



Black Country Partnership
NHS Foundation Trust

Annual Report, Quality Report and Accounts

April 2018 - March 2019



Black Country Partnership NHS Foundation Trust
Annual Report, Quality Report and Accounts
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Foreword from the Chair

So, where did that year go? It has been such an undeniably busy year for us all and I want to take this opportunity on behalf of the Board of Directors to thank all our staff for the work they do in such demanding circumstances to care for and support our service users, some of whom are the most vulnerable in society. The outcome of the Care Quality Commission's inspection of our services in the summer of 2018 was not what any of us expected but we are fully committed to completing the remaining required improvements to return the Trust to its previous standing.

The future of the NHS remains one of the most debated topics across the country and the recent launch of the Ten Year Plan by NHS England gives some clarity as to the direction of travel to ensure its sustainability. This is significantly underpinned by the principle of collaboration amongst the vast array of organisations that comprise the NHS. Whilst there is much more work to do to fully enable this we are beginning to see developments to facilitate more integrated working across the Black Country and indeed wider NHS.

Collaboration is at the heart of the plan to secure the medium to longer term sustainability of our own services, a key objective of the Board of Directors. I'm pleased therefore to report that excellent progress has been made with our colleagues at Dudley and Walsall Mental Health Partnership NHS Trust on our joint programme that will, subject to relevant approvals result in us coming together as one, ideally in the spring of 2020.

Of course, this programme of work cannot be to the detriment of our day to day business in which again we have delivered some significant results, none more so than the quite exceptional turnaround in our financial performance. This is the result of sustained work by staff at all levels to reduce costs and increase income without compromising on care. I hope you find the detailed report that follows a useful and inspiring account of what the Trust has achieved in the last twelve months.

Having thanked our staff it remains for me to extend further, most grateful thanks to:

- my fellow members on the Board of Directors for their invaluable contribution to steering the Trust through its work; and
- our governors, who are such an important, dedicated group of local people giving freely of their time in fulfilling their duties and contributing to the ongoing work and direction of the Trust.

As we now move into our 11th year as an NHS Foundation Trust, I and my colleague directors remain committed to securing the continuity of high quality services for the benefit of those who use or may need to use them both now and in the future.



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

Andrew Fry
Chair

Foreword from the Chief Executive Officer

Having served the Trust for over eight years now I'm delighted to be giving this foreword as its Chief Executive.

The past year has been demanding on us all and has presented challenges that we have in the main met, in some circumstances exceeded and very infrequently fell short.

Like me, I know our staff were rightly disappointed with the inspection rating of our services by the Care Quality Commission and I know shared a desire to make the necessary improvements, many of which have been implemented. Such improvements however have to be sustainable and we shall now look to implement an approach in which quality improvement becomes the foundation for all we do.

I've always been and remain impressed by the professionalism and dedication of our staff, be they caring directly for our service users or working hard in our support and corporate services to ensure we meet our wider obligations. A happy and engaged workforce is fundamental to delivering sustainable quality improvement and this objective remains a priority for the Trust.

Quality of service provision will always be a priority but it has to be delivered economically and efficiently – that is our obligation to the taxpayers, those who fund the NHS. The Trust this year has delivered an astounding turnaround in its financial performance, and not I believe at the expense of quality. This is testament to staff and management at all levels who are to be applauded for their efforts and initiative.

As we rightly move forward with our collaboration with Dudley and Walsall Mental Health Partnership NHS Trust, we also have to remain allied to the development of wider integrated care systems across the Black Country; this should be seamless for those who use our services but will inevitably lead to change for some staff.

The years ahead will pose challenges that will be demanding and varied, necessitating change and flexibility that we will work collectively with our staff and partners to implement.

So to conclude, I too would like to thank all our staff, colleagues, and our partner organisations for their commitment and support during the year and look forward to working with you all to deliver services fit for the future.



A stylized, handwritten signature in black ink, appearing 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.



SECTION 1

Performance Report

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 single point of referral, crisis and home treatment and an acute hospital liaison (New Cross Hospital). Wolverhampton also provides care for patients via a complex care and wellbeing service and an Improving Access to Psychological Therapies (IAPT) dependant on the patient need.

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 (Tier 4)

- 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.
- Penrose House is a specialist learning disability acute assessment and treatment service for both men and women residing in the Black Country.

Community Learning Disability Services

In addition to the inpatient services, the Trust has an Intensive Support Team and a Forensic Community team working across the Black Country as well as four Community Learning Disability Teams (CLDT's) for adults who have a learning disability – 1 team located in each of the four boroughs of the Black Country (Dudley, Sandwell, Walsall and Wolverhampton).

The Intensive Support team (Tier 3) aims to provide a flexible, proactive, co-ordinated and integrated service for people over 18 years of age who have a diagnosed learning disability, are unable to access mainstream services effectively and/or require a specialist intervention team.

In summary the service enables:

- The highest level of independence possible, in the least restrictive way.
- Prevention and avoidance of unnecessary hospitalisation.
- Facilitation of timely discharge from hospital inpatient care.
- Development of early detection systems alongside community teams and timely responses with early interventions on referral.
- An intensive response to crisis.
- Multi-disciplinary collaborative input to assess and develop a formulation especially in relation to behaviours that challenge.
- Planning of strategies, alongside the community teams, to prevent future crises.
- Signposting and navigation of assessment of need for family carers to help support them with the demands of caring during periods of crisis.
- Provision of timely and accessible intervention to patients experiencing psychiatric, psycho-social, behavioural and/or pharmacological problems

The Forensic Community Team (Tier 3) aims to provide a flexible, proactive, co-ordinated and integrated service for people over 18 years of age who have a diagnosed learning disability, who are either subject to the criminal justice system, or at significant risk of becoming so, are unable to access mainstream services effectively and/or require a specialist forensic team.

In summary the service enables:

- Provision of timely and accessible intervention to people with a learning disability who have active and ongoing forensic and psychiatric, psycho-social, behavioural or pharmacological needs including consultation to the people who support them.
- Promotion of the qualities and values of the 'Good Lives Model (GLM) - a framework of offender rehabilitation'
- Provision of the highest level of independence possible, in the least restrictive way.

- Prevention and avoidance of unnecessary hospitalisation.
- Facilitation of timely discharge from hospital inpatient forensic care.
- Signposting and navigation of assessment of need for family carers to help support them with the demands of caring and involvement with the criminal justice system.

Our Community Learning Disability Teams (CLDT) (Tier 2) aim to provide a flexible, proactive, co-ordinated and integrated service for people over 18 years of age, who have a diagnosed learning disability, are unable to access mainstream health services effectively and/or require access to a specialist health team.

The CLDT is made up of Community Learning Disability Nurses, Specialist Nurses, Consultant Psychiatrists, Occupational Therapists, Physiotherapy, Psychology, Speech and Language Therapy, Specialist Behaviour Support Therapists and 'Promoting Access to Mainstream Health Services' staff.

These teams aim to promote and support the highest level of independence possible, in the least restrictive way possible:

- Prevention and avoidance of unnecessary hospitalisation.
- Facilitation of timely discharge from hospital inpatient care.
- Support to patients to access their physical and mental health care in a person centred way which meets their individual needs as far as possible.
- Improvement of communication methods/mechanisms.
- Enablement of people with Learning Disabilities to live as independently as possible in the community.
- Provision of specialist training for other care professionals to enable them to support the needs of specific people in their care effectively.
- Promotion of the values and outcomes set out in the Quality of Life Standards and Quality of Health Principles
- Building the Right Support - A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition published: 30th October 2015).

- Involvement of patients in the decision making about their care.
- Signposting and navigation of assessment of need for family carers to help support them with the demands of caring.
- Provision of timely and accessible intervention to patients experiencing psychiatric, psychosocial, behavioural and/or pharmacological problems.

1.4.3 Children, Young People and Family Services

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**
 - o The children's assessment service provides a multi-disciplinary assessment of children under the age of 5 years in the Dudley Borough who have been identified by a Consultant Paediatrician as having social communication difficulties, delayed development and possible Autism Spectrum Disorder. The service, which is staffed by a specialist health visitor / unit coordinator, three specialist Nursery Nurses and a Clinical Psychologist is based at the Sunflower Centre and The Ridge Hill Centre in Dudley.

Children attend the assessment nursery at The Sunflower Centre for their initial appointment accompanied by parents/carers. The team then complete a variety of home visits, nursery/school observations, Psychology assessments/appointments and Nursery sessions at The Sunflower Nursery. During the assessment in addition to the team members the children are seen by a range of other healthcare professionals including a physiotherapist, occupational therapist and speech therapist. They may also be seen by staff in the

specialist early years-service, Educational Psychology service and CAMHs.

Once all information is collected then a Multi-disciplinary Team Meeting takes place this includes all professionals involved with the child. The team considers the child and the ICD-10 Autism criteria and whether a diagnosis is appropriate. Parents are invited at the end of this meeting to be given the feedback and recommendations/plan of care is agreed with parents/carers. A home visit is then completed at 6 weeks post diagnosis before the child then being discharged back to the care of the Paediatrician.

- **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 integrated Children's Community Nursing Team (including the Children's Community Nurses, Special School Nurses and Special School Learning Disability Nurses previously See-Saw Team) provide**

- o The Integrated Children's Community Nursing Team (ICCNT) provides family centred nursing care in the community for children from birth to 18 years (up to 19th birthday if they attend a special school).

- The team works either in the child/young person's home or in a range of other community settings and educational establishments. The care that a family/ child/ carer require is individually assessed.
 - o The team supports children and young people up to the age of 18 years (up to 19th birthday if they attend a special school) and their families, who have life limiting conditions and /or complex healthcare needs.
 - o The team also provides health support for children with severe learning difficulties who attend the special schools or children with complex health needs who attend other community provisions.
 - o Support is in the child's home/ community settings including nurseries/ mainstream schools and special schools.
 - o The team includes specialist children's nurses and health care support workers and are 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.

Our service is for children and young people from 0-16 years or 0-19 years if they are attending a school for children with severe learning difficulties. We cover conditions from mild developmental delay, congenital orthopaedic anomalies through to complex neurological/neuromuscular conditions, including Cerebral Palsy and children presenting with complex health care needs.

We provide an initial assessment for the child. Following this, therapy is provided in a variety of locations, where it best meets the needs of the child and the family. Paediatric Physiotherapists work with children, families and carers in order to enable the child to reach their full potential by maximising function and independence and promoting normal movement; aiming to prevent or limit contractures and deformity and thereby improve quality of life.

We have specialist clinics including; orthotics, casting and access to hydrotherapy, and are involved in the assessment, provision and review of equipment required for 24 hour postural management.

We provide in-reach services to Dudley Group NHS Foundation Trust providing specialist physiotherapy to the neonatal unit and follow up for those babies who live in Borough. We provide an extended scope practitioner role to support the orthopaedic consultant in the assessment and management of orthopaedic disorders relating to neurological conditions.

- **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 specialist nurse / counsellor.

- **Children's Occupational Therapy**

- o Children's Occupational Therapy aims to develop a child or young person's ability to carry out all daily activities, thereby promoting independence and quality of life. Occupations are daily activities that a child or young person needs to do, wants to do or is expected to do. The service supports people in the community from 0 to 18 years who have physical, sensory or perceptual difficulties which affect their daily activities/occupations. These may include:

- Self-care tasks such as dressing, eating and drinking, toileting, bathing and personal hygiene
- School and nursery activities such as handwriting, scissor skills, organisation

- Leisure activities such as sports, hobbies and play

The service provides individual therapy sessions either at home, school, nursery or The Sunflower Centre.

Group sessions are also provided such as handwriting, upper limb stability, 'Bikeability' which we run jointly with the local authority and the football group which we run jointly with Stourbridge Football Club. We also offer parent workshops which help families to better understand and support their child. In addition to this, the service will provide information and advice on equipment or strategies to enable participation in daily activities which will be shared with parents, teachers and other professionals.

Treatment approaches used include:

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

- **The Children's Continence Team**

- o We are a nurse led, community based service that provides support and advice to school aged children (and their families) who experience bladder and bowel problems. The newly commissioned service (2017) mainly supports children with symptoms of urgency/frequency, daytime wetting, night time wetting, recurring urine infections, constipation/soiling or fear of using the toilet. A child can present with one or sometimes all symptoms mentioned.
- o We aim to provide a patient focused service, tailoring their care to improve outcomes and patient experience.

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.
- o 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)

CAMHS is a specialist mental health service for young people aged 5yrs to 18yrs in Sandwell and 0-18yrs in Wolverhampton. . We accept referrals from any professional who has a concern about a child's mental health. Within CAMHS we also have a team who see children with a learning disability and a team who see looked after children. We see children who have a GP in Sandwell and Wolverhampton. The service is open Monday to Friday between 9am and 5pm.

CAMHS crisis team works across Sandwell and Wolverhampton and provides a service 7 days a week between 8am and 8pm and will assess children who attend A and E for a mental health need. They also support admission and discharge to and from psychiatric hospitals.

Early Intervention in Psychosis

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 developing psychosis. The Service is a specialist community mental health team which works with individuals aged between 14 and 65 years in Sandwell and 14-35 years in Wolverhampton in the three years following a first episode of psychosis or those who are deemed to be at risk of developing psychosis. The Early Intervention Service adopts an assertive outreach approach and provides individualised, comprehensive, evidence based interventions to optimise recovery, prevent relapse and help individuals and their families to cope with their experiences.

Eating Disorders

In the Black Country we have an All Age Eating Disorder Service for adults and young people aged 8 years and above, who are dealing with an eating disorder such as anorexia nervosa, bulimia nervosa or binge eating disorder. The service offers a range of evidence based treatments across a multidisciplinary professional team based in the community. We can access intensive treatment such as specialist inpatient and day care services outside of the organisation.

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 2018/19 – Overview of the Chief Executive

1.5.1 Having emerged in early 2018/19 from the abandoned Transforming Care Together Partnership, the Board of Directors set amongst its priorities the need to maintain a strong focus on our business as usual, maintaining a good quality of services across the Trust and building on the previous year's encouraging financial performance, and at the same time develop a strategic route that would lead to the medium to longer term sustainability of service provision.

1.5.2 Overall I believe we have performed well, though the "requires improvement" rating from the Care Quality Commission following its inspection of services in the summer of 2018 was disappointing.

1.5.3 However, it is re-assuring that despite that rating, the Care Quality Commission saw confidence and ability in the Board of Directors to lead the Trust going forward, and returning to a rating of "good" as soon as possible remains quite rightly high on the agenda for the Board of Directors, for the benefit of our patients, staff and all other stakeholders.

1.5.4 Our clinical services have again made good progress in delivering against their plans for quality improvement, and these are described in detail in the Quality Report in section three of this document.

1.5.5 For the second year in succession, the Trust also met all of its nationally mandated access and outcomes targets.

1.5.6 It was extremely encouraging to see a significant turnaround in our financial performance, where we delivered a £4.8m surplus against an original planned deficit of £0.7m; whilst the majority of that change is attributable to Provider Sustainability Funds, it was the improvement in our performance that triggered the allocation of these funds from the regulator.

1.5.7 The vast majority of our service obligations under NHS “commissioner requested service” contracts were met, though we fell short in meeting our Commissioning for Quality and Innovation (CQUIN) targets by £0.35m. Looking to future years, it is worthy of note that NHS England have adopted a radically different approach to future CQUIN targets largely in recognition of the criticism that to achieve previous targets have necessitated significant investment, often greater than the value of the target itself and sometimes additional actions outside the control of individual Trusts.

1.5.8 The response rate to the annual staff survey improved by 2% but was still one of the lowest when compared with other similar providers. Feedback from staff was variable though the aggregate responses in the safety culture, engagement and health and well-being domains, gave a clear message that improvements need to be made.

1.5.9 Absence due to sickness stood at 5.76% for the year, which was a slight improvement on last year reflecting a reduction in long term sickness, where initiatives to support staff through illness and more significantly to promote good health in and outside the workplace have been implemented during the year.

1.5.10 The Trust again progressed key service developments and improvements during the year, including:

- the development of the Carers Team which now supports carers of people with learning disabilities and the elderly mentally ill in addition to those caring for adults of working age;
- finalisation of the new Transforming Care Programme (TCP) model of care for people with learning disability services, and the subsequent capital investment to redevelop the Heath Lane site;
- capital funding for the installation of LED lighting across Trust sites; and
- the joint project with Dudley and Walsall Mental Health Partnership NHS Trust for a new electronic patient record system.

1.5.11 Following the demise of the former Transforming Care Together Partnership, the Board of Directors agreed that it should continue to work in collaboration with Dudley and Walsall Mental Health Partnership NHS Trust with the aims not only to align to the Sustainability and Transformation Programme Plan but overall to secure the medium to longer term sustainability of our services across the Black Country. In January 2019, the Boards of Directors of both Trusts approved a strategic case in support of the two Trusts coming together as one, and it is planned that this, subject to the various approvals required will be realised by spring 2020.

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 developing the Annual Operational Plan for 2019/20, which was approved in March 2019, the Board of Directors identified the following key risks that could either compromise either the delivery of the strategic objectives or result in a breach of licence obligations and are presented as follows:
- Financial standing: the Trust improved its financial performance in 2018/19 and has planned to operate a revenue break-even in 2019/20 but recognises a deterioration in the revenue position could adversely impact its cash flow and the provision of services;
 - Recruitment and retention of staff: like the majority of NHS providers, the Trust is effected by national shortages of trained front-line staff, and it is acknowledged that the inability to recruit and retain an appropriately skilled and experience workforce could lead to the increased use of temporary staff with the consequent risks of impairments in service quality and increased costs;
 - Violence and Aggression: there has been a noticeable increase in violence and aggression and whilst this has been mitigated to some extent the adverse effects on service quality remain of concern;
 - Engagement with staff: the results of the annual staff satisfaction survey of 2018 indicate improvement is needed in our overall approach to secure meaningful staff engagement which if unaddressed could ultimately result in deterioration in both service quality and productivity;
 - Physical environment: the Trust has in large an ageing estate that is not conducive to best clinical practice and could compromise the quality and safety of service provision.
 - Sustainability of service provision: the Board of Directors remains committed to its objective of achieving longer term sustainability of service provision through its plan to merge with Dudley & Walsall Mental Health Partnership NHS Trust. However, the increasing focus on the development of integrated NHS care service providers could either in part or fully jeopardise this plan.

1.7 Going Concern

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

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

The Directors have 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".

However, in its determination, the Directors have also considered the following:

- National guidance:
 - 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 consider that neither of these eventualities will occur.

- Agreed service contracts:
 - After making enquiries, the Directors have concluded that there is sufficient evidence that the Trust's services will continue to be commissioned by the NHS 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 2019/20 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.

- 2018/19 out turn and plan for 2019/20:
 - The Trust has reported a surplus before impairment of £1.6m for the year ended 31st March 2019 – (1.6% of turnover). The deficit before impairment for 2017/18 was £2.9m;

- 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 does not foresee any additional requirement for cash support during the year ending 31st March 2020. However, should this change NHS Improvement cash support will continue to be made available. The Trust has drawn loans of £700k during the financial year 2018/19 against an original plan of £1,100k;
- The current economic environment for NHS organisations remains challenging, with ongoing internal efficiency gains necessary to bridge real terms funding gaps and to meet new cost pressures in respect of national pay structures, non-pay and drug cost inflation. Further, in specialist mental health and learning disability services a national shortage of clinically trained staff continues to necessitate the wide use of expensive temporary staff. Nonetheless, the Trust has achieved a financial surplus in 2018/19 and Directors have set a break-even budget for 2019/20;
- 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 in place, £0.7m short term cash support from the Department of Health & Social Care. These are expected to be sufficient to enable the Trust to meet its obligations as they fall due in the short term; and
- In preparing detailed plans for 2019/20 has considered the following specific risks to going concern:
 - o The Trust is currently in negotiation with the West Midlands Pension Fund to agree settlement terms for the Local Government Pension Scheme liability. The cash settlement has not been profiled in the current plan for 2019/20. However, there exists sufficient headroom in our working capital budget to accommodate the estimates provided by an independent actuary;
 - o Our plans include efficiency savings of £2.0m. This level of savings is challenging and must be supported with adequate operational engagement to deliver against agreed detailed plans. As of April 2019 schemes totalling £1.5m
 - o (71%) of the total target are either fully developed or plans are in development - £1.3m (87%) recurrently. There is a reasonable expectation that normal staff turnover will yield further savings;
 - o The Dudley MCP procurement process (impact in 2020/21) is still ongoing, however the impact is less than 8% of turnover and therefore unlikely to impact on-going concern;
 - o Whilst the Trust does not consider itself to be significantly exposed to any significant risks arising from Brexit, the ongoing uncertainty of a final agreed outcome means that this cannot be fully assessed. The potential areas of exposure relate to anti-psychotic drugs and food supply, and the impact of any fuel costs and supply issues; and
 - o Increasing demand for mental health, learning disabilities and universal children's services for which the Trust was not remunerated.
- Sustainability plans:
 - The Board recognised that the future sustainability of services can be bolstered by an increase in operational scale and in January 2019 the Boards of Directors of both BCPFT and the Dudley & Walsall Mental Health NHS Partnership Trust (DWMH) approved a strategic case to progress a merger, by way of a Section 56A acquisition by BCPFT of DWMH, with a target completion date of April 2020

In summary, Directors have noted that the financial health of the Trust has improved considerably during 2018/19 and that this is forecast to continue in 2019/20. Commissioner support for Trust provided services and associated recurrent funding, remains strong and the Trust is well sighted on key business risks and has mitigation strategies in place.

On this basis, a going concern approach to preparing the 2018/19 Accounts has been adopted.

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.

Operational Standard	Target	2018/19 Outturn
Incomplete Pathways: % patients waiting less than 18 weeks for consultant led services	92%	96.6%
Incomplete Pathways: number of patients waiting over 52 weeks for consultant led services	0	0
Improving Access to Psychological Therapies: % of patients treated within 6 weeks	75%	89.8%
Improving Access to Psychological Therapies: % of patients treated within 18 weeks	95%	98.7%
Early Intervention: % of patients treated with a NICE approved care package within 2 weeks	53%	68.3%
% of Service Users on Care Programme Approach (CPA) who were followed up within 7 days of discharge from psychiatric in-patient care	95%	97.1%
% of patients or patient's family receiving a letter of apology within 10 working days (Duty of Candour)	100%	100.0%
% of valid NHS numbers submitted to Secondary Uses Service (SUS)	99%	99.9%
% of valid ethnic codes submitted as part of Mental Health Services Data Set (MHSDS)	90%	95.8%
% of completed outcome scores submitted in the IAPT Minimum Data Set	90%	100.0%

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.

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 again showed little movement between years in the highest and lowest ranking scores, though the response rate of 36%, which although slightly higher than last year (34%) was still low when compared with other similar Trusts. Below average responses in the domains of safety culture, staff engagement and health and well-being provide little assurance of our commitment to supporting staff and actions are being taken to address these areas.

2.3.2 The Board of Directors agreed a workforce strategy which included plans to improve our recruitment and retention of staff, and whilst some improvements have been made, the Trust, which will continue to seek innovative approaches to mitigate what remains a key risk not only to the Trust but across the NHS.

2.4.1 The following table is a summary of the financial position for 2018/19:

	Plan £m	Actual £m	Variance £m
Operating Income	100.5	108.5	8.0
Operating Expenses	(97.1)	(99.7)	(2.6)
EBITDA	3.4	8.8	5.4
Depreciation	(2.5)	(2.3)	0.2
Non-Operating Expenditure	(1.6)	(1.7)	(0.1)
Net Deficit (excluding impairment of assets)	(0.7)	4.8	5.5

2.4.2 The surplus of £4,825k is stated before a net impairment credit of assets of £7,003k, resulting in a technical surplus of £11,828k in the Trust Accounts.

The net surplus reported is favourable to plan and is largely due to the release of prior year provisions, additional income for contracted services during the year and year end settlement for over performance on contracted income. Additional Provider Sustainability Funding (PSF) of £3,482k has been awarded and is reflected in the reported surplus.

2.4.3 Excluding the impairment of assets, the difference to the planned deficit for 2018/19 was £5,524k. The earnings before interest, tax, depreciation and amortisation (EBITDA) for the year was £8,783k (8.1%), which was £5,395k favourable to plan.

This improved performance was primarily caused by; operating income favourable to plan by £8,043k due to income received to fund agenda for change pay review, additional PSF, staff cost recharges (including recharge of the Electronic Health Records (EHR) programme to DWMHT), and clinical activities, operating expenditure adverse to plan by £2,648k resulting from the additional costs to finance the agenda for change pay review (£1,126k), an additional net pay overspend (£970k), operational non pay overspends (£703k) offset by the releasing the former Transforming Care Together (TCT) programme professional fee provisions (£151k).

Depreciation was below plan due to the delayed phasing of capital additions during the year against the original plan. The majority of the 2018/19 capital programme was completed in the last quarter.

Non-operating expenditure was in line with plan.

2.4.4 During 2018/19 the Trust received 98% of its planned income for NHS commissioned services. Other operating income amounted to £8,540k and includes Provider Sustainability Funding (£5,350k), Education and Training (£1,759k), Staff recharges (£608k), Research and Development (£124k), and canteen provision (£189k).

2.4.5 Overall, income received was £8,043k higher than plan, due to funding received for the agenda for change pay review (£1,126k), year end PSF award (£3,482k), over performance against contracted income (£1,965k), non-recurrent waiting list monies (£733k), and service developments (£566k).

2.4.6 Further, overall income received was £8,861k higher than the previous financial year, due to a £5,350k increase in revenue as a result of Provider Sustainability Funding, £1,126k to fund the agenda for change pay review, £472k staff recharge costs relating to the EHR programme and the remainder relating to funding for additional clinical activities.

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

	2018/19 Plan £m	2018/19 Actual £m	2017/18 Variance £m	2018/19 Actual £m	Year on year change £m	Year on year change £m
Staff Expenses	82.1	84.1	(2.0)	82.3	1.8	2.2
Other Expenditure	15.0	15.6	(0.6)	15.5	0.1	0.6
Total Operating Expenses	97.1	99.7	(2.6)	97.8	1.9	1.9

2.4.8 Staff expenses were £2,070k higher than plan due to the continued use of bank and agency staff within clinical services, to cover observations, staffing roster shortages, and additional contracted services. Observation income received from commissioners and pay budget underspends only partially offset the costs of temporary staff engaged. In addition the agenda for change pay review was agreed part way through the year and financed centrally. Meanwhile, non-pay costs were £577k adverse against plan due to £155k of benefits arising from favorable provision releases and a £732k net adverse movement due to overspends against plan, particularly relating to the EHR programme and NHS Property Services recharge increases.

2.4.9 A desktop property revaluation was completed at year end resulting in a net impairment credit of £7.0m and a £1.6m revaluation loss in the revaluation reserve. In total, the Trust's property revaluation has increased land and buildings value by £5.4m (9.0%)

2.4.10 The cash flow summary for 2018/19 is shown in the table below:

	Plan £m	Actual £m	Variance £m
EBITDA	3.4	8.8	5.4
Net movement in Current Receivables	(0.5)	(6.7)	(6.2)
Net movement in Current Payables	0.3	1.0	0.7
Net cash inflow/(outflow) from operating activities	3.2	3.1	(0.1)
Capital expenditure	(2.4)	(2.0)	0.4
Net cash inflow/(outflow) before financing	0.8	1.1	0.3
PDC dividends (paid)	(1.1)	(1.2)	(0.1)
Capital PDC Funding	0.1	0.1	0.0
Funding received	1.1	0.7	(0.4)
Capital payment of PFI	(0.3)	(0.4)	(0.1)
Interest payment	(0.5)	(0.4)	0.1
Net cash inflow/(outflow)	0.1	(0.1)	(0.2)
Period Start Cash	1.8	1.8	0.0
Period End Cash	1.9	1.7	(0.2)

- 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 an overall cash outflow in the period. This is comparable to the reduced level of NHSI funding which was drawn during the year due to efficient working capital management.

Dividend payments made by the Trust during the year were £614k in September 2018 and £616k in March 2019, totaling £1,230k.

The amount of cash used for capital items amounted to £2,015k.

Negotiations are ongoing with West Midlands Metropolitan Authorities Pension Fund to agree a settlement plan for financing the termination of the Trust's participation within the Local Government Pension Scheme (LGPS) with effect from 31st May 2018. The Trust is also negotiating with Sandwell Metropolitan Borough Council to negotiate the settlement of the transfer value of the net pension asset transferred to the Trust in 2003. The Trust recognizes the obligation toward all deferred, active and retired members of the LGPS.

Whilst these two components of the Trust's ultimate liability are being negotiated it is felt prudent to retain the detail of the pension liability and pension reserve on the Balance Sheet. This approach has been agreed with NHS Improvement.

- 2.4.12** Capital expenditure relating to fixed asset additions during the year amounted to £2,009k which was partially offset by prior year credits (£117k) resulting in a net capital spend of £1,892k. An analysis of the high value schemes is shown in the table below.

Scheme Name	Expenditure £m
Better Service Better Care - Backlog Maintenance	0.9
Better Service Better Care - Clinical Risk	0.7
IM&T - Ops & Development	0.4
Prior Year Schemes	(0.1)
	1.9

- 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 4% per year in line with the national target of a reduction of 28% over a seven year period.
- 2.5.2** The main source of carbon emissions at the Trust is from energy (i.e. gas and electricity) consumption at 88%, and many of the actions within the plan, including good housekeeping practices are aligned to reduction in such consumption.
- 2.5.3** As can be seen from the table below, the Trust has achieved a reduction in its carbon emissions of 20.4% for the three year period, which exceeds the baseline target by over 8%.
- 2.5.4** The vast majority of the reduction was from its prime source of energy and utilities, and the Trust has been successful in its application for funding to install LED lighting across its sites in 2019, which will be a major contributor to its target for 2019/20.

Emissions (in metric tonnes of CO₂e)	
Baseline at 31/3/2016	4,497
Target at 31/3/2019	3,957
Actual Outturn at 31/3/19	3,577
Reduction against baseline	920
Reduction as % of baseline	20.4%

Emissions per staff (WTE)		
Emissions Summary (in metric tonnes of CO₂e)	At 31/3/2016	At 31/3/2019
WTE	1767	1719
Total Emissions	4497	3577
Emissions per WTE	2.54	2.08

Emissions by Source		
Emissions Summary (in metric tonnes of CO₂e)	At 31/3/2016	At 31/3/2019
Energy (Gas and Electricity)	3809	3140
Transport (Business Mileage)	516	271
Waste (including paper)	96	92
Water	76	74

- 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 this document, 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, the Trust Local Counter Fraud Specialist and the Trust's Internal Auditor; the Board Assurance Framework contains details of the source and nature of assurances of the system of internal control.
- 2.7.1** The Trust again progressed key service developments and improvements during the year, including:
- the development of the Carers Team which now supports carers of people with learning disabilities and the elderly mentally ill in addition to those caring for adults of working age;
 - finalisation of the new Transforming Care Programme (TCP) model of care for people with learning disability services, which resulted in the Sustainability and Transformation Programme's approval of significant capital investment of around £7m which will be used for the redevelopment of our current specialist learning disability inpatient facilities on the Heath Lane site;
 - securing an award of capital funding of approximately £0.5 for the installation of LED lighting across Trust sites; and
 - the joint project with Dudley and Walsall Mental Health Partnership NHS Trust which has seen a joint investment of around £4.5m for the procurement of a new electronic patient record system which will be implemented over the next eighteen months.

3. Significant events affecting the Trust since 31st March 2019

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

22rd May 2019

Performance Report



SECTION 2

Accountability Report

Section 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 other officers reporting directly to the executives, and is guided by the schedule of matters reserved for the Board itself which was reviewed by the Board at its meeting in April 2019.

1.2. The following held positions on the Board of Directors during the financial year ended 31st March 2019:

Non-Executive Chair:

Andrew Fry

- Chair of the Board of Directors;
- Chair of the Assembly of Governors;
- Chair of the NED led Appointments 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 (until 11/12/2018)

- Chair of Charitable Funds Committee

Joy Jeffrey

- Chair of Mental Health Legislation Scrutiny Committee;
- Chair of Quality & Safety Committee.

David Stenson

- Chair of Audit Committee;
- Deputy Chair.

Sukhbinder Heer (from 13/6/2018)

Executive Directors:

Lesley Writtle

- Chief Executive Officer.

Joyce Fletcher

- Interim Director of Nursing, Allied Health Professionals (AHP's) and Governance;
- Director with responsibility for Infection Prevention and Control;
- Senior Information Responsible Officer.

Dr Jas Lidher

- Medical Director;
- Deputy Chief Executive Officer (until 31/3/2019);
- Caldicott Guardian.

Chris Masikane

- Interim Director of Operations (from 1/4/2018).

Paul Assinder

- Director of Finance
- Deputy Chief Executive Officer (from 1/4/2019)

In addition to the voting directors, meetings of the Board of Directors are also regularly attended by the Strategy and Transformation Director (**Jo Cadman**), the Interim Director of Workforce (**Judy Griffiths** from 1/4/2018), and the Company Secretary (**Andy Green**).

1.3 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
Mr Andrew Fry	Chair	31st March 2020	9/10
Mrs Kathy McAteer	Non-Executive Director	31st July 2020	9/10
Mr Fayaz Malik	Non-Executive Director	11th December 2018	5/7
Mrs Joy Jeffrey	Non-Executive Director	31st January 2022	9/10
Mr David Stenson	Non-Executive Director	22nd January 2020	10/10
Mr Sukhbinder Heer	Non-Executive Director	12th June 2021	5/8
Mrs Lesley Writtle	Chief Executive Officer	6 months	9/10
Dr Jas Lidher	Medical Director	6 months	7/10
Mr Paul Assinder	Director of Finance	6 months	9/10
Mrs Joyce Fletcher	Director of Nursing, Allied Health Professionals & Governance	6 months	8/10
Mr Chris Masikane	Director of Operations	6 months	8/10

1.4 The effectiveness of the Board of Directors

1.4.1 The Board of Directors conducted an assessment of its effectiveness during the summer of 2018 and was supported by NHS Improvement which reviewed the Board and its committees in operation. In 2018, the Care Quality Commission inspected services at the Trust and assessed the Trust as "good" in the "Well Led" domain.

