



**Birmingham
Community Healthcare**
NHS Foundation Trust



Annual Report



2017-18



Better Care: Healthier Communities

Birmingham Community Healthcare NHS Foundation Trust

Annual Report and Accounts 2017-18

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the
National Health Service Act 2006.

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Message from Chairman

Tom Storrow

Our Annual Report for 2017-18 reviews an extremely busy and successful year for Birmingham Community Healthcare NHS Foundation Trust (BCHC).

I am very pleased to be able to report once again a year in which our staff have achieved our main performance and financial targets, as well as high levels of patient satisfaction. To reach those targets is both a tough challenge and huge achievement for any NHS organisation in the current climate. I am grateful to all our staff for their contribution through the year.

The dedication displayed by our staff to meeting the needs of patients and service users, through more than 2.1 million interactions in the year, is of the highest order. It is their commitment to consistently delivering high quality care which ensures we achieve such positive levels of patient satisfaction.

This year we are celebrating the 70th anniversary of the NHS, and marking the huge impact it has made for the people of our country. The longevity of the NHS is a tribute to the vision of those who created it back in the 1940s, and all who have worked since to deliver NHS services. Its founders had high aspiration and we still hold dear to their values today; perhaps one of the best tributes we can make to them is to continue striving to improve and make our services better and more effective.

BCHC, now well established as a Foundation Trust, is focusing on delivering community and specialist healthcare for the communities we serve. As part of this commitment we are pleased to be playing a full part in helping forge the future shape of the NHS locally, ensuring active representation for community services within the two Sustainability and Transformation Partnership (STP) footprints within which our core services fit, namely those for Birmingham and Solihull and the Black Country.

Effective partnerships are vitally important within the modern health and social care environment, bringing together the various elements of the NHS (providers and commissioners), GPs, Local Authorities, voluntary and charity organisations. As part of this drive we worked closely through the year with two other trusts, Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust, as part of the 'Transforming Care Together' programme. Whilst ultimately the three trusts decided not to formalise that partnership, we each gained considerable learning, particularly around the synergies of physical and mental health. I would like to thank all who devoted time and effort to the programme and wish our partner trusts well for the future.

As Chair of both the Council of Governors and Board of Directors, I thank all who have given their commitment to these bodies through the past year. Both groups maintain a determined focus upon the interests of our patients and service users, and I am particularly pleased that Governors and Directors are all regularly involved in activities such as frontline patient safety visits and staff engagement events.

During the year in review we said farewell to Tracy Taylor after many successful years as our Chief Executive. I would like to reiterate the Board's thanks to Tracy for the hugely significant contribution she made over several years to leading and building this organisation. The Board's sincere thanks are also for Peter Axon who stepped into the role of Interim Chief Executive so effectively for us, maintaining trust performance through several months.

I also wish to thank two other colleagues who left the Board during the year: Celia Furnival, who retired after many years of dedicated service as a Non-Executive Director, and Andy

Wakeman who served us so professionally as Medical Director.

Tracy's departure provided us with the opportunity to appoint Richard Kirby as our Chief Executive, a role he took up on March 1st, 2018. I am delighted that we have been able to appoint Richard, who is already making a positive impact across the organisation and health economy, beginning to implement exciting and ambitious plans for our future.

I hope you will find our Annual Report interesting and, once again, thank all who played a part in creating another successful year for the Trust, to the benefit of the individuals and communities we serve.



A handwritten signature in black ink, appearing to read 'Tom Storrow'.

Tom Storrow
Chairman
Birmingham
Community Healthcare
NHS Foundation Trust



Message from Chief Executive Officer

Richard Kirby

It is my real privilege to have the opportunity to become Chief Executive of Birmingham Community Healthcare NHS Foundation Trust (BCHC). I was delighted to take up the role from March 1st, 2018; the final month of the year under review in this report.

My thanks go to all those who played a part in delivering another successful year for the Trust and creating such a strong platform from which we can build into the future, towards an ambition of providing outstanding, integrated care.

Leading my local Trust is a very special opportunity for me. I started my NHS career 20 years ago, working with a group of GPs in south-west Birmingham and have worked in Birmingham and the Black Country ever since. I believe that, as an organisation, we are uniquely placed to be able to make positive differences, deep within the communities we serve. In delivering a wide range of community services across Birmingham, together with highly regarded specialist services across the wider West Midlands, our staff are actively engaged within those communities day in, day out.

BCHC has a well proven track record in delivering high quality care, whilst also achieving its performance and financial targets. That proven record is a tribute to the commitment and dedication of our staff. I have spent much of my first few weeks within the Trust getting out-and-about, spending time with teams; listening and learning about what they do and how they view the organisation and their service. I must thank all I have met - staff, patients and others with an interest in the Trust - for such a warm welcome, and I look forward to working with you further.

I have learned so much about many aspects of the life-changing and life-enhancing work our staff carry out, across all our varied services. I have seen clearly how staff are focused around the patient's needs. I have also noted a general understanding of the importance of multi-disciplinary working and a commitment to rehabilitation and recovery, reinforced by a commitment to working in partnership.

Working together in partnerships - with our colleagues in primary care, mental health, social care, education and the voluntary and community sector -

will be key to how we manage increasing demand for our services and provide good care.

Central to this is our determination to play a leading and effective role in our main local Sustainability and Transformation Partnership (STP) in Birmingham and Solihull, as well as continuing to play an important role in the neighbouring Black Country and West Birmingham STP. Collaboration between each of the organisations involved in these partnerships is absolutely vital to shaping an effective way forward for health and social care in times of increasing demand and pressured resources. Community services can provide the 'glue' that holds other parts of the system together - and we must ensure that we fulfil that role within these partnerships.

A number of key themes will be crucial for us through the next year - solidifying our role within integrated care systems; exploring new ways of delivering community care, and engaging fully with our well-motivated staff, whilst still maintaining focus on quality and safety of care and managing amid constrained financial resources. Together these themes bring tough challenges - and also great opportunities for us.

Through the coming months we will be keen to talk with our external stakeholders - anyone who has an interest in working with us, or receives our services. We want to hear your thoughts on these themes and how we can best meet the needs of those we serve in the future, as part of our ambition to provide outstanding, integrated care.

I look forward to working with all our staff and our partners in the next exciting stage of development for Birmingham Community Healthcare and the communities we serve.



A handwritten signature in blue ink, appearing to read 'R Kirby'.

Richard Kirby
Chief Executive

Birmingham Community
Healthcare NHS
Foundation Trust



Part 1

Annual Report

Section 1

Performance Report

The Performance Report is prepared in accordance with the requirements of sections 414A, 414C and 414D7 of the Companies Act 2006, except for sections 414A(5) and (6) and 414D(2) which are not relevant to Foundation Trusts

The Performance Report aims to provide a fair, balanced and understandable analysis of the Birmingham Community Healthcare NHS Foundation Trust's performance during the period April 2017 to March 2018.

