A breakdown of their responses is shown in Figure 5 below.

Figure 5: Friends and Family Test Mental Health Services



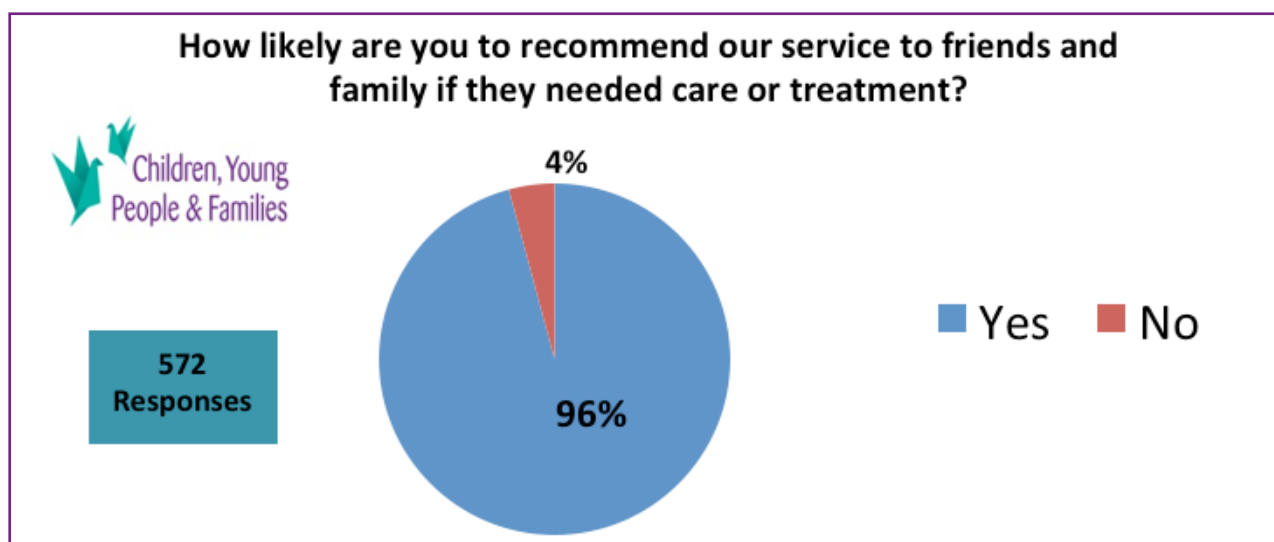
97 patients responded to the Learning Disability Friends and Family test. A breakdown of their responses is shown in Figure 6 below.

Figure 6: Friends and Family Test Learning Disabilities Service



572 people responded to the Children, Young People and Families Friends and Family test. A breakdown of their responses is shown in Figure 7 below.

Figure 7: Friends and Family Test Children, Young People & Families

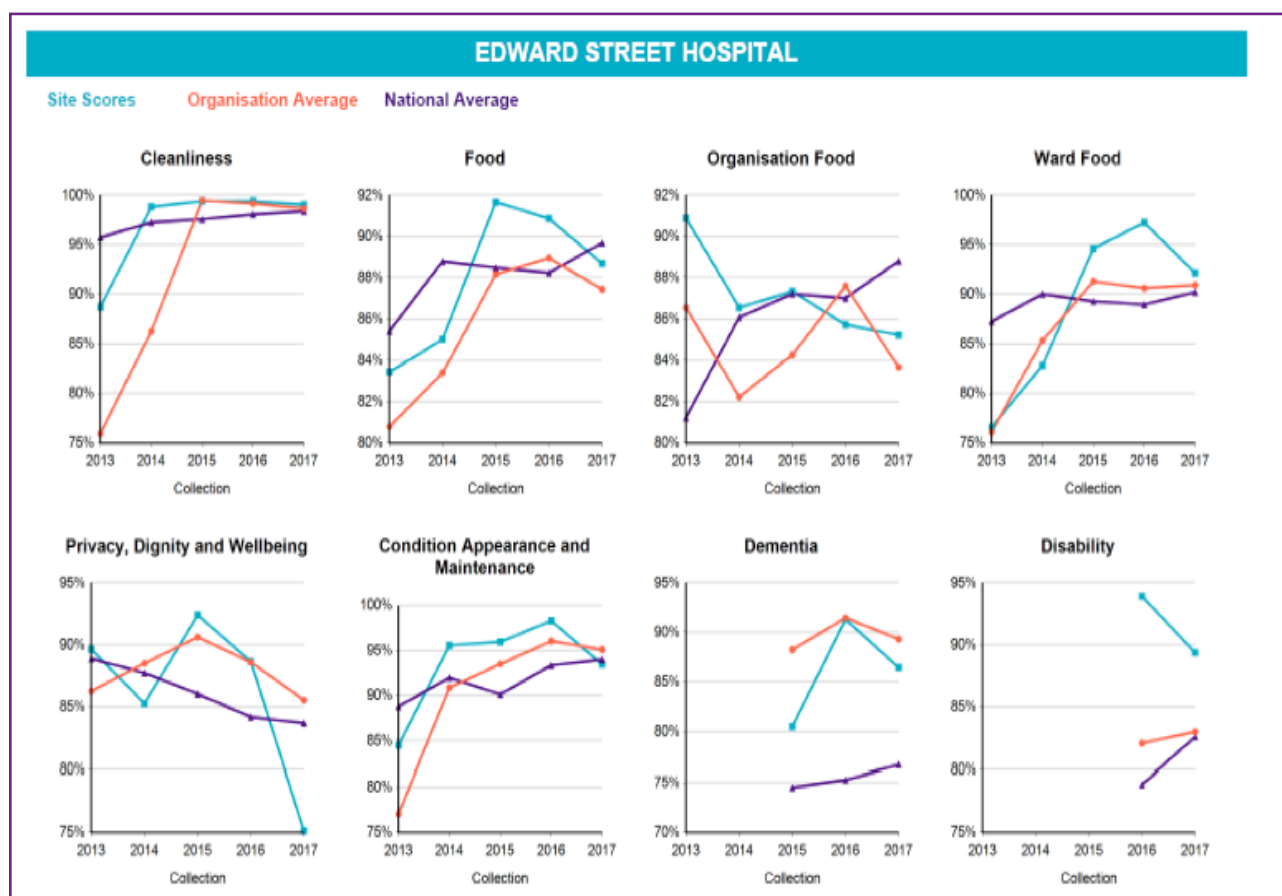
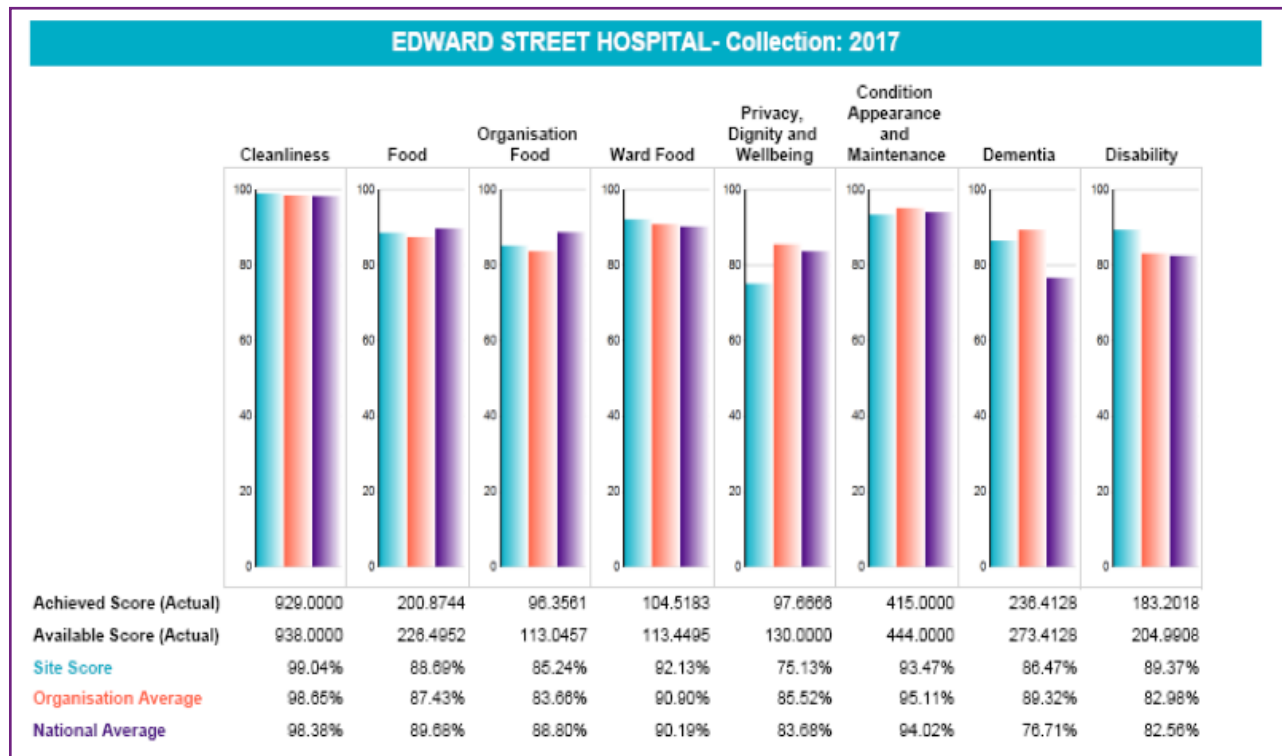


3.7.3.3 Patient-Led Assessments of the Care Environment (PLACE)

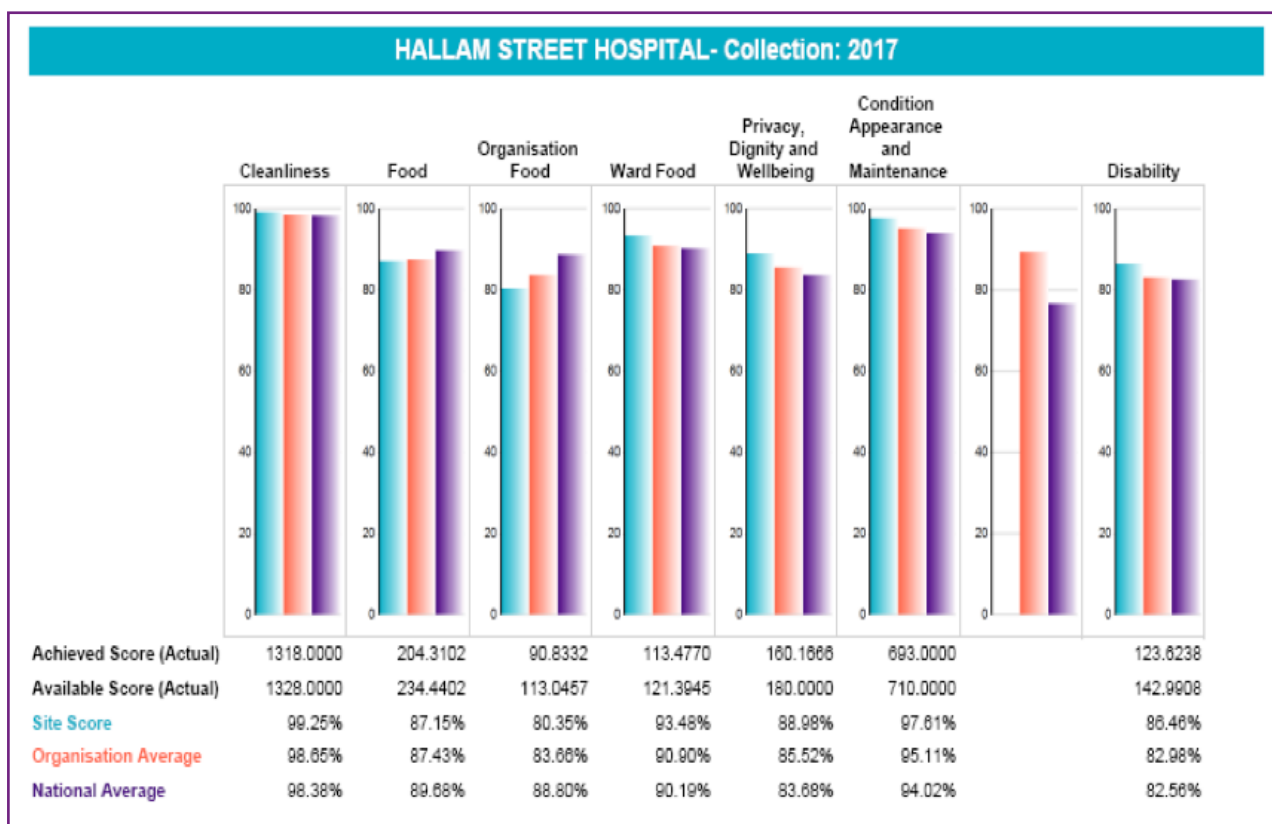
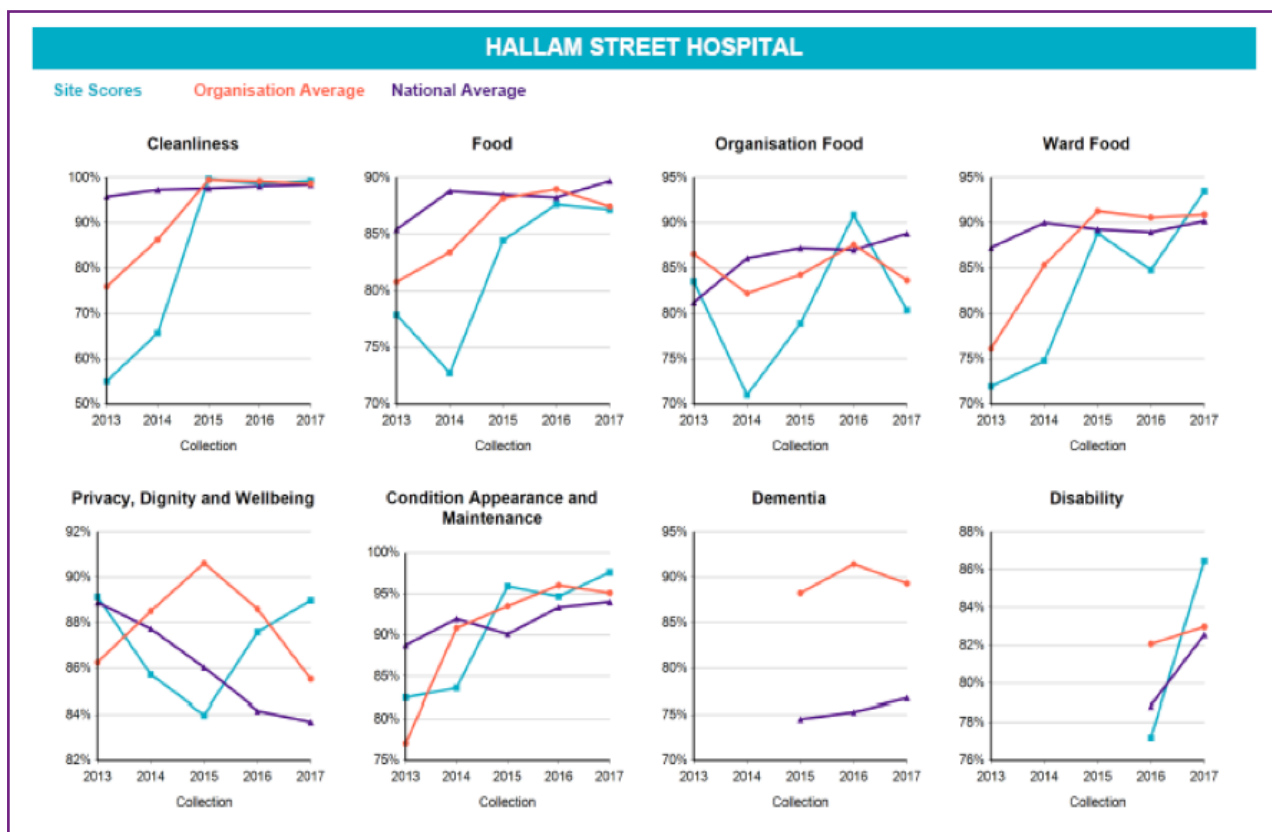
Patient-Led Assessments of the Care Environment, better known as 'PLACE' are assessments led by patient assessors, supported by matrons and facilities teams. The assessment covers environmental, cleanliness, food, privacy and dignity, access and dementia for the Trust's four main hospital sites.