1.4.2 In May 2018, the Board of Directors confirmed its ongoing compliance with specific licence conditions relating to corporate governance and continuity of service provision and confirmed there were no material inconsistencies between its certification and other disclosures.

1.5 Profiles of members of the Board of Directors in office at 31st March 2019

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 2020.

He is currently 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 of both Herefordshire MIND and CHADD (Churches Aid for Dudley and District). Andrew's previous positions include the roles of chair of Sandwell Leisure Trust, Chief Executive of a retail interiors design and manufacturing group, trustee of the Black Country Living Museum and 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 and was appointed to the role on a substantive basis from 1st October 2018. Lesley had previously served as Executive Director of Operations from February

2016, Deputy Chief Executive Officer from January 2017, and Director of Operations from June 2015. Prior to that Lesley had been Associate Director of Operations, having joined the Trust in 2011 from the former Wolverhampton Primary Care Trust where for she had been Director of Mental Health

from 2006, and before that Director of Primary Care and Children's services from 2004.

Lesley 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 Finance & 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)

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

Sukhbinder Heer: Non-Executive Director



Sukhbinder is a Fellow of the Institute of Chartered Accountants in England and Wales. He joined the Board as an associate Non-Executive Director in May 2017 and was appointed as Non-Executive Director in June 2018.

Sukhbinder has considerable experience in the NHS, having served as a Non-Executive Director and Chair of Audit Committee for ten years with Birmingham and Solihull Mental Health Foundation Trust. He is currently a Non-Executive Director and Chair of Audit Committee at both Birmingham Community Healthcare NHS Foundation Trust and Walsall Healthcare NHS Trust.

A former U.K. Chief Executive of one of the world's largest accounting and consulting firms, Sukhbinder has substantial boardroom experience in both the private and public sectors.

He has worked for over 30 years as a principal and an advisor in the major global financial centres. During this period, he has advised multinational businesses and Governments to meet and exceed stakeholder's expectations whilst maintaining world class governance.

Sukhbinder holds a number of UK and international board appointments and is currently undertaking a doctoral research in business resilience.

BA (Hons); FCA

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 Deputy Chief Executive Officer of the Trust between March 2018 and April 2019.

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.

Paul was appointed as Deputy Chief Executive Officer from April 2019.

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.

1.6 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.bcptf.nhs.uk, or may be obtained on application to the Company Secretary.

2. Quality Governance arrangements

- 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 Director of Nursing, AHP's and Governance provide 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 2018/19, 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 £2.1m. Unfortunately the Trust was unable to achieve all its targets, only partially achieving those related to staff health and well-being initiatives, including the promotion of influenza vaccination, 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 £0.35m.

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 2,000 people, where 96% of were likely to recommend mental health services, 96%, (an increase of over 12% compared with the previous year) were happy with the care in learning disabilities services; and 98% would recommend children's services to their friends and family.

2.7 The Trust received 125 formal complaints in the year, compared with 102 in the previous year. Five complaints were referred to the Parliamentary Health Services Ombudsman during the year, all of which remain under investigation.

3. Stakeholder engagement

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. The Trust continues to engage with key health and care partners across both the Black Country and our wider region on opportunities where we can work closely to improve the outcomes for our population and the experience of our workforce. 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;
- 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;

- 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 Services Provider (MCP)– 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;
- Wolverhampton Integrated Care Alliance (ICA) – which has been developed by all health and care partners in Wolverhampton with a shared vision to work together to enable the population of Wolverhampton to live well longer. GPs are also 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; and
- Sandwell Care Alliance – this is in early stages of development and we are working closely with our partners to shape and develop this partnership which has ambitions of enhance the level of care and support offered to those with the most complex and multiple needs, and to develop a workforce that can deliver across organisational boundaries with a focus on achieving the best outcomes for our population in Sandwell.

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	2018/19		2017/18	
	Number	£000's	Number	£000's
Total Non-NHS trade invoices paid in the year	24,699	37,701	25,046	36,840
Total Non-NHS trade invoices paid within target	14,092	28,640	14,067	26,996
Percentage of Non-NHS trade invoices paid within target	57.05%	75.97%	56.16%	73.28%
Total NHS trade invoices paid in the year	677	5,811	1,173	9,532
Total NHS trade invoices paid within target	165	778	107	461
Percentage of NHS trade invoices paid within target	24.37%	13.39%	9.12%	4.84%
Total Percentage of trade invoices paid within target	56.18%	67.61%	54.06%	59.21%

The Trust was not obliged to pay any interest on late payment of invoices.

5. Income disclosures

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 2018/19

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. Significant Asset Value Variation Audit arrangements

During 2018/19 a desk top valuation of the Trust's land and buildings was undertaken 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 re-provided on a like for like basis.

8. 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 years, extendable to five years. As part of the governance arrangements following the dissolution of the Transforming Care Together Plan, the Assembly of Governors approved that the Auditor be appointed for a further term to

June 2019. Following an external audit tender exercise, Deloitte LLP have since been awarded a new contract from July 2019 for an initial period of three years with an option to extend for a further one year.

Remuneration of the Auditor for 2018/19 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.

9. Risk in use of financial instruments

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

10. 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.

11. Political Donations

The Trust does not make donations to any political body.

Section B: 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)
Andrew Fry	5/5
Mrs Kathy McAteer	4/5
Mr David Stenson	5/5
Mrs Joy Jeffrey	4/5
Mr Sukhbinder Heer (from 13/6/2018)	1/5
Mr Fayaz Malik (until 11/12/2018)	2/2

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

Mrs Lesley Writtle – Chief Executive
 Mrs Judy Griffiths – Director of Workforce
 Mr Andy Green – Company Secretary
 Mrs Deb Earl – Clerk to the Committee
 Mrs Elaine Doyle – Clerk to the Committee

1.1.4 During the year the committee:

- appointed the Chief Executive Officer;
- determined the remuneration of the Interim Chief Executive Officer;
- determined that the remuneration of all executive directors would not change over the levels as agreed by the committee in March 2018;
- approved extensions to the terms of appointments for interim Directors;
- with the advice of the Chief Executive, reviewed the portfolio of executive directors;
- considered the impact of taxation on pension benefits on the recruitment and retention of senior management and clinical staff and agreed to consider options to mitigate the adverse effects; and
- agreed the principle of implementing a "Mutually Agreed Resignation Scheme" subject to it receiving relevant approvals.

1.2.1 The Assembly of Governors did not review the remuneration of non-executive directors during the year. The Assembly has used benchmarking information which gives comparison of remuneration for Non-Executive Directors across the NHS in determining the remuneration of Non-Executive Directors, including the Chair.

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 2018/19.
- 2.1.3** The policy was referred to when determining the remuneration of the Chief Executive Officer in 2018/19 and in reviewing the remuneration of other executive directors 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.
- 3.2.7** 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.

- 3.3** The remuneration of non-executive directors, including the chair and associate non-executive directors is agreed by the Assembly of Governors.

4. Other disclosures

- 4.1** The Board of Directors confirms that no executive director held other non-executive directorships within other bodies during 2018/19. 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 2018/9 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 2019.

Number of existing engagements as of 31 March 2019 Of which...	2018/19 Number of Engagements
Number that have existed for less than one year at the time of reporting	-
Number that have existed for between one and two years at the time of reporting	2
Number that have existed for between two and three years at the time of reporting	-
Number that have existed for between three and four years at the time of reporting	-
Number that have existed for four years or more at the time of reporting	1
Total	3

There have been no new engagements, or any existing arrangement which reached six months in duration between 1 April 2018 and 31 March 2019.

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	2018/19 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 Chief Finance Officer. 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. This has now been further extended to the earlier of 31st March 2020, or until a permanent Chief Finance Officer appointment is made.

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 2018-19 financial year is £145k-£150k (2017-18: £95k-£100k). This is 5.83 times the median remuneration of the

workforce, which is £25,232 (2017-18: 4.02 times the median remuneration of the workforce, which is £24,848).

There were 6 employees that received remuneration in excess of the highest-paid director in the range of £145-200k (2017-18: 24 employees banded as £100-195k).

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 2018/19 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.

2018/19			2017/18		
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
14	9	£4,220	16	10	£11,126

2018/19			2017/18		
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
26	0	0	20	0	0

9. Exit packages - Reporting of other compensation schemes – exit packages 2018-19

The following tables provide details of the exit packages agreed 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	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-
> £200,001	-	-	-	-	-	-
Total	-	-	-	-	-	-

Reporting of other compensation schemes – exit packages 2017-18

	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

During 2018-19, there were no departures agreed which were in relation to a Compromise agreement.

2018/19 Salary Entitlements of Senior Managers

Name	Job Title	2018/19					2017/18				
		Salary	Benefits in Kind	Pension Related Benefits	Termination Benefits	Total	Salary	Benefits in Kind	Pension Related Benefits	Termination Benefits	Total
		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
Joy Jeffrey	Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	-	10-15
Fayaz Malik	Non Executive Director (1st April 18 - 11th December 18)	5-10	-	-	-	5-10	10-15	-	-	-	10-15
David Stenson	Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	-	10-15
Andrew Fry	Chair	45-50	-	-	-	45-50	10-15	-	-	-	10-15
Kathleen McAteer	Non Executive Director	10-15	-	-	-	10-15	10-15	-	-	-	10-15
Andrew Green	Company Secretary	85-90	-	-	-	85-90	80-85	-	-	-	80-85
Christopher Maskane*	Executive Director of Operations	100-105	-	807.5-810	-	910-915	-	-	-	-	-
Joanne Cadman	Associate Director of Transformation (1st April 18 - 11th September 18) Director of Strategy (12th September 18 - 31st March 19)	85-90	100	60-62.5	-	145-150	85-90	-	27.5-30	-	85-90
Joycelyn Fletcher	Executive Director of Nursing, Quality, AHPs and Psychology	100-105	-	37.5-40	-	140-145	90-95	-	187.5-190	-	90-95
Judy Griffiths*	Director of Workforce	85-90	-	902.5-905	-	990-995	-	-	-	-	-
Lesley Writtle**	Chief Executive Officer	145-150	-	450-452.5	-	595-600	95-100	-	-	-	95-100
Dr Jaswant Lidher	Executive Medical Director	175-180	-	-	-	175-180	175-180	-	-	-	175-180
Sukhbinder Heer	Non Executive Director	10-15	-	-	-	10-15	5-10	-	-	-	5-10
Paul Assinder	Director of Finance	155-160	-	-	-	155-160	70-75	-	-	-	70-75

* Disclosure for these members of staff was not required in 2017/18. Therefore there is no prior year Greenbury data to reflect the movement in pension related benefits.

** These staff had no pension related benefits in 2018/19 due to a reduction in salary reported in 2017/18 which in return results in a reduction in pension benefits when the two years are compared.


*** Member is an off payroll engagement (commencing 28th October 2017).

2018/19 Pension Benefits

2018-19 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 - Chief Executive Officer	20-22.5	60-62.5	470-475	195-200	976	1546	571	-
Joanne Cadman - Associate Director of Transformation (1st April 18 - 11th September 18) Director of Strategy (12th September 18 - 31st March 19)	0-2.5	0	70-75	70-75	404	481	77	-
Joycelyn Fletcher - Executive Director of Nursing, Quality, AHPs and Psychology	0-2.5	5-7.5	50-55	150-155	916	1093	177	-
Christopher Masikane* - Executive Director of Operations	35-37.5	100-102.5	820-825	100-105	0	770	770	-
Judith Griffiths* - Director of Workforce	37.5-40	117.5-120	915-920	115-120	0	969	969	-

* Disclosure for these members of staff was not required in 2017/18. Therefore there is no real increase in pension benefits

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

Signed.....

Lesley Writtle
Chief Executive

22nd May 2019

Section C: Staff Report

The Workforce Strategy is entering its second year and provides a framework to support the delivery of the Trust's Strategic Vision to **work with local communities to improve health and well-being for everyone**. The strategy seeks to ensure the Trust's workforce can adapt quickly to emerging priorities at local and national level whilst ensuring long-term workforce sustainability to provide high quality care.

The Strategy identifies five workforce priorities that support the Trust to address and improve workforce risks and challenges identified specifically: Recruitment and Retention, Reducing reliance on Temporary Staffing and Agency, Staff Development through leadership and education programmes, Health and Well-being initiatives to enable staff to have greater control of their own health and live healthier lives and Workforce Systems that support the effective and sustainable use of resources.

The Workforce Strategy will be refreshed during 2019/2020 to support the wider Organisational Development and Culture Strategy and articulate Trust commitment to working in close partnership within the Sustainability and Transformation Partnership (STP).

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 2019		Year ended 31 March 2018
	£'000	%	£'000
Salaries and wages	65,190	77.53	63,933
Social security costs	6,165	7.33	6,020
Apprenticeship Levy	306	0.36	292
Pension cost – defined contribution plans	7,645	9.09	7,544
Pension cost – other contributions	10	0.01	56
Agency/contract staff	4,770	5.68	4,350
Total	84,086	100.00	82,195

The above table does not include Non-Executive Directors.

Average number of persons employed

	Year ended 31 March 2019		Year ended 31 March 2018
	Number	%	Number
Medical and dental	76	3.69	77
Administration and estates	284	13.80	282
Healthcare assistants and other support staff	547	26.58	546
Nursing, midwifery and health visiting staff	553	26.87	580
Nursing, midwifery and health visiting learners	-	0.00	-
Scientific, therapeutic and technical staff	257	12.49	262
Bank Staff	275	13.36	273
Agency Staff	66	3.21	59
Total	2,058	100.00	2,079

Analyses of our workforce at the 31st March 2019 by gender, ethnicity and age are shown below.

Analysis		31st March 2017		31st March 2018		31st March 2019	
Gender	Staff	HC	%	HC	%	HC	%
Female	Directors	8	0.4	5	0.25	6	0.30
	Senior Managers	14	0.67	15	0.75	16	0.79
	Employees	1632	78.61	1580	79.24	1602	79.39
Male	Directors	4	0.19	6	0.30	4	0.20
	Senior Managers	10	0.48	9	0.45	12	0.59
	Employees	408	19.65	379	19.01	378	18.73
Total		2076	100	1994	100	2018	100

Age	HC	%	HC	%	HC	%
Under 21	40	1.93	31	1.55	31	1.54
22 to 59	1905	91.76	1805	90.52	1803	89.35
60 to 64	110	5.3	137	6.87	150	7.43
65 and over	21	1.01	21	1.05	34	1.68
Total	2076	100	1994	100	2018	100

Ethnicity	HC	%	HC	%	HC	%
White	1386	66.76	1324	66.40	1307	64.77
Mixed	39	1.88	40	2.01	37	1.83
Asian	264	12.71	257	12.89	285	14.12
Black	258	12.43	243	12.19	247	12.24
Other	39	1.88	34	1.71	38	1.88
Not Stated	90	4.34	96	4.81	104	5.15
Total	2076	100	1994	100	2018	100

Source: Electronic Staff Records (HC = Headcount)

Recruitment

The overall aim for 2018/19 has been to recruit and retain the right people with the right values, behaviours and skills to develop a workforce that will meet the current and future needs of our services. An effective recruitment strategy that complements the Trust business plan is key to this success.

Recruiting to some professional groups particularly our medical and nursing workforce has continued to be a challenge throughout 2018/19 and 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 we have taken a targeted approach through a programme of recruitment initiatives linked to our Workforce Strategy which have resulted in an overall improving picture in reducing our vacancies; this will continue to be a priority moving into 2019/20. This has included undertaking national recruitment campaigns, job fairs and career fairs within our local community proactively working with local education providers.

A key achievement during 2018/19 has been to finalise the Clinical Fellowship Programme working with a local partner Trust and University where medical staff will be recruited from overseas with the aim of reducing our vacancies. Full implementation will take place during 2019/20.

A further success has been the development of a Trainee Nurse Associate role launched in 2017/18, with the first cohort qualifying during 2019/20 widening our ability to attract and retain the right staff with the right values, behaviours and skills; ensuring there are additional career pathways into registered nursing roles.

As part of an ongoing review of our recruitment processes the Trust introduced the online Disclosure and Barring Service (DBS) update service in order to improve our internal key performance indicator for 'Time to Hire'. We continue to review our systems and processes to further improve 'Time to Hire'.

Equality and Diversity

Promoting equality, inclusion and human rights, tackling discrimination and promoting the rights of our staff and the many and diverse communities we serve remains our core commitment.

The Trust recognises the impact that effective implementation of a Human Rights based approach to healthcare has upon its workforce and potential workforce and is committed to embedding the 'FREDA' principles (freedom, respect, equality, dignity, autonomy) into all areas of the Trust.

A systematic Equality Diversity Inclusion Human Rights (EDIHR) process has been implemented that ensures our policies as an employer in the communities it serves complies with its statutory obligations and responsibilities to staff and applicants for employment under the relevant Equality and Human Rights legislation. This has been achieved by:

- Further development of the established Staff Health and Wellbeing Group, staff wellness is at the heart of everything we do.

- Active engagement aligned to EDIHR and Organisational Development (OD) to enable staff networks to flourish and provide consultative support for leaders to address challenges in teams to function better and comply with EDIHR legislative requirements.
- Our Equality Inclusion Board (EIB) overseeing the development and implementation of the Trust's equality objectives to ensure integration of EDIHR into mainstream services and corporate functions; Overseeing the development and implementation of the Trust's Equality and Human Rights strategy; Undertaking monitoring of progress with all statutory and non-statutory requirements in order to provide assurance to the relevant governance committees such as the Workforce Committee chaired by the Director of Workforce.
- Developing an Equality Information Hub (EIH) that has had a total of approximately 12,200 downloads of data to date. This data helps inform leaders on the demographics relating to our staff and their attainment in terms of the pay bands and number of applications shortlisted, number of disciplinary, grievances. Please refer to the link for further information: <https://www.bcpft.nhs.uk/about-us/equality-and-diversity/87-diversity-statistics>

During 2018/19 the Trust received national recognition in the Workforce Race Equality Standard (WRES) 2018 Data Analysis Report, being cited for the highest percentage of BME board members at 50%, as published in the Health Service Journal (HSJ).

The Equality and Inclusion function was also inspected by two Care Quality Commission (CQC) Inspectors in August 2018 centred on the strategic approach of Equality and Inclusion and engagement across the organisation and compliance against the Equality Act 2010. As a result Equality and Inclusion was rated 'Good' and is a positive platform to continue to embrace and move forward over the coming year.

The number of EQIA's completed via Policy Ratification are now included in Trust scorecards across Corporate, CYPF, LD and MH. To add through the Gateway panels there is a screening process to review EQIA's before CIPs are ratified.

Our Cultural Ambassadors (CA) service is nationally recognised by the RCN and Trusts in Birmingham and the Black Country are seeking to engage and learn from our Trust of its implementation and success. RCN are using our CA success as a model of good practice to promote the positive impact.

Moving forward into 2019/20 we will continue to build on the success of the Equality Inclusion and we are working on plans to make sure we build on our achievements as we move forwards towards a positive future.

Retention, Health and Wellbeing

Whilst it is recognised that some turnover of staff is necessary and healthy within an organisation, as part of our focus during 2018/19 the Trust has continued to strengthen 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.

During 2018/19 we have improved our use of Exit Questionnaire and Interview data, providing quarterly reports to the Workforce Committee against themes that has enabled us to inform further programmes of work to support staff retention.

Whilst turnover has further improved and remains within the Trust's key performance indicator for 2018/19, it remains a key priority with a particular focus on retention of the Registered Nursing workforce. Closer links with local education providers and universities has continued throughout 2018/19 and the Trust has joined the Inspiring the Future Programme to support the development of the future workforce.

The Health and Wellbeing Strategy is now in its second year following its launch in 2017/18 and continues to successfully deliver initiatives that support the health and wellbeing of our staff. Throughout 2018/19 the delivery of the Strategy has continued to embed support for the physical wellbeing of staff and has expanded the range of benefits and discounts available to support staff to lead healthy lifestyles. During 2018/19 the Trust signed the 'Dying to Work' Charter in order to offer further support for terminally ill employees.

Emotional wellbeing and staff mental health has become a greater focus during 2018/19 with various initiatives to improve support available

to staff and to reduce the stigma associated with mental health at work, including access to supportive evening classes through the Trust's Recovery College and delivery of Mental Health First Aid Training. The Trust has developed a structured action plan to support staff mental health with a view to signing the 'Time to Change' Employer Pledge in 2019/20.

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

During 2018/19 work has continued to support staff to improve their own health and wellbeing resulting in a reduction in sickness absence.

Our sickness rate for the year was 5.93% 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 2019 is included in the table below.

Table: Analysis of Sickness Absence Rates

Absence Type	2016/17 %	2017/18 %	2018/19 %
Short Term	2.25	2.27	1.77
Long Term	3.51	3.74	4.16
Total	5.76	6.01	5.93
Total days Lost	37,314	38,348	37,300

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 Policies and Action

The Trust has a range of policies and procedures in place that support delivery of our workforce priorities and the equality and inclusion agenda. Policies and actions applied during the financial year are set out in the table below:

Policies applied for giving full and fair consideration for employment made by disabled persons	The Trust has a Recruitment and Selection policy that sets out how the Trust ensures fair recruitment of candidates. This is reviewed through the Trust's bespoke recruitment system and reports submitted to the Workforce Committee and Equality and Inclusion Board.
Policies for continuing the employment of, and for arranging training for, employees who have become disabled persons during the period	The Trust adheres fully to the Equality Act 2010. The Trust's policies support managers to apply any reasonable adjustments and use referrals to the Occupational Health service to ensure the continued employment of employees who become disabled persons.
Policies for the training, career development and promotion of disabled employees	There is equity of access to training and development for all staff.
Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees	The Trust has thorough internal communications and staff engagement processes, using face-to-face opportunities, electronic channels and printed materials.
Actions taken during the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests	<p>The Trust has a Recognition Agreement in place that is jointly reviewed on a regular basis with Staff Side leads. Monthly meetings of the Staff Forum take place for formal discussions in relation to staffing issues.</p> <p>In addition, as set out within the Organisational Change Policy, collective consultations would be enacted where there are more specific issues affecting employees, for example restructures.</p> <p>Informal engagement with staff took place to inform various key initiatives such as the Annual Staff Survey.</p>
Actions taken in the financial year to encourage the involvement of employees in the NHS Foundation Trust's performance	All staff who are recruited are encouraged as part of the induction programme to become actively involved with the Trust as a Foundation Trust.
Information on health and safety performance Occupational health	We fully comply with Health and Safety and are fully committed to promoting and raising safety awareness to all staff.
Information on policies and procedures with respect to countering fraud and corruption	The Trust has a number of policies that refer to countering fraud and corruption including a Raising Concerns policy in place which also covers fraud.

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.

In the last 12 months, significant work has taken place to support Divisions in achieving mandatory/ specialist mandatory training compliance, including facilitated and un-facilitated learning sessions, targeted support sessions, alternate training delivery methods, helpdesk support, user-friendly guides, training audits and training needs analysis, whilst ensuring compliance with the UK Core Skills Training Framework. The Trust has experienced significantly improved training compliance across all subjects during the last 12 months, with training being at the highest compliance rates ever achieved. The Trust's innovative Induction Programme continues to receive very positive feedback.

A new Job Essential Training Framework has been devised, ensuring other training essential for service delivery, is reflected as a requirement, supporting the skills development of staff and improved quality of care for our service users.

To ensure every member of staff receives a value-based, meaningful quality appraisal, a full review of the Trust's Appraisal processes took place, to discuss performance, objectives, mandatory training completion and staff development, as well as identifying objectives to support Trust behaviours and the services we deliver.

Substantial work has also taken place to develop wider development opportunities for Trust staff including full utilisation of the Apprenticeship Levy. As part of this work, the Trust will be one of the first to implement OT and Physiotherapy Degree Apprenticeships across the country.

In recent months, the Trust's Leadership Offer has also been implemented by the Organisational Development team, providing a wide range of tools to support the development of leaders at all levels of the organisation

L&D were also honoured to achieve the Highly Commended Team of the Year Award in 2018.

Staff Engagement

The Trust recognises our staff are our most valuable resource and is committed in supporting and involving staff and their representatives at all levels. As an organisation we wish to support staff engagement at every level, endorsing an environment where positive two-way communication and action supports us to be a highly successful and sustainable organisation. As a result staff engagement and communication has been delivered through a range of resources during 2018/19.

One of the initiatives launched was Team Talk Live whereby Executives visited teams to meet and engage with staff with a view to understand and support the needs of the service. Building on from this 'Executive Exchange' has been well received and Executives have experienced working in a service to understand first-hand the day to day experiences of our staff.

Another successful initiative has been the Question and Answers Live where staff are encouraged to ask the Director of Operations any question they might seek an answer to.

We see staff engagement as providing the opportunity for our staff to engage at all levels including fellow peers and colleagues, providing the opportunity to support, learn and develop each other to feel empowered within their roles.

One of our exciting developments in 2018/19 has been successfully training a team of Action Learning Set facilitators to deliver an Action Learning programme to our managers and leaders throughout 2019.

Phil Cole, our Staff Side Chair says:

"The joint trade unions have gone from strength to strength this year. We have strong representation from a broad group of staff representatives including Nurses, Health Visitor's, facilities Staff and AHP's. We are looking to recruit more representatives particularly from administration and clerical or corporate roles to ensure we are truly representative of our excellent workforce. We would encourage any member of staff from any part of the trust who might be interested to speak to Phil Cole staff side Chair for more information.

We have focused on wellbeing of the workforce this year. Unison have run some excellent campaigns, including 'take a break' encouraging all workers to ensure they take the time to eat and hydrate appropriately and not forgetting to take regular toilet breaks. All too often we hear members describe that they can't take a break due to pressure of work or limited staffing.

The Trust and trade unions signed the TUC's dying to work campaign a fantastic initiative demonstrating the value of terminally ill staff in the workplace and ensuring they are empowered to make decisions affecting their employment.

We have worked tirelessly with our colleagues in management and Human Resources to develop a new fit for the twenty first century flexible working policy, we know that our members will always perform better when they feel valued and are supported with their home life balance.

We are working closely with members to monitor new technological advances E Expenses, E Training, E Payslips, & electronic staff survey while supporting the modernisation agenda we need to be assured we are taking all of our members confidently with us and not disadvantaging any staff.

Next year your Local Trade Unions will be focusing on implementing a Just Culture, we will continue to support The Trust with the NHS staff survey and would encourage all members to engage with the survey as it provides us with a platform to call for improvements to your working life. Finally we are looking forward to ever closer working relationships with our colleagues at Walsall and Dudley and supporting a seamless merger."

Staff Survey

The NHS Staff Survey is conducted annually and offers the opportunity to understand the views of our staff and their experiences 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. New from 2018, key findings have been replaced with ten themes, and the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2018 survey among trust staff was 36% showing a slight increase of 2% compared with 2017. Scores for each indicator together with that of the survey benchmarking group, Combined Mental Health, Learning Disability and Community Trusts, are presented below.

	2018/2019		2017/2018		2016/2017	
	Trust	Benchmarking group	Trust	Benchmarking group	Trust	Benchmarking group
Equality, diversity and inclusion	9.0	9.2	8.9	9.2	9.0	9.2
Health and Wellbeing	5.8	6.1	5.9	6.1	5.9	6.2
Immediate managers	7.1	7.2	6.9	7.1	7.1	7.1
Morale	6.1	6.2	*n/a	n/a	n/a	n/a
Quality of Appraisals	5.7	5.5	5.5	5.4	5.7	5.4
Quality of care	7.4	7.4	7.5	7.4	7.6	7.5
Safe environment Bullying and harassment	8.2	8.2	8.2	8.3	8.1	8.2
Safe environment violence	9.4	9.5	9.3	9.5	9.2	9.5
Safety culture	6.4	6.8	6.4	6.7	6.4	6.7
Staff Engagement	6.9	7.0	6.8	7.0	6.9	7.0

*new question data not available

Staff engagement is measured across three themes:

Measure	2017	2018	Comparator to MH/LD Community Trusts
ADVOCACY Staff recommendation of the Trust as place to work and receive treatment	6.61	6.38	6.83
MOTIVATION Motivation- staff motivation at work and enthusiasm to do their job	7.18	7.27	7.30
INVOLVEMENT Staff able to contribute towards improvements at work	6.83	6.84	6.94

As a Trust we performed fairly consistently with similar trusts and in particular there was positive feedback in relation to:

- Staff telling us they are happy with the support received from managers around training, learning and development
- Staff are really good at reporting incidents and near misses
- Staff are much less likely to experience discrimination at BCPFT than many trusts across the NHS

However, it has also highlighted a number of areas for improvement, those being:

- Health and wellbeing: We will work with staff to identify exactly what it is they want to see happening to enable us to support achievements of good work-life balance
- Staff/engagement with senior management: We will look at how we can make improvements in this area
- Safety culture: We will particularly look at sharing lessons learned from incidents

Future priorities and targets

The Trust will continue to ensure that the survey results support our front line teams to focus attention. There will be a number of priority plans from the Organisation Development Function, alongside other workforce strategies to support staff through change. Moving forward the Trust not only wishes to increase the participation in undertaking the staff survey, we want to support staff with tools and techniques to help support solutions to improve motivation and morale. Supplementing this will be the Staff experience and OD strategy that has a number of key areas to focus attention, such as leadership, engagement, teamwork, cultural inclusion. The governance arrangements for monitoring progress will be through a range of meetings, and working closely with our staff side representatives, via the staff forum, Workforce Group, through to the Executive Management. The Trust will continue to drive forward to create a positive workplace culture.

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.

The Board of Directors regularly receives reports on concerns raised under the policy.

In line with the policy the Trust has always had in place a Freedom to Speak Up Guardian supported by local Freedom to Speak up Champions who work to support and encourage people to raise concerns in order to address issues and support future service improvement.

During 2018, the Board of Directors undertook an assessment of its arrangements for raising concerns and consequently agreed to establish a substantive role of Freedom to Speak Up Guardian that would be able to report directly to the Chief Executive and Board of Directors. An appointment to this role was made in April 2019 and the appointee is expected to be in post by June 2019.

Trades Union representation

The following information is provided in accordance with recently introduced legislation

Table 1: Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
10	2.21 FTE

Table 2: Percentage of time spent on facility time

Percentage of working hours spent on facility time	Number of employees
0%	3
1-50%	8
51%-99%	1
100%	1

Table 3: Percentage of pay bill spent on facility time

	Values
Provide the total cost of facility time	£87,387
Provide the total pay bill	£84.086m
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.10%

Table 4: 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%

Section 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 2019.

Membership by Constituency and area at 31st March 2018			
PUBLIC		STAFF	
Area	Number	Class	Number
Sandwell	2,631	Generic	1,757
Wolverhampton	973		
Walsall	403		
Dudley	901		
Birmingham & Wider West Midlands	936		
TOTAL:	5,844	TOTAL:	1,757

Public Membership by gender, age and ethnicity at 31st March 2019		
Analysis	Number	%
Gender		
Male	2,205	37.7
Female	3,610	61.8
Not stated	29	0.5
Age		
12-16	5	0.1
17-21	96	1.6
22 and over	5,427	92.9
Not stated	316	5.4
Ethnicity		
White	3,903	66.8
Mixed	195	3.3
Black	517	8.8
Asian	788	13.5
Other	90	1.5
Not stated	351	6.1

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.

Changes in membership between years are provided in the table below:

	Public	Staff	Total
At 31st March 2018	5,890*	1,843	7,733
Add Members joining	11	13	24
Less Members leaving	57	99	156
At 31st March 2019	5,844	1,757	7,601

*re-stated to exclude inactive members

1.3 Engagement with membership

The annual general and members meeting was held in September 2018 at the Village Hotel in Dudley.

In January 2019, the Trust appointed a membership and engagement officer, who's priority has been to refresh membership engagement activities with governors, following the demise of the former Transforming Care Together partnership.

The membership strategy steering group has been reconvened and will give oversight to the programme of work, which includes:

- a membership database cleansing exercise, being undertaken with support of governors;
- a programme of various governor / membership events in local constituency areas;
- the development of a new governor "portal" to enable access to relevant information and engagement materials;
- an engagement toolkit to help support governors to undertake more effective engagement with their constituents; and
- preparation for and co-ordination of upcoming governor elections.

The main focus for 2019/2020 will be the development of a refreshed membership strategy, to enhance member engagement across the Black Country in recognition of our ongoing collaboration with Dudley and Walsall Mental Health Partnership NHS Trust.