1. Overview

The purpose of the Overview is to give a short summary that provides sufficient information to enable an understanding of Birmingham Community Healthcare NHS Foundation Trust, the key risks to the achievement of its objectives and how it has performed during the year.

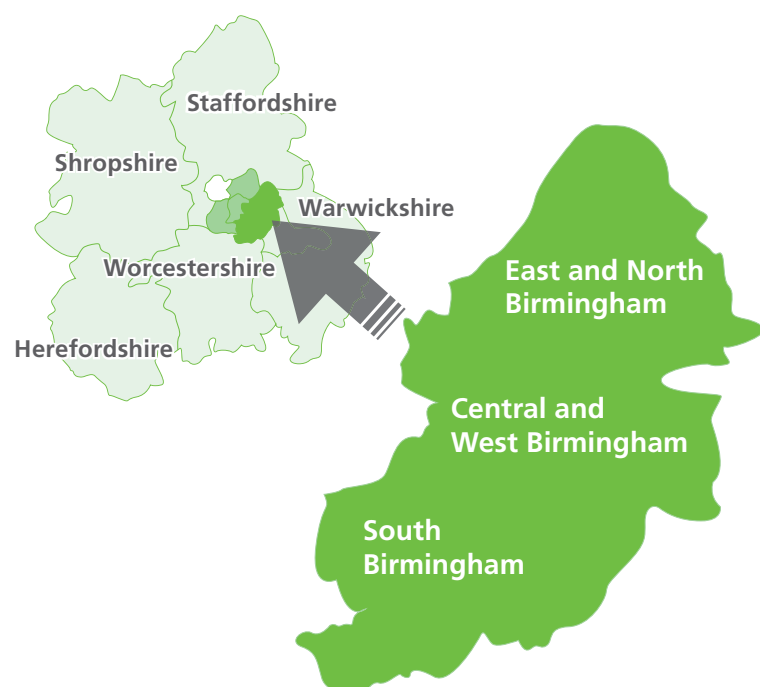
Birmingham Community Healthcare NHS Foundation Trust (BCHC), delivers community-based healthcare services to the 1.1 million residents of Birmingham and universal and specialist services to the 5.5 million people within the wider West Midlands region. The geographic areas that we cover on a city-wide and regional basis are depicted on the maps in Figure 1.1.

We are one of the largest dedicated providers of NHS community services in the country, with an annual turnover of £277.4 million in 2017-18. We employ around 4,000 whole time equivalent staff to deliver the wide range of services that we provide and we operate from over 300 sites across Birmingham and the West Midlands.

We care for people throughout their lives from the new-born and their families to the frail elderly and their carers. Our services are diverse; from healthy lifestyle services that keep people feeling well to the most complex healthcare for those with highly specialist needs. We provide care in people's homes and also in clinics and inpatient units across the city. We deliver all of this with a commitment to integrated, personalised care that is rooted in our local communities.



Figure 1.1 Geographical spread of service delivery by Birmingham Community Healthcare.



• **Populations we serve:**

- Birmingham: 1.1m
- West Midlands: 5.5m

• **Who we are:**

- £277.4m turnover in the 2017-18 financial year
- Provider of core and specialist community based health services
- Care delivered from over 300 BCHC sites: including two Community Hospitals, Intermediate Care Units, a palliative care unit, regional rehabilitation facilities, Birmingham Dental Hospital and specialist Child Development Centres.

Key	Service	Coverage	Population
	Community Services for children and adults and Specialist Services for people with learning disabilities	Birmingham	1.1 million
	Community Dental Services	Birmingham, Sandwell, Dudley and Walsall	2 million
	Specialist Rehabilitation Services and Birmingham Dental Hospital	West Midlands	5.5 million

NOTE: School nursing service also provided for Sandwell and Staffordshire through 2017-18, as well as Birmingham.

1.1 Our Vision, Values and Mission

We are committed to the vision of 'better care, healthier communities'. The role that Birmingham Community Healthcare plays in achieving this is articulated through our mission:

Our mission is to be a **trusted expert provider of community services**, an **innovative partner** working to support **integration** and deliver care that keeps people living independently for longer.

We have adopted a range of clinical strategies and strategic objectives underpinned by our values to support the achievement of our mission. How we work is as important as what we do; and we are a values-based organisation with personal standards that underpin our work.

Our Values:



Our values underpin the behaviours that we promote throughout all of our work with our service users, within our teams and workforce and with external agencies.

1.2 Our Services

We deliver our clinical services to the individuals we serve through five Clinical Divisions; each is jointly led by a Clinical Director and Divisional Director; in line with our organisational ethos of being clinically led and managerially supported. An overview of our five clinical divisions follows.

1.2.1 Adult Community Division

Our Adult Community Division provides local community healthcare services to adults and older people across Birmingham, both in the in-patient setting and in the wider community. During 2016-17, these services were delivered as below:

- **Community** - Integrated community nursing services delivering long term condition management, provided predominantly in patients' homes.
- **Specialist** - Specialist nursing and therapy services, provided predominantly in clinics and health centres across the city, along with smoking cessation and dietetics support commissioned by public health through the local authority.

Table 1.1 Adults and Community Division

Adult Community Division	
Community	Specialist
Integrated Multi- disciplinary teams	Dietetics
Tissue Viability Services	Diabetes
Continence Service	Heart Failure/Coronary Heart Disease
Respiratory	Podiatry
Community Stroke	Sickle Cell
	Parkinson's Disease
	Smoking Cessation
	Musculoskeletal disorders

1.2.2 Inpatients and Urgent Care

Sub-acute and intermediate care provision provided across the city, as well as rapid response services that provide alternatives to acute emergency admissions and provide specialised medical assessment:

Table 1.2 Inpatients and Urgent Care Division

Inpatients and Urgent Care Division	
Intermediate Care	Trauma and Orthopaedic
Palliative Care/Respite Care	Rapid Response Teams
Geriatric Medicine/Sub-acute Medicine	Single Point of Access (SPA)
Stroke	Her Majesty Prison (HMP) Birmingham (Healthcare)

1.2.3 Children and Families Division

A wide range of accessible and responsive universal and specialist services are provided for children, young people and families in homes, schools and clinics across Birmingham. As part of our universal services, every child is supported from pre-birth to five years old by our health visiting teams.

Our nurses in mainstream and specialist schools then provide continuing health checks, immunisations and support. For children with additional developmental needs, specialist support is provided in families' homes and in child development centres across the city. Some specific services are also provided in other geographical areas as listed in the table below.