The results provided in the charts below were produced independently by NHS Digital. Each year changes are made to the criteria and questions to make them as relevant as possible so it is not practical to directly compare results with previous years. However the following results show the progress made to improve the patient experience for each of the Trust's inpatient areas.

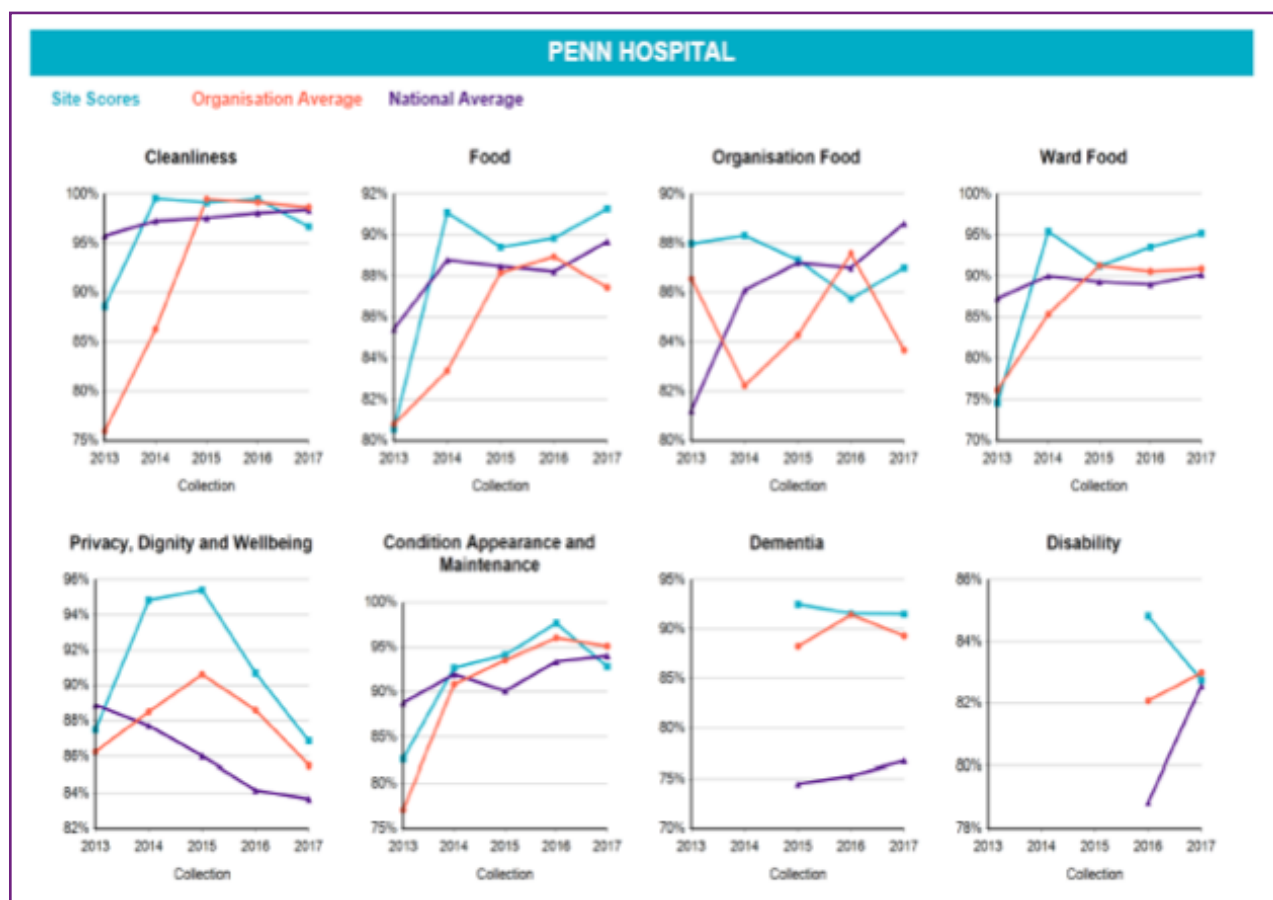
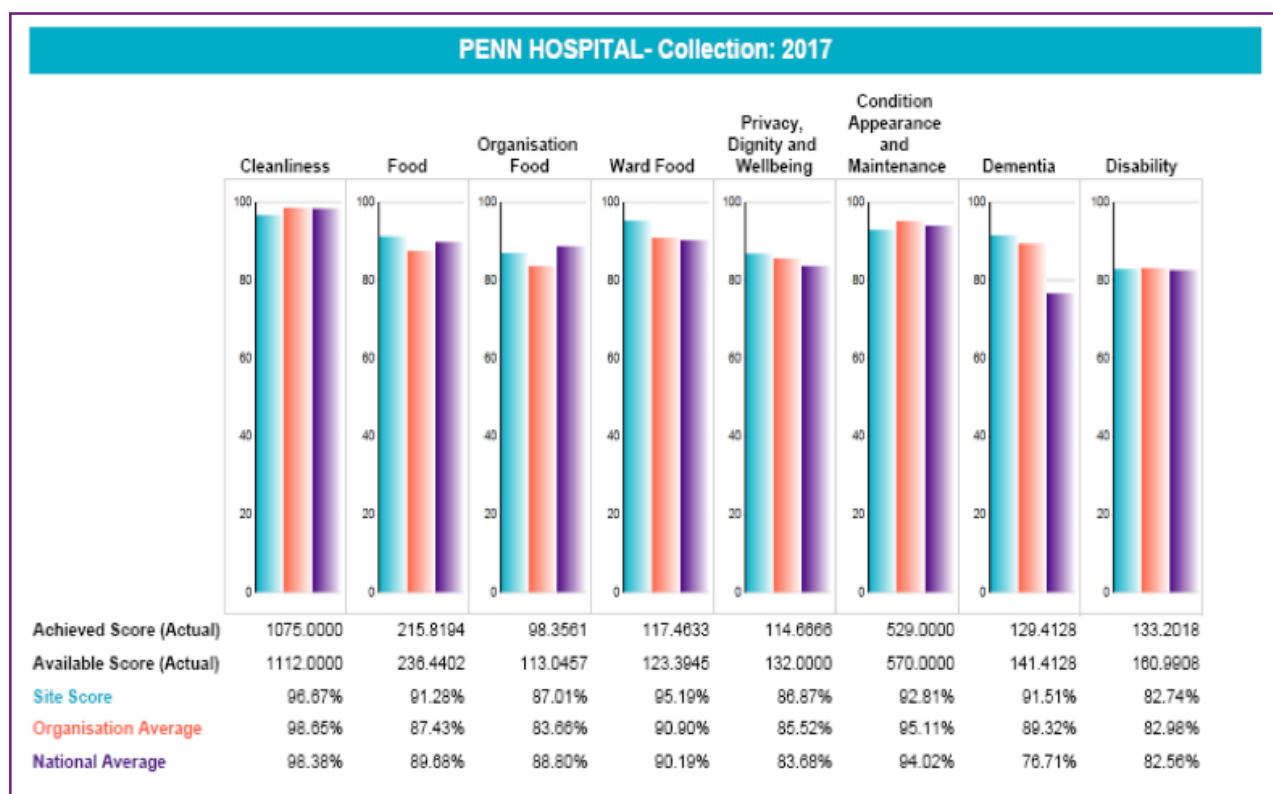
Figures 8 and 9: Edward Street Hospital - 2017 PLACE Results



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

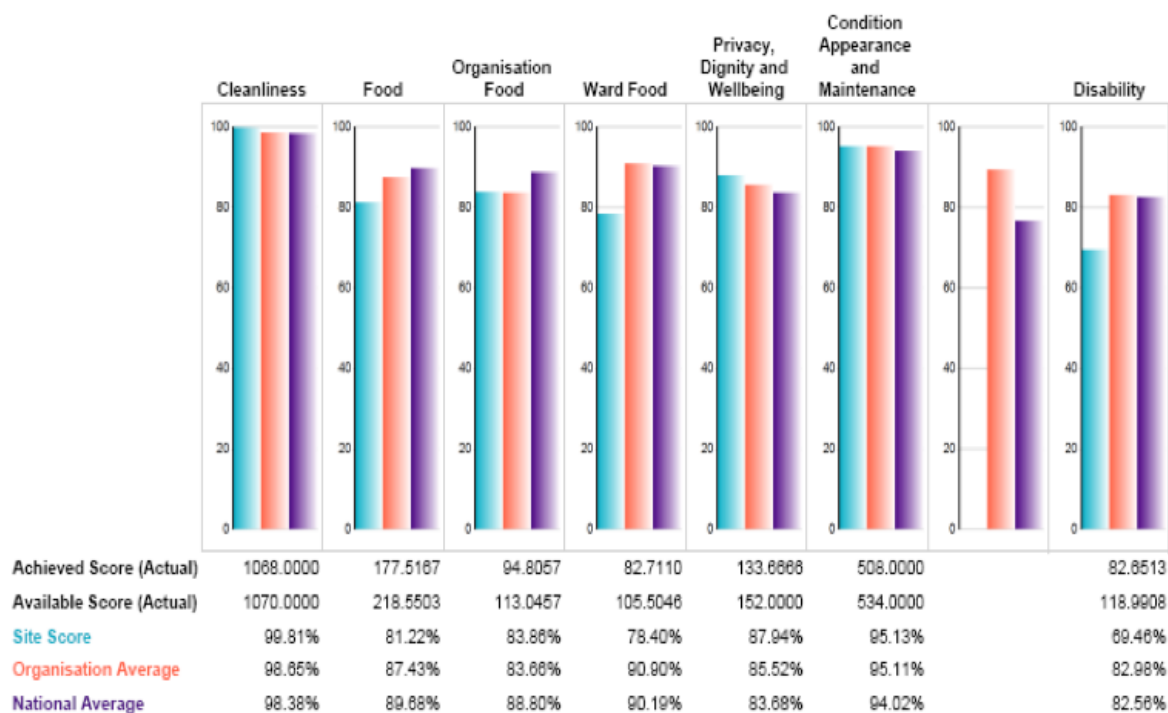


Figures 12 and 13: Penn Hospital - 2017 PLACE Results



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

HEATH LANE HOSPITAL- Collection: 2017



HEATH LANE HOSPITAL

Site Scores Organisation Average National Average



3.8 Reporting against Other Quality Indicators

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

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

Table 36: Summary of Other Quality Indicators 2017/18

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

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

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

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

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

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

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

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

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

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

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

3.8.2 Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

- a) inpatient wards**
- b) early intervention in psychosis services**
- c) community mental health services (people on care programme approach)**

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

Table 39: Referrals made within 18 weeks

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

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

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

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

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

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

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

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

Table 40: Proportion of people moving to recovery

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

3.8.6 Admissions to adult facilities of patients under 16 years old

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

There is no national target for this indicator but progress should be in line with the Government's pledge that the inappropriate admission of

children and young people to adult acute mental health wards should be avoided.

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

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

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

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

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

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

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

The Government has therefore set a national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020/21.

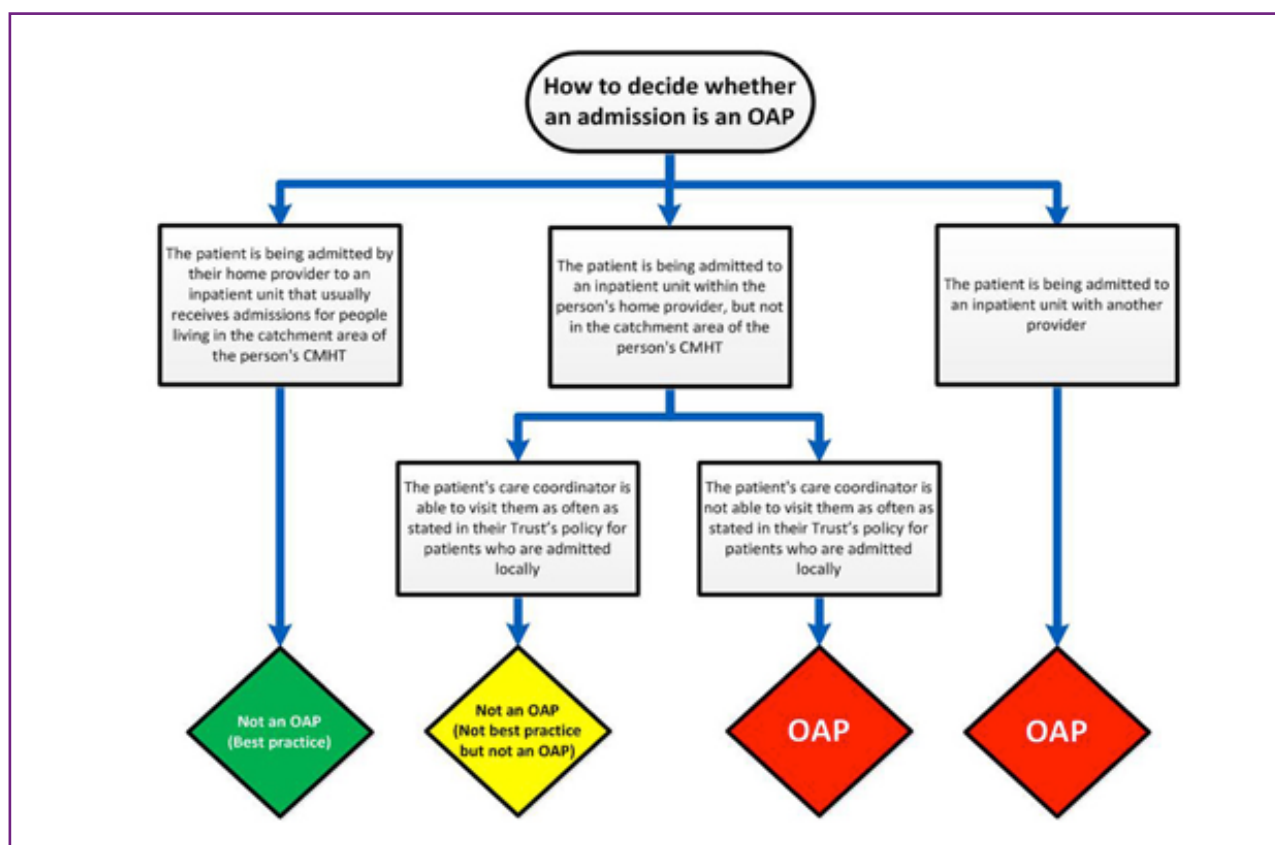
Sending providers determine if a placement is classed as an OAP. The definition necessarily allows providers to apply knowledge of local catchment arrangements and the patient's circumstances in taking a decision if a placement is an OAP.