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				
Sonia DAVIES	9/9/2016		Sandwell	4/5
John CASH	12/5/2016		Sandwell	4/5
Lloyd WALTERS	9/9/2016		Sandwell	3/5
Sabrina FRENCH	9/9/2016		Sandwell	2/5
David BOAZ	28/4/2018		Sandwell	4/5
Josephine CONNOR	28/4/2018	29/10/2018	Sandwell	1/5
Susan CONNOP	28/4/2018		Sandwell	1/5
Alan DEAN	9/9/2015	8/9/2018	Wolverhampton	1/1
Alan DEAN (*)	9/9/2018		Wolverhampton	3/4
Mel PASSMORE	2/8/2015	1/8/2015	Wolverhampton	1/1
Mel PASSMORE (*)	2/8/2018		Wolverhampton	4/4
David HELLYAR	28/4/2018		Wolverhampton	5/5
Jas DEHAR	22/7/2016		Wolverhampton	5/5
Brian CHINDENDERE	22/7/2016		Wolverhampton	2/5
Julieth ABRAHAMS	28/4/2018		Wolverhampton	5/5
S DION	28/4/2018		Wolverhampton	0/5
Paul RILEY	1/4/2016	31/3/2019	Dudley	4/5
Shindo BARQUER	16/1/2017		Dudley	3/5
Parmjit SAHOTA	16/1/2017		Dudley	2/5
Mushtaq HUSSAIN	28/4/2018		Dudley	4/5
Doreen TILL	9/7/2015	8/7/2018	Walsall	1/1
Peter Sinclair	21/5/2017		Walsall	
Bambul MIAH MBE	16/1/2017		Walsall	1/5
Mark WOOD	1/7/2015	30/6/2018	Birmingham & Wider W.Midlands	1/1
Mark WOOD (*)	13/7/2018		Birmingham & Wider W.Midlands	2/4
Staff				
Ronald MURRAY	5/6/2018	31/10/2018	Staff	0/3
Stephen BROWN	28/4/2018		Staff	5/5
Melvena ANDERSON	16/1/2017		Staff	4/5
Appointed				
Councillor David VICKERS	1/12/2017	16/05/2018	Dudley MBC	0/0
Councillor Nicholas BARLOW	17/05/2018	31/10/2018	Dudley MBC	0/3
Councillor John MARTIN	1/11/2018	31/12/2018	Dudley MBC	0/1
Councillor Cathy BAYTON	1/2/2019		Dudley MBC	0/0
Councillor Sandra SAMUELS MBE	24/5/2017		Wolverhampton City Council	2/5
Councillor Bob PIPER	1/6/2016		Sandwell MBC	3/5
Councillor Ian ROBERTSON	13/7/2015	12/7/2018	Walsall Council	1/1
Councillor Rose MARTIN	13/7/2018		Walsall Council	0/4

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 2018.

2.5 Elections to the Assembly

Details of elections held during the year are as follows:

Date	Constituency	Area/Class	Number of eligible voters	Turnout (%)
July 2018	Public	Birmingham & Wider West Midlands	938	3.8

Prior to the election in July 2018, where 1 staff governor was elected unopposed, an election campaign concluded in April 2018, where 8 public governors and 2 staff governors were elected unopposed.

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;

At its meeting in June 2018, the Assembly:

- appointed Mr Sukhbinder Heer as Non-Executive Director for a three year term commencing 13th June 2018;
- Re-appointed Ms Joy Jeffrey as Non-Executive Director for a further three year term commencing 1st January 2020;
- Re-appointed Ms Kathy McAteer as non-Executive Director for a further two year term commencing 1st August 2018; and
- Re-appointed Mr Fayaz Malik as Non-Executive Director for a further one year term commencing 1st September 2018.

At its meeting in January 2019, the Assembly appointed Andrew Fry as Chair for a further one year term to 31st March 2020.

The Assembly also agreed arrangements for the proposed appointment of Chair in common to both this Trust and Dudley and Walsall Mental Health Partnership NHS Trust; no appointment was made.

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

The Assembly has not reviewed either the remuneration or terms and conditions for the Non-Executive Directors but approved the annual remuneration for any new substantive appointment of Chair as £50,000 (fifty thousand pounds). The Assembly has used benchmarking information which gives comparison of remuneration for Non-Executive Directors across the NHS in determining the remuneration of Non-Executive Directors, including the Chair.

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

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

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

At its meeting in November 2018, the Assembly appointed Deloitte LLP as the Auditor to the Trust for an initial term of three years commencing 1st July 2019. This followed a robust tendering process led by the Chair of the Audit Committee and involving governors and officers of the Trust.

- 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 2018; 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.

The Assembly has received reports from directors regarding the proposed annual plan for 2019/20 and a workshop was held between governors and officers from the clinical divisions in March 2019 prior to the plan being approved 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 to the Constitution were proposed.

- 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:

- 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 2018/19.

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 for involvement in and the outcome of the inspection of Trust services by the Care Quality Commission in 2018;
- the membership of the Assembly;;
- arrangements for appointment of governors as observers to the Audit, Finance and Investment, Mental Health Legislation Scrutiny and Quality and Safety committees of the Board of Directors; and
- the Trust's ongoing strategy to secure the medium to longer term sustainability of services, including the collaborative work programme with Dudley and Walsall Mental Health Partnership NHS Trust.

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 Andrew Fry remained independent in character and judgment throughout the year and had no interests which might impair their judgment.

The Chair declared his full interests which were managed in accordance with the Constitution of the Trust.

4. The Deputy Chair and Senior Independent Director

David Stenson held the position of Deputy Chair of the Trust.

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 are independent in character and judgment and have no relationships which may affect their judgment.

6. Evaluation of the Performance of the Board Committees

The Audit, Finance and Investment and Quality and Safety Committees undertook separate internal evaluations of their effectiveness 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 Directors are conducted by the Chair, and the appraisal of the Chair by the Senior Independent Director.

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. Committees of the Board of Directors

7.1 The Audit Committee

7.1.1 Membership

The Audit Committee is a 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 2017/18;
- reviewed the proposed Quality Report for 2018/19;
- reviewed and recommended adoption of the Annual Governance Statement for the financial year ending 31st March 2018;

- received the report from the external auditor as to the assurance of the Annual Quality Report for 2017/18;
- 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;
- received reports on the arrangements for the appointment of the Auditor to the Trust;
- co-ordinated the arrangements for the appointment of the Internal Auditor and Local Counter Fraud Specialist and made recommendations for their appointment to the Board of Directors; and
- reviewed the schedule of losses and compensation payments made during the year.

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 service 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 of proposed service changes;
- reviewed arrangements in place for the recruitment and retention of staff;
- monitored the action plan to address the recommendations of the Care Quality Commission following its inspection of services in 2018;
- 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 staff satisfaction surveys and associated action plans;
- received reports on ad-hoc infection prevention and control inspections to hospital sites; and
- received reports from the Chair of the Quality & Safety Steering Group on any exceptional matters arising at its meetings.

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 proposed arrangements for the proposed joint investment with Dudley and Walsall Mental Health Partnership NHS Trust for the provision of an electronic patient record system;
- reviewed proposed capital investments;
- 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.

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;
- Approved service agreements for Associate Hospital Managers;
- Reviewed the application of the Mental Health Act through the annual statistics;
- Reviewed the work programme of Associate Hospital Managers;
- Received reports from the Mental Health Act administrators on matters arising from hearings;
- Received reports concerning proposed changes to mental health legislation and their potential impact on local service provision;
- 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.

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.

Section 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 24th April 2019.

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	2018/19 Q4 Score
Capital Service Capacity	20%	4	1
Liquidity (days)	20%	4	3
I&E Margin	20%	4	1
I&E Margin distance from Plan	20%	1	1
Agency Spend – Distance from Cap	20%	2	3
Average Rating	100%	3	2
Overriding rules applied	-	Yes	No
Overriding Risk Score		3	2
Is the Trust in Special Measures	-	No	No
Revised Overriding Risk Score	-	3	2

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 between July and August 2018 and published its report in January 2019.

The overall rating provided for Trust services was "requires improvement".

The Well Led assessment rating for the Trust was "good".

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

Section 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 and Social Care 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 and Social Care 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;

- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; 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

22nd May 2019

Section 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 2019 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 ensuring a robust system of internal control and risk management is in place.

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. Executive responsibility for the development, maintenance and oversight of the organisational risk management systems and associated policies rests with the Director of Nursing, and responsibility for the development and maintenance of the Board Assurance Framework and High Level Risk Register lies with the Company Secretary.

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; in response to a recommendation arising from an internal audit review in the previous year, an extensive programme of risk management training was delivered to staff and managers during the early part of this financial year, and a programme remains in place to provide continuity of training. In addition the Board of Directors also received training in risk management as part of its internal "well led" development programme. 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.

The Trust continues to strengthen internal mechanisms to report on and share the learning from incidents, complaints, claims and alerts to all staff groups, and reports are presented to both the Quality and Safety Steering Group and Quality and Safety Committee. The Trust is in the process of implementing a revised Lessons Learnt bulletin with the aim of ensuring staff are fully informed on improvements in safety, and the first version of this will be distributed in June 2019.

The Governance Assurance Unit works closely with the Divisional Risk Leads to ensure that effective risk management is facilitated across all areas.

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 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 and these 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 incidents, 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 which contains descriptions allocated to each level of likelihood and consequence so as to enable a consistent approach to risk evaluation across the Trust.

The authority to treat risk is determined by the level of assessed risk, and treatment plans are 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 provides oversight of the risk registers.

High level risks are reported to and reviewed by the Executive Committee. The high level risk register includes details of the risk mitigation plans, including timescales and where responsibility for the execution of mitigation plans sits, together with an assessment of the residual risk.

During the year, the Board requested a review of risk reporting. Consequently, revisions were made to ensure that high level risks were included in both the Board Assurance Framework, which provides details of the key system controls and associated assurances, and the High Level Risk Register which focusses on specific mitigation plans required over and above system controls. Both the Board Assurance Framework and High Level Risk Register are subject to regular review by the Board of Directors to ensure appropriate oversight.

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. The Quality and Safety, Mental Health Legislation Scrutiny and Finance and Investment committees of the Board of Directors undertake assurance of the high level risks through their respective business agendas, and any exceptional matters arising from their review are reported directly to the Board.

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. A core assignment of Internal Audit is the review of the controls in place for the production and ongoing maintenance of the Board Assurance Framework and High Level Risk Register, which for this year received a substantial assurance opinion.

Reports of reviews of key control systems undertaken by Internal Audit are a major source of assurance to the Audit Committee and delivery against the annual audit plan is closely monitored by the Committee.

Only one of the internal audit reviews conducted during the year concluded there was insufficient assurance as to the effectiveness of the controls and this related to the arrangements put in place to promote participation in the Annual Staff Survey. The results of the survey were presented to the Board of Directors in April 2019 and senior management has been charged to review the approach to staff engagement.

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.

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 receive regular reports not only on mortality review activity but the themes and trends in outcome and their link to key divisional priorities in respect of suicide prevention.

In developing its operational plan for 2018/19, the Board identified key risks which it considered could compromise delivery of its strategic objectives and/or compliance with its licence conditions. Those risks were managed by the Board and included:

- Financial and clinical sustainability: the Trust had planned to operate with a financial deficit and had received approval from the Regulator to access a distressed funding facility of short term borrowing to maintain service provision. As is recorded elsewhere in this report, the Trust delivered a significant turnaround of its financial performance and mitigated the impact of this risk;
- Workforce: the results of the annual (2017) staff survey, soft intelligence from our staff generally and other workforce indicators had identified a multi-dimensional risk relating to our approach to staff engagement, our ability to recruit and retain staff and the health and well-being of our workforce. Much improvement has been made in staff recruitment and retention but recruitment of key clinical staff remains a risk not only for this Trust but across the NHS;
- Reputation of Trust: there was a risk that the reputation and credibility of the Trust may have been damaged following the demise of the Transforming Care Together Partnership and

with it the Trust's then sustainability plan. The Trust was able to develop strong relationships with partners across the local economy and was supported by NHS Improvement in its plans to address the medium to longer term sustainability of services through its collaboration with Dudley & Walsall Mental Health NHS Trust;

- Changing environment: it was felt that the development of accountable care organisations could compromise the sustainability of Trust services. The likelihood of this risk both reduced and changed in nature during the year but it remains a risk going forward; and
- Dudley Multi-specialty Community Services Provider (MCP): the potential establishment of the Dudley MCP could have resulted in loss of services and income in the short term with a potential adverse effect on other services provided by the Trust. The development of the MCP was delayed during the year and the risk did not materialise, though through its plans the Trust has been able to quantify and plan to reduce the potential risk exposure.

In May 2018 the Board of Directors approved its corporate governance statement confirming on-going compliance with its governance obligations under the conditions of licence; there have been no conditions added to the original licence as issued by the Regulator in April 2013.

The Board of Directors approved its annual operational plan for 2019/20 at its meeting in March 2019. In developing the plan, the Board of Directors took into account the views of the Assembly of Governors which received relevant submissions at its general meetings; a number of governors also participated in a planning workshop with key clinical and operational staff.

The Board of Directors has identified the following key risks going forward:

- Financial standing: the Trust improved its financial performance in 2018/19 and has planned to deliver a revenue break-even position in 2019/20 but recognises a deterioration could adversely impact its cash flow and the provision of services;
- Recruitment and retention of staff: like the majority of NHS providers, the Trust is effected by national shortages of trained front-line staff, and it is acknowledged that inability to recruit and retain an appropriately skilled

and experienced workforce could lead to the increased use of temporary staff with the consequent risks of impairments in service quality and increased costs;

- Violence and Aggression: there has been a noticeable increase in violence and aggression and whilst this has been mitigated to some extent the adverse effects on service quality remain of concern;
- Engagement with staff: the results of the annual staff satisfaction survey of 2018 indicate improvement is needed in our overall approach to secure meaningful staff engagement which if unaddressed could ultimately result in deterioration in both service quality and productivity;
- Physical environment: the Trust has in large an ageing estate that is not conducive to best clinical practice and could compromise the quality and safety of service provision; and
- Sustainability of service provision: the Board of Directors remains committed to its objective of achieving longer term sustainability of service provision through its plan to merge with Dudley & Walsall Mental Health Partnership NHS Trust in the spring of 2020. However, the increasing focus on the development of integrated NHS care service providers could either in part or fully jeopardise this plan.

As mentioned above, risks associated with the workforce are not peculiar to this Trust. In October 2018, NHS Improvement published its guidance "Developing workforce safeguards" aimed at supporting providers to deliver high quality care through safe and effective staffing and the adoption of a set of recommendations which themselves were built on guidance issued by the National Quality Board made in 2013 and 2016.

The Board of Directors has regularly reviewed reports on safe staffing, in accordance with model guidance presented by the Director of Nursing. In addition it receives the reports of half yearly reviews of the nursing staff establishment. The integrated quality and performance report which is presented to the Board of Directors at each meeting also provides information relating staffing levels to operational activity.

In October 2018, the Board of Directors approved its workforce strategy within which the workforce safeguards programme will remain an objective. Details of risks, incidents and complaints are 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 both its Quality and Safety Committee, which has a duty to obtain assurance of service delivery against relevant standards of safety and quality and the Mental Health Legislation Scrutiny Committee that reviews compliance of the Trust against the various strands of mental health legislation and associated standards.

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 fully participate in regular visits to operational units.

The Director of Nursing holds executive responsibility for quality governance. The Medical Director and Director of Nursing 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 operating division has its own Quality and Safety Group reporting to the corporate Quality and Safety Steering Group and each also 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 Trust received an inspection of its services by the Care Quality Commission, between July and August 2018. The report of its findings was published in January 2019 and

the overall rating for the Trust was 'requires improvement'. The rating was disappointing and an action plan to address the improvements required by the Care Quality Commission was approved by the Board of Directors prior to its submission to the Care Quality Commission in March 2019. However, in its "Well Led" review, undertaken in the same timeframe as the core inspection, the Care Quality Commission rated the Trust as "good".

Action plans to address recommendations following the Mental Health Act compliance inspections by 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 2019, all action plans, arising from visits during the year had been either fully 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 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 three times a year and report to the Mental Health Legislation Scrutiny Committee.

The Foundation Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the "Managing Conflicts of Interest in the NHS" guidance.

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.

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 both positively promote equality for and challenge discrimination against our staff, those who use our services, and the local community.

An EqIA is carried out whenever the Trust is developing or amending strategies, policies, projects and services. Managers have a responsibility to complete the EqIA 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 EqIA process and accompanying online forms are kept on the Trust Intranet to provide easy access for staff.

The Head of Diversity reviews each completed EqIA 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 EqIA has been undertaken, to ensure that any resulting actions are incorporated into the ongoing delivery and review of services. All completed EqIAs 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 Trusts equality strategy are published on the Trust's website; the Board of Directors receives reports of the equality and inclusion programme twice yearly.

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

The Executive Committee, whose membership includes Executive, Clinical and Divisional Directors meet on a monthly basis to monitor the performance of the Trust, against the agreed financial, contractual, and service targets as set by the Board of Directors. The Quality and Safety Steering Group monitors the quality performance of the Trust and reports to the Quality and Safety Committee of the Board.

At operational level, the divisional 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 & 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.

However 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.

Since then, and in line with the service plans within the economy wide Black Country and West Birmingham Sustainability and Transformation Programme, the Trust has continued to work in collaboration with Dudley and Walsall Mental Health Partnership NHS Trust. Subsequently, in January 2019 a strategic case for the two trusts to come together was approved by both Trusts and has received the formal support of NHS Improvement.

At its meeting in April 2019, the Board of Directors determined whether or not the financial statements for the year ended 31st March 2019 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 acknowledged the following risks to going concern:

- The Trust is currently in negotiation with the West Midlands Pension Fund to agree settlement terms for the Local Government Pension Scheme liability. The cash settlement has not been profiled in the current plan for 2019/20. However, there exists sufficient headroom in the working capital budget to accommodate the estimates provided by an independent actuary;
- Our plans include efficiency savings of £2.0m. This level of savings is challenging and must be supported with adequate operational engagement to deliver against agreed detailed plans. As of April 2019 schemes totalling £1.5m (71%) of the total target are either fully developed or plans are in development - £1.3m (87%) recurrently. There is a reasonable expectation that normal staff turnover will yield further savings;
- The Dudley MCP procurement process (impact in 2020/21) is still ongoing, however the impact is less than 8% of turnover and therefore unlikely to impact on going concern;
- Whilst the Trust does not consider itself to be significantly exposed to any significant risks arising from Brexit, the ongoing uncertainty of a final agreed outcome means that this cannot be fully assessed. The potential areas of exposure relate to anti-psychotic drugs and food supply, and the impact of any fuel costs and supply issues; and
- Increasing demand for mental health, learning disabilities and universal children's services for which the Trust was not remunerated through the service contract mechanism.

Information Governance

The Trust has in place appropriate information governance and data protection arrangements in accordance with Data Protection Legislation (Data Protection Act 2018 and General Data Protection Regulations 2016); there is a Data Protection Officer in place within the Trust who reports directly to the Senior Information Risk Officer. The Trust made a full submission against the Data Security and Protection Toolkit in which all mandatory requirements were fully met and 46 out of 49 non-mandatory requirements were met. The submission was audited by the Trust's Internal Auditors and received a substantial assurance opinion.

The Trust's Information Governance Steering Group has been reviewed within the year to ensure that it monitors compliance with new Data Protection Legislation and the Trust wide information governance action plan. The Group consists of core members, those being the Senior Information Risk Officer, Data Protection Officer and Cyber Security Manager; membership of the group also includes the Caldicott Guardian.

The roles of Caldicott Guardian and Senior Information Responsible Officer are undertaken by the Medical Director and Director of Nursing respectively, and the job requirements of other key corporate officers include relevant responsibilities associated with information and data security. The Data Protection Officer role is undertaken by the Head of Information Governance and Data Protection, and there has been a review of the Information Governance Structure to ensure that the role of Data Protection Officer is adequately resourced.

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. The Trust has had no major incidents which required reporting to 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. 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. "CPA 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, 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 for 2017/18. The Auditor concluded that nothing had come to his attention to suggest that the Quality Report had been presented other than compliant with national requirements.

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 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 2017/18, acknowledging the qualified conclusion of one indicator;
- the assurance provided by Internal Audit through their relevant 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 includes the following:

- regular reviews of both the Board Assurance Framework and High Level Risk Register by the Board of Directors;
- reviews of the Board Assurance Framework by the Audit Committee;
- the reports of inspections of core services by the Care Quality Commission in summer 2018;
- the report of the Care Quality Commission "well led" review;
- 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, and the opinion of the Head of Internal Audit which states that "...significant assurance can be given 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

Having considered the above I conclude that there are no 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

22nd May 2019

The Accountability Report is hereby approved

Signed.....

Lesley Writtle

Chief Executive Officer

22nd May 2019

Accountability Report



SECTION 3

Quality Report

3.0 Introduction

The first trace of 'The Black Country' as an expression dates from the 1840s, when it was one of the most industrialised parts of Britain with coalmines, iron foundries and steel mills producing a high level of air pollution and the name was used to portray the soot from these industries that covered the area.

The Black Country is an ethnically diverse area made up of many different people from many different cultures, communities, and backgrounds. The area covers the four localities of Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Walsall Council and Wolverhampton City Council in the West Midlands, a combined population of almost 1.2 million people.

About our Trust

Black Country Partnership NHS Foundation Trust delivers mental health, specialist learning disabilities and community healthcare services for people of all ages in the Black Country. We provide:-

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

There are over 2000 staff working in the Trust. Our staff carry out a wide range of roles, working together to provide integrated care and support to all those using our services. Frontline staff include mental health nurses, psychiatrists, healthcare support workers, health visitors, psychologists, occupational therapists, speech and language therapists, physiotherapists and dieticians

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

What is a Quality Report?

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

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

How we produce the Quality Report

The format, content and order of the Quality Report are determined by NHS Improvement, the regulator for all NHS Trusts in England, in their publication 'Detailed Requirements for Quality Reports 2018/19.'

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

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

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

- Data is derived from a large number of different systems and processes. Only some of these are subject to external assurance, or included in internal audits programme of work each year.
- Data is collected by a large number of teams across the Trust alongside their main responsibilities, which may lead to differences

in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably classified a case differently.

- National data definitions do not necessarily cover all circumstances and local interpretations may differ.
- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to re-analyse historic data.

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

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

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

Part One

3.1 Statement on Quality from the Chief Executive

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

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

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

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

Shortly afterwards, CQC inspectors arrived to carry out a detailed quality inspection of our services for the next two months and published the report of their findings in January 2019. They awarded an overall rating of 'requires improvement'. While the overall rating is disappointing, the majority of our core services were rated as 'good', and we were rated 'good' overall for being caring, responsive and well led. The report concluded that the Trust's ability

to focus on day to day governance had been hampered because of the delays around the proposed merger but they saw evidence the trust board was re-establishing its control of performance following the cancelled merger. We have produced a robust local improvement plan to address the areas identified by the CQC that require improvement.

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

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

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

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

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

I would like to take this opportunity to pay tribute to our staff and thank them for another year of dedication and commitment to provide high quality services. I hope you will enjoy reading about their achievements and the progress they have made over the last year.

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

Signed



Lesley Writtle
Chief Executive Officer

22nd May 2019

Part Two

3.2 Priorities for Improvement

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

3.3 Looking Back – Review of Priorities 2018/19

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

Table 1: Quality Improvement Priorities for 2018/19

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

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

Why this is a priority for improvement

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

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

Risk will fluctuate and be influenced by the experiences, perceptions and interactions that an individual is subject to at any point in time. Therefore, risk management plans must be constantly evaluated and amended for the minimisation of risk and the prevention of harm or further harm.

How quality will be improved

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

Progress in 2017/18

- Record keeping audits were completed across services on a weekly basis and reported through the quality and safety reporting structure
- Examination of themes and trends arising from investigations into patient safety incidents through root cause analysis, indicated a quality gap around the

translation of risks into care plans

- While record keeping audits are quite extensive it was identified that they do not include a measurable question for this aspect of care delivery to gain assurance

Progress in 2018/19

- o A measurable question was developed to gain assurance that identified risks are translated into individualised care plans in line with the Trust's Clinical Risk Management Policy.
- o A baseline audit was undertaken to assess whether presenting risks identified by risk assessments are translated into individualised risk management plans and care plans
- o The results of a baseline audit were presented to the mental health quality and safety group in October 2018 and indicated an 81% compliance rate
- o A review of the findings of the baseline audit led to the development of an action plan, which included delivering additional training to inpatient staff
- o The results of a re-audit in March 2019 to review progress indicated an improved 90% compliance rate.

Next Steps

- This important aspect of care will continue to be audited with the aim to achieve and maintain a 95% compliance rate. The results will be reported to and monitored by the Mental Health Quality and Safety Group
- Success will be measured by whether current practice consistently reflects that risks identified are translated into individualised risk management care plans across all services

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

Older people with a mental health condition are at increased risk of falling during their inpatient stay as they often have additional risk factors such as cognitive, sensory and continence problems plus other health issues that may increase their risk of falling such as their medication, mobility and balance.

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

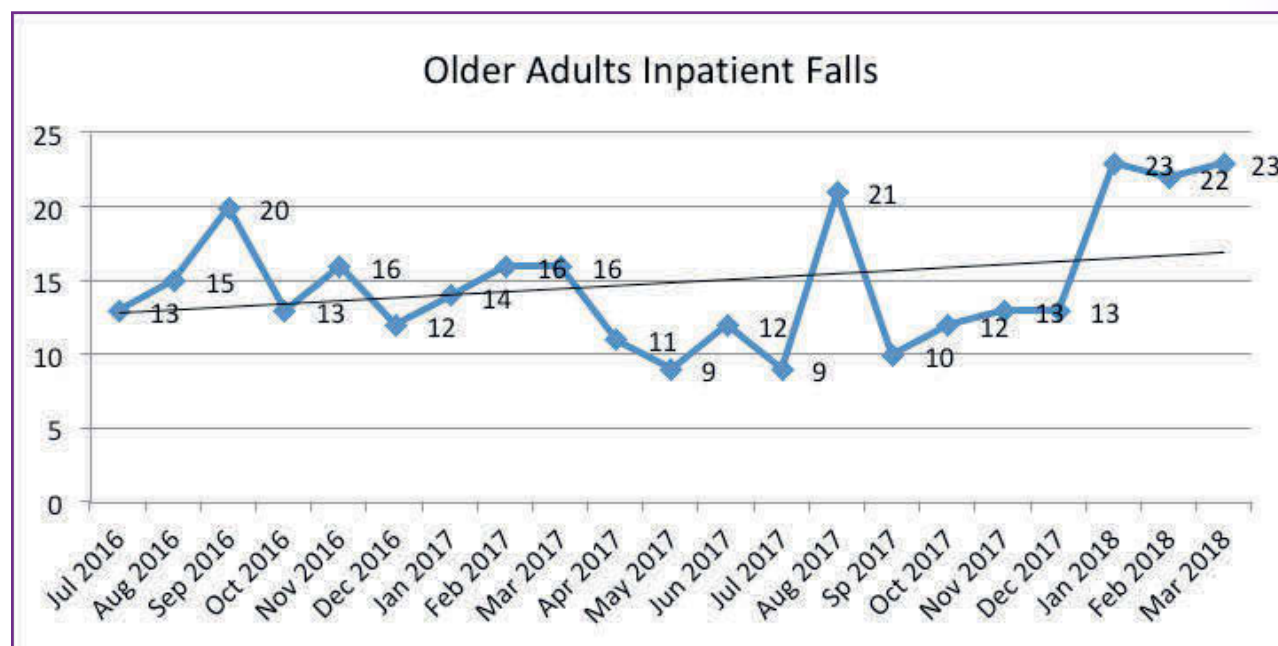
How quality will be improved

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

Progress in 2017/18

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

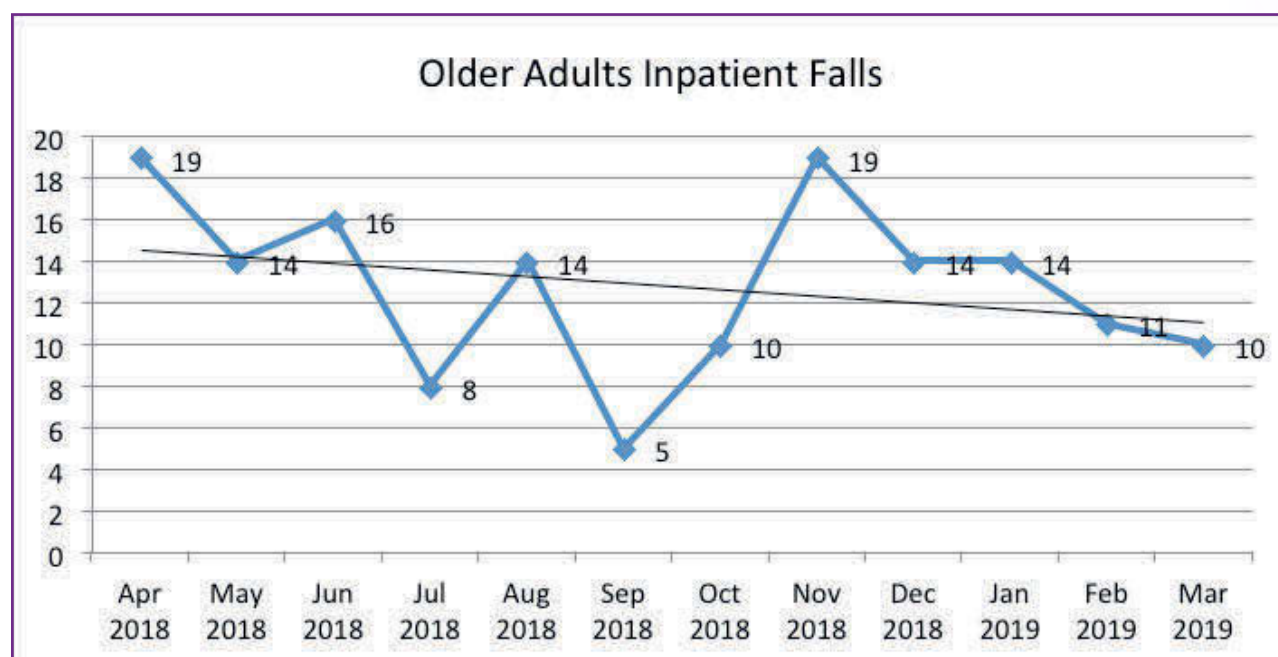
Figure 1: Monthly falls recorded on Older Adults Psychiatric Wards July 2016 – March 2018



Progress in 2018/19

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

Figure 2: Monthly falls recorded on Older Adults Psychiatric Wards April 2018 – March 2019



- o Figure 2 above shows the number of falls by older adult patients recorded during 2018/19. These falls were due to individual patients with complex mental health and physical health conditions.
- o The chart demonstrates that while reducing the number of falls each month remains a challenge, the trend is downwards as the initiatives introduced from the NHS Improvement falls collaborative started to have a positive impact.
- o An average of thirteen falls per month occurred during 2018/19 so the target to reduce the number of falls occurring on older adults psychiatric wards by 10% has been achieved.
- o These initiatives are continuing to be embedded into frontline practice and adopted by all three older adult wards, whilst accepting that patient safety has to be balanced with independence, rehabilitation, privacy and dignity. A patient who is not allowed or not supported to walk alone will soon become a patient who is reluctant or unable to walk alone.

Next Steps

- The initiatives in place will continue to be implemented and the number of falls reported and analysed each month
- We remain committed to continuously improving the way we carry out falls risk assessments and the management of patients at higher risk of falls.
- We will continue to collaborate with NHS Improvement and other organisations with the aim to continuously reduce the number of falls occurring on our older adult psychiatric wards

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

Why this is a priority for improvement

Epilepsy is a condition whereby a person is prone to recurrent seizures, an abnormal movement or behaviour as a direct result of a change in the electrical activity of the brain. Accurate estimates of incidence and prevalence are difficult to achieve but the prevalence rate of epilepsy amongst people with learning disabilities has been reported as twenty times higher than for the general population.

In last year's report we provided information on the work that has taken place to improve the management of epilepsies across our inpatient units. This quality improvement priority is intended to build on that work to ensure our learning disabilities community services are meeting national standards and recommendations.

How quality will be improved

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

Progress in 2017/18

- A comprehensive review of the management of epilepsies was undertaken across all inpatient units as detailed in last year's quality report

Progress in 2018/19

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

Next steps

- The pilot of the new documentation across all community learning disabilities services will be completed and the feedback will be used to produce a new documentation pack for the management of epilepsy.

- The new epilepsy documentation pack will be formally approved for use across all community areas
- Staff will receive training and support as part of the implementation plan
- An audit will be undertaken to measure improvement and compliance against national standards

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

Why this is a priority for improvement

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

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

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

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

How quality will be improved

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

Progress in 2017/18

- Record keeping audits for all children and young people receiving care were completed on a quarterly basis.
- Care planning, risk assessments and patient, family, carer involvement formed part of the audit criteria.
- The audits identified variations in compliance across children's services

Progress in 2018/19

- o An improvement group was established to review the audit tool and guidelines following feedback from staff regarding a lack of consistency in the interpretation of the tool.
- o The group used this feedback to revise the tool and update the guidance to staff in line with the Trust's Clinical Record Keeping Standards Policy. In future, all staff could expect to have a percentage of the clinical records they completed audited during the audit cycle as previously only a random sample of staff were selected to have their records audited.
- o A pilot audit was undertaken across some children's services during Quarter 4 using the new tool and guidance. Service leads fed back the findings of the audits to individual members of staff during 1-1 supervision
- o The results reaffirmed the need for greater consistency to ensure that all care plans are agreed with the each child, young person, their parents or carer and include a time frame for review and evaluation.

Next Steps

- Due to the limited progress during 2018/19 this will continue to be the improvement priority for children's services in 2019/20 (see section 3.4.4)
- Quarterly audits will be undertaken against professional standards to monitor whether best practice is being embedded into daily practice
- Updates will be provided via the monthly quality and safety report
- Oversight and monitoring will be undertaken by the Divisional Quality and Safety Group

3.4 Looking Forward – Priorities for 2019/20

The Trust's divisional services have listened to feedback from service users, staff and stakeholders over the past year in order to determine their quality improvement priority for the year ahead (see Table 2 below). Other Trust quality priorities and goals are set out in detail in the Trust's Annual Plan on the Trust's website www.bcpft.nhs.uk.

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

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

Why this is a priority for improvement

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

The main issue for our services is the low percentage of patients on CPA compared to other mental health trusts and why this percentage has decreased in recent years. A

review is necessary to ensure that patients are receiving the right level of care to meet their needs.