Table 1.3 Children and Families Division

Children And Families Division	
Universal Services	Specialist Services
Health Visiting	Community Paediatrics
Family Nurse Partnership	Speech And Language Therapy
Immunisation Services	Occupational Therapy
School Nursing (Birmingham)	Physiotherapy
School Nursing (Sandwell)	Child Development Centres
School Nursing (Staffordshire)	Community Children's Nursing And Palliative Care
	Paediatric Eye Service
	Special School Nursing
	Looked After Children Nursing
	Respite Care





1.2.4 Specialist Services Division

Specialist Services Division comprises Learning Disability and Specialist Rehabilitation. While the Learning Disability Service is a city-wide service, Specialist Rehabilitation Services provide services to a larger area on a regional basis.

- **Specialist Rehabilitation Services** are provided to the population of Birmingham and the West Midlands to assist them in managing their disabilities; the majority being delivered from the West Midlands Rehabilitation Centre, which is a recognised centre of excellence. Services are primarily commissioned by NHS England, though some services are commissioned by Clinical Commissioning Groups.
- **The Learning Disability (LD) service** focuses on providing a clinically led managerially supported approach for service users with a learning disability within Birmingham. The LD service is the largest provider for community specialist healthcare for people with learning disabilities in Birmingham.

Table 1.4 Specialist Division

Specialist Division	
Specialist Rehabilitation	Learning Disabilities
Assistive Technology	Community Nursing
Inpatient Neurological Rehabilitation (INRU)	Psychiatry and Psychology
Specialist Brain Injury Clinic	Speech Therapy
Specialist Outpatient Clinics e.g. Multiple Sclerosis, Intrathecal Baclofen, Functional Electrical Stimulation	Dietetics
Birmingham Wheelchair Service	Occupational Therapy
Birmingham Neurological Rehabilitation	Community Forensic Nurses
	In-Patient Services
	Respite/Short Breaks
	Day Services
	Palliative Nursing Homes

1.2.5 Dental Services Division

The Dental Services Division provides both community and dental hospital services to the wider West Midlands region and includes the Birmingham University Dental Hospital training facility.

- **Birmingham Dental Hospital** provides a range of specialist, secondary and tertiary care dental services on referral, from a new state-of-the-art facility opened to service users in 2016. It also operates an urgent care service primarily to attract patients for dental undergraduate teaching and dental hygiene/therapy students. Services provided by Birmingham Dental Hospital are commissioned by NHS England through the Birmingham and Black Country Area Team. The University of Birmingham, School of Dentistry is co-located and many clinical staff have honorary NHS or University contracts. Training and education services are commissioned by Health Education England.

Table 1.5 Birmingham Dental Hospital Overview

Birmingham Dental Hospital and School	
Oral Surgery	Special Care
Oral Medicine	Paediatric Dentistry
Orthodontics	Restorative Dentistry

- Dental Services also provides care for patients unable to access this from a General Dental Practitioner because of special or additional needs. The service operates from over 30 health centres across Birmingham, Sandwell, Dudley and Walsall. The **Combined Community Dental Service (CCDS)** is commissioned by NHS England through the Birmingham and Black Country Area Team.



1.2.6 Corporate Functions

The delivery of healthcare services by our Clinical Divisions is supported by a range of corporate functions. During 2016 we realigned our corporate services to revised executive portfolios, allowing us to position these services as clear operational, tactical and strategic support functions to our clinical divisions.

Our **Human Resources** team and **Organisational Development** team provide support to our workforce both individually and as a whole staff team. During the last full financial year BCHC employed an average of over 4,190 whole time equivalents (WTE) staff. This breaks down into just over 3,900 WTE permanently employed staff with other categories making up a further 270. The majority of staff fall into the categories of:

- 76 per cent medical, nursing, healthcare assistant and scientific or support staff.
- 24 per cent administrative and estates staff (16 per cent providing support to individual business divisions and 8 per cent providing support to corporate services).

Our Estates team are key to our role as a provider of community healthcare, where services are delivered from a large of network of sites. Along with our Information Technology team, they make right delivery of the right service at the right time a reality.

We currently deliver services from over 300 sites across the region, many provided in GP surgeries or local community settings. In addition to this, we have circa 280 inpatient beds across the city in our two community hospitals, two intermediate care centres and our dedicated unit for Palliative Care.

Within the corporate services there is a small Business Development team who provide support for developing tenders for both winning new, and retaining existing, business. This has been a success for the Trust with a strong record of winning tenders in the last three years. The team also support the division's business staff in developing business cases for newly commissioned services and advise on market opportunities.



2. Summary of our Performance during 2016-17

2.1 Patient Activity

The Trust continued to roll out our new clinical information system (RIO) during the year as part of a programme of work to improve our electronic patient record and collection of patient activity data. During 2017-18 we had around 2.2 million interactions with our patients and service users. These interactions are measured in terms of units called 'activity' and the table below sets out our activity for 2017-18.

Table 1.6 Trust Activity during 2017-18

Patient activity	2015-16	2016-17	2017-18
Out-patients	405,148	366,200	363,893
Community Contacts	1,488,837	1,624,797	1,690,797
Day cases	3,873	4,106	3,761
Occupied Bed Days	125,062	120,267	108,407
Admissions	4,531	4,748	4,109
Other activity	79,658	33,618	32,789
Total	2,107,109	2,153,736	2,203,756

2.2 Income and Expenditure

2.2.1 Where our money comes from

The majority of our income comes from the provision of patient care, which totals £248.7m. The remainder of £28.7m comes from other activities such as education, training and research.

Table 1.7 Summary of Trust Income during 2017-18

2017-18	£'000
NHS Providers	£5,118
NHS England and Clinical Commissioning Groups	£207,142
Foundation Trusts	-
Local Authorities	£35,778
Other	£623
Total revenue from patient care activities	£248,661
Other operating revenue	£28,722
Total revenue	£277,383

2.2.2 How we spend our money

In the financial year 2017-18 we spent £266.2m. The largest proportion of this expenditure was on the salaries and wages that we pay our staff, which totaled £181.9m.

Further details of our expenditure can be found in the Income and Expenditure section of the Financial Statements section of this report.

Table 1.8 Summary of Trust Expenditure during 2017-18

Expenditure (£'000)	2017-18 (£'000's)
Employee costs	£181,830
Trust officer board members' costs	£1,046*
Premises	£10,385
Supplies and services	£29,893
Other	£44,081
Total expenditure	£266,235

*Net of recharges to other Trusts

2.3 Summary of Trust's Employees

The following table provides a year end summary position in relation to the Trust's Employees. Further detail on the composition of our workforce can be found with the Staff Report in Section 3 of the Annual Report.