The decision tree in Figure 16 below is for the sending provider to use when determining whether an admission is an out of area placement. However, an out of area placement may be appropriate when:

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

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

Figure 16: Out of area placements decision tree



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

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

Table 42: Out of area placements

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

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

3.9 The Wider Quality Improvement Agenda

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

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

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

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

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

FOCUS: MERIT is focusing on three priority areas where the greatest challenges for urban mental health services exist. These are:

- every day services (previously known as seven day working)
- crisis care and reduction of risk
- recovery and rehabilitation

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

PROGRESS: Over the last year, the four trusts have continued to work together and created a 'ME in MERIT' initiative, to establish a network of

experts by experience across the West Midlands to help public engagement across each of the MERIT work streams. The vanguard has also established a non-executive director assurance group consisting of one non-executive director from each trust.

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

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

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

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

NEXT STEPS: Central funding from NHS England for the MERIT programme draws to a close in Spring 2018 but the work will continue. Following agreement of the most senior clinicians and managers in the four organisations, work will continue on five key areas over the coming year:

1. Further development of the MERIT Bed Finder which allows bed managers in the partner trusts to see the status of each other's beds
2. Adding further data to our innovative Electronic Health Record Viewer so that clinicians have more background on those service users who are seen outside their 'home' trust
3. Developing our Crisis Care website to make it a standalone product

4. Expanding our Staff Training Passport, which allows staff to transfer more easily between jobs in different organisations, and associated work on the skills staff need to work in mental health roles.
5. Working with our partners to offer Mental Health First Aid training across the West Midlands

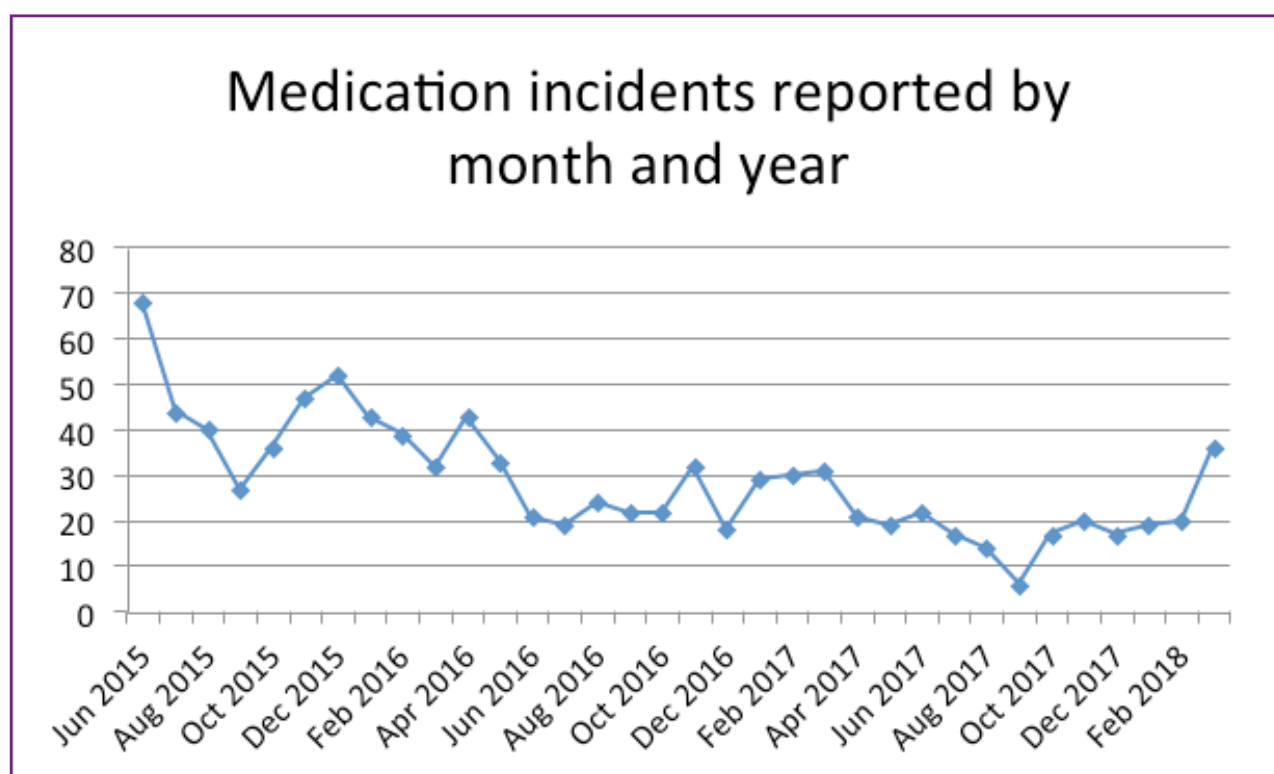
For the last two quality reports we have provided information on our commitment to the 'Sign up to Safety' campaign, a national initiative to make the NHS the safest healthcare system in the world. Below details our progress against two of the key pledges we made.

Reduce the number of medication errors by 10% over the next three years

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

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

Figure 17: Medication Incidents



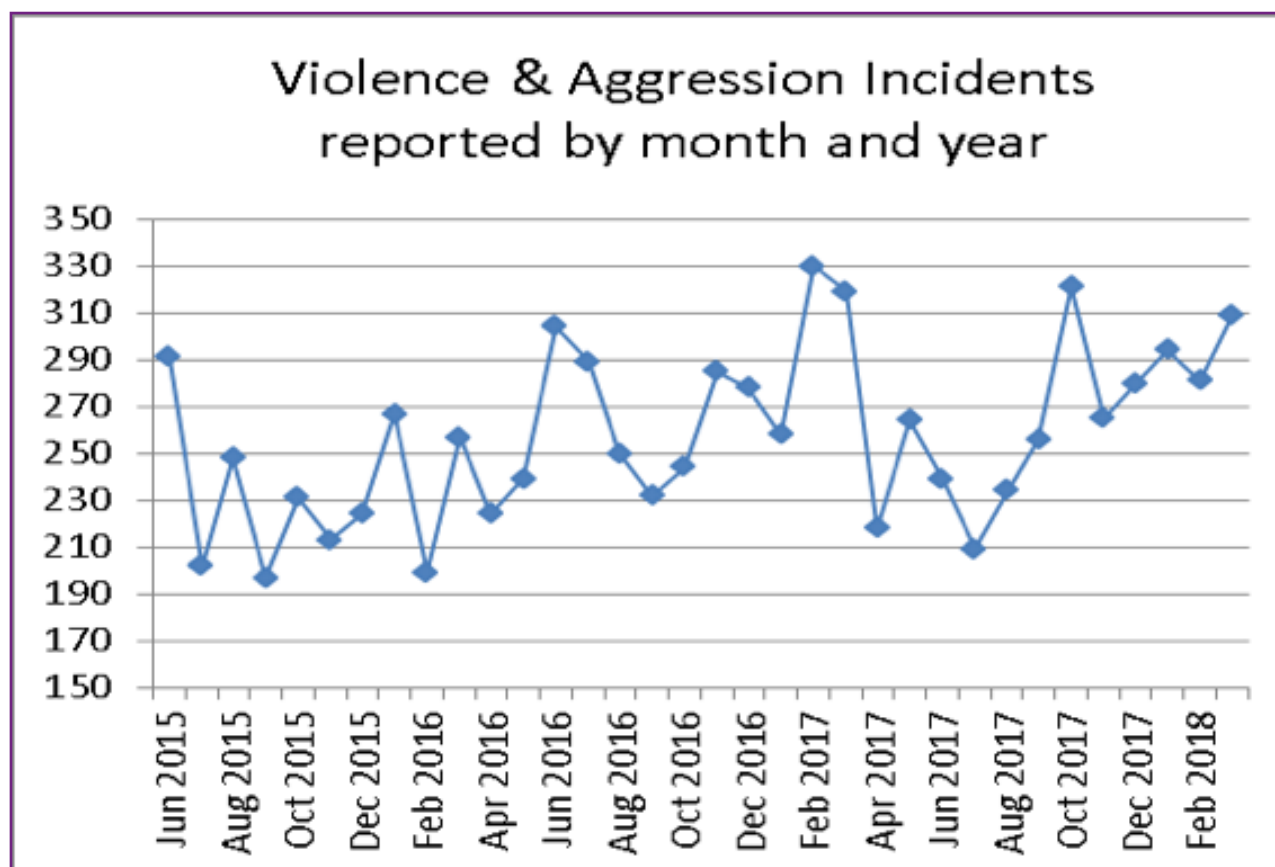
Since that time, the number of medication incidents reported per month has continued on a downward trend from 68 to 37 per month, a positive reduction exceeding the target of 10%. The increase in the last couple of months was mainly due to administration errors whereby doses of medication had been missed.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

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

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

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

Figure 18: Violence and Aggression Incidents



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

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

More recently, the group carried out a confidential three week staff survey to ascertain staff opinions on what they think works well to manage aggressive behaviour on the ward and how safety

could be improved further on the wards. Sixty-six replies were received.

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

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

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

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

Triggers for the statutory duty of candour are:-

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

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

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

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

The Care Act 2014 placed adult safeguarding on a statutory footing and Section 11 of The Children Act 2004 places a legal duty on all health organisations to ensure that in

discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

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

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

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

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

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

Table 42: Staff Safeguarding Training Q4 2017/18

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

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

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

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

Our doctors and other health professionals only consider admission to hospital against someone's will after reviewing all other treatment options first and when it is essential to ensure their well-being or safety or for the protection of other people. This section

provides a brief summary of the how the Trust discharges its responsibilities under the Act and the range of safeguards in place, to protect the rights and dignity of people admitted to hospital.

The Mental Health Act Code of Practice

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

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

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

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

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

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

Independent Mental Health Advocates

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

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

Mental Health Tribunals: If someone feels the decision to treat them against their will is unfair or unnecessary they can challenge the decision to stay in hospital and a mental health tribunal will be held. This is an independent panel of three people, a judge who is in charge of the tribunal, a tribunal doctor and a specialist lay member who has detailed knowledge of the Mental Health Act. The tribunal can order a

patient's release, recommend their transfer to a different hospital, ask that their doctor considers treatment in the community, or that they are allowed to leave the hospital for periods of time to see if they are ready for life in the community. The Trust arranged 188 tribunals during 2017/18.

Mental Health Act Administration Team:

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

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

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

Table 43: Staff Training on the Mental Health Act

Level of Training	Frequency	Target Audience	Delivery Method	Target	31.03.18
Basic Awareness	Induction / Supervision	All staff	Staff Information leaflet	85%	98.7%
Level One	Three yearly	All registered clinical staff working with patients within the MHA	Training and Resource Guide	85%	83.9%
Level Two	Three yearly	All second opinion consultees and Community registered staff	Face-to-face training – training venues and on-site	85%	91.5%

Level of Training	Frequency	Target Audience	Delivery Method	Target	31.03.18
Level Three	Three yearly	Inpatient registered nurses	Face-to-face training – training venues and on-site	85%	89.7%
Level Four	Every 5 years	Section 12 Approved Doctors/Approved Clinicians	Face-to-face – training organised regionally	100%	100%
Level Five	Hospital Managers Twice yearly - This training is provided as an extension of the Hospital Managers' meetings and monitored via the MH Administration Team				

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

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

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

Promoting Staff Health and Wellbeing

The Trust recognises that promoting the health and wellbeing of our workforce plays a vital role in ensuring that staff feel valued, involved and

supported which is essential to the delivery of good patient services.

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

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

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

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

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

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

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

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

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

The Trust has established an Allied Health Professions Board to support well led high performing teams at all levels of the organisation in order to best achieve the Trust objectives. The board promotes discussion and monitoring of overarching professional issues for example, governance of professional registration, development of career pathways, student education and professional leadership

development. Its purpose is not to discuss local divisional issues as processes are already in place for this and AHPs are represented at local divisional level. Key issues in 2017 were:

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

1. Physiotherapy recruitment / recruiting difficult to fill posts: Whilst this remains a challenge nationally, by working collaboratively we are taking part in regional and national discussions around this issue and wider conversations with education providers.
2. Developing an allied health professions bank: We have identified and recruited AHPs and AHP support staff to the Trust staff bank with successes in particular within urgent care mental health occupational therapy services.
3. Apprenticeships: Work is currently taking place to identify the opportunity to establish a level 3 AHP apprentice role within the mental health division.
4. The role of the Assistant Practitioner: AHPs are currently the only professional group within the Trust to employ Assistant Practitioners, both uni-professional Occupational Therapy Assistant Practitioners and multi-professional Assistant Practitioners. Work is currently taking place to align the posts already in the Trust with the national assistant practitioner agenda.

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

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

Leading Change, Adding Value

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

- Health and wellbeing
- Care and quality
- Funding and efficiency

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

- **Clinical Leadership** – ensure there is trusted leadership across all systems, that evidenced based care is at the fore of all we do, that clinical leadership is embedded at all levels, collaborative teams and like-minded teams are working concurrently where viable and appropriate and that clinicians are empowered within their roles
- **Safe Staffing** – an approach to safe staffing that is multi-professional, quality driven and has safety at the fore of all we do, good clinical governance structure and management, and the right workforce with the right skills, attitudes, behaviours at the same time
- **Integrated care pathways delivery systems** – clinically led care and clinical quality outcomes
- **Service development and improvement tools** – a single framework with a consistent approach to staffing ensuring improvement to our recruitment and retention and ensuring that we are achieving best practice

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

Joyce Fletcher, Executive Director of Nursing, AHPs, said: "Everyone can influence and lead

improvement and we are really excited about this integrated approach and commend teams for working together."

Always Events - What Matters Most to You?

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

For our Always Event, we decided that we would always base and develop our yearly service delivery plans on what matters most to our service users and carers. We will do this by engaging with service

users and carers at the start of each service development by asking them 'What matters most to you?'

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

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

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

3.9.1 Quality Developments

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

New outside gym for Macarthur patients

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

Michelle Young, Matron, said: "Originally the garden was used as a designated smoking area

for patients so it was associated mainly with smoking rather than it being a therapeutic area. It was a priority that we changed the use to encourage therapeutic use of the space and promote recovery."