How quality will be improved

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

Progress in 2018/19

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

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

- All frontline clinical staff will be made aware of the Trust's new policy and its application in practice
- The work of the CPA Review Group will continue to identify the numbers of patients currently on CPA within community mental health services.
- The group will complete a review of each

patient's CPA eligibility based on current need and apply the standards of the new policy so that all patients that qualify for this care package are allocated a care co-ordinator, receive reviews of their care needs and an up to date crisis plan and care plan.

- Audits will be undertaken to assess compliance and the results will be reported to the Mental Health Quality and Safety Group who will monitor this priority each month until completion.
- There will be additional oversight by the Trust's Quality and Safety Committee

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

Why this is a priority for improvement

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

Risk will fluctuate and be influenced by the experiences, perceptions and interactions that an individual is subject to at any point in time. Therefore, risk management plans must be constantly evaluated and amended for the minimisation of risk and the prevention of harm or further harm.

How quality will be improved

- o Every older adult patient will receive an individualised risk management care plan appropriate to their needs, with their risks identified through specific relevant risk assessments and translated into their individualised care plan and crisis plan
- o A measurable question will be used to gain assurance that identified risks are translated into individualised care plans and crisis plans
- o Record keeping audits carried out across older adult mental health services will include the measurable question to gain assurance that risk management care and crisis plans are reflective of identified risks

Progress in 2018/19

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

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

- Audits will be undertaken to review progress
- Audit results will be presented to the mental health quality improvement sub-group
- Success will be measured by whether current practice reflects that risks identified are translated into individualised risk management care plans and crisis plans across all older adult mental health services
- Actions to address underperformance will be assigned to nominated leads as necessary
- Completion of action plans will be monitored by the mental health quality improvement sub-group
- Updates will be provided via the monthly quality and safety report to the Mental Health Quality and Safety Group
- There will be additional oversight by the Trust's Quality and Safety Committee

3.4.3 Learning Disabilities Services – Improving the management of constipation

Why this is a priority for improvement

People with learning disabilities are more likely to experience constipation than other people. A European study of adults with learning disabilities living in institutions found that almost 70% had constipation compared to 15% of the general population. Constipation is a symptom not a diagnosis and means different things to different people. Many people with learning disabilities can find it difficult to communicate their symptoms and this may lead to delay in diagnosis and treatment. If left untreated it can lead to serious consequences and nationally there have been two serious case reviews where patients with

learning disabilities died in hospital as a result of complications linked to constipation.

How quality will be improved

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

Progress in 2018/19

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

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

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

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

Why this is a priority for improvement

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

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.

We aim to ensure that every child and young person has a current care plan appropriate to his or her needs and development. Objectives will be agreed and set and they and their family will engage in the formulation of the plan, the

delivery of identified goals and when reviews take place.

How quality will be improved

- o Every children's service will ensure there is a personalised approach to care in place
- o Health professionals in each service will be planning, monitoring and reviewing plans in a time-framed manner for each child or young person on their caseload
- o Each plan will be discussed and agreed with the child or young person where appropriate and the person with parental responsibility
- o The plan will be clearly documented and includes agreed objectives and the delivery of identified goals within set time frames

Progress in 2018/19

- Please refer to section 3.3.4

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

- Quarterly audits will continue to be undertaken against professional standards to monitor whether best practice is being embedded into daily practice
- Actions to address underperformance will be assigned to nominated leads as necessary
- Updates will be provided in the monthly quality and safety report
- Oversight and monitoring will be undertaken by the Children's Divisional Quality and Safety Group
- There will be additional oversight by the Trust's Quality and Safety Committee
- Success will be measured by whether current practice consistently reflects that the plan of care and the child's voice is translated into individualised care plans across all services, with the aim to achieve 95% compliance by 2020.

3.5 Statements of Assurance from the Board of Directors

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

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

3.5.1 Review of Services

During 2018/19, Black Country Partnership NHS Foundation Trust provided and/or sub-contracted fifteen relevant NHS services:-

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

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

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

The income generated by the relevant health services reviewed for 2018/19 represents 100% of the total income generated from the provision of relevant health services by the Black Country Partnership NHS Foundation Trust for 2018/19.

3.5.2 Participation in Clinical Audit and National Confidential Enquiries

Clinical audit is a quality improvement process that can be used to check whether a service is meeting the standards that people who use it should receive. It is also a valuable component of each health professional's knowledge and skills set to evidence how quality improvement is an integral part of their professional practice.

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

National confidential enquiries are undertaken to detect areas of deficiency in clinical practice and devise recommendations to resolve them. They are 'confidential' as details of the patients

remain anonymous although reports of the overall findings are made public. The confidential enquiry process goes beyond audit as the details of each death or incident are critically reviewed by a team of experts, to establish whether clinical standards were met and the right clinical decisions were made in the circumstances.

During 2018/19 seven national clinical audits and one national confidential enquiry covered relevant health services that Black Country Partnership NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that Black Country Partnership NHS Foundation Trust was eligible to participate in, and for which data collection was completed during 2018/19 are listed in Table 3 below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 3: Participation in National Clinical Audits and National Confidential Enquiries 2018/19

Title	Participation	% Cases submitted
National Audit of Anxiety and Depression Core Audit	Yes	98%
National Audit of Care at End of Life	Yes	100%
National Audit of Psychosis Early Intervention Service Spotlight Audit	Yes	100%
National Audit of Anxiety and Depression Psychological Therapies Spotlight Audit	Yes	100%
National Audit of Rapid Tranquillisation (POMH-UK Topic 16b)	Yes	100%
National Audit of the use of Clozapine (POMH-UK Topic 18a)	Yes	100%
National Audit of the side effects of depot/LAI antipsychotics (POMH-UK Topic 6d)	Yes	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	Yes	95%

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

Title	Action Taken/to be taken
<p>National Audit of Psychosis</p> <p>Over recent years various initiatives have been developed, aimed at improving the quality of care that people with psychotic disorders receive. In 2006 the Quality and Outcomes Framework (QOF) provided an incentive for primary care physicians to conduct an annual physical health review for people with severe mental illness. In 2014 the national Mental Health Commissioning for Quality and Innovation (CQUIN) was introduced to provide financial incentives to Trusts to improve the physical health care of people with psychosis. The Improving Access to Psychological Therapies (IAPT) programme was established by the Department of Health in 2008 to improve access to such therapies for people with anxiety and depressive disorders. In 2012, a parallel programme was set up to improve access to psychological therapies for people with severe mental illness through the development of demonstration sites and staff training programmes.</p> <p>This audit was to discover whether important elements of care have improved.</p> <p>The audit focused on four issues relating to the quality of care provided for people with psychotic disorders: management of physical health, prescribing practice, access to psychological therapies and outcomes. Twelve audit standards and two outcome measures were developed to examine these issues. The minimum sample number for all Trusts was 100 patients.</p>	<p>The audit findings were reviewed by the Mental Health Quality and Safety Group.</p> <p>A new clinical pathway will be created that will trigger an annual assessment of cardiovascular risk of all patients with psychosis rather than those considered at a higher risk.</p> <p>We will continue to explore different ways to recruit and retain staff who can deliver cognitive behavioural therapy for psychosis (CBTp) and family interventions to ensure that all people with psychosis can be offered these services.</p> <p>Clinical Directors will reiterate to consultant teams and clinicians to provide information related to patient's current antipsychotic medication in leaflet form and to include documented discussion about benefits and adverse effects of the medication in the patient notes.</p> <p>Community mental health teams will continue to support people with psychosis who are unable to attend mainstream education, training, or work, to take up alternative educational or occupational activities, according to their individual needs. Further, that all interventions offered are documented in their care plan.</p> <p>As part of the implementation of electronic health records across all mental health services an Annual Summary of Care will be introduced for each patient in their digital care record. This will include information on medication history, therapies offered and physical health monitoring/interventions. It will be updated annually and shared with the patient and their primary care team.</p>
<p>National Audit on the use of long acting antipsychotic injections for relapse prevention (POMH-UK Topic 17a)</p> <p>Partial or total non-adherence to prescribed medication is extremely common. Most intermittent non-adherence is probably down to forgetfulness and is characteristic of all long-term medicine use, but the impairments and disorganisation characteristic of severe mental illness also play a part as of course does deliberate discontinuation. Non-adherence averaged 42% in patients with schizophrenia in a recent meta-analysis of 38 studies involving 51,796 patients.</p> <p>Long-acting injectable antipsychotics (LAIs) were introduced in the 1960s and quickly taken up as a means of dealing with non-adherence. They simplify treatment by providing a known dose of medication at regular intervals, administered by a health professional who is alert to clinical change and to non-adherence by monitoring missed or delayed appointments.</p>	<p>The audit findings were reviewed by the Trust's Medicines Management Committee.</p> <p>The standards for the audit were derived from NICE Clinical Guideline CG178 'Psychosis and schizophrenia in adults: prevention and management' and focused on the patient's care plan, the initiation and the annual review of long acting injectable antipsychotic medication.</p> <p>This was the first ever national prescribing audit for the use of long-acting injectable antipsychotic medication for relapse prevention and as is often the case with an audit of a new topic area, it identified areas for improvement.</p> <p>Results were positive for reviewing medication but Clinical Directors have written to clinical teams to reiterate the importance of completing relevant information in the patient's care plan in the detail required to comply with this standard.</p>

Title	Action Taken/to be taken
<p>National Audit of valproate for bipolar disorder (POMH-UK Topic 15b)</p> <p>Valproate is the term often used to describe different formulations of valproic acid. Valproate is endorsed by the 2014 NICE clinical guideline for Bipolar Disorder as a second-line agent after lithium for long-term treatment of bipolar disorder although Valproate is more commonly prescribed (36%) than lithium (23%) nationally. This may partly reflect a reluctance to use lithium because of concerns about potential toxicity and the burden of biochemical monitoring.</p> <p>Valproate has been singled out for concern because of apparently higher risks of developmental impairments in children who were exposed to valproate in the womb. The audit report coincided with the Medicines and Healthcare products Regulatory Agency's new safety regulations issued on 25 September 2018 that Valproate medicines must not be used in women of childbearing potential unless a Pregnancy Prevention Programme is in place.</p>	<p>The audit findings were reviewed by the Trust's Medicines Management Committee.</p> <p>The audit findings revealed only a small percentage (11%) of women 50 years of age or younger were prescribed valproate.</p> <p>The Medicines and Healthcare products Regulatory Agency's new safety regulations require clinical teams to take the following action:</p> <ul style="list-style-type: none"> - book in review appointments at least annually with women and girls under the Pregnancy Prevention Programme and re-evaluate treatment as necessary - provide supporting information and explain clearly the conditions as outlined in this information - complete and sign with the patient or their responsible person the Risk Acknowledgement Form - copies of the form must be given to the patient or responsible person and sent to their GP
<p>National Audit of Rapid Tranquillisation (POMH-UK Topic 16b)</p> <p>Acutely disturbed behaviour is common in inpatient psychiatric settings, placing both the patient and others at risk. Medication is commonly used to calm a severely agitated patient in order to reduce the risk of imminent and serious violence to self or others, rather than to treat the underlying psychiatric condition.</p> <p>Use of medication in these circumstances is part of a comprehensive approach to managing disturbed behaviour, alongside other strategies for de-escalation and the use of therapies to assist patients who are agitated and unsettled.</p> <p>The importance of preventing and appropriately managing such behaviour is addressed in NICE clinical guideline NG10: violence and aggression: short-term management in mental health, health settings. They define rapid tranquillisation as the use of medication by the parenteral route (usually intramuscular).</p>	<p>The audit findings were reviewed by the Trust's Medicines Management Committee.</p> <p>An improvement group has recently completed a review of the Trust's policy for rapid tranquillisation.</p> <p>The revised policy provides staff with the latest guidance to better understand and comply with the physical monitoring standards for the administration of intramuscular medication.</p> <p>Clinical Directors have written to clinical teams to reiterate the importance of physical monitoring (pulse, blood pressure, respiratory rate, temperature) of the patient when intramuscular medication is administered.</p>

Table 4: Completed Reports received in 2018/19

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

The Trust also uses local clinical audit as a way of improving the quality of its services. A sample of 6 local clinical audits reviewed by the Trust in 2018/19 are set out in Table 5 below and it intends to take/has taken the following actions to improve the quality of healthcare provided:-

Table 5: Local Clinical Audits reviewed in 2018/19

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

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

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

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

3.5.3 Participation in Clinical Research

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

The Trust continues to be research active and has an established Research and Innovation Group which meets every month. Senior clinicians attend representing their different services and professions. The Research and Innovation Department offer good clinical practice training for anyone who would like to get more involved in research and all staff and service users are welcome from across the Trust.

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

Research and Innovation: Studies

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



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

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

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

An innovative study looking into immune system differences in psychosis

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

A study funded by the Department of Health.

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

A study running until 2021

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

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

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

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

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

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

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

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



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

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

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

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



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

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



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

Our first study focused on adults with Autism!

The number of patients receiving NHS services provided by Black Country Partnership NHS Foundation Trust that were recruited for 2018/19 to participate in research approved by a research ethics committee was 321. This information was produced independently of the Trust by Clinical Research Network West Midlands, part of the National Institute for Health Research.

3.5.4 Goals agreed with Commissioners

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

A proportion of Black Country Partnership NHS Foundation Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Black Country Partnership NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation Payment Framework (CQUIN). Please see Tables 6 and 7 below:-

Table 6: CQUIN Schemes 2018/19

Table 7: CQUIN Schemes 2017/18

2017/18			2016/17		
CQUIN Scheme	Value	Achieved	CQUIN Scheme	Value	Achieved
Staff Health & Wellbeing: Introduction of health and wellbeing initiatives	£160,346	£61,139	Staff Health & Wellbeing: Introduction of health and wellbeing initiatives	£159,973	£65,001
Staff Health & Wellbeing: Healthy food for NHS staff, visitors and patients	£160,346	£160,346	Staff Health & Wellbeing: Healthy food for NHS staff, visitors and patients	£159,974	£159,974
Staff Health and Wellbeing: Improving the uptake of flu vaccinations for frontline staff	£160,828	£112,580	Staff Health and Wellbeing: Improving the uptake of flu vaccinations for frontline staff	£160,436	£160,436
Improving services for people with mental health needs who present to A&E	£334,123	£334,123	Improving services for people with mental health needs who present to A&E	£335,247	£335,247
Personalised care and support planning for children with long-term conditions	£201,996	£201,996	Personalised care and support planning for children with long-term conditions	£148,789	£148,789
Recovery College for medium and low secure patients	£21,790	£21,790	Recovery College for medium and low secure patients	£21,768	£21,768
Reducing restrictive practices within adult low and medium secure services	£50,843	£50,843	Reducing restrictive practices within adult low and medium secure services	£50,792	£50,792
Improving physical healthcare: to reduce premature mortality in people with serious mental illness	£267,298	£162,089	Improving physical healthcare: to reduce premature mortality in people with serious mental illness	£268,199	£235,727
Improving physical healthcare: Collaboration with primary care clinicians	£66,824	£62,815	Improving physical healthcare: Collaboration with primary care clinicians	£67,049	£58,422
Preventing ill health by risky behaviours – alcohol and tobacco	£334,123	£259,948	Preventing ill health by risky behaviours – alcohol and tobacco	£335,246	£270,192
Transitions out of Children and Young People's Mental Health Services (CYPMHS)	£334,123	£309,627	Transitions out of Children and Young People's Mental Health Services (CYPMHS)	£335,247	£334,542
Total Financial Value	£2092,640		Total Financial Value	£2,042,720	
Total Amount Achieved	£1740,296		Total Amount Achieved	£1,840,890	

Further details of the agreed goals for 2018/19 and for the following 12-month period are available electronically at <http://www.bcpft.nhs.uk/>

3.5.5 Statements from the Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Black Country Partnership NHS Foundation Trust during the period 1 April 2018 - 31 March 2019.

Black Country Partnership NHS Foundation Trust has participated in one national review by the Care Quality Commission relating to the following area during the period 1 April 2018 - 31 March 2019:

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

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

3.5.6 Data Quality

Data is generally considered high quality if it is fit for its intended uses in operations, decision-making and planning, to provide better patient care, wellbeing and safety.

Poor data quality puts organisations at significant risk of weakening frontline service delivery, incurring financial loss and providing poor value for money.

3.5.6.1 NHS Number and General Medical Practice Code Validity

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

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

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

Black Country Partnership NHS Foundation Trust has submitted records during 2018/19 to the Secondary Uses Service, for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data, which included the patient's valid NHS number and General Medical Practice Code are provided in Tables 8 and 9 opposite.

Table 8: NHS Number

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

Table 9: General Practice Medical Code

General Practice Medical Code	2014/15	2015/16	2016/17	2017/18	2018/19
Admitted Patient Care	99.9%	99.9%	100%	100%	99.5%
Outpatient Care	100%	100%	100%	100%	100%

3.5.6.2 Data Security and Protection Toolkit

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

In April 2018, the Information Governance Toolkit was replaced by the Data Security and Protection Toolkit (DSPT). This new toolkit is an online self-assessment tool that all organisations must use if they have access to NHS patient data and systems. The online self-assessment tool enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards, to provide assurance that they are practising good data security and that personal information is handled correctly. Within each standard there are a number of assertions which require various evidence and confirmation of assurance. There are a total of 100 mandatory evidence requirements which must be adhered to and 49 additional requirements which are optional.

Black Country Partnership NHS Foundation Trust's Data Security and Protection Assessment Report overall score for 2018/19 was 96% as set out in Table 10 below.

Table 10: Data Security and Protection Toolkit Score 2018/19

Data Security and Protection Toolkit	Completed	Items Not Met	% complete
Mandatory Requirements	100	0	100%
Optional Requirements	43	6	88%
Totals	143	6	96%

3.5.6.3 Clinical Coding Error Rate

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis, treatment, or reason for seeking medical attention, into standard, recognised codes. These codes are taken from the International Classification of Diseases 11th Revision or ICD-11, the internationally recognised standard for the classification of diseases. The accuracy of this coding is a fundamental indicator of the accuracy of patient records.

Black Country Partnership NHS Foundation Trust was not subject to a Payment by Results clinical coding audit. However, the Trust 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 11 below.

Table 11: Clinical Coding Error Rate

Clinical Coding	2014/15	2015/16	2016/17	2017/18	2018/19
Primary diagnosis coding incorrect	6%	0%	4%	6%	8%
Secondary diagnosis coding incorrect	10.4%	3.4%	4.9%	5.5%	9%

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

The clinical coding error rate for 2018/19 is higher than previous years due to a coding backlog and in order to catch up some discharges were coded from discharge summary letters rather than from patients' records. When the auditors checked these patients' records they found additional information which should have been coded. The coding backlog has been completed and staff reminded that the full set of patients' records should always be used to ensure clinical coding is documented accurately.

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

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

During 2018/19, 333 of Black Country Partnership NHS Foundation Trust's patients died of which 290 had a severe mental illness and 43 were people with learning disabilities.

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

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

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

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

86 in the fourth quarter of which 78 had a severe mental illness and 8 were people with learning disabilities

By 31 March 2019, 0 case record reviews and 18 investigations have been carried out in relation to 18 of the deaths recorded above. In 0 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was 5 in the first quarter, 5 in the second quarter, 4 in the third quarter and 4 in the fourth quarter.

NHS Improvement in their publication 'Detailed Requirements for Quality Reports 2018/19' have requested that the following statements are also included and for the Trust to report on this information.

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

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

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

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

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

On 26 November 2018, the Royal College of Psychiatrists published a mortality review tool for use by mental health services on how they should carry out investigations with a view to determining whether the death was wholly or partly due to problems in the care provided to the patient.

The tool allows explicit judgements around a patient's care to be made, with a score given for each phase of care. The aim of the tool is to make it possible for trusts to screen all deaths of patients in contact with mental health services and, through thematic analysis of a number of completed forms, to determine areas of good care and to recognise areas where care can be improved

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

3.6 Reporting against Core Quality Indicators

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

The list of indicators required by NHS Improvement to be disclosed in this section of the quality report are unchanged from last year. Table 12 below provides a summary of these indicators. A more detailed explanation and analysis of each indicator is set out afterwards.

Table 12: Summary of Core Quality Indicators 2018/19

Indicator	Target	Achieved	
Patients on Care Programme Approach followed up within 7 days of discharge from psychiatric inpatient care	95%	97.4%	
Admissions to inpatient services that had access to the crisis resolution team prior to admission	95%	98.3%	
Patients aged 16 years or over re-admitted to hospital within 28 days of discharge	<15.3%	12.0%	
Patient experience of community mental health services	71%	71%	
Patient safety incidents and the percentage that resulted in severe harm or death	1.1%	0.5%	

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

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

The national target for this indicator is to follow up 95% of patients within 7 days. Black Country Partnership NHS Foundation Trust considers that this data is as described in Table 13 below for the following reasons:-

- this information has been published independently by NHS England (columns 4-7)
- in line with Board assurance requirements, the Trust is required to publish internally reported information for this indicator (column 3*). There can be a slight variance between internally reported information and NHS England's statistical data due to post-submission validation arrangements

Table 13: 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 2019	95%	97.9%	98.0%	95.8%	100%	83.5%
Qtr. 3 October - December 2018	95%	97.7%	98.5%	95.5%	100%	81.6%
Qtr. 2 July - September 2018	95%	98.3%	98.4%	95.7%	100%	83.0%
Qtr. 1 April - June 2018	95%	94.8%	94.5%	95.8%	100%	73.4%

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

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

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

Crisis resolution teams offer intensive short-term support for people in mental health crises in their own home to prevent hospital admissions to a psychiatric inpatient ward. The national target for this indicator is for teams to assess 95% of all patients prior to their admission to a psychiatric inpatient ward.

Black Country Partnership NHS Foundation Trust considers that this data is as described in Table 14 below for the following reasons:-

- the information below has been published independently by NHS England (columns 4-7)
- in line with Board assurance requirements, the Trust is required to publish internally reported information for this indicator (column 3*). There can be a slight variance between internally reported information and NHS England's statistical data due to post-submission validation arrangements.

Table 14: 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 2019	95%	100%	100%	98.1%	100%	88.2%
Qtr. 3 October - December 2018	95%	96.5%	96.5%	97.8%	100%	78.8%
Qtr. 2 July - September 2018	95%	99.2%	98.4%	98.4%	100%	81.4%
Qtr. 1 April - June 2018	95%	98.2%	98.2%	98.1%	100%	85.1%

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

- 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 15 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 15: Re-admissions within 28 days

Reporting Periods	Local Target	BCPFT Achieved
Qtr. 4 January - March 2019	<15.3%	10.5%
Qtr. 3 October - December 2018	<15.3%	9.7%
Qtr. 2 July - September 2018	<15.3%	14.3%
Qtr. 1 April - June 2018	<15.3%	13.6%

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

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

3.6.4 Patient experience of community mental health services

Community mental health services provide care and treatment for people in the community who have complex or serious mental health conditions. Every year, the Care Quality Commission undertakes a national survey of community mental health services across England by sending out a questionnaire to a representative sample of people, to obtain their views on the service they receive from their local mental health provider. The survey asks for their views on aspects of their care such as whether they felt they were treated with dignity and respect and whether they felt involved in decisions about their care.

In 2017 the annual questionnaire was sent to people receiving community mental health services to obtain their views about 56 mental health providers across the country and over 12,500 people responded, a response rate of 28%. 827 questionnaires were sent out to people receiving community mental health services from

Black Country Partnership NHS Foundation Trust and 220 responses were received, a return rate of 27%. The results of the survey were published in 2018.

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

Q5. Were you given enough time to discuss your needs and treatment?
Q6. Did the person or people you saw understand how your mental health needs affect other areas of your life?

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

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

Table 16: Service users' experience of contact with a health or social care worker

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

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

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

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

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

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

Black Country Partnership NHS Foundation Trust considers that this data is as described in Tables 17 and 18 below for the following reasons:-

- incident data is produced and published independently of the Trust by NHS Digital
- they offer a comparison of the Trust's performance against fifty-two other mental health providers across England
- the information provided covers the period 1 October 2017 – 30 September 2018 as more current data was not available from NHS Digital
- the highest and lowest trusts reporting the total number of incidents for the period will be different to the highest and lowest trusts reporting the number of incidents resulting in severe harm and death
- the approach taken to determine the classification of each incident will often rely on clinical judgement so this judgement may, acceptably, differ between health professionals
- the classification of the impact of an incident may be subject to a lengthy investigation which may result in the classification being changed; this change may not be reported so the data held by a trust may differ to that held by NRLS

Table 17: Patient safety incidents resulting in severe harm or death April - Sept 18

Reporting period: 1 April 2018 – 30 September 2018				
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	1,296	44.7	6	0.5%
National Average	3,542	50.3	17	1.1%
Highest Trust	4,634	114.3	239	3.7%
Lowest Trust	1,747	24.2	2	0.1%

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

Reporting period: 1 October 2017 - 31 March 2018				
Patient safety incidents that resulted in severe harm or death	Total 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	1,439	49.4	4	0.3%
National Average	3,076	46.5	36	1.1%
Highest Trust	2,329	96.7	86	4.3%
Lowest Trust	1,828	14.9	2	0.1%

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

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

Part Three

3.7 Reporting against Local Quality Indicators

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

Following the theme of previous years, the Board of Directors in consultation with stakeholders, provide a mix of new and established indicators to reflect both their ongoing priorities and to highlight progress on other quality initiatives.

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

Table 19 below provides a summary of these indicators. The results of our performance against all nine indicators are set out afterwards.

Table 19: Summary of Local Quality Indicators 2018/19

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

3.7.1 Patient Safety

3.7.1.1 Managing Self-harm

Self-harm is a broad term to describe behaviour associated with a range of other symptoms and psychological disorders which results in acts that cause personal harm.

Patients who engage in self-harm behaviour do so for a range of different reasons including, as a demonstration of anger, a way of finding relief and distraction from significant and unrelenting life problems, or difficulties managing a range of emotions, including anxiety, sadness, shame, guilt and humiliation.

Self-harm is poorly understood in society and even people who regularly encounter cases of self-harm through the course of their work

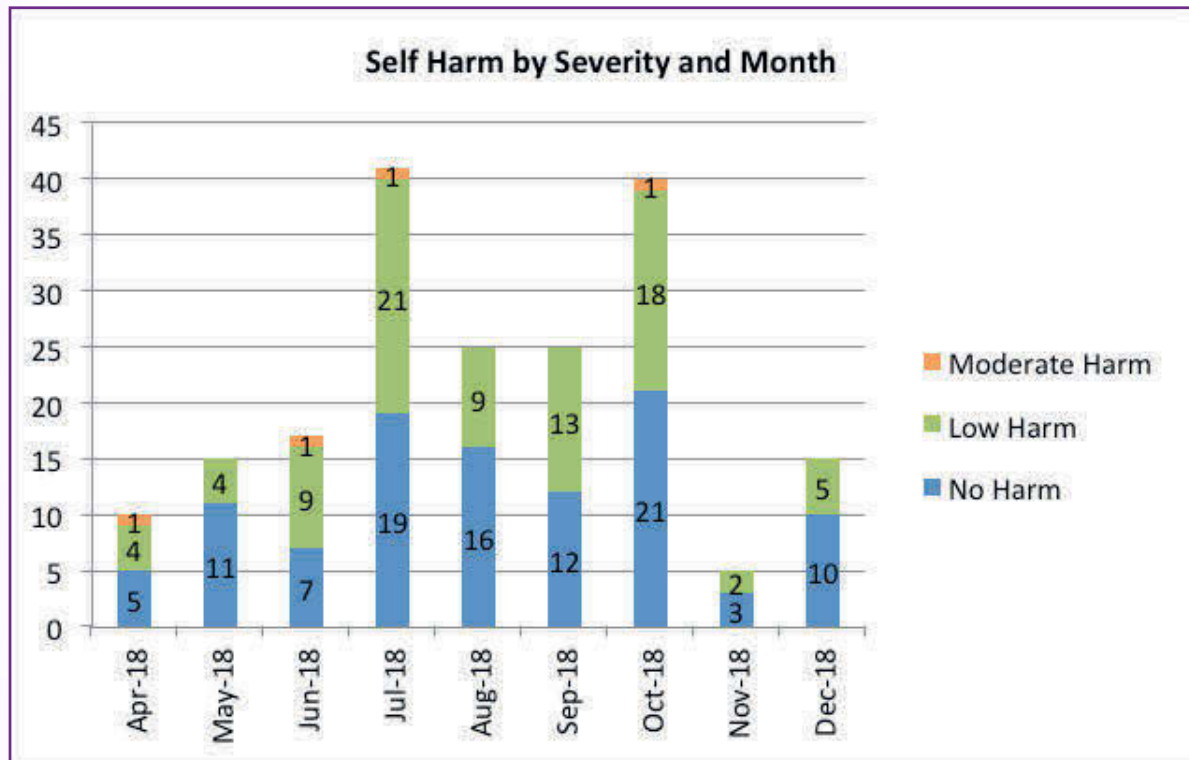
such as social workers, police officers and health professionals may find the care of people who have harmed themselves particularly challenging. The management of self-harm behaviours is a difficult and emotive aspect of giving care.

All incidents of self-harm including the level of severity are reported and recorded on the Trust's incident reporting system to facilitate monitoring and analysis. In last year's report, we provided an analysis of the levels of self-harm that occurred across all inpatient psychiatric wards to understand why there were notable differences in the rates of self-harm incidents across these wards. The analysis showed that one ward accounted for more than half of all incidents and more than the other eight wards combined.

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

Figure 3 below shows the monthly incident rate of self-harm together with the levels of harm.

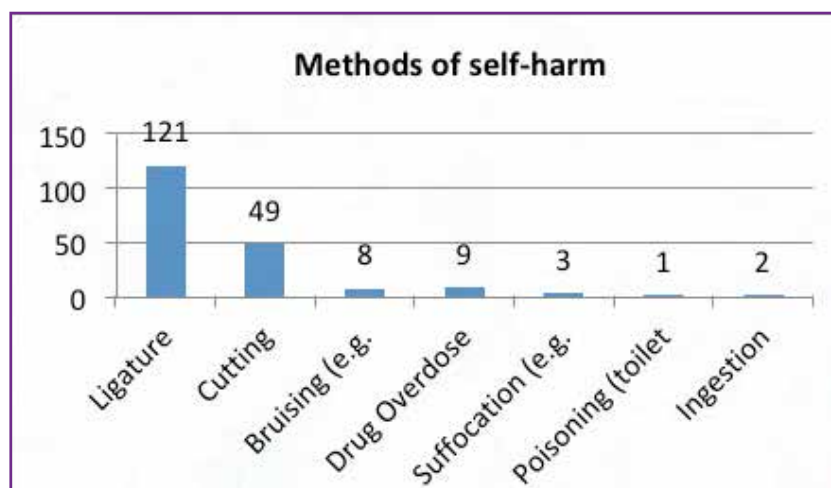
Figure 3: Monthly incidents of self-harm April - December 2018 and level of harm



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

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

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



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

The numbers of patients admitted to the ward with emotionally unstable personality disorder has significantly increased over the past two years. Table 20 below reveals that 7 patients were responsible for 91% of the self-harm incidents recorded between April and December 2018. The table also shows their care cluster allocation where a score of 8 is indicative of a diagnosis of personality disorder.

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

Table 20: Incidents of self-harm by patient

Patient	Care Cluster	No. of Incidents
1	8	42
2	8	33
3	8	30
4	8	18
5	8	18
6	8	18
7	8	16
8	8	5
9	8	4
10	-	3
11	-	2
12	-	1
13	-	1
14	-	1
15	-	1
Total		192

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

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

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

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

is to produce an agreed, multi-disciplinary shared protocol and implementation plan for the management of personality disorder.

Staff continue to adopt a mixture of two separate approaches to the management of self-harm, a protective approach and a therapeutic approach. A protective approach involves direct actions such as close observation, room searches, removal of potentially harmful objects and patient searches on return from leave. A therapeutic relationship with patients allows them to build trust and ventilate their feelings so they are more likely to talk to staff first before they self-harm.

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

3.7.1.2 Patient Safety Thermometer

The Patient Safety Thermometer is a national initiative used by our frontline staff to check basic levels of care to identify where things are going wrong and take action. It is called a 'safety thermometer' because it is a quick and simple method to measure and track the proportion of patients in our care with the 'four harms' of:-

1. Pressure ulcers (bedsores) are ulcerated areas of skin caused by irritation and continuous pressure on part of the body. They can be very painful and can take a long time to heal. They can look different so they are graded depending on their severity ranging from grade 1 to grade 4, the most severe.

2. Catheter associated urinary tract infections (CAUTIs) are infections that can occur in the kidneys, the tubes that take urine from the kidneys to the bladder or in the bladder. The longer a 'catheter tube' remains in place, the more likely an infection is to develop. To reduce the incidence, we monitor all patients with urinary catheters very closely and ensure that staff follow national best practice guidelines.
3. Falls a fall is defined as unintentionally coming to rest on the ground, the floor, or a lower level regardless of whether or not an injury has occurred that takes place mainly within inpatient settings
4. Venous thromboembolisms often referred to as VTEs (a patient may be defined as having a new VTE if they are being treated for a deep vein thrombosis (a blood clot in the calf), pulmonary embolism, (blood clot in the lung) or any other recognised type of VTE with appropriate therapy such as anticoagulants (medication to prevent the blood from clotting).

The information in Tables 21 and 22 below is published independently of the Trust by NHS Improvement. 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 in 2018/19.