Table 1.9 Summary of Trust's Employees Headcount during 2017-18

Position as at 31st March 2018	Male headcount	Female headcount
Executive Directors (including the Chief Executive Officer)	5	3
Employees (excluding Executive Directors)	714	4,150



2.4. Summary of achievements

Table 1.10 Key Achievements by the Trust in 2017-18

Key achievements in 2017-18
Patient Satisfaction rate improvements
Reduction in Agency Spend and delivery of financial targets
Low levels of Healthcare Acquired Infections

Details of the Trust's quality performance are contained in Section 3 - Quality Report. This report provides details on the quality of the services we provide in the form of an Annual Quality Account each year. Copies of this section of the Annual Report are accessible on the Trust website or by contacting our Communications Team on tel: **0121 466 7281** or email: info@bhamcommunity.nhs.uk.

2.5 Going Concern

Based on the performance detailed in these Financial Statements and the Financial Plan 2018-19, the Trust's forecast cash balances will continue to be sufficient for it to continue meeting its working capital requirements for the immediate future. Therefore, after making enquiries, the directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

2.6. Charity

Birmingham Community Healthcare Charity has been an active charity since April 2016 and has raised over £100k during its first two years to help provide the 'extras' for patients, their families and staff who support them.

BCHC charity continues to have an active external Internet page and internal Intranet page and has developed a strong online presence through Trust news stories and social media. The well-established 'Just Giving' page continues to provide staff and supporters with an easy and accessible method to fundraise.

Engaging staff across the services remains a key focus for the charity and this is done through a range of activities including the Trust Induction Programme and working with and supporting teams on a one to one basis in order to access funds which make a difference for patients. Movement within the charitable funds has seen a 17 per cent increase; with 82 per cent of funds being engaged with income gain or an expenditure during the year.

Through increased staff awareness and engagement, over £44k has been spent on enhancing patient care since 2016. Gardens and clinical spaces have been transformed, extra in house activities have been provided to enhance patient enjoyment and experience and items that enhance clinical care across community services have been purchased. 2018 will see the charity launch its first large appeal to support end of life care in the community.

Over £30k has been raised during 2017-18 through successful fundraising events such as; climbing Mount Snowdon, a 'Delicious day for Dementia' a delicious treats sale, skydives and the 100mile bicycle ride; Velo.

The Charity has established strong partnerships with the Patient Safety and the Research and Innovation teams and continues to encourage active fundraising and supporting staff to access funds for development. The charity has received over £20k from individuals taking on challenges

of their own or donating in thanks or in memory.

Local community groups and businesses have also continued to support the charity with over £10k having been received through donations and fundraising from local businesses including National Express West Midlands and Sainsbury's Kings Heath. This year has also seen the launch of 'Pennies from Heaven', a scheme where individuals including staff can donate up to 99p (the loose change) from their pay slip each month to BCHC charity.

A cultural activity calendar has been developed with support from the Patient Experience and Organisational Development Team which provides a full calendar of charitable events planned throughout 18-19; celebrating 70 years of the NHS with tailored fundraising and engagement opportunities such as 'NHS 7Tea Parties' and the '70km challenge'.

To find out more about our charity, its activities or making donations, please contact:

Bchc.charity@bhamcommunity.nhs.uk

Telephone: 0121 466 7314



3. Performance Analysis 2017-18

3.1. How we Measure Performance

Performance in the Trust is managed via a series of monthly Balanced Scorecards which report Key Performance Indicators (KPIs) at Trust and Divisional levels supported by disaggregated performance and activity information at Team and Business Unit levels via the 1Vision platform. Each KPI has an executive lead with responsibility for performance in that area and the overall executive lead for Performance is the Chief Financial Officer.

Scrutiny of the Balanced Scorecards is supported by a governance structure of meetings and escalation principals to ensure issues are identified and managed at the appropriate level and in a timely manner. Divisions which are performing well against targets receive less frequent scrutiny than those reporting a number of breaches.

3.1.1. Development of the Balanced Scorecards

The Balanced Scorecard is subject to an annual review with Executive Leads to ensure that KPIs are relevant and that the setting of targets and tolerance points is informed by local performance, commissioners' requirements and national guidance. The Performance and Contracting Team lead this process and review relevant national guidance including the NHS Improvement Single Oversight Framework along with locally developed requirements and contractual obligations as agreed with commissioners. Benchmarking data is used to inform target setting enabling the Trust to compare its own performance with other Providers of care.

3.1.2. Structure of the Balanced Scorecard

Scorecards are developed in five key domains. These are **Safety, Clinical Quality, Patient Experience, Workforce and Efficiency and Financial Performance.**

This structure facilitates triangulation by highlighting overarching themes where pressure may be developing. In addition each KPI is aligned to one of the Trust's six Strategic Goals as shown in table 1.11 below:

Table 1.11 Trust's Six Strategic Goals in 2018-19

Purpose	To transform and deliver high quality, efficient, integrated services that enable the best possible outcomes through our integrated delivery models.
People	To have a skilled, innovative workforce that is compassionate and caring, where staff are empowered to take action, and where customer service and clinical leadership are at the heart of our services.
Price	To secure our future through effective contractual terms supported by robust costing and information systems to meet all our statutory duties and financial targets.
Promotion	To promote community services and the Trust, listen to and communicate clearly and effectively with all our stakeholders and members.
Place	To deliver services in the most appropriate location, supported by an efficient estate.
Partnerships	To develop effective partnership working with our stakeholders to provide integrated care and break down the barriers internally and externally to maximise the benefits of expertise in the organisation.

A 'Balanced Scorecard Explainer' catalogue is updated each year and provides more detail on the technical definition of each KPI.