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

Recovery College Open Day

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

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

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

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

Trust celebrates opening of garden space for community service users

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

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

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

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

Tommy on Tour: Dementia awareness

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

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

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

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

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

Summary Care Records pilot success

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

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

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

The Annual Suicide Prevention Symposium took place on Friday 8th September 2017 and was attended by over 50 colleagues from mental health services across the Black Country. There was a rich variety of presentations on different topics. The speakers included Dr Rachel Upthegrove from Birmingham University and Professor Safi Afghan from Dudley and Walsall Mental Health Trust; and Judy McDonald, Dr Andrew Griffiths, Dr Jayashree Viswanathan, Maxine O'Brien and Dr Nilamadhab Kar from Black Country Partnership NHS Foundation Trust.

There were also short videos played, all of which

were very well received, particularly the Kevin Hines film, which recognised that it is never too late to intervene for some people.

Cultural Ambassadors Programme Pilot

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

The pilot is a 12-month programme designed to help provide staff from a BME background with more confidence in the formal disciplinary and

grievance processes. Cultural Ambassadors will, through their training, identify and challenge any cultural issues or cultural bias that may occur during the formal process.

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

Our Cultural Ambassadors

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

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

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

Health Visiting team supports Dudley Play Week

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

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

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

Abbey Ward summer event success

Staff, patients and patient relatives enjoyed a fun-filled day of celebration and singing as Abbey

Ward held their annual summer party for the second year running!

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

Fauzia Khan, Assistant Psychologist said:

"Following the success of last summer's cultural awareness event, the team really wanted to host a similar event this year to really bring everyone together and help to create a real community feel, promote cohesion and integration among everyone at Abbey House. The day was a great success and we want to express thanks to staff that supported the event and gave up their free time to help make it happen!"

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

Coping with Voices Group Guest Speaker

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

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

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

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

Smoking Cessation Success at Hallam Street

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

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

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

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

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

3.9.2 Time to Shine - Staff achievements to improve quality

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

Trust's Liaison and Diversion team presented with excellence award

Congratulations to Bernadette Light who works within the Trust's Liaison and Diversion Team as a CPN for receiving the Excellence in Service Delivery Award from West Midlands Police.

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

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

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

Pre-school services achieve Stage 3 UNICEF Baby Friendly accreditation

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

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

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

All our health visitors attend a training programme which has been approved by UNICEF. This should enable all mothers and fathers to receive the very best information on which to

make decisions about how to feed and care for their baby and also ensure that they receive the support that they need to do this".

Memory Matters project picks up Wolverhampton award

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

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

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

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

Matron selected for Inspire Improvement Programme

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

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

Trust name café in tribute to catering team leader

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

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

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

Health visiting services picks up first prize at conference

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

Director of Nursing has tea with the Prime Minister

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

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

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

Happy 70th Birthday to Eileen

Congratulations to a remarkable member of our catering team at Penn Hospital, Eileen Howell, who celebrated her seventieth birthday this year. Eileen has worked for the Trust as a cook for over

thirty years. What is even more amazing is that Eileen works full time hours, has a near perfect attendance record and is definitely not thinking about retirement!

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

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

Trust's Occupational Services receives national accreditation

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

The team was awarded with the Safe Effective Quality Occupational Health Service (SEQOHS) Accreditation following a formal assessment by independent assessors. SEQOHS is a scheme run by the Royal College of Physicians in association with the Faculty of Occupational Medicine. The accreditation criteria is measured against a set of comprehensive standards designed to help raise the level and quality of care provided by Occupational Health and Wellbeing providers.

Staff article published by Nursing Times

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

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

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

Annual Staff Awards 2017

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

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

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

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

Annex 1 Statements from the Trust's Key Stakeholders

Sandwell & West Birmingham CCG


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

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

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

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

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

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

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

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

Andy Williams
Accountable Officer
Sandwell & West Birmingham CCG



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

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

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

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

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

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

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

Dr Helen Hibbs
Chief Officer
Wolverhampton CCG

Thinking Differently**Dudley
Clinical Commissioning Group**Brierley Hill Health & Social Care Centre
Venture Way
Brierley Hill
DY5 1RUTel:01384 3217643rd May 2018Joyce Fletcher
Executive Director of Nursing and Quality
Black Country Partnership NHS Foundation Trust
Dear Joyce

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

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

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

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

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

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

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

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

Yours

Paul Maubach
Chief Executive Officer

Chair: Dr David Hegarty, MBE

Chief Executive Officer: Mr Paul Maubach



3 April 2018

Black Country Partnership NHS Foundation Trust
Quality Report 2017/18

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

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

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

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

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

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

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

Kind Regards

Tracy Cresswell
Wolverhampton Healthwatch Manager

Sheila Gill
Chair of Healthwatch Advisory Board



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

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

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

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

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

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

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

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

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

The panel welcomed the opportunity to be consulted on plans to create a partnership with two neighbouring NHS trusts with the aim of delivering better mental health services. The plan for the establishment of a partnership with two neighbouring NHS Trusts with the title Transforming Care Together. However, following a public consultation with members of the individual trust boards and other key groups it was decided not to pursue the proposal further.

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

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

The panel would like a user-friendly section added to the front of the document which gives a summary of areas for improvement and details about how performance will be measured and monitored during the year.

The panel would welcome the addition in the Quality Account draft a section setting out specific actions aimed at reducing access and waiting times to mental health services for young people and also those with a dual diagnosis; with the aim of working to meet national best performance standards for providing 24-hour crisis cover.

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

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

Cllr Jasbir Jaspal
Chair Health Scrutiny Panel
City of Wolverhampton Council

19 April 2018

Annex 2 Statement of Directors' Responsibilities for the Quality Report

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

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

- The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:-
 - Board minutes and papers for the period April 2017 to May 2018
 - papers relating to quality reported to the Board over the period April 2017 to May 2018
 - feedback from Sandwell & West Birmingham Clinical Commissioning Group dated 11 May 2018
 - feedback from Wolverhampton Clinical Commissioning Group dated 11 May 2018
 - feedback from Dudley Clinical Commissioning Group dated 3 May 2018
 - feedback from Wolverhampton Healthwatch dated 3 April 2018
 - feedback from Wolverhampton City Council Overview and Scrutiny Committee dated 19 April 2018
 - the Trust's Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009*
 - the latest national staff survey dated 24 February 2018
 - the Head of Internal Audit's annual opinion over the Trust's control environment dated 18 April 2018
 - CQC Inspection Report dated 17 February 2017
- The Quality Report presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

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

By order of the Board

Date: 23/5/18



David Stenson, Deputy Chair

Date: 23/5/18



Lesley Writtle, Chief Executive

How to Provide Feedback

Thank you for taking the time to read this year's Quality Report. We strive to make this report as informative for you as we can so we would welcome receiving your feedback to help us improve future reports.

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

Phone: 0845-146-1800

E-mail: bcpft.enquiries@nhs.net

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



► Staff Awards Ceremony

SECTION 4

The Independent Auditor's Opinion on the Quality Report

Independent auditor's report to the assembly of governors of Black Country Partnership NHS Foundation Trust on the quality report

We have been engaged by the assembly of governors of Black Country Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Black Country Partnership NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the assembly of governors of Black Country Partnership NHS Foundation Trust as a body, to assist the assembly of governors in reporting Black Country Partnership NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the assembly of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the assembly of governors as a body and Black Country Partnership NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- proportion of people experiencing first episode psychosis or 'at risk mental state' who wait two weeks or less to start a National Institute for Health and Care Excellence recommended package of care; and
- average monthly number of total bed days patients have spent in inappropriate out-of-area placements.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified below:
 - Board Minutes for the period April 2017 to May 2018;
 - Papers relating to the quality report reported to the board over the period April 2017 to May 2018;
 - Feedback from Commissioners dated 3 May 2018 and 11 May 2018;
 - Feedback from Governors on the quality report dated 20 March 2018;
 - Feedback from Healthwatch Wolverhampton on the quality report dated 3 April 2018;
 - Feedback from Wolverhampton City Council's Overview and Scrutiny Committee on the draft quality report dated 19 April 2018;

- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated July 2017;
 - The latest National Staff Survey 2017 results dated 24 February 2018;
 - The Head of Internal Audit's annual opinion of the trust's control environment dated 18 April 2018; and
 - Care Quality Commission Inspection Report dated 17 February 2017.
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the documents listed above and specified in the detailed guidance for external assurance on Quality Reports (collectively the 'documents').

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the documents. Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

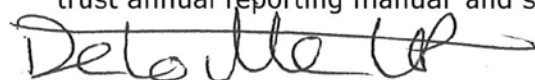
The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in 2.1 of the 'NHS Improvement Detailed requirements for external assurance for quality reports 2017/18' for foundation trusts; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.



Deloitte LLP
Birmingham
United Kingdom
24 May 2018



► Community staff

SECTION

The Independent Auditor's Opinion on the Financial Accounts and Associated Notes

5

INDEPENDENT AUDITOR'S REPORT TO THE ASSEMBLY OF GOVERNORS AND BOARD OF DIRECTORS OF BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Black Country Partnership NHS Foundation Trust (the 'Foundation Trust'):

- **give a true and fair view of the state of the Foundation Trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which comprise:

- the Statement of Comprehensive Income;
- the Statement of Financial Position;
- the Statement of Changes in Taxpayers' Equity;
- the Statement of Cash Flows; and
- the related notes 1 to 25.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material uncertainty relating to going concern

As shown in the Statement of Comprehensive Income, the Trust incurred a deficit for the year of £2.9m, which included a £0.04m net impairment of the Trust's assets. The Trust has significant cost pressures, a reducing cash balance and an extremely challenging cost improvement programme to manage going forward.

The Trust Board has previously recognised that the Trust is not expected to be sustainable after 2018/19 and plans to address the medium and long term sustainability of the Trust through the 'Transforming Care Together' came to an end in February 2018. The Trust is subsequently focused on stabilising its position as a standalone organisation. The Board of Directors is currently reviewing the strategic options that are available to the Trust.

We draw attention to note 1 in the financial statements, which indicates that there is uncertainty over:

- the future sustainability of Trust following the demise of the "Transforming Care Together" partnership;
- whether the Trust will achieve the efficiency savings that have been incorporated into the Trust's financial plans; and

- whether future funding required to support the Foundation Trust's cash position in the next financial year will be provided by the Treasury. The Foundation Trust has identified additional funding is required before the end of 2018/19 to support the Foundation Trust in meeting its liabilities which is yet to be formally agreed. Without additional funding, the Foundation Trust will have insufficient working capital to meet its liabilities as they fall due.

In response to this, we:

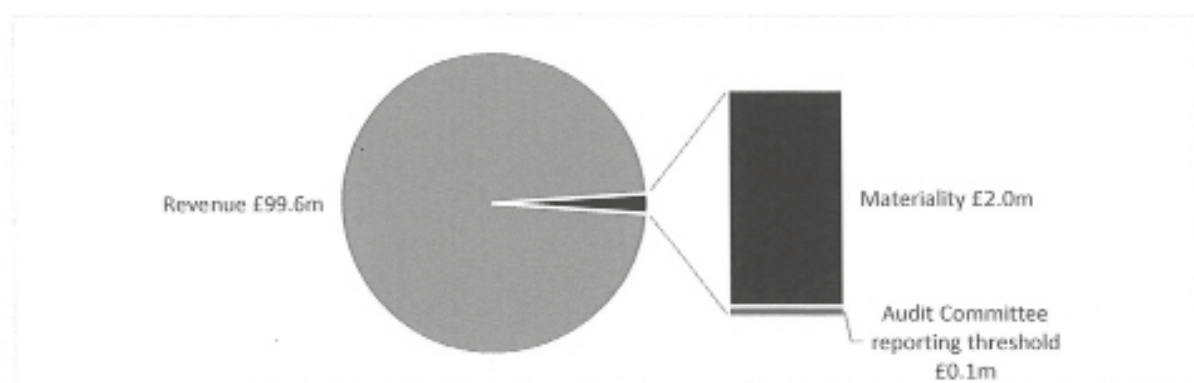
- Reviewed the Trust's financial performance for the year and management's assessment of going concern.
- Read the Trust's correspondence with NHS Improvement in relation to its Use of Resources score and segmentation rating under the Single Oversight Framework.
- Obtained a schedule of the Trust's cost improvement programme performance for 2017/18 and high level forecasts for 2018/19 to understand progress with efficiency savings.
- Reviewed the Trust's financial forecasts for the next business cycle and challenged the key assumptions made within the forecast, including the Trust's projected cash position, savings targets and income from significant Clinical Commissioning Groups.
- Assessed the actions taken by the Trust to manage its cash balance and the cash flow forecast going forward.
- Reviewed Board minutes and met with management to understand the Trust's progress towards long term sustainability.

As stated in note 1, these events or conditions, along with the other matters as set forth in note 1 to the financial statements, indicate that a material uncertainty exists that may cast significant doubt on the Foundation Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Summary of our audit approach

Key audit matters	<p>The key audit matters that we identified in the current year were:</p> <ul style="list-style-type: none"> • Recognition of NHS revenue and recoverability of receivables; • Property Valuations and Capital Developments; • Financial Standing and Going Concern (see material uncertainty relating to going concern section); and • Arrangements to Secure Value for Money (see matters on which we are required to report by exception – use of resources section)
Materiality	The materiality that we used for the current year was £2.0m which was determined on the basis of 2% of revenue.
Scoping	Audit work was performed at the Trust's offices in West Bromwich directly by the audit engagement team, led by the audit partner.
Significant changes in our approach	There have been no significant changes in our approach.

Basis for determining materiality	2% of revenue (2016/17: 2% of revenue).
Rationale for the benchmark applied	Revenue was chosen as a benchmark as the Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.



We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £0.1m (2016/17: £0.1m), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control, and assessing the risks of material misstatement. Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon.

We have nothing to report in respect of these matters.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the Foundation Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the Foundation Trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

We are required to report to you if, in our opinion the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Basis for qualified conclusion

The Foundation Trust has described in its Annual Governance Statement the financial challenges it faces, and the pressures upon financial sustainability. The Foundation Trust's outturn position for 2017-18 was a £2.9 million deficit. The Foundation Trust's medium term financial plan shows continuing financial deficits, with a forecast deficit of £3.0 million for 2018-19.

As discussed within the Material Uncertainty Relating to Going Concern section above, following the demise of the Transforming Care Partnership in February 2018, the Foundation Trust has not been able to identify and begin to implement actions that would support long term financial sustainability, and the Foundation Trust is forecasting to remain dependent upon central funding.

These issues are evidence of weaknesses in proper arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Qualified conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in December 2017, with the exception of the matters reported in the basis for qualified conclusion paragraph above, we are satisfied that, in all significant respects, Black Country Partnership NHS Foundation Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Assembly of Governors and Board of Directors ("the Boards") of Black Country Partnership NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Foundation Trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Gus Miah (Senior statutory auditor)
for and on behalf of Deloitte LLP
Statutory Auditor
Birmingham, United Kingdom
24 May 2018



► Staff and patient enjoying a chat

SECTION

Accounts and Associated Notes

6

Foreword to the Financial Statements

These financial statements for the year ended 31st March 2018 have been prepared by Black Country Partnership NHS Foundation Trust in accordance with paragraph 24 and 25 of Schedule 7 to the National Health Service Act 2006.