Table 21: Patients 'harm free' in 2018/19 (Data supplied by NHS Improvement)

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients	164	158	158	154	158	156	156	150	150	158	160	164
% of Patients that were harm free	98.0%	98.7%	97.1%	99.1%	100%	100%	100%	99.4%	98.8%	100%	99.0%	99.3%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Table 22: Patients 'harm free' in 2017/18 (Data supplied by NHS Improvement)

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients	156	169	154	151	158	155	149	147	153	166	142	154
% of Patients that were harm free	99.4%	99.4%	100%	100%	100%	98.7%	99.3%	100%	97.4%	99.3%	98.1%	98.7%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

3.7.1.3 Managing clinically related challenging behaviour

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

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

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

Multi-disciplinary ward teams can then incorporate preventive strategies into the patient's

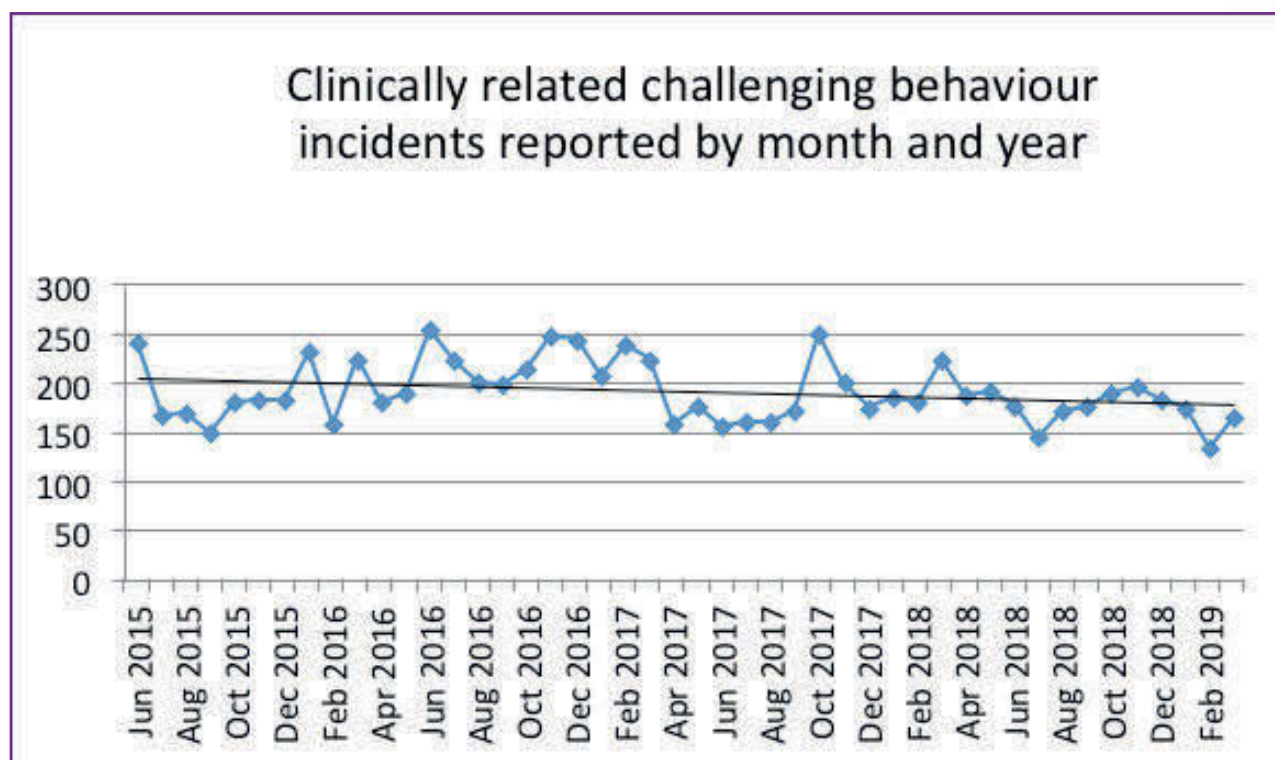
care plan that include avoiding factors or triggers that will exacerbate disturbed behaviour and early warning systems to identify when patients are most likely to become agitated. Good communication is an important part of managing challenging behaviour to de-escalate the situation, calm the patient down and reduce distress and anxiety.

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

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

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

Figure 5: Incidents of clinically related challenging behaviour June 2015 – March 2019



There were 241 incidents of clinically related challenging behaviour reported in June 2015 and by March 2019 this had reduced to 165 incidents, demonstrating that while the number of incidents fluctuates every month, the overall trend is downwards. Nonetheless the number of incidents has not decreased significantly over this time period and it is important to explain why this has not happened.

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

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

The Trust remains committed to reducing the number of incidents of clinically related challenging behaviour wherever possible. In last year's report, we explained how the Trust's Quality and Safety Group reviewed the continued levels of incidents of clinically related challenging behaviour across the organisation and established an improvement group to examine the issue further.

The group led by the Deputy Director of Nursing has continued to examine ways and initiatives that could help to improve this aspect of care. A trust-wide Quality Improvement Summit was held on the theme of violence and aggression to which front-line staff, senior clinicians and managers were all invited. Three common themes were identified, boundaries and team working; how to bridge the gap between substantive staff and bank staff; working closer with the police and restorative actions following an incident. A quality improvement plan is in place to drive initiatives forward which include the implementation

of 'safe wards', security training, 'See, Think, Act' training, and staff de-briefing following incidents.

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

3.7.2 Clinical Effectiveness

3.7.2.1 Infection Prevention and Control

Infection prevention and control is an essential component of our care. We want our patients to feel they are safe and receiving the best possible healthcare with us. While the risk of an infection is small, continuing to reduce the risk of infections remains of paramount importance. The Trust has a zero tolerance to healthcare associated infections.

Our infection prevention and control team use a surveillance system to monitor and record data on alert organisms and alert conditions found in the patients that we care for. Alert organisms and alert conditions are those that may give rise to outbreaks. The tables below are based on locally produced information in the absence of information available from an independent source.

Alert organisms are those bacteria responsible for several difficult to treat infections in humans e.g. MRSA, MSSA & E-Coli bacteraemia and clostridium difficile diagnosed through laboratory tests. Preventing outbreaks depends on prompt recognition of one or more infections with alert organisms and instituting special control measures to reduce the risk of spread of the organism. Table 23 below shows our performance.

Table 23: Alert Organisms

Year	MRSA Bacteraemia	E Coli Bacteraemia	MSSA Bacteraemia	Clostridium
2018/19	0	0	0	0
2017/18	0	0	0	0
2016/17	0	0	0	0
2015/16	0	0	0	0

Alert conditions are identified through clinical diagnosis, not laboratory tests and staff in clinical areas alert the infection prevention and control team of any suspected occurrence of these conditions at the earliest opportunity. Alert conditions include chickenpox, shingles, diarrhoea, vomiting, mumps, measles, and scabies. The most challenging alert condition for the Trust continues to be cases of diarrhoea and vomiting as recorded in Table 24 below although there has been a positive downward trend over the last four years.

Table 24: Diarrhoea and Vomiting Cases

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
2018/19	9	1	4	0	14
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 25 below shows our performance.

Table 25: No. of Outbreaks of Serious Infection Illness

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

The infection prevention and control team manage all outbreaks of infection. Weekly surveillance helps with the early identification of potentially transmissible infections enabling early implementation of prevention and control measures to limit spread.

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

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

- Closure of affected ward to stop the spread of the outbreak until all patients and staff are symptom free for at least 48 hours. In this case the affected ward was closed for a period of 14 days
- Isolation of affected patients to their rooms as much as reasonably practical
- Staff use of personal protective equipment e.g. aprons and gloves for all contact with affected patients and/or their immediate environment
- Minimise as much as possible the movement of patients and staff between affected and unaffected areas
- Observation of practice undertaken to ensure the risks of transmission is reduced as far as possible
- Communications to all staff and visitors informing them of a potential or confirmed outbreak and advice on minimising the risk of transmission to themselves and others
- Thorough cleaning of affected areas using the most effective chlorine releasing disinfectant, through liaison with the facilities team

- Strict hand hygiene for all patients, staff and visitors, before meals, after toileting, before and after any patient/environment contact and before entering and leaving the ward – using soap & water

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

During quarter four there was an outbreak of Influenza A on the Gerry Simon Unit at the Trust's Heath Lane Hospital site. In total 7 patients and 8 staff reported flu-like symptoms. 2 out of the 7 affected patients were confirmed to have Influenza A via throat swabs sent for laboratory analysis. Patients were treated with antiviral medication on the advice of a consultant microbiologist in accordance with Public Health England guidelines.

An outbreak team visited the unit daily and provided regular information and updates to staff via telephone and email. The outbreak lasted for 7 days, the procedures outlined above were followed and local commissioners and Public Health England were kept fully informed.

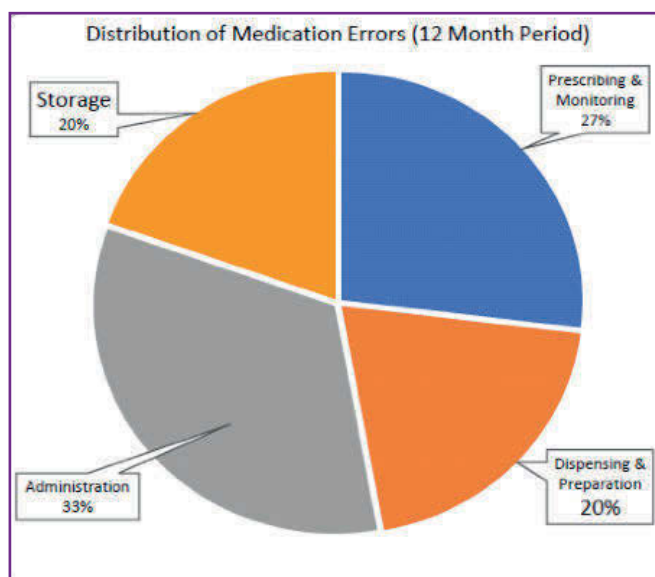
3.7.2.2 Medicines Management

Medicines are another central component in the delivery of high quality healthcare for patients. Medication is the most common medical intervention within the NHS and particularly within mental health services.

The high volume and complexity of prescriptions administered in mental health trusts presents a considerable challenge to ensure that this high risk activity is managed effectively all the time.

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

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

Figure 6: Categories of Medication Incidents

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

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

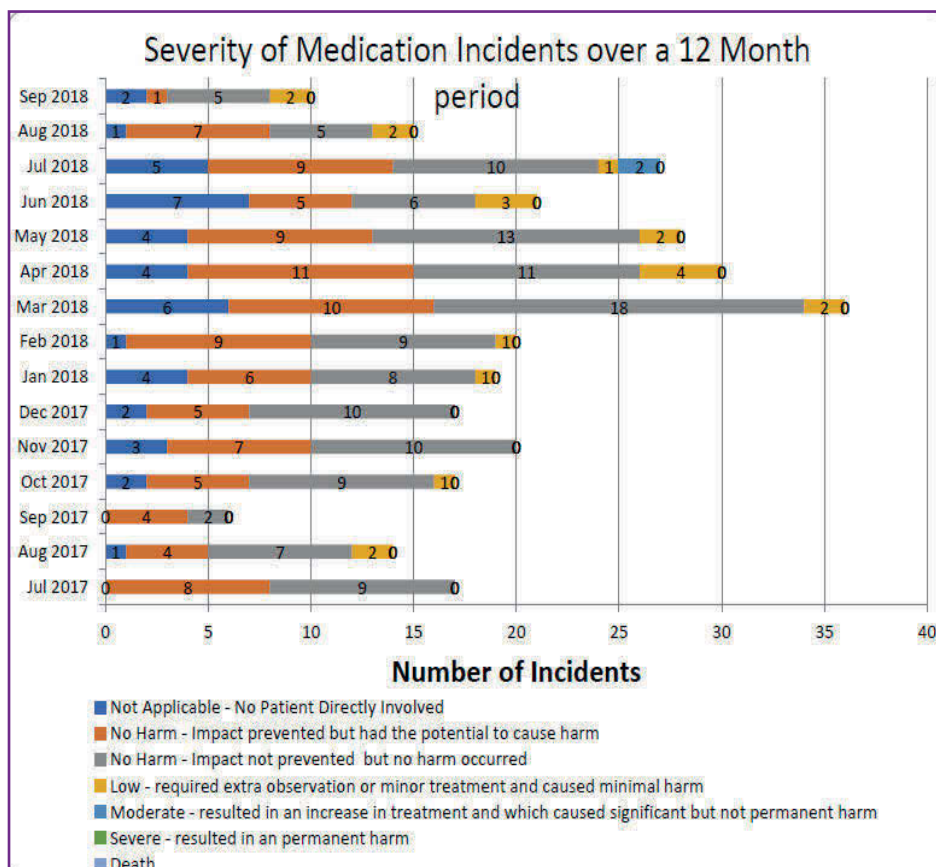
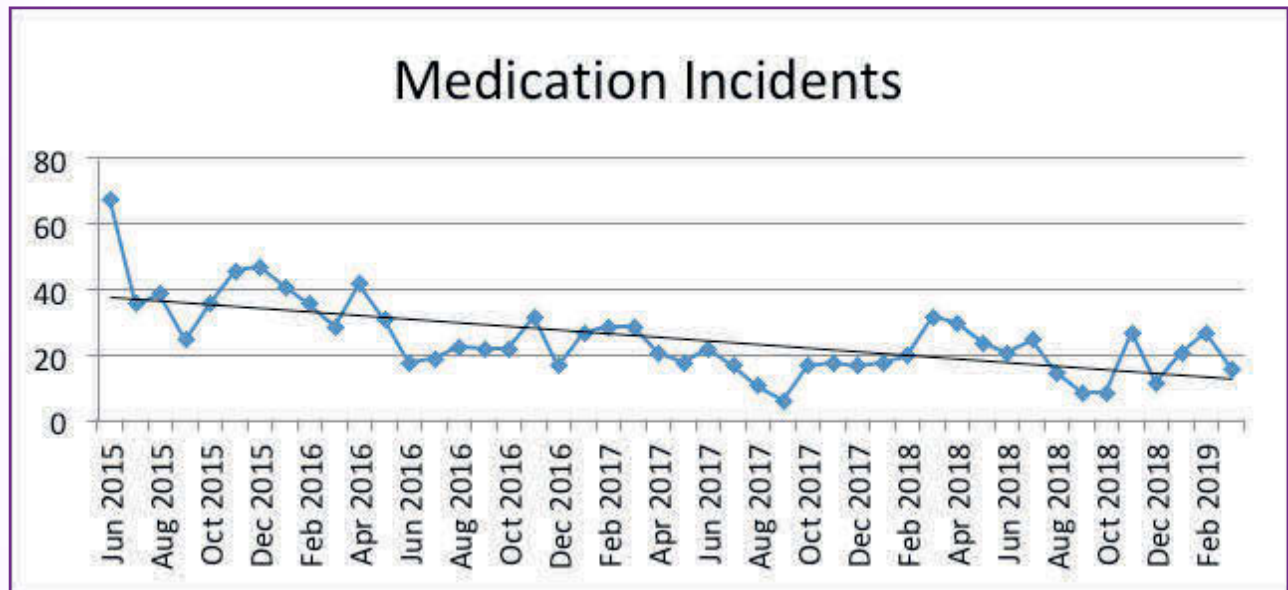
Figure 7: Level of harm from medication incidents

Figure 8 below shows the numbers of medication errors reported over the last three years. The chart shows that the number of incidents reported fluctuates from month to month but the overall trend is downwards. From a high point in June 2015 when 68 incidents were reported for the month this had fallen to 16 incidents for the month by March 2019.

Figure 8: Medication Incidents June 2015 – March 2019



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

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

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

The Trust has a dedicated pharmacy team led by a Chief Pharmacist to advise and support front line staff.

The introduction of matrons to the Trust has provided additional experience and expertise across all services. The diligence of Matrons' prescription audits continues to drive health

reporting and reduce the level of harm combined with the regular scrutiny of medication processes by the clinical pharmacy teams.

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

3.7.2.3 Influenza Vaccination Programme

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

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

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

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

- Monthly seasonal flu planning meetings commenced in May 2018 to complete all the necessary actions to ensure the vaccine was made available from 1 October 2018 through to the end of February 2019, taking into consideration lessons learned from the previous year's campaign.
- 16 peer vaccinators attended a flu vaccination training day and completed competency assessments to enable them to assist the infection prevention and occupational health teams in administering staff flu vaccinations.
- The seasonal influenza policy and the patient group directions were updated and approved (written instructions by which specific medicines can be supplied and administered without a doctor's individual prescription).
- The seasonal flu campaign was officially launched on 1 October 2018 and during the first month the flu vaccination tour bus visited the different sites across the Trust to make it easier for staff to receive their vaccination. In addition regular visits were made to locations

in the evening and weekends.

- Each month a prize draw was held (for an extra day's annual leave) during the campaign, to provide an additional incentive for all front line staff to participate
- A competition was held for all of the peer vaccinators with the winner receiving an iPad to acknowledge all their extra work
- The Trust's electronic staff records system was again used to identify any teams, sites, or services where there was less uptake so extra effort could be directed to those areas. A new database was created to provide more accurate data using up to date staff record.
- As part of the incentive to encourage staff vaccination, the Trust is again helping children around the world by making a donation to UNICEF for their 'get a jab, give a jab campaign'.

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

Table 26 below shows the progress of these initiatives over the last four years to encourage staff to receive their influenza vaccination.

Table 26: Staff Vaccination Rates

Year	Number of vaccines given to frontline staff	% of staff vaccinated
2018-19	862	61.6%
2017-18	1076	70.1%
2016-17	842	60.6%
2015-16	578	38.1%

Changes to the national reporting requirements for 2018/19 meant that each month the baseline number of staff had to be adjusted to take into consideration frontline healthcare workers who started working or left during the flu vaccination period. There was also a requirement for all bank and agency staff who worked at least one shift for the Trust during the vaccination period.

We are disappointed that we have been unable to build on the progress of the two previous years. While we recognise the right of each member of staff to opt out of receiving a vaccination we will be working even harder to promote the benefits of receiving their flu vaccine in time for the winter of 2019-20.

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

Table 27: Total Trust Activity 2017/18

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

Table 28 below reflects the main themes where complaints arise in comparison to previous years based on locally produced information.

Table 28: Analysis of Complaints

Recurring Themes for Complaints	2013/14	2014-15	2015/16	2016/17	2017/18	2018/19
Admission	1	1	2	2	0	2
Attitude of Staff	28	44	35	40	21	43
Care	65	42	56	34	46	41
Communication	11	8	15	11	15	18
Discharge	7	7	6	4	5	4
Information about the Trust	3	2	1	0	0	0
Medication	10	11	4	8	6	4
Mental Health Act	1	1	2	4	0	1
Outpatient Appointments	11	12	5	8	2	9
Personal Records (including medical)	1	1	3	3	3	2
Personal Safety	9	2	1	2	3	0
Transport issues	1	1	1	0	1	1
Total	148	132	131	116	102	125

All issues raised will try to be resolved through local resolution which will usually involve face-to-face meetings followed by a formal letter to present the findings of the complaint.

However, if someone is not happy with the outcome of the complaint, they may take this to the Parliamentary Health Service Ombudsman for an independent review. During 208/19, the Trust received notification that five complaints had been referred to the Parliamentary Health Service Ombudsman for their consideration and they are all currently under review.

The Trust also collates and analyses all compliments received in respect of the services it provides. Table 29 below shows the same categories as complaints above and the number of compliments received for each of these categories during 2018/19.

Table 29: Analysis of Compliments

Recurring Themes for Compliments	2018/19
Admission	2
Attitude of Staff	153
Care	537
Communication	8
Discharge	0
Information about the Trust	1
Medication	0
Mental Health Act	0
Outpatient Appointments	1
Personal Records (including medical)	2
Personal Safety	0
Transport issues	0
Total	704

3.7.3.2 Friends and Family Test

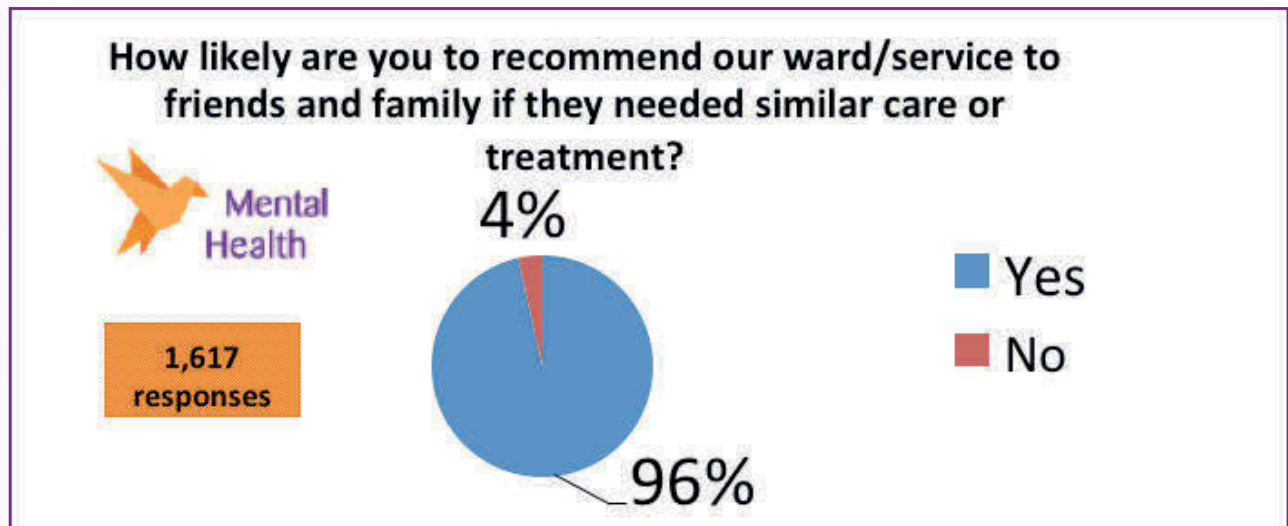
The Friends and Family Test (FFT) is a national scheme introduced by NHS England. It demonstrates that we want people who use our services to have the opportunity to provide feedback on their experience. The scheme helps both providers and commissioners to understand whether patients are satisfied with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

The FFT provides a quick and anonymous way for people to give their views and results are available for the public to view at any time on the NHS Choices website. All answers are voluntary. The scheme does not produce results that can be used to directly compare our performance against other providers due to the flexibility of data collection methods and the variation in local populations.

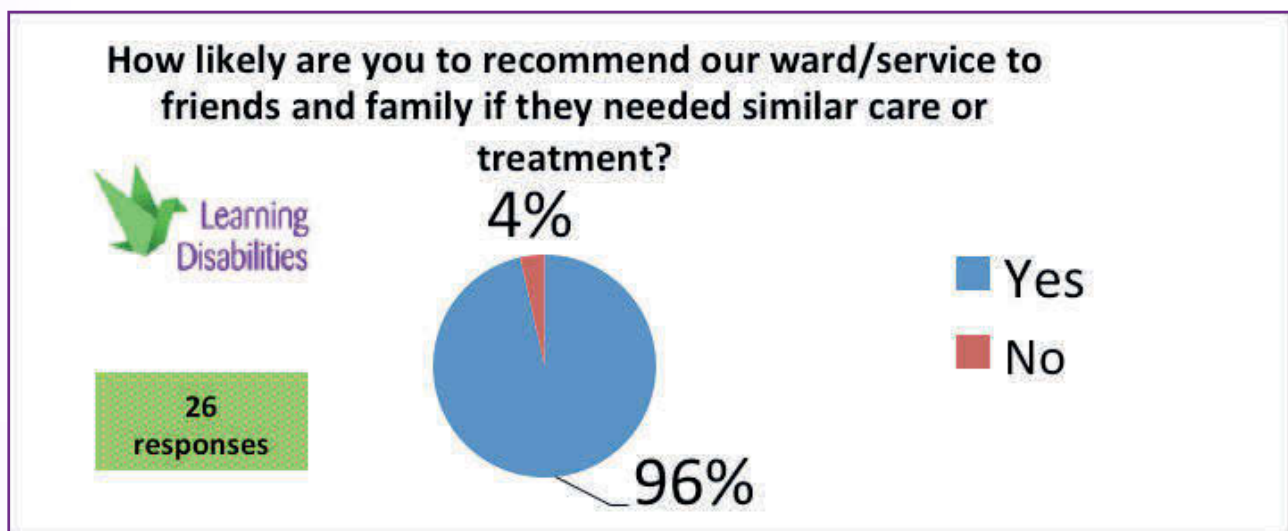
We really appreciate each person's feedback as it provides valuable information for our services to celebrate and build on what is working well and to identify areas where improvements could be made. FFT does not replace the complaints procedure or other forms of feedback that we use to learn about our services.

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

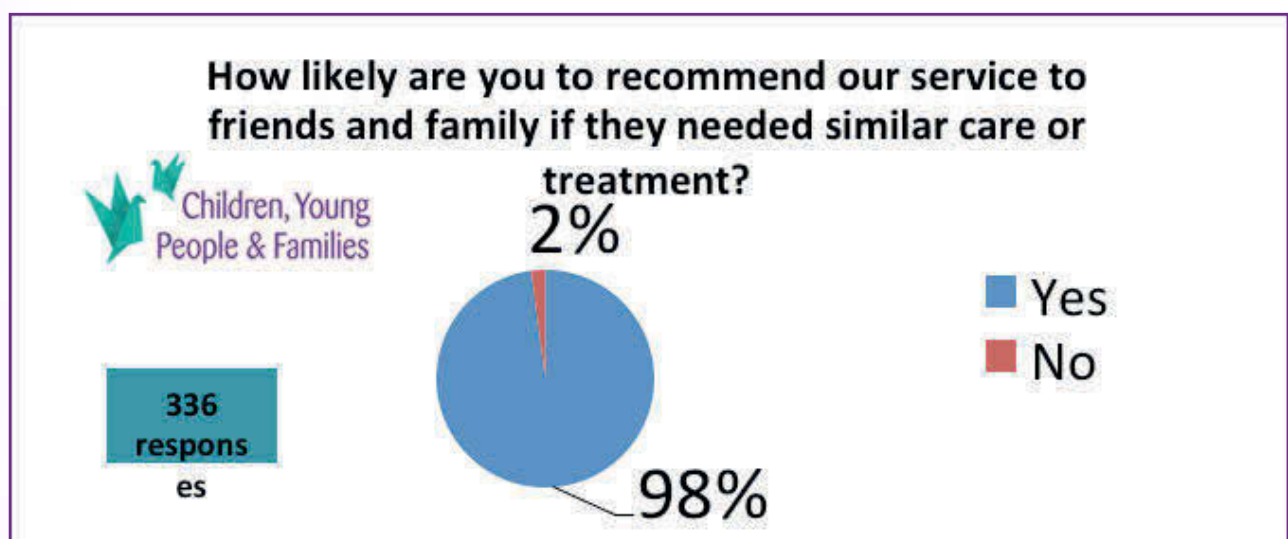
During 2018/19, 1,617 patients responded to the Mental Health Services' Friends and Family test. A breakdown of their responses is shown in Figure 9 below.

Figure 9: Friends and Family Test Mental Health Services 2018/19

During 2018/19, 26 patients responded to the Learning Disabilities' Friends and Family test. A breakdown of their responses is shown in Figure 10 below.

Figure 10: Friends and Family Test Learning Disabilities Service 2018/19

During 2018/19, 336 people responded to the Children, Young People and Families Friends and Family test. A breakdown of their responses is shown in Figure 11 below.

Figure 11: Friends and Family Test Children, Young People & Families 2018/19

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

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

The assessments are led by local people known as Patient Assessors, who visit our inpatient buildings with matrons, clinical team leaders, cleaning and catering staff, to assess how the environment supports the provision of clinical care. The inspection covers key areas of importance to patients such as privacy and dignity, food,

cleanliness, general building maintenance and more recently the extent to which the environment is able to support the care of people with dementia. The inspections took place during April and May 2018 across the Trust's four main hospital sites

The results provided in the charts below were published independently by NHS Digital. Each year changes are made to the criteria and questions to make them as relevant as possible so it is not practical to directly compare results with previous years. However the following results show the progress made to improve the patient experience for each of the Trust's inpatient areas.