3.2. Key Performance Indicators and 'Cause and Effect' definitions

Individual indicators are considered as either 'Cause' or 'Effect' KPIs, with cause KPIs being those seen as driving poor outcomes later on if not addressed and remedied. The 'key' indicators in each domain are defined as shown in the following table 1.12

Table 1.12 Key Performance Indicators (measures)

Domain	'Cause' KPIs
Safety	<ul style="list-style-type: none">• Safe Staffing Rates• Healthcare Acquired Infection Rates (C. Diff new avoidable cases)• Healthcare Acquired Infection Rates (MRSA new cases)• Falls Rates• Pressure Ulcers• Patient Safety Thermometer• Deaths to Discharges• Serious Incidents and Root Cause Analysis action plans completed in agreed timescales.• Never Events
Quality	<ul style="list-style-type: none">• Rapid Response Cases requiring onwards admission to an acute setting• Essential Care Indicators• Early Warning Alerts• Cancer 2 week waits (Urgent Referrals)• 18 Week incomplete RTT Pathways
Patient Experience	<ul style="list-style-type: none">• Complaints Response timescales• Customer Experience Reports• Friends and Family Test
Workforce and Efficiency	<ul style="list-style-type: none">• Cash Releasing Efficiency Schemes Milestone achievement• Did Not Attend (DNA) Rates• Mandatory Training• Vacancies• Sickness• Staff Appraisal Rates• Average Length of Time to Recruit

3.3. Performance Management in Divisions

Divisional 'Confirm and Challenge' sessions take place each month where Senior Managers and Service leads meet with relevant support service colleagues and review the latest scorecards. Red flagged KPIs which have breached targets and 'Amber' KPIs which have been outside of tolerance for 3 or more months require Recovery Plans. Additional information on Cash Releasing Efficiency Schemes (CRES) is also viewed at Divisional sessions with schemes which are not delivering also requiring Recovery Plans. Corporate Areas are treated as a Division and produce recovery plans and attend PPMB on the same basis as Clinical Divisions.

These plans are then submitted to the monthly Performance and Programme Management Board (PPMB) and presented by Divisional representatives for Executive level scrutiny and support with required actions.

3.4. Performance Management at Trust Level

The Performance and Programmes Management Board (PPMB), which is comprised of senior members of staff and Executive Directors, meet monthly to review scorecards and seek assurance from Divisional representatives regarding their recovery plans. This group also seeks to identify interdependencies between indicators as a test to recovery plans supported by the range of senior managers and Executive leads in attendance.

PPMB have an escalation route for persistent breaches and can require a service to attend Executive Managers Forum (EMF) or Finance and Performance Assurance Committee to seek further assurance and input to Divisional plans. PPMB can also establish short life working groups to address performance issues, particularly where these are affecting more than one area of the Trust.



3.5. Quality and Performance Report

A monthly Quality and Performance Report is presented to the Board. This includes Executive Summaries of Performance in the key domains, narrative for each breach identified on the Trust Balanced Scorecard and a range of supporting information providing assurance to the Board. The Quality and Performance Report is published on the Trust's public internet site.

3.5.1. Patient Safety Domain

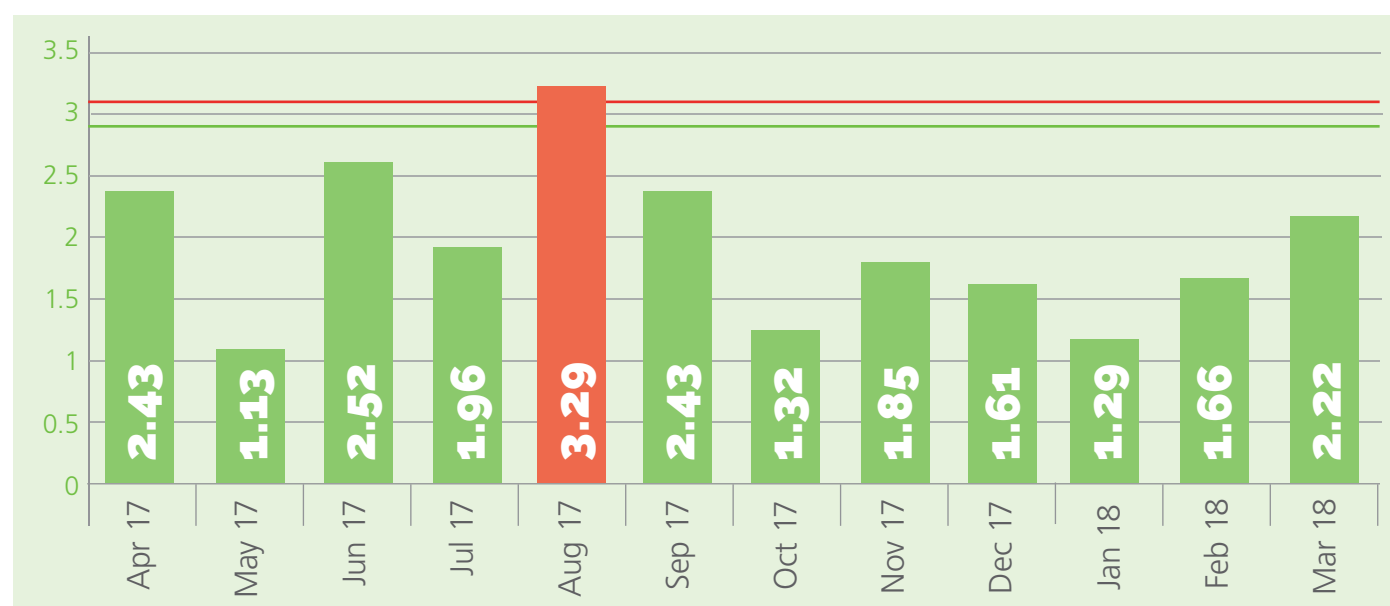
The Patient Safety Domain has maintained strong performance throughout 2017-18. In particular we are proud to report:

- no cases of MRSA
- no avoidable cases of hospital acquired Clostridium Difficile
- no patients developing avoidable grade 3 or 4 pressure ulcers whilst admitted to Trust care
- no avoidable in-patient deaths identified, following the establishment of new reporting requirements relating to mortality reviews

A key focus for the Trust in this domain has been the rate of falls with harm, which are measured per 1000 Occupied Bed Days, and the number of falls with severe harm sustained under our care.

The falls rate target was set as a comparison to last year's outturn performance and as shown in the Figure 1.1 below has remained within target for 11 of the 12 months of the year due to a variety of actions including a focus on falls by the patient safety team and assessment and completion of root cause analyses reports whenever a fall does occur.