.....
Lesley Writtle

Chief Executive and Accounting Officer:

Date: 23rd May 2018:

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2018 (SOCI)

	Note	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Operating Revenue	2	99,641	101,400
Operating Expenses	3	(100,690)	(100,091)
Operating (deficit)/surplus for the year		(1,049)	1,309
Non-operating			
Impairments	10	(1,215)	(12,190)
Reversal of impairments	10	1,175	1,567
Loss on the disposal of non-current assets	10	(74)	-
Non-operating items before financing		(114)	(10,623)
Financing			
Finance income	7	12	8
Finance cost	7	(524)	(536)
PDC dividends payable	8	(1,199)	(1,333)
Net finance cost		(1,711)	(1,861)
Retained deficit for the year *		(2,874)	(11,175)
Other comprehensive income/(expense)			
Revaluations	10	2,018	24
Remeasurement of net defined benefits pension scheme liability	21	237	(1,083)
Other comprehensive income/(expense) for the year		2,255	(1,059)
Total comprehensive expense for the year		(619)	(12,234)

* The Retained deficit for the year is impacted by the revaluation impairment of £40k.

All income and expenditure is attributable to the Trust. There are no Minority Interests.

The notes on pages 161 to 191 are an integral part of these financial statements.

All results are from continuing operations.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2018 (SOFP)

	Note	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Non-current assets			
Intangible assets	10	1,225	1,477
Property, plant and equipment	10	54,530	53,798
		55,755	55,275
Current assets			
Inventories		33	36
Trade and other receivables	11	1,254	2,527
Cash and cash equivalents	12	1,844	4,196
		3,131	6,759
Total assets		58,886	62,034
Current Liabilities			
Trade and other payables	15	(10,349)	(12,285)
Borrowings	16	(377)	(325)
Provisions	19	(1,224)	(1,333)
Other liabilities	20	-	(30)
		(11,950)	(13,973)
Total assets less current liabilities		46,936	48,061
Non-current liabilities			
Borrowings	16	(3,623)	(4,021)
Local government pension liability	21	(2,203)	(2,311)
Total non-current liabilities		(5,826)	(6,332)
Total assets employed		41,110	41,729
Taxpayers' equity			
Public dividend capital		18,231	18,231
Revaluation reserve		18,746	16,728
Local government pension reserve		(1,348)	(1,585)
Merger reserve		736	736
Income and expenditure reserve		4,745	7,619
Total taxpayers' equity		41,110	41,729

The financial statements were approved by the Board of Directors on 23rd May 2018 and were signed on its behalf by:


 Date:
 Lesley Writtle, Chief Executive and Accounting Officer

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2018 (SOCITE)

	Public Dividend Capital £'000	Revaluation Reserve £'000	Local Authority Pension Reserve £'000	Merger Reserve £'000	Income and Expenditure Reserve £'000	Total £'000
Taxpayers' Equity at 1 April	18,231	16,728	(1,585)	736	7,619	41,729
Deficit for the year	-	-	-	-	(2,874)	(2,874)
Actuarial gains on defined benefit pension	-	-	237	-	-	237
Revaluation gains on property	-	2,564	-	-	-	2,564
Revaluation losses on property	-	(546)	-	-	-	(546)
Total taxpayers' equity as at 31 March	18,231	18,746	(1,348)	736	4,745	41,110

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2017

	Public Dividend Capital £'000	Revaluation Reserve £'000	Local Authority Pension Reserve £'000	Merger Reserve £'000	Income and Expenditure Reserve £'000	Total £'000
Taxpayers' Equity at 1 April	18,231	16,704	(502)	736	18,794	53,963
Deficit for the year	-	-	-	-	(11,175)	(11,175)
Actuarial loss on defined benefit pension	-	-	(1,083)	-	-	(1,083)
Revaluation gains on property	-	9,763	-	-	-	9,763
Revaluation losses on property	-	(9,739)	-	-	-	(9,739)
Total taxpayers' equity as at 31 March	18,231	16,728	(1,585)	736	7,619	41,729

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2018 (SOCF)

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Cash flows from operating activities		
Operating and Non-Operating (deficit) for the year from continuing operations	(1,163)	(9,314)
Non cash income and expense:		
Depreciation and amortisation	2,846	1,818
Impairments	1,215	12,190
Reversals of impairments	(1,175)	(1,567)
Loss on disposal	74	-
Decrease/(Increase) in Inventories	3	(7)
Decrease in trade and other receivables	1,273	1,971
(Decrease) in trade and other payables	(2,058)	(215)
(Decrease)/Increase in provisions	(109)	914
(Decrease) in other liabilities	(30)	(22)
On SoFP Pension liability - Employer Contributions	129	70
Other movements in operating cash flows	42	-
Net cash generated from operating activities	1,047	5,838
Cash flows from investing activities		
Interest received	12	8
Payments to acquire property, plant and equipment	(1,342)	(1,707)
Net cash used in investing activities	(1,330)	(1,699)
Cash flows from financing activities		
Capital element of Private Finance Initiative Obligations	(346)	(280)
Interest element of Private Finance Initiative Obligations	(524)	(536)
PDC dividends paid	(1,199)	(1,333)
Net cash used in financing activities	(2,069)	(2,149)
(Decrease)/Increase in cash and cash equivalents	(2,352)	1,990
Cash and cash equivalents at 1 April	4,196	2,206
Cash and cash equivalents at 31 March	1,844	4,196

NOTES TO THE FINANCIAL STATEMENTS

1. Accounting policies

The financial statements have been prepared in accordance with International Financial Reporting Standards (IFRS) and International Financial Reporting Committee (IFRIC) interpretations as endorsed by the European Union, applicable at 31 March 2018 and appropriate to Black Country Partnership NHS Foundation Trust.

NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health.

The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) and HM Treasury's 2017/18 Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS Foundation Trusts. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The policies adopted have been applied consistently in dealing with items considered material in relation to the accounts.

International Accounting Standards (IAS1) requires the Directors to assess, as part of the accounts preparation process, the Foundation Trust's ability to continue as a going concern.

In accordance with the NHS Foundation Trust Annual Reporting Manual, paragraph 2.12, the financial statements should be prepared on a going concern basis unless the Directors either intend to apply to the Secretary of State for the dissolution of the Foundation Trust without the transfer of the services to another entity, or have no realistic alternative but to do so. The Directors have therefore prepared these financial statements on a going concern basis.

The Directors have also considered the advice in the Government Reporting Manual that:

"The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern".

After making enquiries, the Directors have concluded that there is sufficient evidence that services will continue to be provided and that there is financial provision within the forward plans of commissioners. Local CCGs and NHS England have recently all confirmed the status of 'commissioner regulated services' provided by the Trust for 2018/19 and signed contracts remain in place for such services. Directors will also rely on the assurance of continued support from NHS Improvement in the future. The Directors therefore have a reasonable expectation that service continuity will be the case and have therefore prepared these financial statements on a going concern basis.

The current economic environment for NHS organisations remains challenging with ongoing internal efficiency gains necessary due to annual tariff (price) reductions, cost pressures in respect of national pay structures, non-pay and drug cost inflation, and a national shortage of clinically trained staff.

Following a detailed review of the Trust's financial sustainability during 2015 the Board of Directors developed a Sustainability Action Plan to address the local issues and ensure sustainability of the services provided. On 15th December 2015 the Trust confirmed its intention to enter into a Partnership arrangement with Birmingham Community Healthcare Foundation Trust and Dudley and Walsall Mental Health Partnership Trust, locally referred to as "Transforming Care Together" (TCT).

In February 2018 the individual Boards concluded that the integration of the three trusts into one organisation under TCT was no longer a viable option. The key factors taken into account in reaching this decision were:-

- Strategic fit – recent NHS planning guidance for 2018/19 highlighted the strengthening role of Sustainability and Transformation Partnerships (STPs) in developing models of care appropriate to their geographical footprints, and the TCT proposal would have operated across two (namely Birmingham & Solihull and the Black Country);
- Clinical concerns – discussions around how best to integrate the three Trusts' clinical areas raised a number of challenges for all three organisations;
- Financial – the financial plan for the integrated organisation could not meet the requirements that were set for the transaction.

NHS Improvement has been supportive of the decision to cease the TCT partnership for the above reasons.

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (Continued)

The Board of Directors is currently reviewing the strategic options that are available to the Trust to ensure the continuation of services to local users and carers. As part of this process the Trust will reflect on the lessons learnt from TCT. However, the main aim of TCT was the integration of clinical services across the Black Country STP and whilst TCT as an organisational form will not now progress, this remains our key strategic objective and much valuable joint working with our partners will help to stabilise these services for the future.

The Trust is continuing to work collaboratively with colleagues in Dudley and Walsall Mental Health Trust towards developing integrated Black Country Mental Health, Learning Disability and associated Community services. The Chief Executive Officers and the Chairmen of both Trusts met on the 10 April 2018, and our respective Executive Teams on 26 April 2018, to continue discussions around establishing a common strategic approach and timescale.

The Trust is further refreshing its stakeholder engagement strategy, post TCT, which will look to re-establish other partnerships which could strengthen existing services, and may identify further opportunities for strategic development in the future.

In parallel to the collaborative working and stakeholder strategy development, the Trust will be focused upon the delivery of recovery plans for Mental Health. In addition, the Children's, Young People and Families Division will develop strategies to ensure resilience against the potential impact of the Dudley Multispecialty Community Provider (MCP) tendering process. The Learning Disabilities Division will work to implement the ambitious local Transforming Care Partnership (TCP) initiative. The review and analysis of service line management information will be key to ensure that there are service specifications in place for each service line, which is matched by income to cover the cost of delivery of that specification or a revised specification drawn up to reduce costs, in partnership with commissioners. At the same time the Trust will benchmark overhead costs and develop a plan to reduce overheads.

The Trust has incurred a deficit before impairment of £2.9m for the year ended 31st March 2018 – (2.9% of turnover). The deficit before impairment for 2016/17 was £0.6m. The Directors consider that the outlook presents significant challenges in terms of cash-flow and the need to deliver significant efficiency savings in year.

The Trust has prepared its financial plans and cash flow forecasts on the contractual income agreed with commissioners in signed contracts and forecast non-contract activity based on previous experience. In addition, the Trust has negotiated the provision of short term cash support from NHS Improvement. These are expected to be sufficient to enable the Trust to meet its obligations as they fall due in the short term.

However, the Directors have identified that there are material uncertainties which casts doubt over whether the Trust can continue to exist in its current form, and to discharge its liabilities in the normal course of business, in the longer term.

The Trust has continued to develop and maintain several cash management initiatives during the past year to provide early warning of any working capital risks. The Trust foresees a requirement for cash support during the year ending 31st March 2019 commencing during quarter 2. Preparatory discussions have taken place with NHS Improvement and the outcomes confirm that cash support will be made available.

The significant risks facing the Trust are summarised as follows:

- The Trust has submitted a cash flow plan which shows a closing position at 31st March 2019 of £1.3m – incorporating £2.1m of funding drawn down from NHSI in quarter 2.
- There is uncertainty over whether the Trust will achieve its efficiency savings of £4.2m which have been incorporated into its financial plan. This level of savings is challenging and must be supported with adequate operational engagement to deliver against agreed detailed plans. As of April 2018 schemes totaling £1.4m (33%) of the total target have been identified - £0.8m (60%) recurrently. There is a reasonable expectation that normal staff turnover will yield further savings of £2m;
- The cessation of the Transforming Care Together strategic partnership has resulted in the Trust needing time to be able to reform its identity as BCPFT and develop a new sustainability plan for the future.
- The Dudley MCP procurement process (impact in 2019/20) is still ongoing with the Trust requesting to be a sub-contractor. Currently the Trust is awaiting completion of the procurement process and confirmation of sub-contractor status.
- The Trust has entered into negotiation with the Local Government Pension Scheme regarding the forced withdrawal from that scheme of a small number of Trust employees in 2018/19. The Trust could be liable to meet a share of the Fund' deficit if such a transfer progresses.

The following factors could potentially impact the Trust's performance and position:

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (Continued)

- Increasing demand for mental health, learning disabilities and universal children's services for which the Trust was not remunerated;
- Commissioners' ability to pay for increasing demand for services;
- Unplanned capital investment required to maintain the Trust's estate and infrastructure;
- Ability to attract and retain highly skilled staff;
- Development of the Dudley Multispecialty Community Provider (MCP).

There are thus material uncertainties which may cast doubt on the Trust's ability to continue as a going concern in the longer term, when it may be unable to realise its assets and discharge its liabilities in the normal course of business. The financial statements do not include any adjustments that would be required if the going concern basis were not appropriate.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1.2 Consolidation of Charitable Funds

Black Country Partnership Foundation Trust Charitable Funds is the Trust's charity. The Trust has determined that it controls the charity but due to the level of charitable funds being immaterial, the Trust has not consolidated these funds into the annual accounts.

1.2 Income recognition

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services and the main types of income this relates to are cost and volume income, block contract income and clinical partnerships providing mandatory services.

At year end, the Trust accrues income relating to activity delivered in that year where payment is yet to be received.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.3 Expenditure on Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

1.4 Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous **NOTES**

TO THE FINANCIAL STATEMENTS

Accounting Policies (Continued)

1.4 Pension costs (continued)

accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Local Government Superannuation Scheme

Some employees are members of the Local Government Superannuation Scheme (LGPS) which is a "final salary" defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts as part of 'IAS 19 Employee Benefits' accounting requirements. The assets are measured at fair value, and the liabilities at the present value of future obligations.

Staff who transferred to the Care Trust on 1st March 2003 from Sandwell Metropolitan Borough Council contribute to the LGPS locally administered by the West Midlands Metropolitan Authorities Pension Fund. From 1st April 2010 to 31st March 2018, the Care Trust paid employer's contribution of 14.5%. The contribution rate is determined by the Fund's actuary based on 3 yearly valuations, with the last review being 31 March 2016.

The LGPS is subject to a full actuarial valuation every three years. Between the full valuations the LGPS is subject to an IAS 19 Employee Benefits valuation every year.

The purpose of this valuation in accordance with IAS 19 Employee Benefits is to assess the level of liability in respect of the benefits due under the LGPS taking into account its recent demographic experience and to recommend the contribution rates to be paid by employers and LGPS members.

From 1 April 2008, employee's contributions are on a tiered scale from 5.5% up to 7.5% of their pensionable pay depending on total earnings.

Further information can be found in the Pension Fund's Annual Report which is available on request from The West Midlands Metropolitan Authorities Pensions Fund, Care of Wolverhampton City Council, Civic Suite, St Peter's Square, Wolverhampton, WV1 1SL or the Fund's website at www.wmpfonline.com.

The increase or decrease in the liability arising from pensionable service earned during the year is recognised within operating expenses.

Actuarial gains and losses during the year are recognised in the pensions reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income/ (expense)'.

LGPS Provisions as at 31 March 2018

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (continued)****1.4 Pension costs (continued)**

The LGPS is a "career average revalued earnings" scheme. Annual pensions are normally based on 1/60th of the best of the last 3 years pensionable pay for each year of service. No lump sum is payable on membership accrued from 1 April 2008 and previous membership rights prior to this date were frozen at that point with certain protections being applicable to some employees.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971 and are based on changes in consumer prices (CPI) in the twelve months ending 30 September in a previous calendar year. On death, a pension of 50% of the member's pension is normally payable to the surviving eligible beneficiaries.