Figures 12 and 13: Edward Street Hospital - 2018 PLACE Results

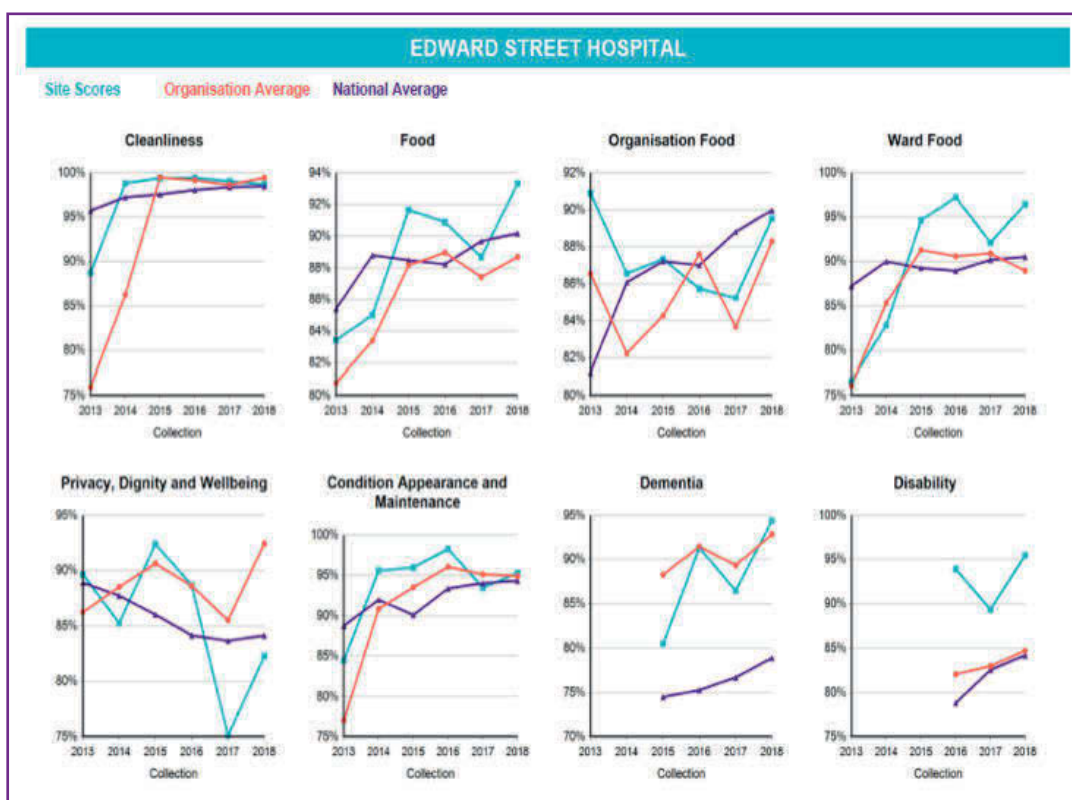
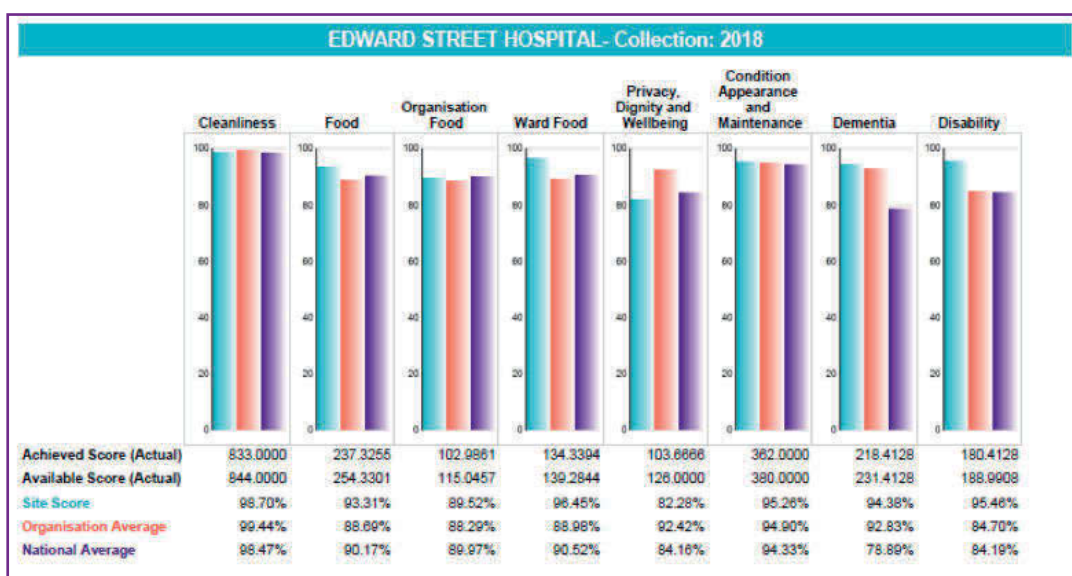
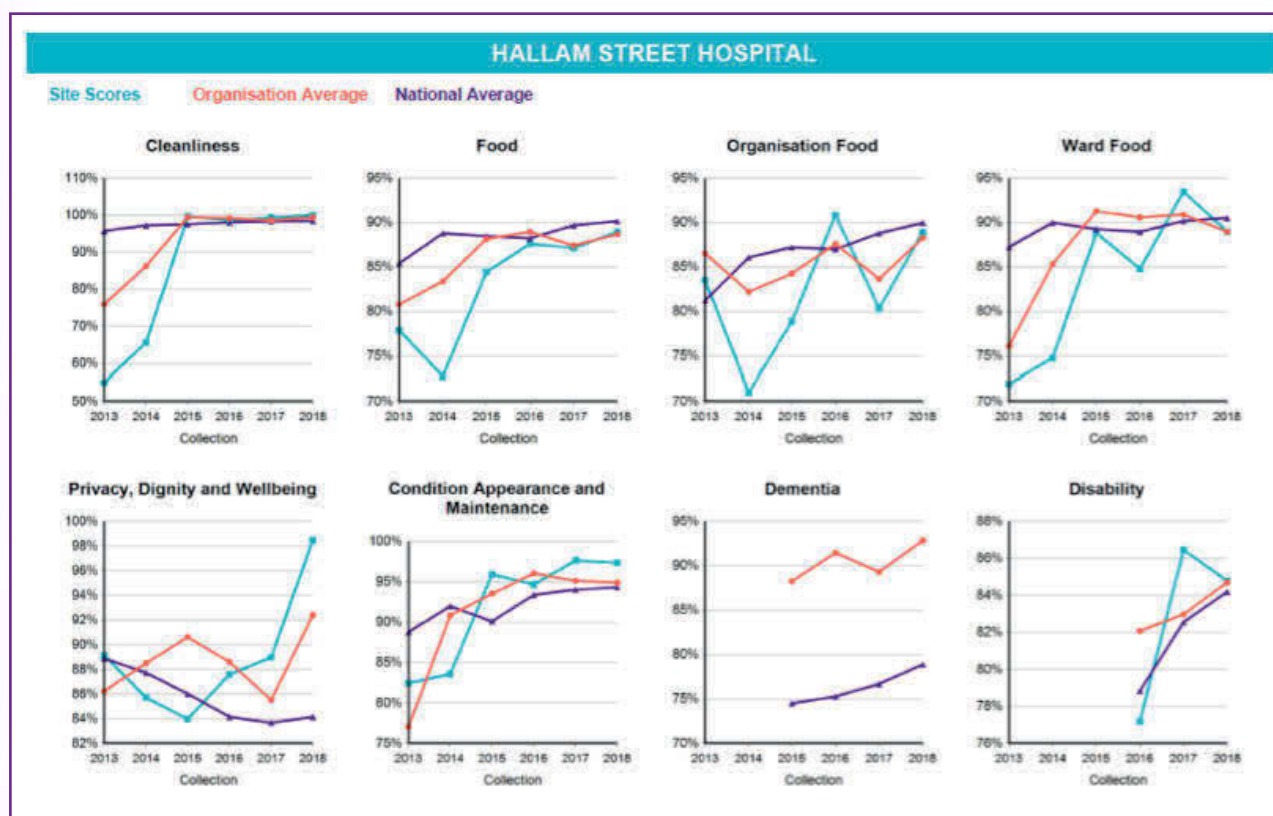
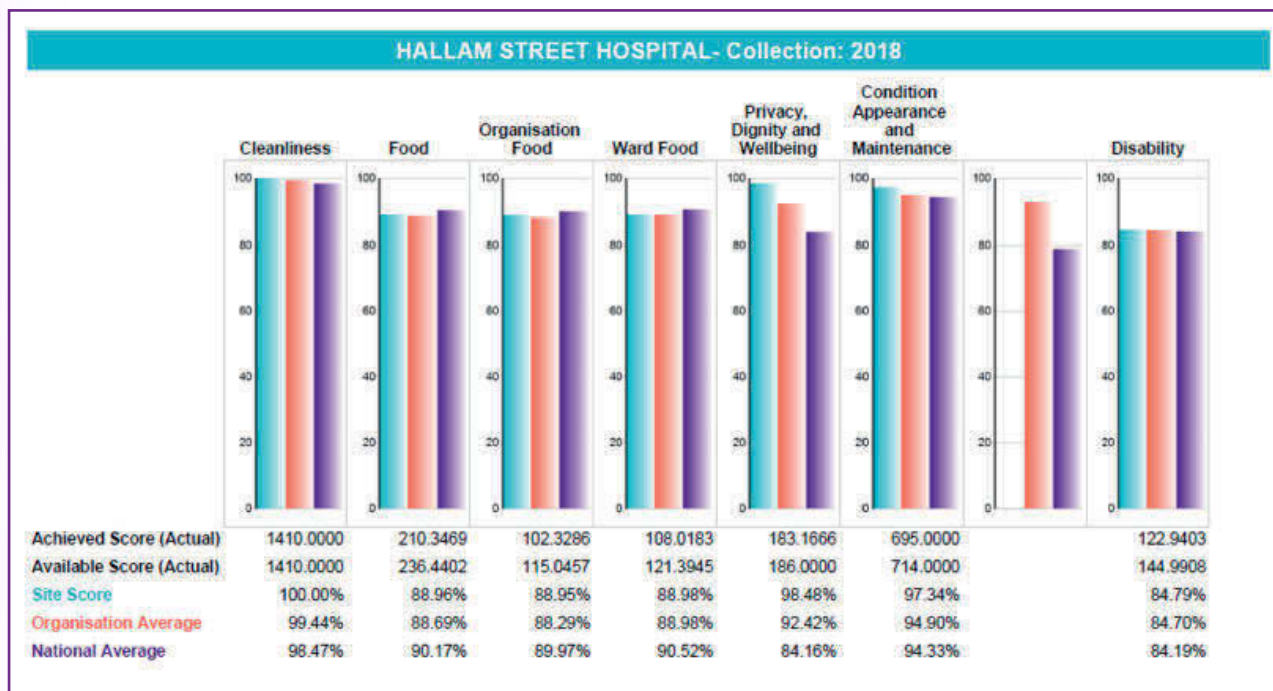
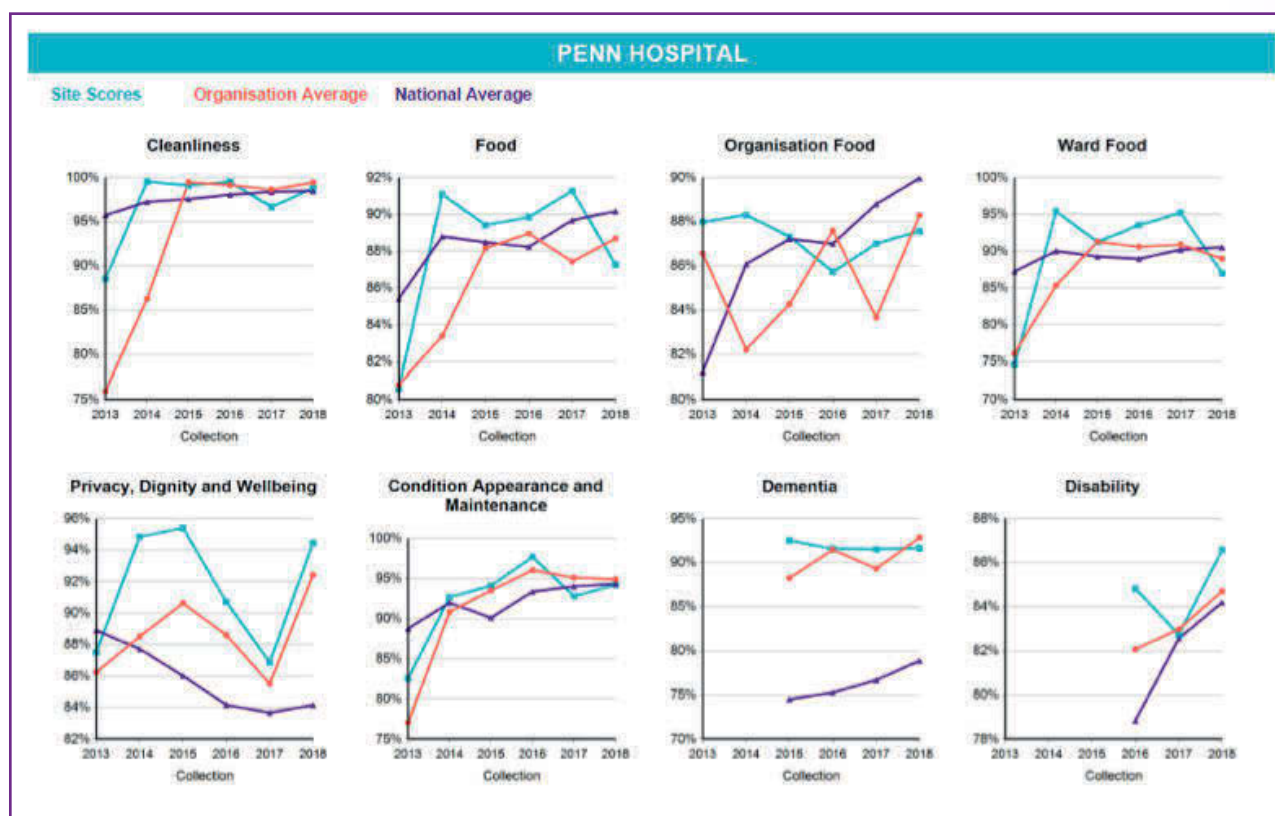
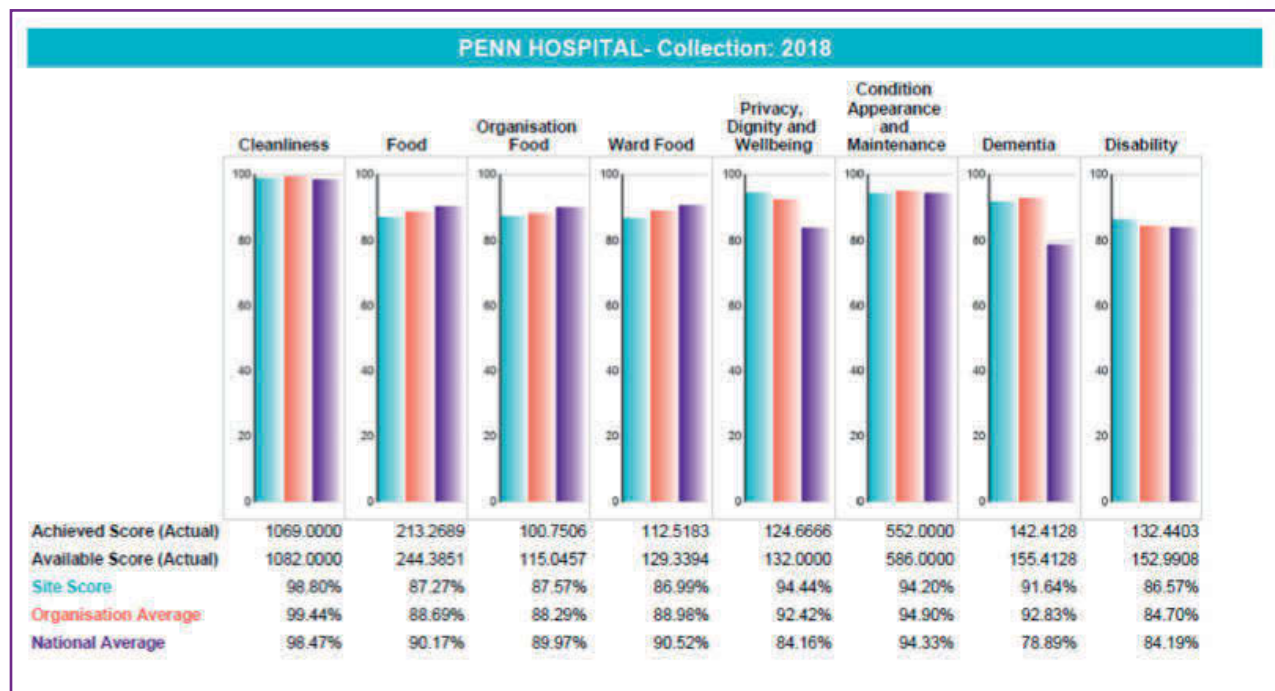


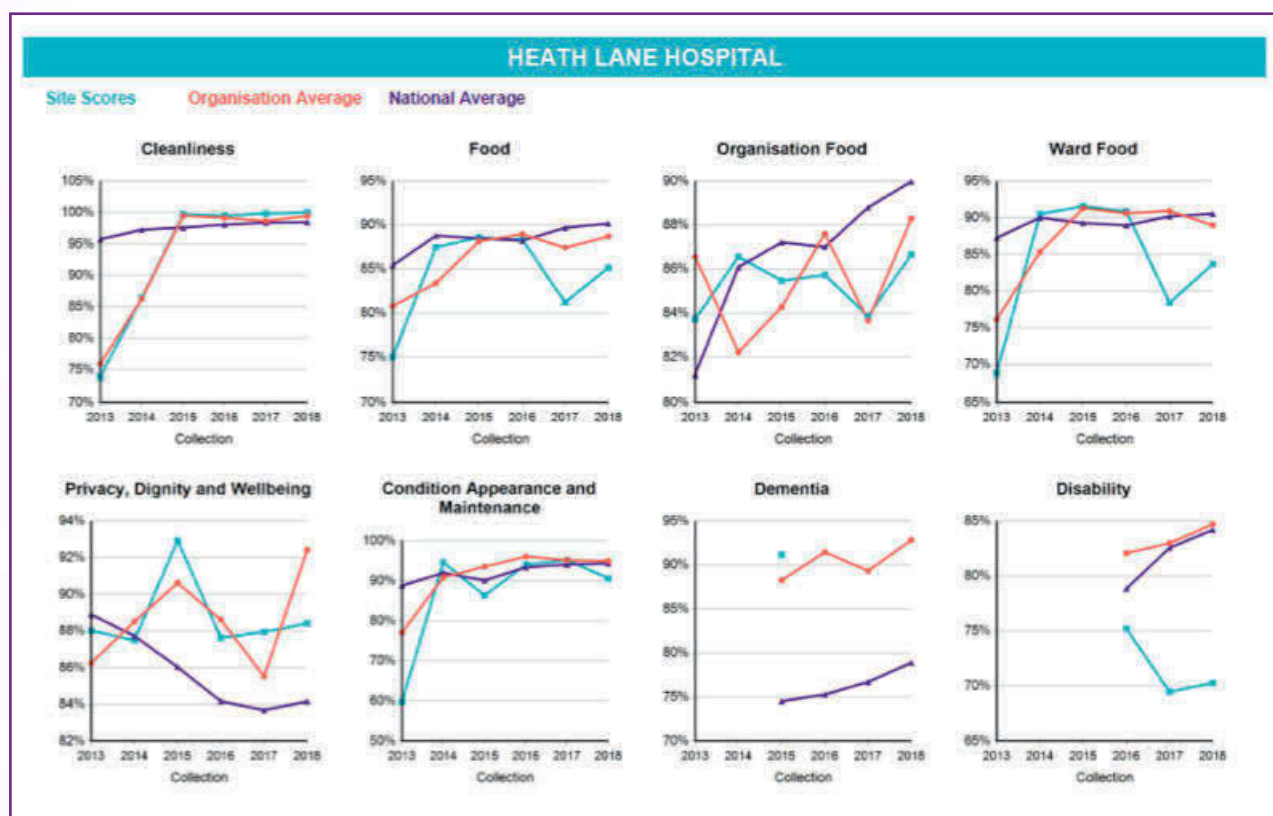
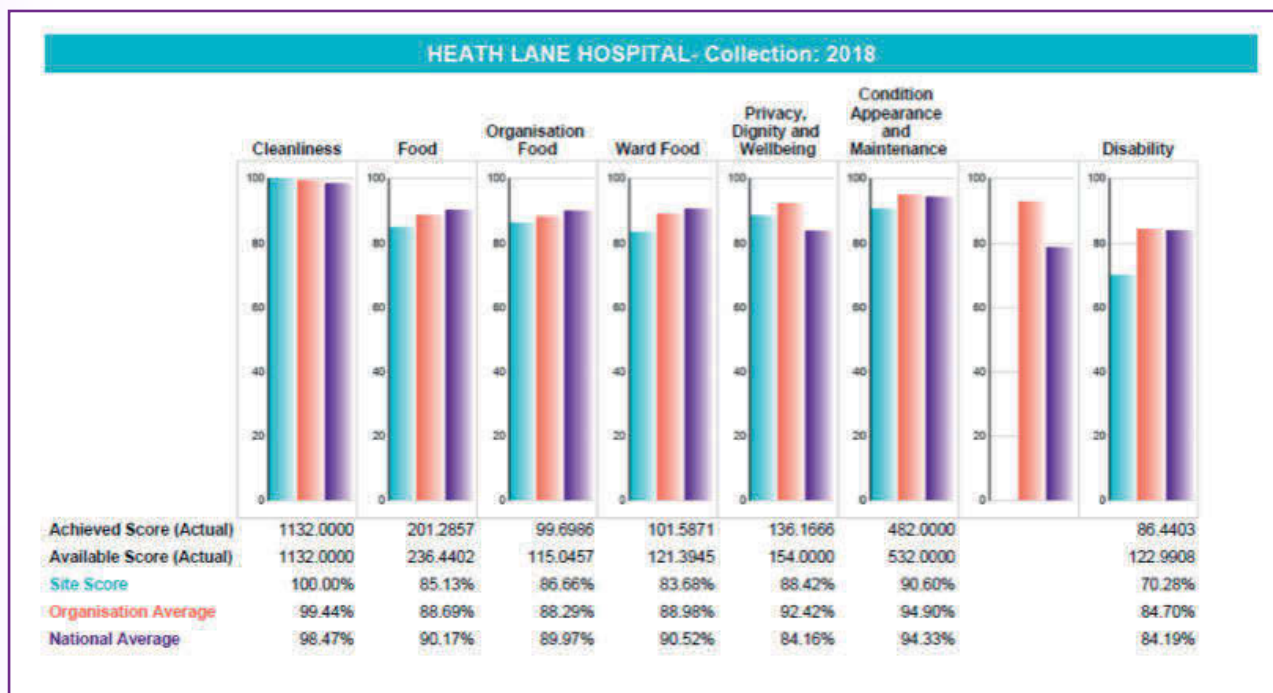
Figure 14 and 15: Hallam Street Hospital - 2018 PLACE Results (Dementia is not applicable)



Figures 16 and 17: Penn Hospital - 2018 PLACE Results



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



3.8 Reporting against Other Quality Indicators

NHS Improvement require NHS foundation trusts to report in this section on other information relevant to the quality of health services provided or sub-contracted by the provider during the reporting period. Further, that for the list of quality indicators to be disclosed in this section, performance is reported as the arithmetic average for the year of the monthly reported performance during the year.

Table 30 below provides a summary of the relevant quality indicators for 2018/19. A more detailed explanation and analysis of each indicator is set out afterwards.

Table 30: Summary of Other Quality Indicators 2018/19

Indicator	Target	Achieved	
People experiencing a first episode of psychosis are treated with a NICE approved care package within two weeks of referral	53%	64.5%	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:			
a) inpatient wards	90%	pending *	
b) early intervention in psychosis services	90%	pending #	
c) community mental health services (people on care programme approach)	90%	pending *	
Improving access to psychological therapies - people with common mental health conditions are treated within 6 weeks of referral	75%	89.7%	
Improving access to psychological therapies - people with common mental health conditions are treated within 18 weeks of referral	95%	98.8%	
Improving access to psychological therapies - proportion of people completing treatment who move to recovery	50%	63.2%	
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)	–	304	

* The data for these indicators will be collected through an annual audit carried out by the Royal College of Psychiatrists in March 2019 and the results will not be published by NHS England until June 2019

The data for this indicator will be collected via the National Clinical Audit of Psychosis and the results will not be published by the Royal College of Psychiatrists until June 2019

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

The World Health Organisation indicates that schizophrenia and other forms of psychoses which affect young people represent a major public health problem. Despite the availability of interventions that can reduce relapses not all affected young people have access to them in a timely and sustained way. Failure to engage and intervene effectively in early psychosis leads to poorer outcomes for individuals and their families and high levels of expenditure for both NHS and other public services.

The provision of evidence based care recommended by the National Institute for Health and Care Excellence (NICE) can prevent the development of psychosis in a significant proportion of cases, preventing much illness, disability and distress to young people and their families.

The Early Intervention in Psychosis Access and Waiting Time standard requires that for 2018/19, 53% of people with first episode of psychosis are treated with a NICE-approved package of care within two weeks of referral.

Table 31 below shows Black Country Partnership's performance as the arithmetic average for the year of the monthly reported performance for 2018/19 from information published independently by NHS England.

Table 31: Percentage of patients treated within two weeks of referral

Month	Apr -18	May -18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan -19	Feb -19	Mar -19	Total	Average
No. treated within 2 weeks of referral	8	4	0	3	9	2	6	1	3	0	2	2	40	3.3
No. still waiting 2 weeks after referral	2	4	2	2	2	1	3	1	1	1	3	0	22	1.8
% treated within 2 weeks of referral	80%	50%	0%	60%	82%	67%	67%	100%	75%	0%	40%	100%		64.5%
National Target	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%		53%

NHS Improvement has selected this indicator for substantive sample testing by independent external auditors as part of the assurance process for the quality report. The auditors will provide a limited assurance report to the Trust's Assembly of Governors on whether this indicator has been reasonably stated in all material respects.

3.8.2 Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

- inpatient wards
- early intervention in psychosis services
- community mental health services (people on care programme approach)

People with severe mental disorders on average tend to die earlier than the general population.

The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension. Many of these deaths are preventable so increasing access to quality care for patients with severe

mental disorders and improving the treatment of coexisting physical conditions is an important indicator.

This indicator requires providing regular physical health checks for patients on inpatient wards, under community mental health teams and receiving early intervention in psychosis services. The range of health checks include smoking status, alcohol intake, body mass index and blood pressure to assess their cardio-metabolic risk factors that determine the chances of developing diabetes, heart disease or stroke.

In addition, when this group of patients are screened for these measures and where it is clinically indicated, they are provided with interventions or referred to other services for interventions to improve their physical health.

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

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

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

3.8.3/4 Improving access to psychological therapies (IAPT) for people with common mental health conditions

Improving Access to Psychological Therapies (IAPT) is an NHS programme which provides services across England offering low and high intensity interventions approved by the National Institute of Health and Care Excellence (NICE) for treating people with depression and anxiety disorders.

Psychological therapies involve working with a trained professional to understand and deal with emotional and mental health problems. Therapy starts with a detailed assessment that aims to identify the main problems that are currently holding people back in their lives followed by learning new ways of managing these problems.

The national targets for these two indicators are to ensure that 75% of people with common mental health conditions referred to the IAPT programme are treated within 6 weeks of referral and 95% within 18 weeks of referral.

Tables 32 and 33 below show Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2018/19. It is based on a locally produced percentage in the absence of information available from NHS Digital.

Table 32: Referrals made within 6 weeks

Month	Apr -18	May -18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan -19	Feb -19	Mar -19	Average
Referrals made within 6 weeks	92%	93%	93%	93%	95%	97%	96%	94%	94%	94%	94%	96%	94.2%
National Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Table 33: Referrals made within 18 weeks

Month	Apr -18	May -18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan -19	Feb -19	Mar -19	Average
Referrals made within 18 weeks	99%	99%	99%	96%	99%	98%	98%	97%	100%	100%	99%	99%	98.8
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 the end of treatment for people who were considered a clinical case at the start of treatment.

This indicator identifies the proportion of people who showed a change in symptoms

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

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

The national target for this indicator is to ensure that 50% of people completing a course of IAPT treatment moved to recovery. Table 34 below shows Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2018/19. It is based on a locally produced percentage in the absence of information available from NHS Digital.

Table 34: Proportion of people moving to recovery

Month	Apr -18	May -18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan -19	Feb -19	Mar -19	Average
No. completing course of IAPT treatment	244	265	272	294	254	252	250	264	193	271	213	218	249
No. moving to recovery	141	167	179	174	169	150	158	169	126	181	137	140	158
National Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
% moving to recovery	58%	63%	66%	59%	66%	60%	63%	64%	65%	67%	64%	64%	63.2%

3.8.6 Admissions to adult facilities of patients under 16 years old

There is no minimum age limit for detention in hospital under The Mental Health Act 1983. When the Government reviewed the Act, it pledged that children and young people under the age of 18 are to be treated in an environment in hospital which had suitable regard to their age, and the inappropriate admission of children and young people to adult acute mental health wards would be avoided.

There is no national target for this indicator but progress should be in line with the Government's pledge that the inappropriate admission of children and young people to adult acute mental health wards should be avoided.

In accordance with the Government's initiative, it is the established policy of Black Country Partnership NHS Foundation Trust not to accept a referral of a young person under the age of 16 years of age for admission to an adult acute mental health ward.

Table 35 below shows Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2018/19. It is based on locally produced data in the absence of information available from NHS Digital.

Table 35: Admissions of patients under 16 years old to adult facilities during 2018-19

Month	Apr -18	May -18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan -19	Feb -19	Mar -19	Average
Admissions of patients under 16 years old to adult facilities	0	0	0	0	0	0	0	0	0	0	0	0	0

3.8.7 Inappropriate out-of-area placements for adult mental health services

When local services cannot meet the needs of an individual who requires adult mental health acute inpatient care, an 'out of area placement' is found elsewhere, outside of the usual local network of services.

This group of patients can sometimes remain in a high-cost placement, often many miles away from where they once lived, when they should be treated in a location which helps them to retain the contact they want with family, carers, friends and their local environment.

The Government has therefore set a national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020/21.

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

Table 36 below shows Black Country Partnership's performance as the arithmetic average of the monthly reported performance during 2018/19. The total number of bed days patients have spent out of area each month is based on locally produced data in the absence of information provided by NHS Digital.

Table 36: Out of Area Placements 2018/19

Out of area placements	Apr -18	May -18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan -19	Feb -19	Mar -19	Average
Total no. of bed days patients have spent out of area each month	65	157	199	359	319	449	757	500	202	287	209	148	304

NHS Improvement has selected this indicator for substantive sample testing by independent external auditors as part of the assurance process for this report. The auditors will provide a limited assurance report to the Trust's Assembly of Governors on whether this indicator has been reasonably stated in all material respects.

3.9 Local Quality Improvements

In this section of the report we provide brief summaries on the progress we are making to improve quality across the range of services we provide. This is a continuation of the process to integrate the Quality Report with our wider quality improvement agenda and for quality to be at the heart of everything we do.

3.9.1 Local quality developments

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

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

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

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

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

Learning disabilities service to receive £7.5m funding

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

This new money will allow the development of a new unit so that when people really need care and support from in-patient services they will receive it in the best possible environment, offering the highest quality services at a unit

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

Major investment in clinical information technology

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

Our clinical teams have for some time highlighted the limitations of the current patient information system and its associated health records databases have become outdated and do not adequately support modern clinical practice or assist innovation. The Board has responded to these concerns by linking with our Black Country neighbours to procure a modern solution that will build upon the good work already invested in the development of health record technology through the excellent cooperation of our clinicians and IT professionals.

MERIT partnership wins award for Electronic Health Record Viewer

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

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

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

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

We are delighted to announce that the electronic health record viewer won the West Midlands Academic Health Science Network Meridian 2018 Award for Mental Health Innovation. The MERIT programme was also nominated at this year's Leading Healthcare Awards, which celebrates digital innovation across the health sector and the programme won the Case Study of the Year category.

Worcestershire liaison and diversion service launched

Vulnerable people living in Worcestershire who are in contact with the criminal justice system in Worcestershire are due to get an extra boost with the launch of a new liaison and diversion service.

The Worcestershire liaison and diversion service will be jointly run by Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust, building on the successful Black Country liaison and diversion service jointly provided by the two trusts. The new service will be based at Kidderminster police station and cover the whole county. The team will offer assessments to vulnerable people within the criminal justice system. The service will operate in custody suites and the courts with other agencies recommending appropriate care and treatment. There will also be an outreach service supporting vulnerable people in the community to access appropriate agencies and services such as housing, benefits etc.

3.9.2 Local quality improvement plans

Care Quality Commission's Inspection Rating

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



Last rated
9 January 2019

Black Country Partnership NHS Foundation
Trust



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

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

Quality Matters Boards

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

Our Community you matter, we care **YOU MATTER, WE CARE** **NHS** Black Country Partnership NHS Foundation Trust

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

Ward / team: _____

Month: _____

Ask to speak to: _____

Our focus: _____

Other people you can talk to:

Clinical Lead / Matron _____

Manager _____

Patient Experience _____

What you think about our service:

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

😊 _____

😊 _____

😐 _____

😐 _____

😐 _____

Complaints _____

Compliments _____

You said: _____

You said: _____

You said: _____

Our values in action

You asked us to: _____

What we did: _____

What we are working on: _____

What we're proud of: _____

News and information we'd like to share:

How to tell us what you think:

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

Hear more from us:

www.bcpft.nhs.uk

[www.twitter.com/bcpft](https://twitter.com/bcpft)

www.facebook.com/bcpft

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

Quality Improvement Summits

Every year, the Director of Nursing and Medical Director convene a series of quality improvement summits for front-line staff to attend. The summits take place four times a year and are an important way to keep staff from all levels and professions informed about the organisation's priorities and developments. They also offer the chance for staff to share their views about our direction of travel as a Trust and on ways we can make quality improvements.

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

Quality improvement programmes

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

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

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

Staff engagement and collaboration

As a Trust, we are committed to working collaboratively with our staff, listening to what matters most to them, and acting on their feedback to improve their experience at work.

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



Black Country Partnership
NHS Foundation Trust

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

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

Month One: Question

Staff having any non-mandatory training learning or development in the last 12 months

2016	2017	MHLD Community Trusts
83%	76%	75%

Our pledge to you is

Discuss your needs at your appraisal



Access the Apprenticeship Levy to help your department



Develop and share a range of bitesize courses online and face to face



Access to learning sets to help develop skills

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

Facilitate team days / offer team coaching



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

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



Black Country Partnership
NHS Foundation Trust

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

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

Month Two: Question

Staff satisfaction with opportunities for flexible working

2016	2017	MHLD Community Trusts
52%	52%	58%

Our pledge to you is

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



Review all adverts to ensure flexible working is available and promoted



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



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



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

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



Black Country Partnership
NHS Foundation Trust

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

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

Month Three: Question

Fairness and effectiveness of procedures for reporting errors, near misses and incidents

2016	2017	MHLD Community Trusts
3.60	3.57	3.77

Our pledge to you is

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



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



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



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



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

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

Our Diverse Organisation

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

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

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

Proud to be Smokefree

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

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

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

We have a duty of care to support others in achieving a healthy lifestyle, to provide a close relationship of care, confidence and communication to those facing the challenges of quitting smoking and exposure to second-hand

smoke. People with mental health conditions die on average ten to twenty years earlier than the rest of the population and smoking is the largest single cause of this gap.

Learning Disabilities - Transforming Care

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

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

Clinical Supervision – a new system for monitoring and assurance

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

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

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

To support staff we need to ensure we are monitoring the frequency and quality of all clinical supervision so to do this more effectively, the Trust has introduced a new electronic method of recording clinical supervision for supervisors and line managers. This will enable clinical supervision

to be reported in divisional business intelligence dashboards each month so it is monitored and reviewed more efficiently in the future.

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

Change to Data protection regulations

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

delivered to all staff across the Trust. We are also working with our partners to ensure data is shared appropriately and securely

The new regulation affects the following:

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

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

Freedom to Speak Up

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













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

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



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

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

Different ways that staff can raise concerns...		
1.	There are cultural ambassadors in place (as part of the Royal College's Cultural Ambassador Programme) to ensure that staff from a black and minority ethnic background have more confidence in raising issues and they will be treated fairly	
2.	Board members take part in a joint programme of walkabouts through all clinical areas with governors to engage with front-line staff to listen to any issues or concerns they wish to raise	
3.	The Director of Operations has introduced webinars as a way of staff speaking directly to him and his senior managers about any issue they have from a service perspective	
4.	The executive leadership team make a concerted effort to be more visible, approachable and to use a variety of methods to seek and act on feedback from staff. The CEO has led the way with her development of a comprehensive staff engagement plan from ward to board	
5.	The Trust has an established Equality and Inclusion Board to identify and remove barriers to speaking up for black, Asian or minority ethnic staff who may find this more difficult	
6.	The Trust has a named executive director responsible for speaking up who can be contacted directly	
7.	There is a designated non-executive director who will support staff to raise concerns	
8.	The Trust has its own Freedom to Speak Up Guardian who can be contacted by staff at any time	
9.	Freedom to Speak Up 'Champions' are in place across the Trust to support the Guardian and are readily accessible by staff	
10.	A Freedom to Speak Up staff leaflet has been distributed to staff explaining how to raise concerns with confidence	
11.	A dedicated page on the Trust Intranet for staff provides a 'one-stop' for everything a member of staff needs to know about raising concerns. This includes details of an external whistle-blowing helpline that staff can contact for independent advice and support if they prefer to raise concerns this way	
12.	Staff are made aware and told how to raise concerns at their initial induction training	

How will we monitor and report upon our progress?

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

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

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

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

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

How will we measure our progress?

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

Zero Inpatient Suicide Ambition Plans

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

Zero suicide is a recognition that suicides in mental health inpatients are preventable and a commitment to a culture that focuses on learning, improvement, personalisation

and safety rather than blame and defensive practice. Zero suicide is not a performance management target or an avoidance of positive risk taking or an opportunity to place blame.

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

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

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

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

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

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

Workforce Disability Equality Standard (WDES) Action Group

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

We want to get staff talking about disabilities and help people grow in understanding the issues relating to disabilities, as well as making sure we are doing what we need to do as a Trust.

Leading Change, Adding Value

'Leading Change, Adding Value' is a framework that enables all health professionals to lead change and add value, wherever they work, whatever their role. The framework is directly aligned with the Five Year Forward View to develop new ways of working that are person focused and provide seamless care integrating health and social care services. The aim is to target three crucial gaps in:-

- Health and wellbeing
- Care and quality
- Funding and efficiency

In response to the Leading Change, Adding Value the Trust established four key areas that our range of health professionals can work together to improve:

- Clinical Leadership – ensure there is trusted leadership across all systems, that evidenced based care is at the fore of all we do, that clinical leadership is embedded at all levels, collaborative teams and like-minded teams are working concurrently where viable and appropriate and that clinicians are empowered within their roles
- Safe Staffing – an approach to safe staffing that is multi-professional, quality driven and has safety at the fore of all we do, good clinical governance structure and management, and the right workforce with the right skills, attitudes, behaviours at the same time

- Integrated care pathways delivery systems – clinically led care and clinical quality outcomes
- Service development and improvement tools – a single framework with a consistent approach to staffing ensuring improvement to our recruitment and retention and ensuring that we are achieving best practice

The Trust was selected by the Chief Nursing Officer to take part in a national evaluation of the framework. In September 2018, NHS England and the LCAV team visited the Trust with Kate Zubairu, senior lecturer in adult nursing in the faculty of health and social care at Edge Hill University, to conduct the evaluation with a range of health professionals. The final evaluation of the project is expected later in 2019.