Figure 1.1: BCHC Falls with Harm per 1000 OBDs



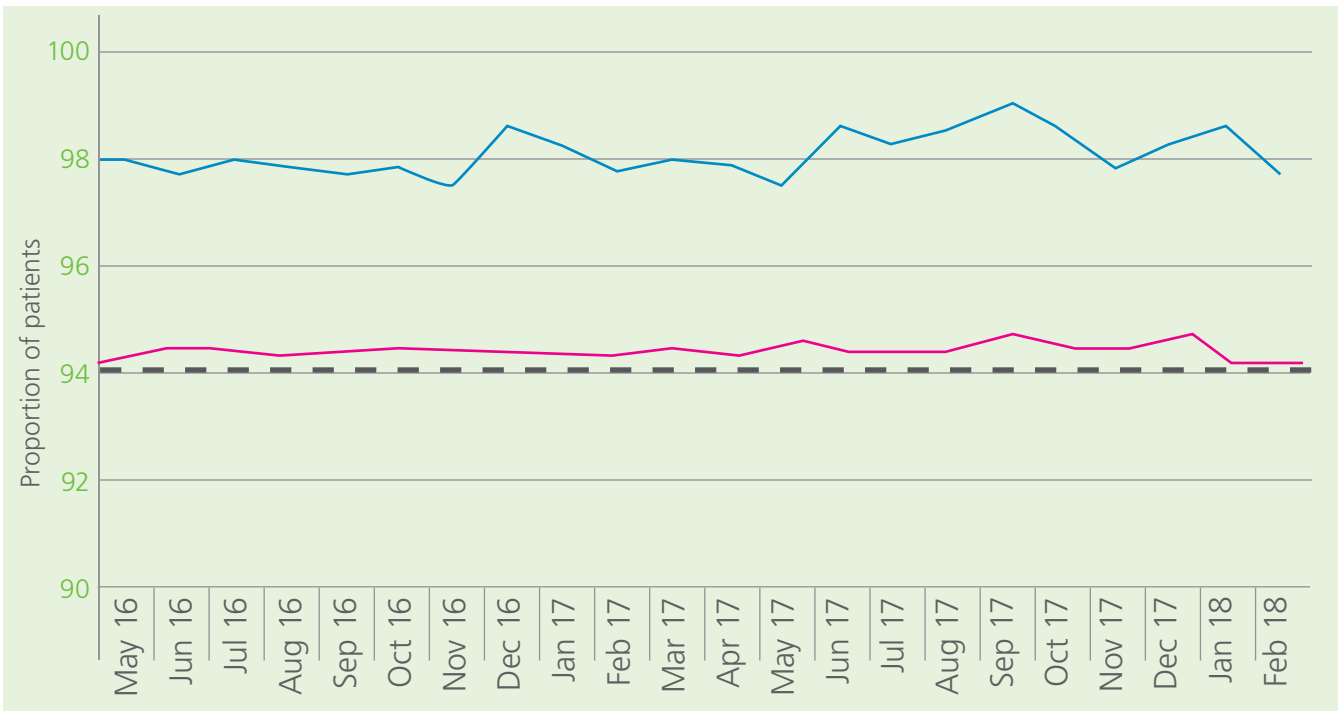
The NHS Benchmarking Network report monthly data for Community Trusts and this benchmark gives the Trust assurance that performance in this area compares favourably to peers. For January 2018 NHS Benchmarking report a 6 month average Falls with harm rate for Community Trusts of 2.23 per 1000 Occupied Bed days, against the BCHC average of 1.97. When all falls are considered (regardless of whether a harm was sustained) the six month average for Community Trusts shows 8.48 per 1000 Occupied Bed days, against a BCHC average of 6.87.

The Trust also counts the absolute number of falls where a severe harm such as a fracture is sustained by the patient. In 17-18 we end the year reporting a total of 22 such falls. Unfortunately this represents an increase on the previous year where we reported a total of 13 falls with severe harm, although it is a slight improvement on the previous year when we reported 22.

Whilst the overall rate of falls shows improvement the Trust seeks to identify learning from all falls resulting in a severe harm and conducts detailed root cause analyses into every event.

The Patient Safety domain monitors other areas of patient harm including the four harms monitored by the National Safety Thermometer tool managed by the NHS Quality Observatory. Figure 1.2 demonstrates Trust Performance in this area (shown in blue) against the national average for Community Trusts (shown in pink).

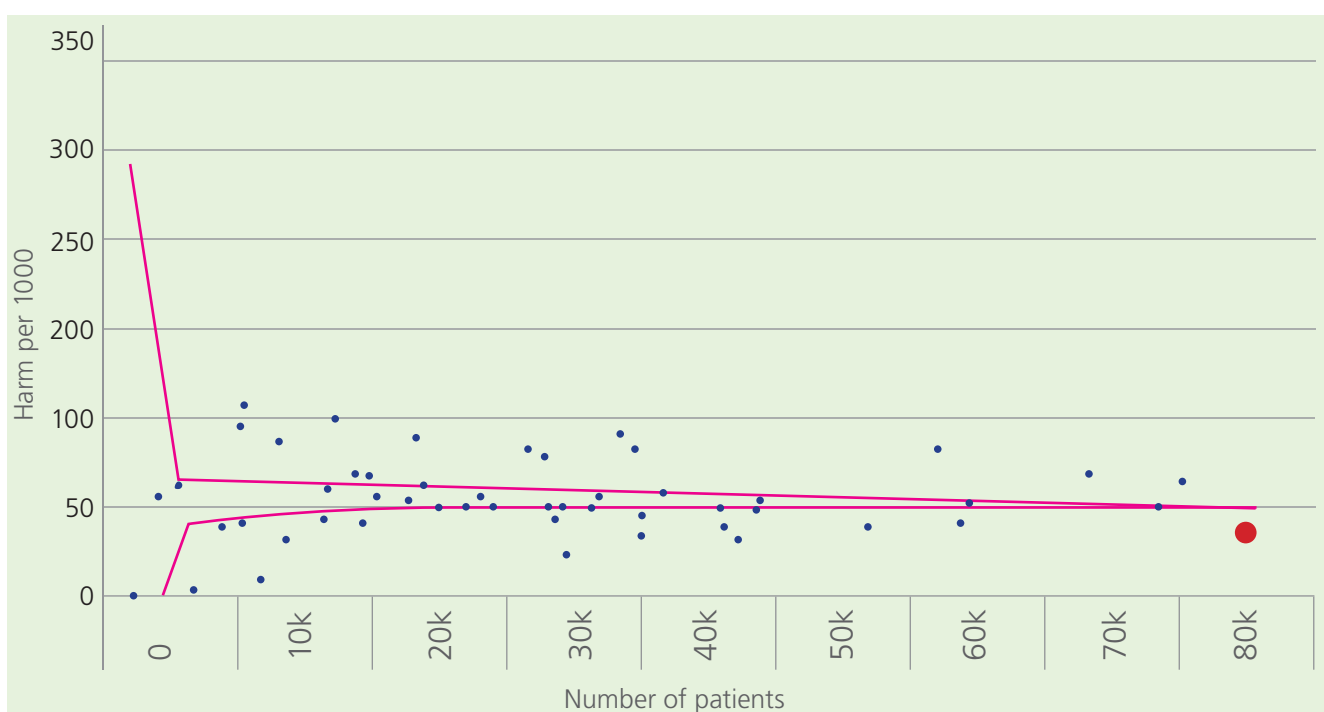
Figure 1.2 The NHS Quality Observatory Benchmarking Data harms in NHS Community Trusts
Harm free Care 1 (ALL)



The development of avoidable pressure ulcers remains a key focus of work for inpatient and community nursing teams. As already highlighted the inpatient teams were able to avoid the development of any avoidable grade 3 or 4 pressure ulcers in 2017-18 improving on the one such pressure ulcer reported in 16-17.