Early payment of a pension, with enhancement, is available to members of the LGPS who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of three times the final year's pensionable pay is payable for death in service.

For early retirements, other than those due to ill health, the additional pension liabilities are not funded by the LGPS. The full amount of the liability for the additional costs is charged to the statement of comprehensive income at the time the Trust commits itself to the retirement, regardless of the method of payment.

The LGPS provides the opportunity to members to increase their benefits through money purchase Additional Voluntary Contributions provided by an approved life company. Under the arrangement the employee can make contributions to enhance their pension benefits. The benefits payable relate directly to the value of the investments made.

1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.6 Property, Plant and Equipment**Recognition**

Property, Plant and Equipment is capitalised where:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential be provided;
- It is expected to be used for more than one financial year; and
- The cost of the item can be measured reliably.

Tangible assets are capitalised if they are capable of being used for a period which exceeds one year and they:

- individually have a cost of at least £5,000; or
- collectively have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

Measurement

All property, plant and equipment assets are measured initially at cost (for leased assets at fair value), representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

For all categories of non-property assets, the Trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

Land and Buildings are restated to fair value by undergoing a full valuation by external professionally qualified valuers every five years with an interim valuation to take place annually. The interim valuation is carried out by

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (Continued)

1.6 Property, Plant and Equipment (continued)

external professionally qualified valuers unless the Trust can provide sufficient evidence that the valuation could be carried out by a professionally qualified valuer employed by the Trust.

Valuations are carried out by professionally qualified valuers having regard to International Financial Reporting Standards (IFRS) as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and the requirements of the Royal Institute of Chartered Surveyors (RICS) Valuation Standards – Global and UK (7th Edition).

A full valuation was undertaken during October 2016 to assess the existing use value of the Trust's properties using the depreciated replacement cost method assuming assets would be replaced with a modern equivalent asset and not on a like for like basis. A further desktop valuation was undertaken as at 31 March 2018 for the year end valuation.

Operational equipment is carried at current value. Where assets are of low value and, or have short useful economic lives, they are carried at depreciated historic cost as a proxy for current value.

Assets under construction are valued at cost and are subsequently revalued by professional valuers when brought into use or when factors indicate that the value of the asset differs materially from its carrying value.

Subsequent expenditure

Where subsequent expenditure relating to an item of property, plant and equipment enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Freehold land is considered to have an infinite life and is not depreciated. Items of Property, Plant and Equipment are depreciated on a straight line basis over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The useful economic lives of assets are reviewed on an annual basis and the effects of any change are recognised on a prospective basis. The economic life applied to buildings is dependent on the building it relates to.

In accordance with IAS 16 Property, Plant and Equipment the Trust uses the following economic lives to depreciate its assets on a component basis:

Estimated useful / remaining economic lives	Minimum life (Years)	Maximum life (Years)
Buildings (excluding dwellings)	4	77
Plant and Machinery	5	15
Information Technology	5	8
Furniture and Fittings	7	10

Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income/ (expense)'.

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (Continued)

1.6 Property, Plant and Equipment (continued)

Impairments

In accordance with the Department of Health Group Accounting Manual, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposals are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation or grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation or grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to the Trust and where the cost of the asset can be measured reliably.

Intangible assets are capitalised when they are capable of being used in the Trust's activities for more than one year; they can be valued, and they have a cost of at least £5,000.

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (Continued)

1.7 Intangible assets (continued)

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred. They are amortised over the shorter of the term of the licence and their useful economic lives (3-5 years).

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

For all categories of intangible assets, the Trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

Subsequently intangible assets are measured at fair value. Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where and to the extent that they reverse impairment previously recognised in operating expenses, in which case they are recognised in operating income.

Decreases in asset values and impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income/ (expense)'. Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over a range of useful economic lives in a manner consistent with the consumption of economic or service delivery benefits and charged to the Statement of Comprehensive Income.

1.8 Revenue government and other grants

Government grants are grants from Government bodies other than income from Clinical Commissioning Groups or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (Continued)

1.9 Protected and non-protected assets

Property needed for the purposes of providing mandatory goods and services and mandatory training and education is protected.

The Trust may not dispose of any protected property without the approval of NHS Improvement.

The Trust shall establish and maintain an asset register in respect of protected property, in accordance with guidance to be issued by NHS Improvement.

Assets which are not required for the provision of mandatory goods and services and the mandatory training and education are not protected and may be disposed of by the Trust without the approval of NHS Improvement.

1.10 Inventories

Inventories are stated at the lower of cost and net realisable value on a first in, first out basis. High turnover items such as drugs are held in the financial statements at cost.

1.11 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which performance occurs i.e. when receipt or delivery of the goods or services is made.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as: Fair Value through Income and Expenditure; Loans and receivables; or Available-for-sale financial assets.

Financial liabilities are classified as 'Fair value through Income and Expenditure' or as 'Other Financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset, or when appropriate a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method.

The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability, or when appropriate a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (Continued)****1.11 Financial instruments and financial liabilities (continued)****Impairment of financial assets**

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash-flows of the asset.

1.12 Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged directly to the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

1.13 Operating Leases*Land operating leases - Trust as lessee*

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Building operating leases - Trust as lessee

Building operating lease rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

1.14 Private Finance Initiatives (PFI) transactions**Recognition**

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes following the principles of the requirements of IFRIC 12. Where the government body (the Grantor) meets the following conditions the PFI scheme falls within the scope of a 'service concession' under IFRIC 12:

- The grantor controls the use of the infrastructure and regulates the services to be provided to whom and at what price; and
- The grantor controls the residual interest in the infrastructure at the end of the arrangement as service concession arrangements.

The Trust therefore recognises the PFI asset as an item of property, plant and equipment on the Statement of Financial Position together with a liability to pay for it. The PFI asset recognised is the 'Hallam Street Hospital' as detailed in *note 10.5*. The services received under the contract are recorded as operating expenses.

Measurement

The PFI assets are recognised as property, plant and equipment, when they come into use, in accordance with the HM Treasury interpretation of IFRIC 12. The assets are measured initially at fair value in accordance with the principles of IAS 17 Leases. HM Treasury guidance for PFI assets is the construction cost and capitalised fees incurred as at financial close, disclosed in the PFI contract.

Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16, as detailed in accounting policy note 1.6 'Property, plant and equipment - measurement'. For specialised buildings this is depreciated replacement cost.

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17 Leases. The PFI lease obligations due at the reporting date are detailed in *note 16*.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (Continued)****1.14 Private Finance Initiatives (PFI) transactions (continued)****Subsequent expenditure**

The annual unitary payments are apportioned, using appropriate estimation techniques between the repayment of the liability, a finance cost, lifecycle replacement and the charge for services. The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance expense and to repay the lease liability over the contract term. The annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is recognised under the relevant finance costs heading within *note 7*. The fair value of services received in the year is recognised under the relevant operating expenses headings within *note 3*.

Lifecycle replacement

Lifecycle costs in respect of components of assets replaced by the operator during the contract ('lifecycle replacement') are charged to the statement of comprehensive income as incurred.

1.15 Cash and cash equivalents

Cash, bank and overdraft balances are recorded at the current values of the balances in the NHS Foundation Trust's cash book. These balances exclude monies held in the Foundation Trust's bank account belonging to patients (see "third party assets" – *note 13*).

Account balances are only set off where a formal agreement has been made with the bank to do so. In all other cases overdrafts are disclosed within other creditors. Interest earned on bank accounts and interest charged on overdrafts is recorded

as, respectively, "finance income" and "finance cost" in the periods to which they relate. Bank charges are recorded as an operating expense in the periods to which they relate.

1.16 Provisions

The NHS Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's published rates.

Clinical negligence costs

The NHS Resolution operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust.

The total value of clinical negligence

provisions carried by NHS Resolution on behalf of the NHS Foundation Trust is disclosed at *note 17* but is not recognised in the NHS Foundation Trust's accounts.

Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.17 Contingencies**Contingent assets**

These are assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control and are not recognised as assets.

Contingent liabilities

These liabilities are not recognised, but are disclosed in *note 18*, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (Continued)****1.18 Public dividend capital**

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time the Secretary of State can issue new public dividend capital to, and request payment of public dividend capital from the Trust.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year.

Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for;

- (i) donated assets (including lottery funded assets),
- (ii) average daily cash balances held with the Government Banking Services (GBS), and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.19 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Foreign exchange

The functional and presentational currencies of the trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items arising on settlement of the transaction or on re-translation at the Statement of Financial Position date are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.21 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts (see note 13) in accordance with the requirements of HM Treasury's FRoM.

1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (Continued)****1.22 Losses and special payments (continued)**

therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses. (See note 23).

1.23 Critical accounting estimates and judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The main areas which require the exercise of judgement are in accounting for:

- Valuation of non-current assets - see note 10
- Actuarial assumptions in respect of post-employment benefits – see note 21
- Assumptions underlying the likelihood and outcome of material provisions

The Trust has considered key assumptions concerning the future and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year. None were found to be material.

1.24 Accounting standards that have been issued but have not yet been adopted

The following accounting standards, amendments and interpretations have been issued by the IASB and IFRIC but are not yet required to be adopted:

Standards issued or amended but not yet adopted in FReM	Financial year for which the change first applies
IFRS 9 Financial Instruments	Application required for accounting periods beginning on or after 1 st January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 14 Regulatory Deferral Accounts	Not yet EU-endorsed. Applies to first time adopters of IFRS after 1 st January 2016. Therefore not applicable to DH group bodies.
IFRS 15 Revenue from Contracts with Customers	Application required for accounting periods beginning on or after the 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 16 Leases	Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRIC 22 Foreign Currency Transactions and Advance Consideration	Application required for accounting periods beginning on or after 1 January 2018.
IFRIC 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (Continued)****1.24 Accounting standards that have been issued but have not yet been adopted (continued)**

The Trust has considered the above new standards, interpretations and amendments to published standards that are not yet effective and concluded that they are either not relevant to the Trust or that they would not have a significant impact on the Trust's financial statements, apart from some additional disclosures.

Following the release of the 2018/19 Department of Health and Social Care Group Accounting Manual in May 2018, the Trust is assessing the likely impact of IFRS 9 and IFRS 15 (and the adaptations included in the GAM).

1.25 Accounting standards, amendments and interpretations issued that have been adopted early

The Trust has not early adopted any new accounting standards, amendments or interpretations.

1.26 Transfers of functions to/ from other NHS bodies / local government bodies

For functions that have been transferred to the Trust from another NHS/local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer.

The assets and liabilities are not adjusted to fair value prior to recognition. The net gain/(loss) corresponding to the net assets/ (liabilities) transferred to be recognised within income / (expenses), but not within operating activities.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation/amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts.

Where the transferring body recognised revaluation reserve balances attributable to the assets, the trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain the transparency within public sector accounts.

For functions that the trust has transferred to another NHS/local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net (loss)/gain corresponding to the net assets/(liabilities) transferred is recognised within (expenses)/income, but not within operating activities.

Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the Trusts accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

NOTES TO THE FINANCIAL STATEMENTS

2. Revenue Analysis

The Board (the Chief Operating Decision Maker as defined by IFRS 8 Operating Segments) has determined that the Trust operates one material business segment, which is the provision of healthcare services. The operating results of this segment are regularly reviewed by the Board.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

Revenue from activities (medical treatment of patients) is analysed by revenue source and revenue type. Other operating revenue is also analysed and materially consists of revenues from healthcare, research and development, medical education and the provision of services to other NHS bodies. Total revenue by individual customers within the whole of HM Government and considered material, is disclosed in the related parties transactions note 22.

The percentage of total revenue receivable from within the whole of HM Government is disclosed below. The significant factor behind which is the 'commissioner requested services' (NHS healthcare), as set out in the Trust's Terms of Authorisation from NHS Improvement and defined by legislation.

2.1 Total Revenue

	Year ended 31 March 2018		Year ended 31 March 2017	
	£'000	%	£'000	%
Revenue from patient care activities	96,701	97.05	96,968	95.63
Other operating revenue	2,940	2.95	4,432	4.37
Total revenue	99,641	100.00	101,400	100.00

2.2 Revenue from Patient Care Activities – by Source

	Year ended 31 March 2018		Year ended 31 March 2017	
	£'000	%	£'000	%
Foundation Trusts	778	0.80	1,149	1.18
NHS Trusts	842	0.87	1,035	1.07
CCG & NHS England	89,331	92.38	86,081	88.77
Local Authorities	5,750	5.95	8,703	8.98
Total	96,701	100.00	96,968	100.00

A breakdown of the income received from the Trusts major Clinical Commissioning Groups and Local Authorities, who are related parties, is provided in note 22.

2.3 Revenue from Activities – by Nature

	Year ended 31 March 2018		Year ended 31 March 2017	
	£'000	%	£'000	%
Cost and volume contract revenue	13,979	14.46	14,097	14.54
Block contract revenue	68,766	71.11	68,554	70.70
Clinical partnerships providing mandatory services	3,586	3.71	4,272	4.41
Community Services – CCGs and NHS England	5,607	5.80	5,269	5.43
Community Services – income from other sources	4,763	4.92	4,776	4.92
Total	96,701	100.00	96,968	100.00

NOTES TO THE FINANCIAL STATEMENTS

All of the above revenue from activities arises from commissioner requested services as set out in the Trust's Terms of Authorisation from NHS Improvement.

2.4 Other Operating Revenue

	Year ended 31 March 2018		Year ended 31 March 2017	
	£'000	%	£'000	%
Research and development	112	3.81	92	2.08
Education and training	1,969	66.97	2,188	49.37
Sustainability and Transformation Fund income	-	-	1,151	25.97
Other revenue	859	29.22	1,001	22.58
Total revenue	2,940	100.00	4,432	100.00

2.5 Analysis of Other Operating Revenue: Catering £157k (2016-17 £171k); MERIT Funding £154k (2016-17: £306k); HMRC NI Refund £153k (2016-17: £147k); Car Parking £94k (2016-17: £94k), PICU Fire Damage rebate £nil (2016-17: £112k); Recharges £123k (2016-17: £16k), Other £178k (2016-17: £155k).

2.6 Income from activities arising from commissioner requested services

Under the terms of its Trust license, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the Trust license and are services that commissioners believe would need to be protected in the event of Trust failure.