Learning more about 'Think Family' in Wolverhampton

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

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

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

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

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

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

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

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

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

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

The table below outlines the number of rota exception reports raised by junior doctors for the year 2018-19.

Junior doctors working hours - exception reports by rota 2018/19				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Sandwell	0	0	0	0
Wolverhampton	0	0	0	0
Total	0	0	0	0

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

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

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

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

The nomination reads: "Julie-Ann has always gone above and beyond for us and our daughter. When you are caring for a child with complex needs, it is people like Julie-Ann that make all the

difference, and take away some of the pressures. Julie has always taken time to understand the wider picture of what's happening with our daughter and our family, which on many occasions has resulted in positive changes to our daughter's health. There have been times when things have felt very difficult and it has been Julie-Ann giving us ideas, and the support to keep going when we have felt lost in the healthcare system. I am not sure my daughter would be where she is now if Julie-Ann hadn't helped."

Dudley service wins prestigious award
Congratulations to all the staff within the Paediatric Speech and Language Therapy team in Dudley.

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

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

Thrive Mental Health Awards

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

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

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

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

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

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

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

Another success for Dudley's Family Nurse Partnership Team

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

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

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

Trust receives cyber accreditation

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

The Government backed Cyber Essentials scheme is managed by the National Cyber Security Centre and aims to give organisations the peace of mind that their defences will protect against the vast

majority of common cyber-attacks, because the attackers are looking for targets which do not have the Cyber Essentials technical controls in place.

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

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

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

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

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

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

Julie has also been published in the Community Practitioner journal for her work looking into

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

CAMHS showcase their work

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

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

Wolverhampton Healthy Minds 10 Year Anniversary

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

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

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

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

Apprentices helping to shape development of apprenticeship programme

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

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

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

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

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

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

Edward Street Hospital's Physiotherapy team featured

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

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

Bal Matharu is team lead physiotherapist at the older adult mental health hospital. She said the team used the open day for activity sessions and to speak with patients, carers and the public about their services for people with dementia, 'It was a great opportunity to showcase the work we do with our client group, which is patients with acute deterioration of their dementia symptoms.

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

Celebrating our wonderful carers

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

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

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

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

Trust congratulated for contribution to research The Clinical Research Network West Midlands is part of the National Institute for Health Research to ensure that clinical research occupies the place

it deserves in the day-to-day work of the NHS across the West Midlands locality.

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

Journal of Geriatric Care and Research

Dr. Nilamadhab Kar, Consultant Psychiatrist at Penn Hospital, Wolverhampton, edits this international research journal covering all areas related to the care of the elderly.

The journal is affiliated to the international Geriatric Care and Research Organisation and publishes articles from all fields relevant to old age such as geriatric medicine, psychiatry, neurology, nursing, end of life care, public health and related fields like gerontology, sociology, psychology, culture and law.

Mindfulness training

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

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

Non-medical Prescribing

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

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

We are delighted to announce that senior nurses Kerry McLaughlin, Noel Hobday, Alison Grant,

Dana Harris, Rachel Kirkland and Jitendra Patel in the mental health division have all successfully completed their non-medical prescribing course.

Annual Staff Awards

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

This year's staff awards event, held on 16 October at West Bromwich Albion Football Club, provided a great opportunity to celebrate the success of staff across the Trust, and also gave us a chance to hear the stories behind the nominations and to congratulate everyone who was shortlisted. Lesley Writtle, Chief Executive, opened the celebration by talking about her own experience and journey of working in the NHS, commenting how proud she was to be chief executive. Lesley was supported by Andrew Fry, Chairman, as they proudly co-presented each award.

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

☆TEAM OF THE YEAR☆

WINNER: Eating Disorders Team

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

☆MAKING A DIFFERENCE☆

WINNER: Mark Mason, Receptionist at Penn

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

☆PARTNERSHIP WORKING☆

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

☆APPRENTICE OF THE YEAR☆

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

☆VOLUNTEERS, EXPERTS BY EXPERIENCE, CARER☆

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

☆UNSUNG HERO☆

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

☆BANK AND AGENCY☆

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

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

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

Meet 'Crumble' Penn Hospital's first therapy dog

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

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

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

Annex 1 Statements from the Trust's Key Stakeholders

Joint Commissioner Response from Wolverhampton CCG & Sandwell and West Birmingham CCG



This Quality Account, prepared by Black Country Partnerships Foundation Trust (BCP), is a true reflection of the work undertaken during the 2018/19 contract year.

BCP engage fully and openly with its CCG commissioners, providing an 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 continued development and utilisation of comprehensive risk management strategies into individual care plans, the introduction of a new falls screening tool as a prevention strategy for inpatient falls, the introduction of Epilepsy Link Nurses and development of epilepsy management in community learning disability teams, the development of Personalised care plans for children and young people in Children's and Adolescent Mental Health Services (CAMHS), and the continued developments of the 'See, Think, Act' programme to reduce the risk of incidents involving violence and aggression.

During the 2018/19 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, and instances of self-harm. In addition to this, excellent progress has been made by the Trust to ensure Crisis Management Plans are produced and agreed upon discharge from secondary care, as well as for those patients accessing services who are part of the CPA (Care Programme Approach). The CCG also wishes to acknowledge the successful introduction of community learning disabilities services as part of the Transforming Care Programme within 2018/19.

The CCG also wish to acknowledge the Trust's success in achieving most Local Quality Indicator targets and National and Local CQUIN schemes for 2018/19. The CCG also wishes to acknowledge the continued good performance of the Trust in regard to the National CQUIN (Commissioning for Quality and Innovation) schemes of 2018/19, with good results being achieved in the programmes pertaining to Improving services for people with mental health needs who present at A&E, Improving 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.

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.

Wolverhampton CCG has worked as an active partner within the Black Country Transforming Care Partnership to transform services for citizens with learning disabilities. Over the last year, working collaboratively with the trust, we have embedded Intensive Support Services across the Black Country, implemented a forensic specialist health service and procured a forensic supported living framework to be able to provide care and support to citizens with learning disabilities or autism when they have forensic needs. This has supported us to significantly reduce our numbers of people coming into hospital and enabled others to be discharged in a timely and safe way.

It was disappointing to see that CQC re-inspection report issued in 2018 rated the Trust overall as “requires improvement “. The CCG will continue to work closely with the Trust to ensure that the trust works on the comprehensive improvement plan to address the key areas that require improvement identified by the CQC. The CCG is working collaboratively with the trust to revise CQRM process to enable further assurance to be gained by strengthening reports, focusing on outcomes and actions and we look forward to continuing working together with the trust in 2019/20.

Looking forward, the CCG welcomes the Trust’s Quality Improvement Priorities for 2019/20, as well as its continued aspirations to deliver against its commitments in accordance with the Black Country STP (Sustainability Transformation Plan).



Andy Williams
Accountable Officer
Sandwell & West Birmingham CCG



Dr Helen Gibbs
Chief Officer
Wolverhampton CCG



Overall, the draft Quality Report 2018-19 from Black Country Partnership NHS Foundation Trust is a fair and honest account.

The report acknowledges the progress made across services for mental health, Learning disabilities and children, young people and families, examples referenced include work on falls prevention, reducing the level of harm from falls, epilepsy care planning and the link nurse scheme, personalised care planning approach and care planning champions for children's services.

Priorities for 2019/2020 are given and supported by Walsall CCG.

The Trust has participated in 8 audits during 2018/2019 and learning and embedding the lessons have been shared.

CQUIN schemes for 2018/2019 have continued and the final outcomes data is waited by the CCG and to be included in the final report when available.

The Trust recognises the number of incidents of self-harm has been high, but the level of harm experienced by patients has been categorised as either low or no harm.

It was disappointing to see a significant reduction in the Flu vaccination uptake for staff members, with the Trust only achieving 42% for 2018-2019 against 70% for 2017/2018.

The key areas for complaints were attitudes of staff, care and communication. However, 96% of Friends and Family Test responses highlighted they would be likely to recommend the service.

PLACE audit results were very good with a number of indicators scoring above the national average.

There were zero admissions to adult facilities of patients under the age of 16 during 2018/2019 and the number of out of area placements continued to fall during the year.

In summary, a true and fair account of the data is presented in the report.

Sarah Shingler
Chief Nursing Officer/Director of Quality
NHS Walsall Clinical Commissioning Group

CITY OF WOLVERHAMPTON COUNCIL



City Of Wolverhampton Council's, Health Scrutiny Panel has a desire to work with the Trust to improve the lives of Wolverhampton's residents and to reach effective solutions to some of the difficult challenges the Trust faces. We also realise that some problems will not be solved overnight and require a medium or long-term collaborative approach. We believe some challenges are best looked at from a systems approach and within a health pathways context. We are also acutely aware of the ever-increasing demands on services and as mental health stigma reduces, the more referrals the Trust may have. We do however all share the same goal of wishing to improve mental health for the people we serve. We must not forget that we are dealing with real people and we all share a heavy burden of knowing how our decisions can have a tremendous impact on fragile lives.

The Health Scrutiny Panel would like to single out particular praise for the Trust being rated as outstanding by the CQC in four areas around community based mental health services for adults of working age and community based mental health services for older people. The Health Scrutiny Panel notes that the CQC Report clearly found most problems in two service areas. These being the acute wards for adults of working age and psychiatric intensive care units; and specialist community mental health services for children and young people. We understand that the Trust is working hard to address these areas and we will be looking to seeing continuing improvements in the months ahead. We support the priorities listed in the quality accounts.

The Health Scrutiny Panel notes that the report referred to in 2017/18 to a quality gap around the translation of risks into care plans being identified. In October 2018 a baseline audit on whether presenting risks identified by risk assessments were translated into individualised risk management and care plans, showed the compliance rate was 81%. We are pleased to hear that the re-audit in March showed an improved compliance rate of 90%, but still short of the 95% target. We hope the Trust will continue to take measures to improve risk management and individualised care plans.

The Quality accounts refers to 7 patients being responsible for 91% of the self-harm incidents recorded between April and September 2018. The Panel would like to work collaboratively with the Trust to make community health pathways more resilient and accessible, as we understand that self-harm can often increase in an in-ward setting. We naturally had a particular concern about these 7 patients, given the statistics and seek reassurance that they have the best care and risk management plans possible.

We have requested some data on deaths from the Trust, as we would benefit from a breakdown of which deaths are Wolverhampton residents and whether there is any learning for wider support systems in the community or the inpatient setting.

The Health Scrutiny Panel would like to give specific commendation to the Black Country Partnership NHS Foundation Trust for not accepting a referral of a young person under the age of sixteen years of age for admission to an adult acute mental health ward. The Council would like to work in partnership with the Trust to see a decrease in the total number of bed days, patients have spent out of area each month in adult mental health services. We understand that this will mean increasing joint efforts with the Trust on community-based services and ensuring that the data for out of area placements is being recorded correctly.

We commend the Trust for the favourable statistics regarding improving access to psychological therapies (IAPT) for people with common mental health conditions. The Health Scrutiny Panel hopes that accessibility to these therapies will increase. The Panel praises the Trust for their participation in research projects and would very much like to be kept updated on two projects in particular, the Thrive into Work Initiative and the Molgen Trial.

The Health Scrutiny Panel looks forward to receiving regular updates about the proposed merger with Dudley and Walsall Mental Health Partnership NHS Trust and we will be inviting representatives from the Trust to our meetings in the future to discuss how the merger will impact on the lives of Wolverhampton residents. Maintaining good governance throughout the duration of the merger will be critical. We hope to see sight of the engagement plan for the proposed merger at the earliest opportunity. To end, the key question we should all be regularly asking is how the Council and other health partners can work collaboratively with the Trust in its endeavours to improve the health of the residents it serves. In increasing difficult financial times, effective partnership working is the key to success.



Cllr Jasbir Jaspal
Chair of Health Scrutiny Panel
City of Wolverhampton Council



The Committee welcomes the opportunity to comment on the draft Quality Account report for 2018/19, but was disappointed that a representative was unable to attend their meeting to present the report.

In considering the report, the Committee is keen to hear more about how the review of deaths of patients was undertaken.

The Committee is disappointed to see a large reduction in the uptake of staff flu immunisation for 2017/18 and would like to know what action is being taken to increase uptake in future years.

The recruitment of Care Planning Champions across all Children Services to support personalised care planning is welcomed and the Committee looks forward to hearing about the impact of this in future years.

Councillor M Mottram (Chair)
Health and Adult Social Care Scrutiny Committee



3 May 2019

Black Country Partnership NHS Foundation Trust

Quality Report 2018/19

Looking at last year's 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.

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.

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 would like to see more evidence that patients and their families are being included in their care planning, and the decision isn't been made for them, this includes children.

Healthwatch would also like some assurance that the merger with Dudley and Walsall Mental Health Trust does not affect the access and care patients receive in Wolverhampton, we would want to be assured that patients and service users are involved in any future planning of services, purpose-built facilities etc.

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

Thinking Differently



The CCG welcomes the Black Country Partnership NHS Foundation Trust Quality report for 2018 -2019 and note the focus on bringing greater stability to the organisation.

In relation to the services Dudley CCG commission for children and young people it is encouraging to see continued commitment to valuing the voices and engagement of children, young people and their families. The launch of the new and combined friends and family test to enable families to provide feedback will serve to influence and improve services.

The Trust has, during 2018 - 19 been working hard to review and deliver against key quality priorities. These have been well documented, with the Trust introducing personalised care plans for children and young people. This initiative has resulted in children's teams working more closely with partner agencies to ensure children receive a holistic package of care. The CCG is pleased to note that this important work, along with identified quality priorities, will continue into 2019 -20.

It is well recognised that highly motivated staff contribute greatly to better care for patients. The Trust have reported a number of workforce issues during 2018 - 19, with the staff survey results reflecting the challenges to overcome. The CCG are pleased to note the Trusts ongoing commitment to improving staff wellbeing, with staff trained in 'mindfulness' as a positive step. Additionally, the CCG is encouraged by the 'Freedom to Speak Up' programme being launched across the organisation.

The findings of the CQC inspections during 2018- 19 outlined areas for improvement, this inspection did not include children's services, however, the CCG recognise that areas for improvement have been identified to further enhance both the quality of care for patients and the safety of staff.

During 2018, the Trust has played a key role in providing services for the Transforming Care Programme (TCP) with a number of successful outcomes for Dudley patients. The CCG is confident that this work will enable high quality care in community settings for the Dudley citizens who have learning disabilities.

The Trust has reported a successful year for their contribution to the research agenda with the Trust's well-established Family Nurse Partnership Team in Dudley being chosen to work with the National Unit and Dartington Social Research Unit. The CCG commends the positive outcomes that are achieved as a result of this important work.

The CCG welcomes the work of the Trust, in Partnership with Dudley Walsall Mental Health Trust to invest in a new clinical information system which allows for more effective clinical links to be maintained across services. This is timely and supports the plans outlined for them to work together to establish a single stronger organisation that can focus on working to improve the outcomes for vulnerable patients.

Paul Maubach
Chief Executive Officer
Dudley CCG

Annex 2 Statement of Directors' Responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:-

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance, Detailed Requirements for Quality Reports 2018/19
- The content of the Quality Report is not inconsistent with internal and external sources of information including:-
 - Board minutes and papers for the period April 2018 to May 2019
 - papers relating to quality reported to the Board over the period April 2018 to May 2019
 - feedback from Sandwell & West Birmingham Clinical Commissioning Group dated 15 April 2019
 - feedback from Wolverhampton Clinical Commissioning Group dated 15 April 2019
 - feedback from Walsall Clinical Commissioning Group dated 29 April 2019
 - feedback from Dudley Clinical Commissioning Group dated 10 May 2019
 - feedback from Wolverhampton Healthwatch dated 3 May 2019
 - feedback from Wolverhampton City Council Overview and Scrutiny Committee dated 30 April 2019
 - the Trust's Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated 07 February 2019
 - the latest national staff survey dated 07 February 2019
 - the Head of Internal Audit's annual opinion over the Trust's control environment dated 17 April 2019
 - CQC Inspection Report dated 09 January 2019
- The Quality Report presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality account regulations) as well as the standards to support data quality for the preparation of the quality report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

22nd May 2019

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Chairman

22nd May 2019

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Chief Executive Officer

How to Provide Feedback

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

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

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

Phone: 0345-146-1800

E-mail: bcpft.enquiries@nhs.net

Post: Joyce Fletcher, Executive Director of Nursing, Quality, Allied Health Professionals and Psychology
Black Country Partnership NHS Foundation Trust
Trust Headquarters
Delta House, Delta Point
Greet Green Road
West Bromwich
West Midlands
B70 9PL

Quality Report



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 2019 (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 2019, 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 2019 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 2018 to April 2019;
 - papers relating to quality reported to the board over the period April 2019 to April 2019;
 - feedback from Commissioners, dated 10th, 15th and 29th of May 2019;
 - feedback from local Healthwatch Wolverhampton, dated 3rd May 2019;
 - feedback from City of Wolverhampton Council's Overview and Scrutiny Committee, dated 30th of April 2019;
 - the Trust's complaints reports published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 7th of February 2019 and 14th of May 2019;
 - the latest national patient survey 2018;
 - the latest national staff survey 2018;

- Care Quality Commission inspection report, dated 9th of January 2019; and
 - the Head of Internal Audit's annual opinion over the Trust's control environment, dated 17th of April 2019.
- 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'.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Black Country Partnership NHS Foundation Trust.

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 2019:

- 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 2018/19' 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 2019



SECTION 5

The Independent Auditor's Opinion
on the Financial Accounts and Associated Notes

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 2019 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 26.



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.

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"> • <i>Recognition of NHS Revenue and Recoverability of Debtors</i> • <i>Property Valuations</i> • <i>Financial Standing and Going Concern</i> • <i>Arrangements to Secure Value for Money (see matters on which we are required to report by exception – Use of Resources section)</i> <p>Within this report, any new key audit matters are identified with  and any key audit matters which are the same as the prior year identified with .</p>
Materiality	The materiality that we used for the current year was £2.2m 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.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

NHS Revenue and Recoverability of Debtors**Key audit matter description**

As described in note 1.2 of the Accounting Policies, there are significant judgements in the recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to:

- the judgements taken in evaluating volume-related and Commissioning for Quality and Innovation ("CQUIN") income; and
- the judgemental nature of accounting for disputes, including in respect of outstanding under/overperformance income for quarters 3 and 4.






Details of the Foundation Trust's income, including £98.8m of Commissioner Requested Services (2017/18 - £92.6m), are shown in note 2 to the financial statements. NHS debtors are shown in notes 11 and 23 to the financial statements.




The majority of the foundation trust's income comes from Sandwell & West Birmingham Clinical Commissioning Group (CCG), Wolverhampton CCG and Dudley CCG, increasing the significance of associated judgements.


How the scope of our audit responded to the key audit matter

We evaluated the design and implementation of key controls in relation to revenue recognition, including controls over contract agreement and variations, year-end commissioner under/over performance negotiation, and CQUIN performance recognition.

We have reviewed management reporting around the principal disputes with commissioners and challenged the positions. We have challenged management's assumptions and corroborated management explanations

	<p>to documentary evidence, such as correspondence with commissioners, and minutes of relevant meetings.</p> <p>We reviewed the outcome of the Agreement of Balances process and tested a sample of differences to support. We also tested a sample of unsettled balances through to cash received or to alternative evidence of validity of debtors and accrued amounts.</p> <p>We have tested the period-end calculations recognised for CQUIN income of £1.8m in 2018/19 (2017/18: £2.1m).</p>
Key observations 	<p>Based on the audit evidence obtained, we conclude that NHS Revenue is appropriately recognised. We consider management judgements to be within the reasonable range.</p>
Property valuation 	
Key audit matter description 	<p>As described within note 1, Accounting Policies, and note 1.23 Critical Accounting Judgements and Key Sources of Estimation Uncertainty, there are significant judgements in the valuation of non-current assets. The Foundation Trust holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £56.7m (2017/18: £51.4m). The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.</p> <p>The net valuation movement on the Foundation Trust's estate shown in note 10 is a revaluation uplift of £7.0m (2017/18: uplift of £1.0m).</p>
How the scope of our audit responded to the key audit matter 	<p>We evaluated the design and implementation of key controls in place around the property valuation.</p> <p>We reviewed the key assumptions used in the valuation, and where sites were valued on an alternative site basis we challenged whether the assumptions made were consistent with the Trust's clinical strategy and were been considered and approved at an appropriate level within the Trust.</p> <p>We tested the inputs used in the valuation including the gross internal areas provided to the valuer, including testing a sample of measurements to check the accuracy of data.</p> <p>We assessed the presentation of revaluation movements and impairments, taking into account revaluation reserves for individual assets and the disclosures included in the financial statements.</p>
Key observations 	<p>Based on the audit evidence obtained, we conclude that the valuation of the Trust's estate is appropriate.</p>

Financial Standing and Going Concern 	
Key audit matter description 	<p>We identified Financial Standing and Going Concern as a key risk due to the deterioration in the Trust's forecast financial performance during 2017/18 and as reflected in the original 2018/19 Plan. The Trust incurred a deficit of £2.9m in 2017/18 and originally planned a further deficit of £3.2m in 2018/19. The Trust also faced significant cost pressures, a reducing cash balance and an extremely challenging cost improvement programme to manage going forward.</p> <p>The Trust originally agreed control total deficit of £3.2m with NHS1 which was subsequently revised down to a £0.7m deficit in September 2018. At the year end, the Trust is reporting a surplus that is significantly ahead of plan at £4.8m. This position includes £5.5m of provider sustainability funding for the year, which has assisted the Trust's cash position in 2018/19 and further in 2019/20. The Trust is also reporting full delivery of the £4.5m Cost Improvement Programme (CIP) for the year.</p> <p>In undertaking its going concern assessment the Trust has recognised a number of risks that remain and how they are being managed as set out in Note 1 in the financial statements. These include:</p> <ul style="list-style-type: none"> • The ongoing negotiations with the West Midland Pension Fund to agree settlement terms for the Local Government Pension Scheme liability. • Whether the Trust will achieve the £2m efficiency savings that have been incorporated into the Trust's financial plans. The Trust is reporting the majority (£1.7m) of this as identified to date. This represents a 1.85% efficiency target for the year and is significantly lower than the £4.5m in 2018/19. • The future sustainability of the Trust following the demise of the "Transforming Care Together" partnership and potential impact from the Development of the Dudley MCP (Multispecialty Community Provider) partnership. The Trust is expecting to have some involvement in the MCP and the potential impact is not considered to be significant. The Trust is also progressing merger plans with Dudley and Walsall Mental Health Partnership NHS Trust. <p>The Trust has a Single Oversight Framework Use of Resource (UoR) rating of 2, which is favourable to Plan (3). The Trust also has a segmentation rating of 2.</p> <p>The annual plan for 2019/20 shows the Trust anticipating a break-even position, in line with its agreed control total. The Trust anticipates a UoR rating of 3 during 2019/20.</p>
How the scope of our audit responded to the key audit matter 	<p>In response to this:</p> <ul style="list-style-type: none"> • We evaluated the design and implementation of key controls in place around management's assessment and monitoring of the Trust's Financial Sustainability and Going Concern. • We reviewed and challenged the Trust's financial performance during the year, its outturn position, and management's assessment of going concern. • We reviewed and challenged the Trust's high level forecasts and CIP plans set out in the Trust's operational plan and the Trust's going concern assessment as part of our going concern considerations. As part of this we have challenged the reasonableness of the key assumptions within the 2019/20 plan including the Trust's cash flow projections, significant CIP schemes,

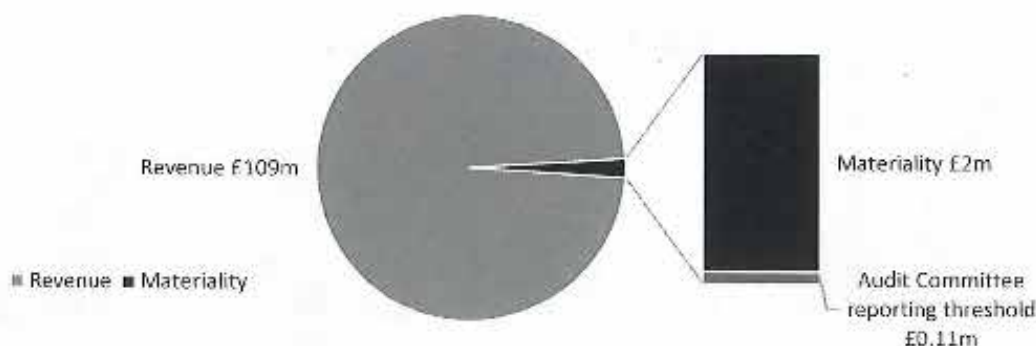
	<p>outturn risk analysis, and forecast key risk ratings.</p> <ul style="list-style-type: none"> • We assessed the actions taken by the Trust during 2018/19 to monitor and manage the current and forecast cash position and forecast cash flow over the next 12 months. • We conducted a review of board minutes and met with management to understand their progress towards identifying a solution for long term sustainability; • We performed a review of the Trust's board assurance framework to confirm that risks in relation to sustainability are appropriately recognised and mitigating controls being implemented; and • We obtained management's annual "going concern" assessment and challenged the assumptions made in the context of the ongoing sustainability review.
Key observations 	<p>We have considered the adequacy of disclosures made in note 1 to the financial statements concerning the Trust's ability to continue as a going concern. The Trust has highlighted a number of risks as part of its going concern considerations and set out how these have been mitigated so that the financial standing of the Trust is improved in 2019/20 and beyond. We are satisfied that quality of the going concern disclosures is sufficient for the users of the financial statements, and that they are in line with our expectations based on the audit testing completed.</p> <p>The Directors have set out in note 1 why it is appropriate for the Trust to prepare its accounts on a going concern basis.</p> <p>Based on the audit evidence obtained, we consider management's judgements to be within the reasonable range and have identified no exceptions regarding going concern.</p>

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Materiality	£2.2m (2017/18: £2.0m)
Basis for determining materiality	2% of revenue (2017/18: 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 (2017/18: £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

Annual Governance Statement, use of resources, 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;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; 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.

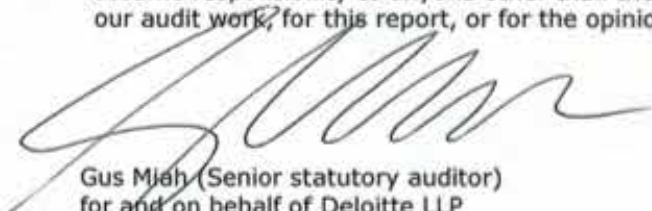
We have nothing to report in respect of these matters.

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 2019

The Independent Auditor's Opinion on the Financial Accounts and Associated Notes



SECTION 6

Financial Accounts and Associated Notes

Foreword to the Financial Statements

These financial statements for the year ended 31st March 2019 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: 22nd May 2019

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2019 (SOCI)

	Note	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Operating Revenue	2	108,502	99,641
Operating Expenses	3	(102,035)	(100,690)
Operating surplus/(deficit) for the year		6,467	(1,049)
Non-operating			
Impairments	10	(1,388)	(1,215)
Reversal of impairments	10	8,391	1,175
Loss on the disposal of non-current assets	10	(2)	(74)
Non-operating items before financing		7,001	(114)
Financing			
Finance income	7	27	12
Finance cost	7	(437)	(524)
Public dividend capital	8	(1,230)	(1,199)
Net finance cost		(1,640)	(1,711)
Retained surplus/(deficit) for the year *		11,828	(2,874)
Other comprehensive (expense)/income			
Revaluations	10	(1,615)	2,018
Remeasurement of net defined benefits pension scheme liability	22	(146)	237
Other comprehensive (expense)/income for the year		(1,761)	2,255
Total comprehensive income/(expense) for the year		10,067	(619)

* The Retained surplus for the year is impacted by a net impairment reversal of £7,003k.

All income and expenditure is attributable to the Trust. There are no Minority Interests.

The notes on pages 175 to 206 are an integral part of these financial statements.

All results are from continuing operations.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2019 (SOFPI)

	Note	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Non-current assets			
Intangible assets	10	933	1,225
Property, plant and equipment	10	59,790	54,530
		60,723	55,755
Current assets			
Inventories		42	33
Trade and other receivables	11	8,294	1,254
Cash and cash equivalents	12	1,689	1,844
		10,025	3,131
Total assets		70,748	58,886
Current Liabilities			
Trade and other payables	15	(12,099)	(10,349)
Borrowings	16	(432)	(377)
Department of Health & Social Care Loans	17	(2)	-
Provisions for liabilities and charges	20	(331)	(1,224)
Other liabilities	21	(27)	-
		(12,891)	(11,950)
Total assets less current liabilities		57,857	46,936
Non-current liabilities			
Borrowings	16	(3,157)	(3,623)
Department of Health & Social Care Loans	17	(700)	-
Trust local government pension fund liability	22	(2,360)	(2,203)
Total non-current liabilities		(6,217)	(5,826)
Total assets employed		51,640	41,110
Taxpayers' equity			
Public dividend capital		18,369	18,231
Revaluation reserve		17,131	18,746
Local government pension reserve		(1,494)	(1,348)
Merger reserve		736	736
Income and expenditure reserve		16,898	4,745
Total taxpayers' equity		51,640	41,110

The financial statements were approved by the Board of Directors on 22nd May 2019 and were signed on its behalf by:



Lesley Writtle, Chief Executive and Accounting Officer

Date: 22nd May 2019

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2019 (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	18,746	(1,348)	736	4,745	41,110
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	325	325
Surplus for the year	-	-	-	-	11,828	11,828
Actuarial loss on defined benefit pension	-	-	(146)	-	-	(146)
Revaluation gains on property	-	5,643	-	-	-	5,643
Revaluation losses on property	-	(7,258)	-	-	-	(7,258)
Public Dividend Capital received	138	-	-	-	-	138
Total taxpayers' equity as at 31 March	18,369	17,131	(1,494)	736	16,898	51,640

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 CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2019 (SOCF)

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Cash flows from operating activities		
Operating and Non-Operating surplus/(deficit) for the year from continuing operations	13,468	(1,163)
Non cash income and expense:		
Depreciation and amortisation	2,316	2,846
Impairments	1,388	1,215
Reversals of impairments	(8,391)	(1,175)
Loss on disposal	2	74
(Increase)/Decrease in Inventories	(9)	3
(Increase)/Decrease in trade and other receivables	(6,715)	1,273
Increase/(Decrease) in trade and other payables	1,857	(2,058)
(Decrease) in provisions	(893)	(109)
Increase/(Decrease) in other liabilities	27	(30)
On SoFP Pension liability - Employer Contributions	11	129
Other movements in operating cash flows	-	42
Net cash generated from operating activities	3,061	1,047
Cash flows from investing activities		
Interest received	27	12
Payments to acquire property, plant and equipment	(2,015)	(1,342)
Net cash used in investing activities	(1,988)	(1,330)
Cash flows from financing activities		
Capital element of Private Finance Initiative Obligations	(411)	(346)
Interest element of Private Finance Initiative Obligations	(421)	(457)
Department of Health & Social Care Loans – Interest Paid	(4)	-
Interest Paid on Pensions	-	(67)
Public dividend capital received	138	-
Loans from DHSC	700	-
PDC dividends paid	(1,230)	(1,199)
Net cash used in financing activities	(1,228)	(2,069)
(Decrease) in cash and cash equivalents	(155)	(2,352)
Cash and cash equivalents at 1 April	1,844	4,196
Cash and cash equivalents at 31 March	1,689	1,844

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 2019 and appropriate to Black Country Partnership NHS Foundation Trust (BCPFT).

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 2018/19 issued by the Department of Health.

The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) and HM Treasury's 2018/19 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 financial statements.

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

The Directors have 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".

In its determination, the Directors have also considered the following:

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 consider that neither of these eventualities will occur.

After making enquiries, the Directors have concluded that there is sufficient evidence that the Trust's services will continue to be commissioned by the NHS 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 2019/20 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 Trust has reported a surplus before impairment of £4.8m for the year ended 31st March 2019 – (4.4% of turnover). The deficit before impairment for 2017/18 was £2.8m.

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 does not foresee any additional requirement for cash support during the year ending 31st March 2020. However, should this change NHS Improvement cash support will continue to be made available. The Trust has drawn loans of £0.7m during the financial year 2018/19 against an original plan of £1.1m.

The current economic environment for NHS organisations remains challenging, with ongoing internal efficiency gains necessary to bridge real terms funding gaps and to meet new cost pressures in respect of national pay structures, non-pay and drug cost inflation. Further, in specialist mental health and learning disability services a national shortage of clinically trained staff continues to necessitate the wide use of expensive temporary staff. Nonetheless, the Trust has achieved a financial surplus in 2018/19 and Directors have set a break-even budget for 2019/20.

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 in place, £0.7m short term cash support from the Department of Health & Social Care. These are expected to be sufficient to enable the Trust to meet its obligations as they fall due in the short term.

NOTES TO THE FINANCIAL STATEMENTS

1. Accounting policies (continued)

1. The Trust is currently in negotiation with the West Midlands Pension Fund to agree settlement terms for the Local Government Pension Scheme liability. The cash settlement has not been profiled in the current plan for 2019/20. However, there exists sufficient headroom in our working capital budget to accommodate the estimates provided by an independent actuary;
2. The Trust plans include efficiency savings of £2.0m. This level of savings is challenging and must be supported with adequate operational engagement to deliver against agreed detailed plans. As of April 2019 schemes totalling £1.5m (71%) of the total target are either fully developed or plans are in development - £1.3m (87%) recurrently. There is a reasonable expectation that normal staff turnover will yield further savings;
3. The Dudley Multi-Specialty Community Provider (MCP) procurement process (impact in 2020/21) is still ongoing with the Trust requested to be a sub-contractor. However the impact on BCPFT is less than 8% of turnover and unlikely to impact on going concern;
4. Whilst the Trust does not consider itself to be significantly exposed to any significant risks arising from Brexit, the ongoing uncertainty of a final agreed outcome means that this cannot be fully assessed. The potential areas of exposure relate to anti-psychotic drugs and food supply, and the impact of any fuel costs and supply issues; and
5. Increasing demand for mental health, learning disabilities and universal children's services for which the Trust was not remunerated.