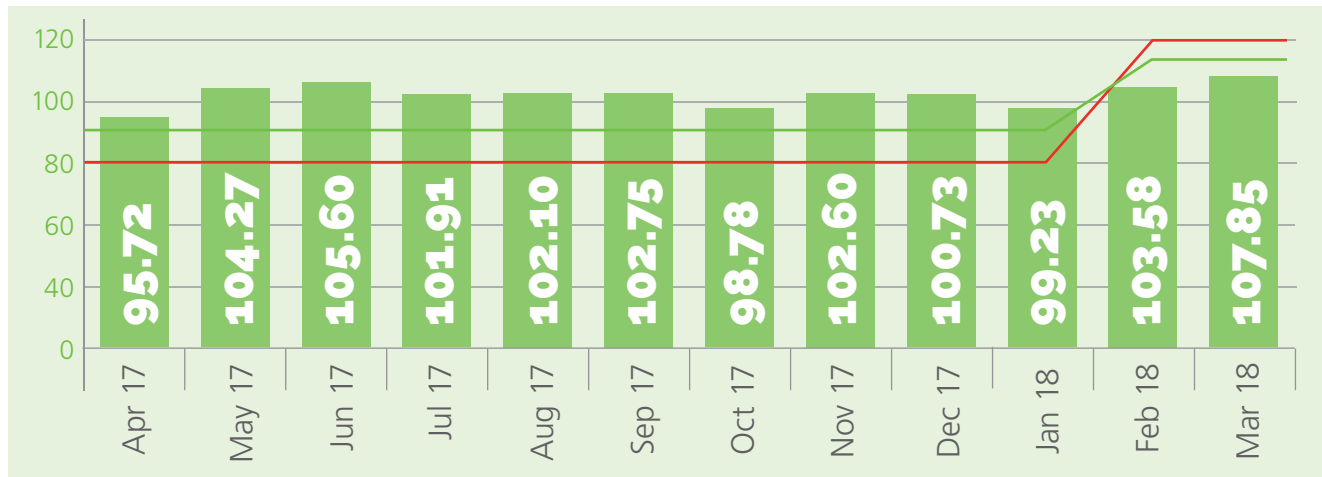
In community nursing the teams report 9 avoidable grade 3 or 4 pressure ulcers for the year compared to 11 the previous year. This data is also monitored by the Quality Observatory and the strong performance reported throughout the year is supported by a benchmarked prevalence funnel graph Figure 1.3. This shows the Trust (shown as a red dot) having significantly lower pressure ulcers than the Community average and also carrying out a larger sample size than any other Community Trust.

Figure 1.3: The Quality Observatory prevalence funnel graph for Pressure Ulcer Incidence
Pressure Ulcers - Prevalence



For a second year the Trust continues to monitor a 'Safe Staffing' measure, which confirms an appropriate level of staffing was provided on wards, based on the case mix acuity of admitted patients. The overall picture shown in the graph below (Figure 1.4) gives assurance that the Trust is managing to staff wards safely despite the significant reduction in Agency spend reported elsewhere. Individual shortfalls in staffing are identified as a result of this process and are managed between Matrons and General Managers with support from the Trust Bank office.

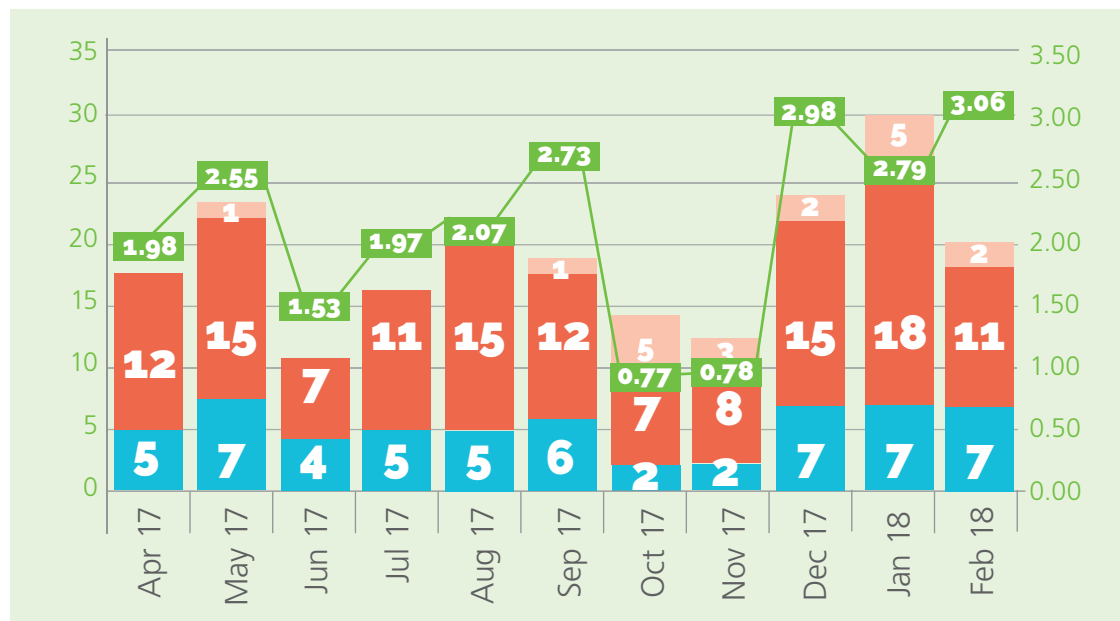
Figure 1.4 Safe Staffing Rate



In line with updated national guidance the Trust began reporting against the 'Learning from Deaths' framework for 2017-18.

As shown in Figure 1.5 below the Trust has reported every inpatient death for the year, highlighting which patients were receiving palliative (end of life) care. All non-palliative deaths as well as palliative patients on main stream wards are subject to a full case note review to assess whether deficiencies in care could have contributed to the death. To provide additional assurance five randomly selected palliative deaths are also reviewed each month. It is therefore pleasing to note that no case note reviews for the year revealed any examples of poor care contributing to an inpatient death.