	Year ended 31 March 2018		Year ended 31 March 2017	
	£'000	%	£'000	%
Commissioner requested services	92,615	95.77	90,460	93.29
Non Commissioner requested services	4,086	4.23	6,508	6.71
Total revenue	96,701	100.00	96,968	100.00

NOTES TO THE FINANCIAL STATEMENTS

3. Operating expenses

	Year ended 31 March 2018		Restated Year ended 31 March 2017	
	£'000	%	£'000	%
Purchase of healthcare from NHS and DH Bodies	358	0.36	412	0.41
Staff and Executive Director costs	81,363	80.81	81,381	81.31
Remuneration of Non-Executive Directors	114	0.11	128	0.13
Supplies and services – clinical (excluding drug costs)	1,153	1.14	699	0.70
Supplies and services – general	2,121	2.11	2,286	2.28
Drug costs (inventory consumed and purchase of non- inventory drugs)	1,569	1.56	1,310	1.31
Consultancy costs	217	0.22	89	0.09
Establishment	1,378	1.37	1,343	1.34
Premises – Business rates payable to local authorities	495	0.49	492	0.49
Premises – Other	2,644	2.63	3,160	3.16
Transport (including patient travel)	459	0.46	406	0.41
Depreciation on property, plant and equipment	2,308	2.29	1,749	1.75
Amortisation of intangible assets	538	0.53	69	0.07
(Decrease) in provision for impairment of receivables	(555)	(0.55)	(502)	(0.50)
Increase in other provisions	526	0.52	1,006	1.01
Audit fees payable to the external auditor				
• Audit services – statutory audit	43	0.04	49	0.05
• Other services – audit related assurance services	64	0.06	89	0.09
Internal Audit costs	43	0.04	88	0.09
Clinical Negligence	170	0.17	141	0.14
Legal Fees	372	0.37	453	0.45
Insurance	57	0.06	144	0.14
Research & Development – Staff costs	173	0.17	146	0.15
Research & Development – Non-Staff costs	7	0.01	16	0.02
Education & Training – Non-Staff costs	370	0.37	610	0.61
Rentals under operating leases	3,353	3.33	3,587	3.58
Early retirements	211	0.21	39	0.04
Redundancy	396	0.39	13	0.01
Charges to operating expenditure for on-SoFP IFRIC 12 Schemes	300	0.30	277	0.28
Car Parking & security	78	0.08	90	0.09
Hospitality	2	0.00	4	0.00
Losses, ex gratia & special payments – Staff Costs	52	0.05	23	0.02
Losses, ex gratia & special payments- Non-Staff Costs	78	0.08	103	0.10
Other services, eg external payroll	167	0.17	167	0.17
Other	66	0.05	24	0.01
Total Operating expenses	100,690	100.00	100,091	100.00

NOTES TO THE FINANCIAL STATEMENTS

The Assembly of Governors appointed Deloitte LLP as external auditor for the financial year ending 31st March 2018. The engagement letter provides for a limitation of the auditor's liability of £1,000,000 (2016-17: £1,000,000).

3.1 Other Services – Audit related assurance remuneration (external auditor only)

Other auditor remuneration in 2017-18 was £64k (2016-17: £89k); in relation to Quality Accounts Audit £12k, Targeted and specialist audit work £52k.

4. Operating Leases**4.1 As lessee – payments recognised in operating expenses**

	Land	Buildings	Plant and Machinery	Other	Year ended 31 March 2018	Restated Year ended 31 March 2017
	£'000	£'000	£'000	£'000	£'000	£'000
Total	-	3,284	67	2	3,353	3,587

4.2 Total future minimum operating lease payments payable

	Land	Buildings	Plant and Machinery	Other	Year ended 31 March 2018	Year ended 31 March 2017
	£'000	£'000	£'000	£'000	£'000	£'000
Not later than one year	-	2,805	23	4	2,832	3,693
Between one and five years	-	1,799	112	8	1,919	3,336
After five years	-	1,137	-	-	1,137	2,020
Total	-	5,741	135	12	5,888	9,049

5. Employee costs and numbers**5.1 Employee costs**

	Year ended 31 March 2018 £'000	%	Year ended 31 March 2017 £'000
Salaries and wages	63,933	77.78	63,137
Social security costs	6,020	7.32	6,049
Apprenticeship Levy	292	0.36	-
Pension cost – defined contribution plans	7,544	9.18	7,546
Pension cost – other contributions	56	0.07	55
Agency/contract staff	4,350	5.29	4,815
Total	82,195	100.00	81,602

The above table does not include Non-Executive Directors.

NOTES TO THE FINANCIAL STATEMENTS

5.2 Early retirements due to ill-health

During the year there was 3 early retirements on the grounds of ill-health (2016-17: 1). The estimated additional pension liability of this ill-health retirement will be £211k (2016-17: £39k).

This information has been supplied by NHS Pension and the cost of this early ill-health retirement will be borne by NHS Pension.

6. Late payment of commercial debts (interest) Act 1998

£Nil interest was charged to the Trust in the year for late payment of commercial debts (2016-17: £nil).

7. Financing

Finance income in respect of bank interest for year ending 31 March 2018 was £12k (2016-17: £8k).

Finance costs in relation to PFI interest repayment for the year ending 31 March 2018 was £457k (2016-17: £487k).

Finance costs in relation to Local Authority Pensions for the year ending 31 March 2018 was £67k (2016-17: £49k).

8. Public dividend capital dividends

Public dividend capital dividend paid to the Department of Health for the year ending 31 March 2018 was £1,199k (2016-17: £1,333k).

9. Taxation

The activities of the Trust have not given rise to any corporation tax liability in the year ending 31 March 2018 (2016-17: £nil)

10. Non-current assets

2017/18	Land £'000	Buildings excluding dwellings £'000	Assets under Construction £'000	Plant and Machinery £'000	Information Technology £'000	Fixtures and Fittings £'000	Grand Total £'000
Valuation at 1 April	13,533	35,962	-	1,178	5,461	1,451	57,585
Prior period adjustment	-	-	-	-	(42)	-	(42)
Additions – purchased	-	998	-	31	224	-	1,253
Reclassifications	-	-	-	-	(452)	-	(452)
Impairments	-	(1,386)	-	-	-	-	(1,386)
Reversal of impairments	78	805	-	-	-	-	883
Revaluations	436	1,035	-	-	-	-	1,471
Disposals	-	(59)	-	(29)	(45)	(142)	(275)
Gross cost at 31 March	14,047	37,355	-	1,180	5,146	1,309	59,037
Accumulated amortisation and depreciation at 1 April	-	73	-	573	2,183	958	3,787
Prior period adjustment	-	-	-	-	-	-	-
Provided during the year	-	1,006	-	140	988	174	2,308
Impairments	-	(171)	-	-	-	-	(171)
Reversal of impairments	-	(292)	-	-	-	-	(292)
Revaluations	-	(547)	-	-	-	-	(547)
Reclassifications	-	-	-	-	(376)	-	(376)
Disposals	-	(20)	-	(27)	(31)	(124)	(202)
Amortisation and depreciation at 31 March	-	49	-	686	2,764	1,008	4,507
Total Net Book Value at 31 March	14,047	37,306	-	494	2,382	301	54,530

NOTES TO THE FINANCIAL STATEMENTS

10.1 Non-current assets (continued)

2016/17	Land	Buildings excluding dwellings	Assets under Construction	Plant and Machinery	Information Technology	Fixtures and Fittings	Grand Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Valuation at 1 April	17,372	43,397	245	899	4,602	1,359	67,874
Prior period adjustment	-	-	-	-	-	-	-
Additions – purchased	-	8	-	279	859	103	1,249
Reclassifications	-	245	(245)	-	-	(11)	(11)
Impairments	(1,770)	(10,194)	-	-	-	-	(11,964)
Reversal of impairments	-	1,385	-	-	-	-	1,385
Revaluations	(2,069)	1,121	-	-	-	-	(948)
Gross cost at 31 March	13,533	35,962	-	1,178	5,461	1,451	57,585
Accumulated amortisation and depreciation at 1 April	-	25	-	485	1,692	764	2,966
Prior period adjustment	-	-	-	-	-	-	-
Provided during the year	-	976	-	88	491	194	1,749
Impairments	-	226	-	-	-	-	226
Reversal of impairments	-	(182)	-	-	-	-	(182)
Revaluations	-	(972)	-	-	-	-	(972)
Amortisation and depreciation at 31 March	-	73	-	573	2,183	958	3,787
Total Net Book Value at 31 March	13,533	35,889	-	605	3,278	493	53,798

10.1 Valuation at the reporting date

The land and buildings were valued at the reporting date by an independent valuer, Cushman & Wakefield. The purpose of this exercise being to determine a fair value for Trust property, as detailed in accounting policy note 1.6.

The surpluses and deficits arising from the revaluation exercise resulted in an adjustment to non-operating income and expenses as shown in the Statement of Comprehensive Income on page 4 of the financial statements amounting to a net impairment charge of (£40k). (2016-17: Opening revaluation as at 1st April 2016 of £10,780k and closing revaluation as at 31st March 2017 of (£157k)). The key assets affected for impairment are; Penn £475k, Health Lane £125k, Daisy Bank £75k off set by impairment reversal of Hallam £449k and Edward Street £272k.

The surpluses and deficits upon revaluation exercise also resulted in gains and (losses) charged to the revaluation reserves as shown in the Statement of Changes in Taxpayers' Equity on page 6 of the financial statements amounting to £2,018k (2016-17: Opening revaluation as at 1st April 2016 of (£453k) and closing revaluation as at 31st March 2017 of £477k). The key assets affected were Penn £1,072k, Edward Street £637k, Daisy Bank/Orchard Hill £382k Lodge Road £114k, offset by a revaluation loss for Hallam (£397k).

The Trust uses the following economic lives to depreciate its assets on a component basis:

Estimated useful / remaining economic lives	Minimum life (Years)	Maximum life (Years)
Buildings (excluding dwellings)	4	77
Plant and Machinery	5	15
Information Technology	5	8
Furniture and Fittings	7	10

NOTES TO THE FINANCIAL STATEMENTS

10.2 Loss on disposal of fixed asset

There was a fixed asset disposal of £74k in the year ended 31 March 2018 (2016-17: No fixed asset disposals).

10.3 Contractual capital commitments

Property, plant and equipment contractual commitments in 2017-18 is £nil (2016-17: £nil)

10.4 Intangible Assets

	Development Expenditure £'000	Software Licenses £'000	Grand Total £'000
2017/18			
Valuation at 1 April	1,075	845	1,920
Additions – purchased	160	51	211
Disposal	(1)	-	(1)
Reclassification	-	452	452
Gross cost at 31 March	1,234	1,348	2,582
Accumulated amortisation and depreciation at 1 April			
Provided during the year	298	240	538
Reclassification	-	376	376
Amortisation and depreciation at 31 March	298	1,059	1,357
Total Net Book value at 31 March	936	289	1,225
	Development Expenditure £'000	Software Licenses £'000	Grand Total £'000
2016/17 (restated)			
Valuation at 1 April	995	553	1,548
Additions – purchased	80	281	361
Reclassification	-	11	11
Gross cost at 31 March	1,075	845	1,920
Accumulated amortisation and depreciation at 1 April			
Provided during the year	-	374	374
	-	69	69
Amortisation and depreciation at 31 March	-	443	443
Total Net Book value at 31 March	1,075	402	1,477
10.5 Fixed Assets held under PFI arrangements			
	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000	
2017/18			
Valuation at 1 April	4,966	6,942	
Additions – purchased	(1)	(23)	
Impairments	(486)	(1,019)	
Reversal of impairments	-	248	
Revaluations	(504)	(1,182)	
Gross cost at 31 March	3,975	4,966	
Accumulated amortisation and depreciation at 1 April			
	-	-	
Provided during the year	144	166	
Impairments	(37)	(14)	
Reversal of impairments	-	(8)	
Revaluations	(107)	(144)	
Amortisation and depreciation at 31 March	-	-	
Net book value – purchased assets at 31 March	3,975	4,966	
Private Finance Initiative at 31 March	3,975	4,966	
Total Net Book Value at 31 March	3,975	4,966	

NOTES TO THE FINANCIAL STATEMENTS**10.5 Fixed Assets held under PFI arrangements (continued)**

The PFI detailed above is included as part of the Buildings excluding dwellings within Non-current assets in note 10.

The overall scheme saw the Trust entering into a Project Agreement with Black Country PPP Health Services Ltd for a period of 25 years from February 2000 for the provision of serviced Acute Mental Health facilities. The facilities, Hallam Street Hospital, have been constructed by Black Country PPP Health Services Ltd on land in the ownership of the Trust.

The facilities comprise:

1. A Resource Centre for use by Inpatients and other patients attending on a day basis.
2. Five residential blocks including a small Learning Disabilities bungalow.

Within the Project Agreement, Ryhurst, the Project Company, provide Hard Facilities Management Services to the Trust.

Within the main agreement a payment mechanism has been agreed, with the Trust paying an annual unitary charge. The payment mechanism has the following main features:

1. Payment for the fair value for the services received
2. Payment for the PFI asset, including finance costs; and
3. Payment for the replacement of components of the asset during the contract (lifecycle replacement).

The contract which has a period of twenty-five years ending in 2024/25 is classified as a finance lease under the current IFRIC 12 Lease guidance.

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Buildings		
Gross PFI liabilities		
of which liabilities are due	5,883	6,710
- Not later than one year	797	782
- Later than one year and not later than five years	3,352	3,287
- Later than five years	1,734	2,641
Finance charges allocated to future periods	(1,883)	(2,364)
Net PFI obligation	4,000	4,346
- Not later than one year	377	325
- Later than one year and not later than five years	2,127	1,855
- Later than five years	1,496	2,166
 Unitary Payment payable to service concession operator	 Year ended 31 March 2018 £'000	 Year ended 31 March 2017 £'000
Consisting of:		
- Interest charge	457	487
- Repayment of finance lease liability	346	280
- Service element	202	197
- Lifecycle costs	98	80
Total amount paid to service concession operator	1,103	1,044

NOTES TO THE FINANCIAL STATEMENTS

11. Trade and other receivables

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Trade receivables	1,042	1,834
Provision for impaired receivables	(347)	(902)
Prepayments (Revenue Non-PFI)	349	259
Accrued income	(172)	1,181
Accrued credit notes	-	(58)
VAT receivable	124	43
Other receivables	258	170
Total	1,254	2,527

NHS receivables consist of balances owed by NHS bodies in England; receivables with other related parties consist of balances owed by other HM Government organisations. Related party transactions are detailed in note 22.

Credit notes are accrued for where activity levels have been over estimated.

There are £nil Non-current trade and other receivables at 31 March 2018 (2016-17: £nil).

11.1 Provision for impaired receivables

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Balance at 1 April	902	1,404
Decrease in provision	(555)	(478)
Amounts utilised	0	(24)
Balance at 31 March	347	902

11.2 Aged analysis of impaired receivables

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
0 - 30 days	40	514
30 - 60 days	5	5
60 - 90 days	18	5
90 - 180 days	20	18
Over 180 days	264	360
Total	347	902

11.3 Aged analysis of non-impaired receivables past their due date

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
0 - 30 days	150	418
30 - 60 days	86	39
60 - 90 days	34	129
90 - 180 days	9	142
Over 180 days	66	112
Total	345	840

NOTES TO THE FINANCIAL STATEMENTS

12. Cash and cash equivalents

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
At 1 April	4,196	2,206
Net change in year	(2,352)	1,990
At 31 March	1,844	4,196
Broken down into:		
Commercial banks and cash in hand	86	607
Cash with Government Banking Service	1,758	3,589
Cash and cash equivalents as in SOFP	1,844	4,196
Bank overdraft – Government Banking Service	-	-
Bank overdraft – Commercial banks	-	-
Cash and cash equivalents as in SOCF	1,844	4,196

13. Third party assets

The Trust held £71k cash at bank at 31 March 2018 (2016-17: £56k) which relates to monies held by the NHS Foundation Trust on behalf of patients. This has been included in the cash and cash equivalents figure reported in the statement of financial position.