The Board recognises that the future sustainability of services can be bolstered by an increase in operational scale and in January 2019 the Boards of BCPFT and the Dudley & Walsall Mental Health Partnership Trust approved a strategic case to progress with a Section 56A acquisition, conducted in the spirit of a merger. The partnership will work towards developing integrated Black Country Mental Health, Learning Disability and associated Community services. The merger is clinically driven, and both Boards and senior officers groups continue to meet to develop the full merger business case.

In summary, Directors have noted that the financial health of the Trust has improved considerably during 2018/19 and that this is forecast to continue in 2019/20. Commissioner support for Trust provided services and associated recurrent funding remains strong and the Trust is well sighted on key business risks and has mitigation strategies in place.

On this basis, a going concern approach to preparing the 2018/19 financial statements has been adopted.

1.1 Accounting convention

These financial statements 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

BCPFT 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 financial statements.

1.2 Income recognition

The main source of revenue for the Trust is contracts with commissioners in respect of healthcare services. In accordance with the adoption of IFRS 15 revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where a patient contact is incomplete at the year end, revenue relating to the partially complete contact is accrued in the same manner as other revenue.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

The method adopted to assess progress towards the complete satisfaction of a performance obligation is occupied bed days, or completed activity in an outpatient or community setting.

The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

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.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (continued)****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 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 2019, is based on valuation data as at 31 March 2018, updated to 31 March 2019 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 Financial Statements. These financial statements 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 was to be carried out as at 31 March 2016. 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 financial statements 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 contributed to the LGPS locally administered by the West Midlands Metropolitan Authorities Pension Fund. From 1st April 2010 to 31st May 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.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (continued)****1.4 Pension costs (continued)**

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 2019

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.

A valuation of the assets and liabilities within the Fund attributable to the Trust was undertaken with effect at 31st May 2018 to reflect the termination of the Trust's participation within the Fund from that date. A full cessation valuation has been carried out to establish that the funding position of the residual liabilities is adequate to meet the members future pension entitlements.

The Trust recognises the obligation toward all deferred, active and retired members of the LGPS who transferred in 2003. Negotiations are ongoing with West Midlands Metropolitan Authorities Pension Fund to negotiate and agree a settlement plan for financing the current liability, and with Sandwell Metropolitan Borough Council to negotiate and agree a transfer value of the net pension asset transferred to the Trust in 2003.

Whilst these two core components of the Trust's ultimate liability are being negotiated it is felt prudent to retain the detail of the pension liability and pension reserve on the Statement of Financial Position. Any performance impact would be reflected through 'Other Comprehensive Expense'.

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.

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (continued)

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 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 2019 for the year end valuation by the Valuation Office Agency.

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.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (continued)****1.6 Property, Plant and Equipment (continued)**

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)'.

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.

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (continued)

1.6 Property, Plant and Equipment (continued)

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.

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.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (continued)****1.7 Intangible assets (continued)**

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 period of 5 to 8 years to represent the 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.

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.

Financial assets and financial liabilities are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables / payables, when the goods or services have been delivered / received. Loans from the Department of Health are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value plus or minus directly attributable transaction costs for financial liabilities not measured at fair value through income or expenditure.

De-recognition

Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset. Financial liabilities are de-recognised when the liability has been extinguished—that is, the obligation has been discharged or cancelled or has expired.

Classification and measurement

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through income or expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (continued)

1.11 Financial instruments and financial liabilities (continued)

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition. Financial assets are classified into the following categories;

Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets at fair value through other comprehensive income

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

Impairment of financial assets

For all financial assets measured at amortised cost or at fair value through other comprehensive income the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

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 essential future cash-flows of the asset.

HM Treasury has ruled that central government bodies may not recognise impairments against other government departments, where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowance impairments against these bodies. The Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities).

For financial assets that have become credit impaired since initial recognition, expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate.

Any adjustment is recognised in income or expenditure as an impairment gain or loss

Financial liabilities at fair value through income and expenditure

Financial liabilities are subsequently measured at fair value through income or expenditure.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability.

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.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (continued)****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*.

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.

NOTES TO THE FINANCIAL STATEMENTS

Accounting Policies (continued)

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 18* but is not recognised in the NHS Foundation Trust's financial statements.

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 19*, 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.

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 (excluding the Trust's Charitable Funds net assets).

Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for;

- donated assets (including lottery funded assets),
- 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
- 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 financial statements. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual financial statements.

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.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (continued)****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 financial statements since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the financial statements (*see note 13*) in accordance with the requirements of HM Treasury's FReM.

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 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 24*).

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 22*
- 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.

NOTES TO THE FINANCIAL STATEMENTS**Accounting Policies (continued)****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 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.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRIC 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.

The Trust has considered the above new standards, interpretations and amendments to published standards that are not yet effective. With the exception of IFRS 16 the Trust has 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. The impacts of IFRS 16 are currently being considered and assessed and could potentially have a significant impact on the Statement of Financial Position.

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 financial statements 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 financial statements are preserved on recognition in the Trust's financial statements.

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 financial statements.

For functions that the trust has transferred to another NHS/local government body, the assets and liabilities transferred are de-recognised from the financial statements as at the date of transfer. The net gain/(loss) corresponding to the net assets/(liabilities) transferred is recognised within income/(expenses), 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. Operating Revenue

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 23.

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 2019		Year ended 31 March 2018	
	£'000	%	£'000	%
Revenue from patient care activities	99,962	92.13	96,701	97.05
Other operating revenue	8,540	7.87	2,940	2.95
Total revenue	108,502	100.00	99,641	100.00

2.2 Revenue from Patient Care Activities – by Source

	Year ended 31 March 2019		Year ended 31 March 2018	
	£'000	%	£'000	%
Foundation Trusts	624	0.62	778	0.80
NHS Trusts	879	0.88	842	0.87
Department of Health & Social Care	1,128	1.13	-	0.00
CCG & NHS England	91,864	91.90	89,331	92.38
Local Authorities	5,456	5.46	5,750	5.95
Non-NHS Other	11	0.01	-	0.00
Total	99,962	100.00	96,701	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 23.

NOTES TO THE FINANCIAL STATEMENTS

2.3 Revenue from Activities – by Nature

	Year ended 31 March 2019		Year ended 31 March 2018	
	£'000	%	£'000	%
Cost and volume contract revenue	13,574	13.58	13,979	14.45
Block contract revenue	72,137	72.16	68,766	71.11
Clinical partnerships providing mandatory services	3,075	3.08	3,586	3.71
Community Services – CCGs and NHS England	5,329	5.33	5,607	5.80
Community Services – income from other sources	4,719	4.72	4,763	4.93
All Trusts – AfC Pay award central funding	1,128	1.13	-	0.00
Total	99,962	100.00	96,701	100.00

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 2019		Year ended 31 March 2018	
	£'000	%	£'000	%
Research and development	124	1.45	112	3.81
Education and training	1,759	20.60	1,956	66.53
Education and training - notional income from apprenticeship fund	82	0.96	13	0.44
Provider Sustainability Fund (PSF)	5,350	62.65	-	-
Other revenue	1,225	14.34	859	29.22
Total revenue	8,540	100.00	2,940	100.00

2.5 Analysis of Other Operating Revenue:

Catering £189k (2017-18 £157k); Car Parking Rental £109k (2017-18: £94k); Recharges £608k (2017-18: £123k); Delta Legal settlement £156k (2017-18: £nil); other £163k (2017-18: £485k).

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 2019		Year ended 31 March 2018	
	£'000	%	£'000	%
Commissioner requested services	98,847	98.88	92,615	95.77
Non Commissioner requested services	1,115	1.12	4,086	4.23
Total revenue	99,962	100.00	96,701	100.00

NOTES TO THE FINANCIAL STATEMENTS

3. Operating expenses

	Year ended 31 March 2019		Year ended 31 March 2018	
	£'000	%	£'000	%
Purchase of healthcare from NHS and DH Bodies	229	0.22	358	0.36
Staff and Executive Director costs	83,663	81.99	81,363	80.81
Remuneration of Non-Executive Directors	110	0.11	114	0.11
Supplies and services – clinical (excluding drug costs)	1,107	1.08	1,153	1.15
Supplies and services – general	2,128	2.09	2,121	2.11
Drug costs (inventory consumed and purchase of non- inventory drugs)	1,618	1.59	1,569	1.56
Consultancy costs	111	0.11	217	0.22
Establishment	1,503	1.47	1,378	1.37
Premises – Business rates payable to local authorities	501	0.49	495	0.49
Premises – Other	3,444	3.38	2,644	2.63
Transport (including patient travel)	676	0.66	459	0.46
Depreciation on property, plant and equipment	2,012	1.97	2,308	2.29
Amortisation of intangible assets	304	0.30	538	0.53
(Decrease) in provision for impairment of receivables	(8)	(0.01)	(555)	(0.55)
(Decrease)/Increase in other provisions	(623)	(0.61)	526	0.52
Audit fees payable to the external auditor				
• Audit services – statutory audit	49	0.05	43	0.04
• Other services – audit related assurance services	23	0.02	64	0.06
Internal Audit costs	107	0.10	43	0.04
Clinical Negligence	228	0.22	170	0.17
Legal Fees	36	0.04	372	0.37
Insurance	80	0.08	57	0.06
Research & Development – Staff costs	219	0.21	173	0.17
Research & Development – Non-Staff costs	11	0.01	7	0.01
Education & Training – Non-Staff costs	507	0.50	370	0.37
Education & Training – Notional expenditure funded from apprentice levy	82	0.08	13	0.01
Rentals under operating leases	3,014	2.95	3,353	3.33
Early retirements	203	0.20	211	0.21
Redundancy	-	0.00	396	0.39
Charges to operating expenditure for on-SoFP IFRIC 12 Schemes	311	0.30	300	0.30
Car Parking & security	66	0.06	78	0.08
Hospitality	1	0.00	2	0.00
Losses, ex gratia & special payments – Staff Costs	1	0.00	52	0.05
Losses, ex gratia & special payments- Non-Staff Costs	81	0.08	78	0.08
Other services, eg external payroll	165	0.16	167	0.17
Other	76	0.10	53	0.03
Total Operating expenses	102,035	100.00	100,690	100.00

The Assembly of Governors appointed Deloitte LLP as external auditor for the financial year ending 31st March 2019. The engagement letter provides for a limitation of the auditor's liability of £1,000,000 (2017-18: £1,000,000).

NOTES TO THE FINANCIAL STATEMENTS

3.1 Other Services – Audit related assurance remuneration (external auditor only)

Other auditor remuneration in 2018-19 was £23k (2017-18: £64k); in relation to Quality Accounts Audit £12k, Targeted and specialist audit work £11k.

4. Operating Leases

4.1 As lessee – payments recognised in operating expenses

	Land	Buildings	Plant and Machinery	Other	Year ended 31 March 2019	Year ended 31 March 2018
	£'000	£'000	£'000	£'000	£'000	£'000
Total	-	3,014	-	-	3,014	3,353

4.2 Total future minimum operating lease payments payable

	Land	Buildings	Plant and Machinery	Other	Year ended 31 March 2019	Year ended 31 March 2018
	£'000	£'000	£'000	£'000	£'000	£'000
Not later than one year	-	2,898	-	28	2,926	2,832
Between one and five years	-	1,568	-	53	1,621	1,919
After five years	-	865	-	-	865	1,137
Total	-	5,331	-	81	5,412	5,888

5. Employee costs

5.1 Employee costs

	Year ended 31 March 2019 £'000	%	Year ended 31 March 2018 £'000
Salaries and wages	65,190	77.53	63,933
Social security costs	6,165	7.33	6,020
Apprenticeship Levy	306	0.36	292
Pension cost – defined contribution plans	7,645	9.09	7,544
Pension cost – other contributions	10	0.01	56
Agency/contract staff	4,770	5.68	4,350
Total	84,086	100.00	82,195

The above table does not include Non-Executive Directors.

5.2 Early retirements due to ill-health

During the year there were 3 early retirements on the grounds of ill-health (2017-18: 3). The estimated additional pension liability of this ill-health retirement will be £203k (2017-18: £211k).

This information has been supplied by NHS Pension and the cost of this early ill-health retirement will be borne by NHS Pension.

NOTES TO THE FINANCIAL STATEMENTS

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 (2017-18: £nil).

7. Financing

Finance income in respect of bank interest for year ending 31 March 2019 was £27k (2017-18: £12k).

Finance costs in relation to PFI interest repayment for the year ending 31 March 2019 was £421k (2017-18: £457k).

Finance costs in relation to Local Authority Pensions for the year ending 31 March 2019 was £10k (2017-18: £67k).

Finance costs in relation to Department of Health and Social Care Loan for the year ending 31 March 2019 was £6k (2017-18: £nil).

8. Public dividend capital

Public dividend capital dividend paid to the Department of Health for the year ending 31 March 2019 was £1,230k (2017-18: £1,199k).

9. Taxation

The activities of the Trust have not given rise to any corporation tax liability in the year ending 31 March 2019 (2017-18: £nil)

10. Non-current assets

	Land	Buildings excluding dwellings	Assets under Construction	Plant and Machinery	Information Technology	Fixtures and Fittings	Grand Total
2018/19	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Valuation at 1 April	14,047	37,355	-	1,180	5,146	1,309	59,037
Additions – purchased	-	832	-	354	341	359	1,886
Reclassifications *	-	109	-	-	(109)	-	-
Impairments	-	(1,508)	-	-	-	-	(1,508)
Reversal of impairments	1,693	6,359	-	-	-	-	8,052
Revaluations	607	(2,844)	-	-	-	-	(2,237)
Disposals	-	-	-	(6)	-	-	(6)
Gross cost at 31 March	16,347	40,303	-	1,528	5,378	1,668	65,224
Accumulated amortisation and depreciation at 1 April	-	49	-	686	2,764	1,008	4,507
Provided during the year	-	1,091	-	151	632	138	2,012
Impairments	-	(120)	-	-	-	-	(120)
Reversal of impairments	-	(339)	-	-	-	-	(339)
Revaluations	-	(622)	-	-	-	-	(622)
Reclassifications *	-	5	-	-	(5)	-	-
Disposals	-	-	-	(4)	-	-	(4)
Amortisation and depreciation at 31 March	-	64	-	833	3,391	1,146	5,434
Total Net Book Value at 31 March	16,347	40,239	-	695	1,987	522	59,790

NOTES TO THE FINANCIAL STATEMENTS

10 Non-current assets (continued)

	Land	Buildings excluding dwellings	Assets under Construction	Plant and Machinery	Information Technology	Fixtures and Fittings	Grand Total
2017/18	£'000	£'000	£'000	£'000	£'000	£'000	£'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

* Reclassifications relate to prior year asset additions incorrectly classified.

10.1 Valuation at the reporting date

The land and buildings were valued at the reporting date by an independent valuer, Valuation Office Agency. 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 171 of the financial statements amounting to a net impairment reversal of £7.0m (2017-18: Net impairment charge of £0.04m). The key assets affected for reversal of impairment are; Penn £3.4m, Health Lane £2.2m, Edward Street £1.1m, Hallam £0.9m offset by impairment at Daisy Bank £0.5m.

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 173 of the financial statements amounting to (£1.6m) (2017-18: £2.0m). The key assets affected were Hallam £1.5m, Health Lane £1.0m offset by a revaluation loss for Penn £1.1m, Daisy Bank £1.3m, Edward Street £1.0m and Lodge Road £0.6m.

10.2 Loss on disposal of fixed asset

There was a fixed asset disposal of £2k in the year ended 31 March 2019 (2017-18: £74k).

10.3 Contractual capital commitments

Property, plant and equipment contractual commitments in 2018-19 are £325k (2017-18: £nil).

NOTES TO THE FINANCIAL STATEMENTS

10.4 Intangible Assets

	Development Expenditure £'000	Software Licenses £'000	Grand Total £'000
2018/19			
Valuation at 1 April	1,234	1,348	2,582
Additions – purchased	-	12	12
Reclassification	(1,234)	1,234	-
Disposal	-	-	-
Gross cost at 31 March	-	2,594	2,594
Accumulated amortisation and depreciation at 1 April	298	1,059	1,357
Provided during the year	-	304	304
Reclassification	(298)	298	-
Amortisation and depreciation at 31 March	-	1,661	1,661
Total Net Book value at 31 March	-	933	933
	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	0	443	443
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

10.5 Fixed Assets held under PFI arrangements

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Valuation at 1 April	3,975	4,966
Additions – purchased	-	(1)
Impairments	-	(486)
Reversal of impairments	869	-
Revaluations	1,559	(504)
Gross cost at 31 March	6,403	3,975
Accumulated amortisation and depreciation at 1 April	-	-
Provided during the year	120	144
Impairments	-	(37)
Reversal of impairments	(29)	-
Revaluations	(91)	(107)
Amortisation and depreciation at 31 March	-	-
Total Net Book Value at 31 March	6,403	3,975

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 2019 £'000	Year ended 31 March 2018 £'000
Buildings		
Gross PFI liabilities		
of which liabilities are due	5,024	5,883
- Not later than one year	813	797
- Later than one year and not later than five years	3,419	3,352
- Later than five years	792	1,734
Finance charges allocated to future periods	(1,435)	(1,883)
Net PFI obligation	3,589	4,000
- Not later than one year	432	377
- Later than one year and not later than five years	2,437	2,127
- Later than five years	720	1,496
 Unitary Payment payable to service concession operator	 Year ended 31 March 2019 £'000	 Year ended 31 March 2018 £'000
Consisting of:		
- Interest charge	421	457
- Repayment of finance lease liability	411	346
- Service element	210	202
- Lifecycle costs	101	98
Total amount paid to service concession operator	1,143	1,103

NOTES TO THE FINANCIAL STATEMENTS

11. Trade and other receivables

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Contract receivables*	7,450	-
Trade receivables*	-	1,042
Accrued income*	-	(172)
Allowance for impaired contract receivables*	(14)	-
Allowance for other impaired receivables	-	(347)
Prepayments (non-PFI)	386	349
VAT receivable	193	124
Other receivables	279	258
Total	8,294	1,254

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 23.

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

There are £nil Non-current trade and other receivables at 31 March 2019 (2017-18: £nil).

11.1 Allowances for credit losses

	Contract receivables and contract assets £'000	All other receivables £'000
2018/19		
Allowances as at 1 April	-	347
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	6	(331)
Changes in existing allowances	8	(16)
Total as at 31 March	14	-

	Contract receivables and contract assets £'000	All other receivables £'000
2017/18		
Allowances as at 1 April	-	902
Amounts utilised	-	(555)
Total as at 31 March	-	347

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

Following the implementation of IFRS 9, the Trust is required to provide for expected credit losses. The Trust uses a five step provision matrix to calculate this. This involves grouping receivables of similar risk profiles and calculating the expected credit losses based on historical loss rates for these risk profiles. Any forward-looking macro-economic factors are also considered when calculating these losses. These are calculated on a quarterly basis.

The current credit loss allowance at the year end is £14k which is considered to be immaterial. There are currently no macro-economic factors affecting these calculations.

11.2 Provision for impaired receivables

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Balance at 1 April	347	902
Impact of implementing IFRS 9 on 1 April 2018	(325)	-
Decrease in provision	(8)	(555)
Balance at 31 March	14	347

NOTES TO THE FINANCIAL STATEMENTS

11.3 Aged analysis of impaired receivables

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
0 - 30 days	-	40
30 - 60 days	-	5
60 - 90 days	-	18
90 - 180 days	-	20
Over 180 days	14	264
Total	14	347

Impaired receivable over 36 months is £14k which was created by a new impairment model based on expected credit losses per IFRS 9. The movement in the year relates to the release of £333k (2017/18: £347k).

11.4 Aged analysis of non-impaired receivables past their due date

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
0 - 30 days	152	150
30 - 60 days	329	86
60 - 90 days	9	34
90 - 180 days	59	9
Over 180 days	41	66
Total	590	345

12. Cash and cash equivalents

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
At 1 April	1,844	4,196
Net change in year	(155)	(2,352)
At 31 March	1,689	1,844
Broken down into:		
Commercial banks and cash in hand	64	86
Cash with Government Banking Service	1,625	1,758
Cash and cash equivalents as in SOFP	1,689	1,844
Bank overdraft – Government Banking Service	-	-
Bank overdraft – Commercial banks	-	-
Cash and cash equivalents as in SOCF	1,689	1,844

13. Third party assets

The Trust held £54k cash at bank at 31 March 2019 (2017-18: £71k) 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 2019 (2017-18: £nil).

15. Trade and other payables

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
NHS payables – Revenue	4,642	2,953
Other trade payables – capital	618	735
Social Security costs	909	884
Other taxes payable	696	637
Other payables	1,135	1,811
Accruals	4,099	3,329
Total	12,099	10,349

NOTES TO THE FINANCIAL STATEMENTS

15. Trade and other payables (continued)

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 23.

There are £nil Non-Current Trade and Other Payables at 31 March 2019 (2017-18: £nil)

16. Borrowings

	Year ended 31 March 2019 £'000	Current Year ended 31 March 2018 £'000	Non-current Year ended 31 March 2019 £'000	Non-current Year ended 31 March 2018 £'000
Obligations under PFI contracts (excl. lifecycle)	432	377	3,157	3,623
Total	432	377	3,157	3,623

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Not later than one year	432	377
Later than one year and not later than five years	2,437	2,127
Later than five years	720	1,496
Total	3,589	4,000

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.

16.1 Reconciliation of liabilities arising from financing activities

	PFI and LIFT schemes £'000	Total £'000
Carrying value at 1 April 2018	4,000	4,000
Cash movements:		
Financing cash flows - payments and receipts of principal	(411)	(411)
Financing cash flows - payments of interest	(421)	(421)
Non-cash movements:		
Change in effective interest rate	421	421
Carrying value at 31 March 2019	3,589	3,589

17. Department of Health & Social Care Loans

	Current Year ended 31 March 2019 £'000	Current Year ended 31 March 2018 £'000	Non-current Year ended 31 March 2019 £'000	Non-current Year ended 31 March 2018 £'000
Department of Health & Social Care Loans	2	-	700	-
Total	2	-	700	-

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Not later than one year	2	-
Later than one year and not later than five years	700	-
Later than five years	-	-
Total	702	-

The Trust has £700k non-current loans as at the year ended 31 March 2019 (2017-18: £nil). This has been received by the Department of Health and Social Care (DHSC) in two nominal amounts of £500k in July 2018 and £200k in January 2019, and has allowed the Trust to remain above the £1m minimum cash balance requirement. These loans are subject to interest at 1.50% made payable every six months, commencing on the six month anniversary date of the draw date. As at 31 March 2019 the Trust had recognised costs of £6k. The loans drawn down are held at historic cost.

NOTES TO THE FINANCIAL STATEMENTS

17.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £'000	Total £'000
Carrying value at 1 April 2018	-	-
Cash movements:		
Financing cash flows - payments and receipts of principal	700	700
Financing cash flows - payments of interest	(4)	(4)
Non-cash movements:		
Change in effective interest rate	6	6
Carrying value at 31 March 2019	702	702

Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan. IFRS 9 is applied without restatement therefore comparatives have not been restated.

18. Clinical negligence liabilities

There is £169k provision for clinical negligence recognised in the books of the NHS Resolution (NHSR) on behalf of Black Country Partnership NHS Foundation Trust (2017-18: £511k).

19. Contingencies

There is one contingent liability outstanding as at 31 March 2019 relating to the West Midlands Pension Fund settlement. Currently the settlement profile of the liability is unknown. No amounts have been notified by the NHSR for potential employer and public liability claims (2017-18: £nil).

20. Provisions for liabilities and charges

	Total	Other legal claims	Employment Tribunals	Redundancy	Other
	£'000	£'000	£'000	£'000	£'000
2018/19					
At 1 April	1,224	581	247	396	-
Arising during the year	273	194	79	-	-
Utilised during the year – accruals	-	-	-	-	-
Utilised during the year – cash	(270)	(31)	(10)	(229)	-
Reversed – unused	(896)	(492)	(237)	(167)	-
At 31 March	331	252	79	-	-
Expected timing of cash flows:					
Not later than one year:	331	252	79	-	-
Later than one year and not later than five years	-	-	-	-	-
Later than five years	-	-	-	-	-
Total	331	252	79	-	-

NOTES TO THE FINANCIAL STATEMENTS

20. Provisions for liabilities and charges (continued)	Other legal claims Employment				
	Total	claims	Tribunals	Redundancy	Other
	£'000	£'000	£'000	£'000	£'000
2017/18					
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	-

20.1 Provisions analysis	Current		Non-current	
	Year ended 31 March 2019	Year ended 31 March 2018	Period ended 31 March 2019	Year ended 31 March 2018
	£'000	£'000	£'000	£'000
Employment tribunal cases	79	247	-	-
Other legal claims	252	581	-	-
Redundancy	-	396	-	-
Other	-	-	-	-
Total	331	1,224	-	-

21. Other liabilities	Current		Non-current	
	Year ended 31 March 2019	Year ended 31 March 2018	Year ended 31 March 2019	Year ended 31 March 2018
	£'000	£'000	£'000	£'000
Deferred income	-	-	-	-
Total	27	-	-	-

22. Trust local government pension fund liability	Non-current	
	Year ended 31 March 2019	Year ended 31 March 2018
	£'000	£'000
Gross local government pension scheme (LGPS) liability	2,515	2,358
Sandwell Metropolitan Borough Council liability	(155)	(155)
Trust local government pension liability	2,360	2,203

NOTES TO THE FINANCIAL STATEMENTS

22.1 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 2019 £'000	Year ended 31 March 2018 £'000
Present Value of the defined benefit obligation at 1 April	(7,848)	(7,936)
Current service cost	(22)	(155)
Interest cost	(33)	(213)
Contribution by plan participants	(6)	(24)
Actuarial (losses)/gain	(1,581)	381
Change in Demographic assumption	(118)	-
Experience loss / (Gain)	1,150	-
Benefits paid	168	99
Past Service Costs including curtailments	-	-
Present Value of the defined benefit obligation at 31 March	(8,290)	(7,848)
Plan assets at fair value at 1 April	5,645	5,625
Expected return on plan assets	23	146
Actuarial gain/(losses)	403	(144)
Contribution by the employer	21	93
Contribution by plan participants	6	24
Benefits paid	(168)	(99)
Plan assets at fair value at 31 March	5,930	5,645
Plan deficit at 31 March	(2,360)	(2,203)

22.2 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 2019 £'000	Year ended 31 March 2018 £'000
Present Value of the defined benefit obligation at 1 April	(8,290)	(7,848)
Plan assets at fair value at 31 March	5,930	5,645
Net liability recognised in the SoFP at 31 March	(2,360)	(2,203)

22.3 Amounts recognised in the Statement of Comprehensive Income

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Current service cost	(22)	(155)
Interest cost	(10)	(67)
Total pension cost recognised in SOCI	(32)	(222)

22.4 Amounts disclosed in the Other Comprehensive Income

	Year ended 31 March 2019 £'000	Year ended 31 March 2018 £'000
Effect of paragraph 41 limit	146	(237)
Total pension cost disclosed in OCI	146	(237)

NOTES TO THE FINANCIAL STATEMENTS

22.5 Further breakdown of actuarial valuation

<i>Changes in benefit obligation during year to 31 March 2019</i>	£'000
Benefit obligation at beginning of year	7,848
Current service cost	22
Interest on pension liabilities	33
Member contributions	6
Past Service costs	-
Experience (gain)/loss	(1,150)
(Gain)/loss on financial assumptions	1,581
(Gain)/loss on demographic assumptions	118
Benefits/transfers paid	(168)
Benefit obligation at end of year	8,290

<i>Changes in plan assets during year to 31 March 2019</i>	
Fair value of plan assets at beginning of year	5,645
Interest on plan assets	23
Re-measurement Liabilities	403
Employer contributions	21
Member contributions	6
Benefits/transfers paid	(168)
Fair value of plan assets at end of year	5,930

22.6 Actuarial assumptions

<i>Duration information as at the end of the accounting period</i>	
Estimation Macaulay duration of benefit obligation (at the period end valuation and admission date):	18 years
Duration profile used to determine assumptions:	Mature

<i>Financial assumptions</i>	Year ended 31 March 2019	Year ended 31 March 2018
Rate of increase in salaries	n/a	3.80%
Rate of increase in pensions	2.58%	2.30%
Discount rate	1.72%	2.55%

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)

<i>Life expectancy of a male (female)</i>	Year ended 31 March 2019	Year ended 31 March 2018
Future pensioner aged 65 in 20 years' time	24.0 (26.7) years	24.0 (26.6) years
Current pensioner aged 65	21.9 (24.3) years	21.9 (24.3) years

Commutation of pension for lump sum at retirement

50% take maximum cash, 50% take 3/80ths cash

23. 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.

NOTES TO THE FINANCIAL STATEMENTS

23. Related party balances and transactions (continued)

2018/19 Organisation	Receivables Year ended 2019 £'000	Payables Year ended 2019 £'000	Revenue Year ended 2019 £'000	Expenditure Year ended 2019 £'000
Local Authorities				
Sandwell Metropolitan Borough Council	-	203	4	1
Walsall Metropolitan Borough Council	-	1	-	7
Wolverhampton City Council	53	-	397	6
Dudley Metropolitan Borough Council	-	-	4,815	-
Worcestershire County Council	37	-	243	-
Sub Total	90	204	5,459	14
NHS England & CCG's				
Sandwell & West Birmingham CCG	98	-	36,216	19
Wolverhampton CCG	160	3	31,055	2
Dudley CCG	251	-	12,279	-
NHS England	4,925	15	9,335	14
NHS Birmingham and Solihull CCG*	473	-	3,584	-
Walsall CCG	667	-	3,941	-
Sub Total	6,574	18	96,410	35
2017/18				
Organisation	Receivables Year ended 31 March 2018 £'000	Payables Year ended 31 March 2018 £'000	Revenue Year ended 31 March 2018 £'000	Expenditure Year ended 31 March 2018 £'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

*Formally trading as Birmingham Cross City CCG

NOTES TO THE FINANCIAL STATEMENTS

24. Losses and special payments

There were 13 cases of loss and special payment totalling £3k approved in the year (2017-18: 11 cases totalling £15k).

The losses during 2018-19 were due to:

	No of Cases Year Ended 31 March 2019 No	Value of Cases Year Ended 31 March 2019 £000	No of Cases Year Ended 31 March 2018 No	Value of Cases Year Ended 31 March 2018 £000
Losses of cash due to:				
a. Theft, fraud etc	-	-	2	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
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	13	3	6	1
b. Clinical negligence with advice	-	-	-	-
c. Personal injury service	-	-	-	-
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	13	3	6	1
Total Losses and Special Payments	13	3	11	15

During 2018-19, 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.

25. 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.

NOTES TO THE FINANCIAL STATEMENTS

25. Financial instruments and related disclosures (continued)

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.

25.1 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.

25.2 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.

25.3 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.

25.4 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 23. The Trust has financial instruments which are considered to have low credit risk in accordance with IFRS 9. The Trust will be reviewing the financial instruments based on the five step approach outlined in the guidance and monitor the level of credit risk on a regular basis.

Cash held with government banking services are banks that have been assigned credit ratings in line with NHS Improvement guidance.

25.5 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:

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)]

NOTES TO THE FINANCIAL STATEMENTS

25. 6 Carrying values of financial assets

	Held at amortised Cost £'000	Total book value £'000
2018/19		
Carrying values of financial assets as at 31 March under IFRS 9		
Trade and other receivables excluding non-financial assets	7,318	7,318
Other investments / financial assets	397	397
Cash and cash equivalents at bank and in hand	1,689	1,689
Total at 31 March	9,404	9,404

	Loans and receivables £'000	Total book value £'000
2017/18		
Carrying values of financial assets as at 31 March under IAS 39		
Trade and other receivables excluding non-financial assets	523	523
Other investments / financial assets	258	258
Cash and cash equivalents at bank and in hand	1,844	1,844
Total at 31 March	2,625	2,625

25.7 Carrying values of financial liabilities

	Held at amortised Cost £'000	Total book value £'000
2018/19		
Carrying values of financial liabilities as at 31 March under IFRS 9		
Loans from the Department of Health and Social Care	702	702
Obligations under PFI, LIFT and other service concession contracts	3,589	3,589
Trade and other payables excluding non-financial liabilities	10,494	10,494
Provisions under contract	331	331
Total at 31 March	15,116	15,116

	Other financial liabilities £'000	Total book value £'000
2017/18		
Carrying values of financial liabilities as at 31 March under IAS 39		
Obligations under PFI, LIFT and other service concession contracts	4,000	4,000
Trade and other payables excluding non-financial liabilities	8,828	8,828
Provisions under contract	1,224	1,224
Total at 31 March	14,052	14,052

25.8 Maturity of financial liabilities

	31 March 2019 £'000	31 March 2018 £'000
In one year or less	11,259	11,950
In more than one year but not more than two years	1,765	926
In more than two years but not more than five years	1,372	1,201
In more than five years	720	1,496
Total	15,116	15,573

26. 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 ਕਿਰਪਾ ਕਰਕੇ ਈਵੋਨ ਮੇਨ ਨੂੰ ਹੇਠਾਂ
ਦਿੱਤੇ ਗਏ ਨੰਬਰ ਉੱਤੇ ਫ਼ੋਨ ਕਰੋ।

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

If you require large print or braille, please contact Yvonne Mayne on 0345 146 1800.

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