14. Non-current assets held for sale

The Trust has £nil non-current assets held for sale for the year ended 31 March 2018 (2016-17: £nil).

15. Trade and other payables

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
NHS payables – Revenue	2,953	3,931
Other trade payables – capital	735	613
Social Security costs	884	870
Other taxes payable	637	625
Other payables	1,811	3,177
Accruals	3,329	3,069
Total	10,349	12,285

NHS payables consist of balances owed to NHS bodies in England; amounts due to other related parties consist of balances owed to other HM Government organisations. Related party transactions are detailed in note 22.

There are £nil Non-Current Trade and Other Payables at 31 March 2018 (2016-17: £nil)

16. Borrowings

	Current		Non-current	
	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Obligations under PFI contracts (excl. lifecycle)	377	325	3,623	4,021

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Not later than one year	377	325
Later than one year and not later than five years	2,127	1,855
Later than five years	1,496	2,166
Total	4,000	4,346

The current year liability is in relation to the interest repayment expensed to Statement of Comprehensive Income in respect of the on-Statement of Financial Position Hallam Street Hospital Private Finance Initiative scheme. The non-current liability is in respect of capital and finance costs outstanding.

NOTES TO THE FINANCIAL STATEMENTS

17. Clinical negligence liabilities

There is £511k provision for clinical negligence recognised in the books of the NHS litigation authority on behalf of Black Country Partnership NHS Foundation Trust (2016-17: £625k).

18. Contingencies

There is one contingent liability outstanding as at 31 March 2018 relating to the West Midlands Pension Fund settlement. Currently the value of the liability is unknown. No amounts have been notified by the NHSLA for potential employer and public liability claims (2016-17: £nil).

19. Provisions for liabilities and charges

	Total	Other legal claims	Employment Tribunals	Redundancy	Other
2017/18	£'000	£'000	£'000	£'000	£'000
At 1 April	1,333	153	-	-	1,180
Arising during the year	1,826	591	405	830	-
Utilised during the year – accruals	(21)	(21)	-	-	-
Utilised during the year – cash	(614)	(20)	-	-	(594)
Reversed – unused	(1,300)	(122)	(158)	(434)	(586)
At 31 March	1,224	581	247	396	-
Expected timing of cash flows:					
Not later than one year:	1,224	581	247	396	-
Later than one year and not later than five years	-	-	-	-	-
Later than five years	-	-	-	-	-
Total	1,224	581	247	396	-

	Total	Other legal claims	Employment Tribunals	Redundancy	Other
2016/17	£'000	£'000	£'000	£'000	£'000
At 1 April	419	418	-	-	1
Arising during the year	1,383	204	-	-	1,179
Utilised during the year – accruals	(51)	(51)	-	-	-
Utilised during the year – cash	(41)	(41)	-	-	-
Reversed – unused	(377)	(377)	-	-	-
At 31 March	1,333	153	-	-	1,180
Expected timing of cash flows:					
Not later than one year:	1,333	153	-	-	1,180
Later than one year and not later than five years	-	-	-	-	-
Later than five years	-	-	-	-	-
Total	1,333	153	-	-	1,180

NOTES TO THE FINANCIAL STATEMENTS

19.1 Provisions analysis	Current		Non-current	
	Year ended 31 March 2018	Year ended 31 March 2017	Period ended 31 March 2018	Year ended 31 March 2017
	£'000	£'000	£'000	£'000
Employment tribunal cases	247	-	-	-
Other legal claims	581	153	-	-
Redundancy	396	-	-	-
Other	-	1,180	-	-
Total	1,224	1,333	-	-

20. Other liabilities	Current		Non-current	
	Year ended 31 March 2018	Year ended 31 March 2017	Year ended 31 March 2018	Year ended 31 March 2017
	£'000	£'000	£'000	£'000
Deferred income	-	30	-	-
Total	-	30	-	-

21. Trust local government pension fund liability	Non-current	
	Year ended 31 March 2018	Year ended 31 March 2017
	£'000	£'000
Gross local government pension scheme (LGPS) liability	2,358	2,466
Sandwell Metropolitan Borough Council liability	(155)	(155)
Trust local government pension liability	2,203	2,311

21.1 Trust local government pension fund analysis

Changes in the benefit obligation and fair value of plan assets during the year for the amounts recognised in the SoFP	Year ended 31 March 2018	Year ended 31 March 2017
	£'000	£'000
Present Value of the defined benefit obligation at 1 April	(7,936)	(5,685)
Current service cost	(155)	(98)
Interest cost	(213)	(209)
Contribution by plan participants	(24)	(24)
Actuarial (losses)/gain	381	(2,018)
Benefits paid	99	98
Past Service Costs including curtailments	-	-
Present Value of the defined benefit obligation at 31 March	(7,848)	(7,936)
Plan assets at fair value at 1 April	5,625	4,527
Expected return on plan assets	146	162
Actuarial gain/(losses)	(144)	935
Contribution by the employer	93	75
Contribution by plan participants	24	24
Benefits paid	(99)	(98)
Plan assets at fair value at 31 March	5,645	5,625
Plan deficit at 31 March	(2,203)	(2,311)

NOTES TO THE FINANCIAL STATEMENTS

21.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the SoFP

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Present Value of the defined benefit obligation at 1 April	(7,848)	(7,936)
Plan assets at fair value at 31 March	5,645	5,625
Net liability recognised in the SoFP at 31 March	(2,203)	(2,311)

21.3 Amounts recognised in the Statement of Comprehensive Income

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Current service cost	(155)	(98)
Interest cost	(67)	(47)
Total pension cost recognised in SOCI	(222)	(145)

21.4 Amounts disclosed in the Other Comprehensive Income

	Year ended 31 March 2018 £'000	Year ended 31 March 2017 £'000
Effect of paragraph 41 limit	(237)	1,083
Total pension cost disclosed in OCI	(237)	1,083

21.5 Further breakdown of actuarial valuation

<i>Changes in benefit obligation during year to 31 March 2018</i>	£'000
Benefit obligation at beginning of year	7,936
Current service cost	155
Interest on pension liabilities	213
Member contributions	24
Past Service costs	
Gain on financial assumptions	(381)
Benefits/transfers paid	(99)
Benefit obligation at end of year	7,848
<i>Changes in plan assets during year to 31 March 2018</i>	£'000
Fair value of plan assets at beginning of year	5,625
Interest on plan assets	146
Re-measurement Liabilities	(144)
Employer contributions	93
Member contributions	24
Benefits/transfers paid	(99)
Fair value of plan assets at end of year	5,645

21.6 Actuarial assumptions*Duration information as at the end of the accounting period*

Estimation Macaulay duration of benefit obligation (at the period end valuation and admission date):	19 years
Duration profile used to determine assumptions:	Mature

Financial assumptions

	Year ended 31 March 2018	Year ended 31 March 2017
Rate of increase in salaries	3.80%	4.20%
Rate of increase in pensions	2.30%	2.70%
Discount rate	2.55%	2.70%

Post retirement mortality assumptions (normal health)

Non-retired members	S2PA CMI_2015_[1.5%] (110% Males, 105% Females)	S2PA CMI_2012_[1.5%] (99% Males, 96% Females)
Retired members	S2PA CMI_2015_[1.5%] (110% Males, 105% Females)	S12A CMI_2012_[1.5%] (99% Males, 96% Females)

NOTES TO THE FINANCIAL STATEMENTS

Life expectancy of a male (female)

	Year ended 31 March 2018	Year ended 31 March 2017
Future pensioner aged 65 in 20 years' time	24.0 (26.6) years	23.9 (26.5) years
Current pensioner aged 65	21.9 (24.3) years	21.8 (24.2) years

Commutation of pension for lump sum at retirement

50% take maximum cash, 50% take 3/80ths cash

22. Related party balances and transactions

Black Country Partnership NHS Foundation Trust is a corporate body established by order of NHS Improvement. During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Black Country Partnership NHS Foundation Trust.

The Trust considers all government related bodies as related parties with the Department of Health being the Parent. In addition the Trust is a Corporate Trustee of Black Country Partnership Foundation Trust Charity, is a member of the NHS Pension Scheme and a member of the Local Government Pension Scheme which are also considered to be related parties.

2017/18	Receivables	Payables	Revenue	Expenditure
Organisation	Year ended 2018	Year ended 2018	Year ended 2018	Year ended 2018
	£'000	£'000	£'000	£'000
Local Authorities				
Sandwell Metropolitan Borough Council	1	204	5	5
Walsall Metropolitan Borough Council	-	1	-	-
Wolverhampton City Council	(15)	1	402	3
Dudley Metropolitan Borough Council	3	4	4,831	2
Worcestershire County Council	-	-	517	-
Sub Total	(11)	210	5,755	10
NHS England & CCG's				
Sandwell & West Birmingham CCG	(85)	-	35,313	-
Wolverhampton CCG	(372)	169	29,796	155
Dudley CCG	462	-	12,677	-
NHS England	(62)	-	3,896	-
Birmingham Cross City CCG	60	-	3,323	-
Walsall CCG	149	-	3,729	-
Sub Total	152	169	88,734	155
2016/17	Receivables	Payables	Revenue	Expenditure
Organisation	Year ended	Year ended	Year ended	Year ended
	31 March 2017	31 March 2017	31 March 2017	31 March 2017
	£'000	£'000	£'000	£'000
Local Authorities				
Sandwell Metropolitan Borough Council	64	119	2	22
Walsall Metropolitan Borough Council	315	1	3,160	10
Wolverhampton City Council	151	-	457	-
Dudley Metropolitan Borough Council	86	6	5,015	3
Worcestershire County Council	-	-	82	-
Sub Total	616	126	8,716	35
NHS England & CCG's				
Sandwell & West Birmingham CCG	(248)	8	35,147	-
Wolverhampton CCG	(338)	-	29,152	-
Dudley CCG	47	44	12,442	44
NHS England	695	18	5,062	37
Birmingham Cross City CCG	737	-	4,356	-
Walsall CCG	49	-	685	-
Sub Total	942	70	86,844	81

NOTES TO THE FINANCIAL STATEMENTS

23. Losses and Special Payments

There were 11 cases of loss and special payment totalling £15k approved in the year (2016-17: 16 cases totalling £3k).

The losses during 2017-18 were due to:

Losses and Special Payments	No of Cases Year Ended 31 March 2018 No	Value of Cases Year Ended 31 March 2018 £000	No of Cases Year Ended 31 March 2017 No	Value of Cases Year Ended 31 March 2017 £000
Losses of cash due to:				
a. Theft, fraud etc	2	0	3	0
b. Overpayment of Salaries	-	-	-	-
c. Other causes	-	-	-	-
Fruitless Payments and constructive losses	-	-	-	-
Bad debts and claims abandoned in relation to:				
a. Private patients	-	-	-	-
b. Overseas visitors	-	-	-	-
c. other	-	-	-	-
Damage to buildings, property due to:				
a. Theft, fraud etc	2	12	-	-
b. Stores losses	-	-	-	-
c. Other	1	2	-	-
Total Losses:	5	14	3	0
Special Payments:				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra contractual contractors	-	-	-	-
Ex gratia payments in respect of:				
a. Loss of personal effects	6	1	11	1
b. Clinical negligence with advice	-	-	-	-
c. Personal injury service	-	-	2	1
d. Other negligence and injury	-	-	-	-
e. Other employment payments	-	-	-	-
f. Patient referrals outside the uk and EEA	-	-	-	-
g. Other	-	-	-	-
h. Maladministration, no financial loss	-	-	-	-
Special Severance Payments	-	-	-	-
Extra statutory and regulatory	-	-	-	-
Total Special Payments	6	1	13	2
Total Losses and Special Payments	11	15	16	3

During 2017-18, there were no individual cases which exceeded £300,000.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

24. Financial instruments and related disclosures

IAS 32 Financial Instruments: Presentation and IFRS 7 Financial Instruments: Disclosures require an explanation of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

A financial instrument is any contract that gives rise to a financial asset of one body and a financial liability or equity instrument in another body.

The Trust does not have any complex financial instruments and does not hold or issue financial instruments for speculative trading purposes and because of the continuing service provider relationship the Trust has with Clinical Commissioning Groups, and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities.

Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. Due to the Trust's terms of authorisation it has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's financial instruments comprise provisions, cash at bank and in hand and various items, such as trade debtors and trade creditors that arise directly from its operations. The main purpose of these financial instruments is to raise finance for the Trust's operations.

24.1 Financial risk

Due to the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCGs) and the way those CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply.

The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

24.2 Interest rate risk

The majority of the Trust's financial assets and financial liabilities carry nil or fixed rates of interest. Black Country Partnership NHS Foundation Trust is not therefore exposed to significant interest-rate risk.

24.3 Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

24.4 Credit risk

The Trust operates primarily within the NHS market and receives the majority of its income from other NHS organisations as disclosed in Note 22. Bad debt provisions are calculated based on the Trust's bad debt provision policy which considers the type of debtor, age of the outstanding debt and knowledge of specific balances. Cash held with government banking services are banks that have been assigned credit ratings in line with NHS Improvement guidance.

24.5 Liquidity risk

The Trust's net operating costs are incurred under annual service level agreements with local Clinical Commissioning Groups which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from retained surpluses and funds made available from Government under agreed borrowing limits. Black Country Partnership NHS Foundation Trust is not therefore exposed to significant liquidity risk.

The fair value of a financial instrument is the price at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arms-length transaction. All the financial instruments of the Trust are initially measured at fair value on recognition and subsequently at amortised cost. The following table is a comparison by category of the carrying amounts and the fair values of the Trust's financial assets and financial liabilities:

NOTES TO THE FINANCIAL STATEMENTS

Carrying values of financial instruments	Carrying Value Year ended 31 March 2018 £'000	Carrying Value Year ended 31 March 2017 £'000
Current financial assets		
NHS trade and other receivables	517	1,240
Non-NHS trade and other receivables	6	815
Other investments	-	-
Other financial assets	382	213
Cash and cash equivalents	1,844	4,196
	2,749	6,464
Non-current financial assets		
Trade and receivables	-	-
Total financial assets	2,749	6,464
Current financial liabilities		
NHS trade and other payables	(1,132)	(2,791)
Non-NHS trade and other payables	(9,217)	(9,494)
Other financial liabilities	-	(30)
Provisions under contract	(1,224)	(1,333)
Obligations under PFI contracts	(377)	(325)
Non-current financial liabilities		
Obligations under PFI contracts	(3,623)	(4,021)
Total financial liabilities	(15,573)	(17,994)
Net financial liabilities	(12,824)	(11,530)

All financial assets are classified as 'loans and receivables' and all financial liabilities are classified as 'other financial liabilities'.

Note that disclosure of fair values is not required when the carrying amount is a reasonable approximation of fair value, such as short-term trade receivables and payables, or for instruments whose fair value cannot be measured reliably. [IFRS 7.29(a)]

25. Events after the Statement of Financial Position Date

There are no significant financial events after the Statement of Financial Position date.

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

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

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

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

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

براؤ کرم اس دستاویز کا اردو میں خلاصہ حاصل کرنے کے لیے نیچے دیئے گئے نمبر پر عنوان مبین سے رابطہ کیجئے

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

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