Figure 1.5 Inpatient Deaths (bedded areas)



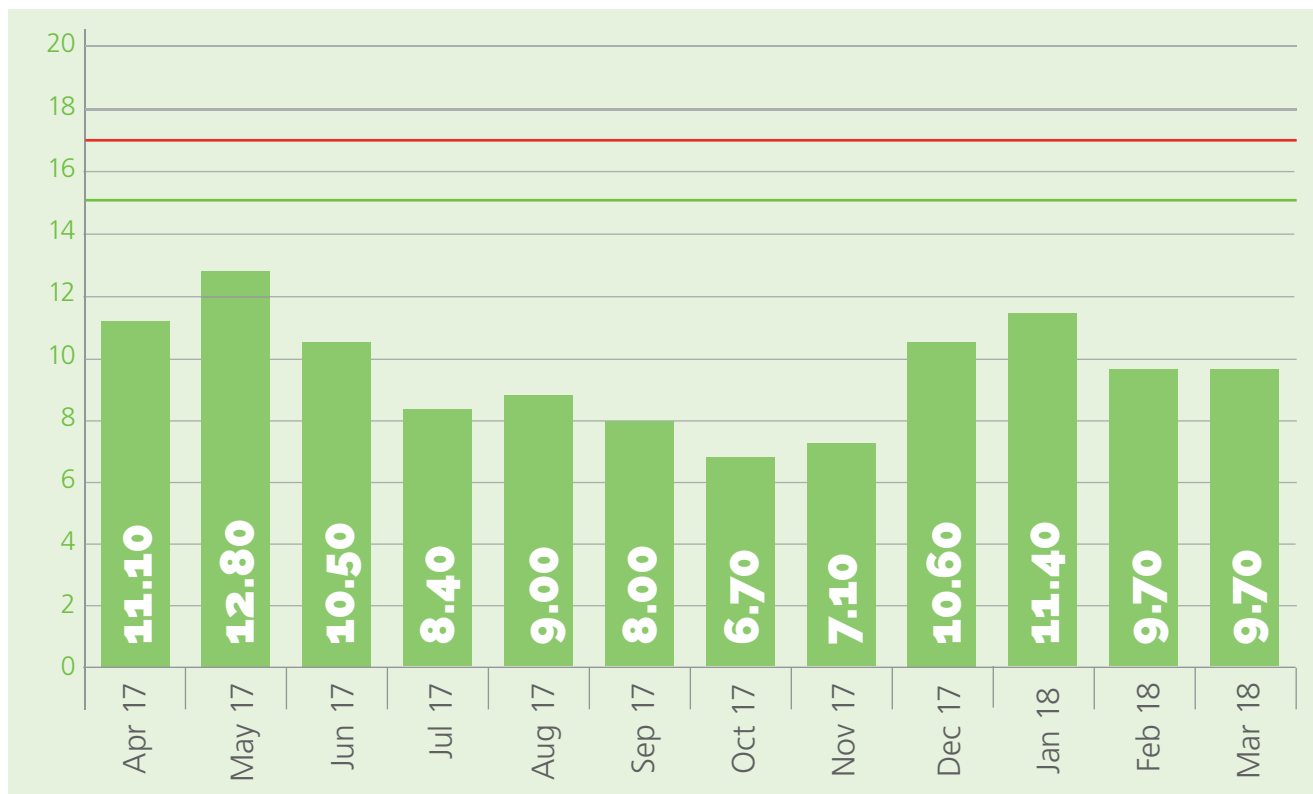
- Deaths Palliative - On the ward
- Deaths Palliative - Sheldon
- Deaths Non Palliative
- % of Deaths/Discharges (excluding palliative deaths)

In addition (and as shown in green in the chart above) the Trust continues to monitor the overall rate of non-palliative deaths to discharges to identify any areas of concern. As of January 2018 the Trust reports a 6 month average of 2 per cent comparing favourably to an NHS Community Trust benchmark of 2.3 per cent.

3.5.2. Clinical Quality Domain

The Trust continues to monitor the effectiveness of our community Rapid Response service by reporting the percentage of crisis interventions following which the patient still required an admission to acute care. As shown in Figure 1.6 the service has managed to stay well within its target that no more than 15 per cent of patients should require further acute admission and has coped particularly well with winter pressures this year.

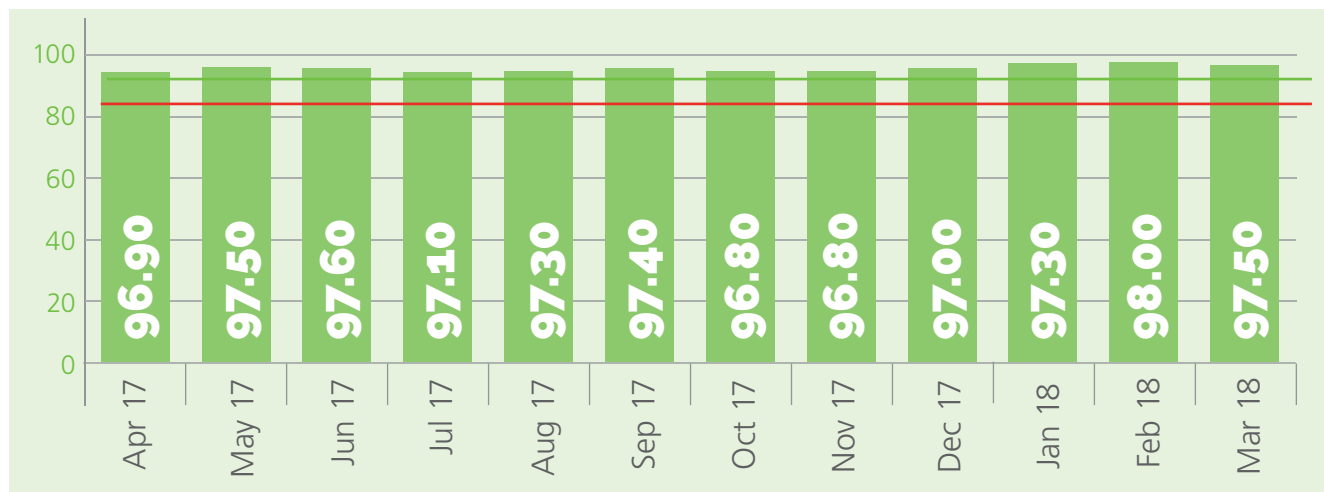
Figure 1.6 Percentage of Rapid Response Patients requiring onwards admission to Acute Hospital



The Trust monitors a set of 'Essential Care Indicators' monthly. This reports an aggregated position for Ward, Community and Learning Disability Teams and is based on a monthly audit of documentation to provide assurance that key clinical risk assessments and action plans are being completed to the required quality and within appropriate timescales. Performance in this KPI is used as a key tool to triangulate clinical performance with other KPIs. For example concerns raised by breaches of targets on Bank and Agency staff in community nursing teams are mitigated by assessment of Community ECIs which suggest that teams are managing to maintain compliance with basic care standards during periods of sickness or staff vacancies.

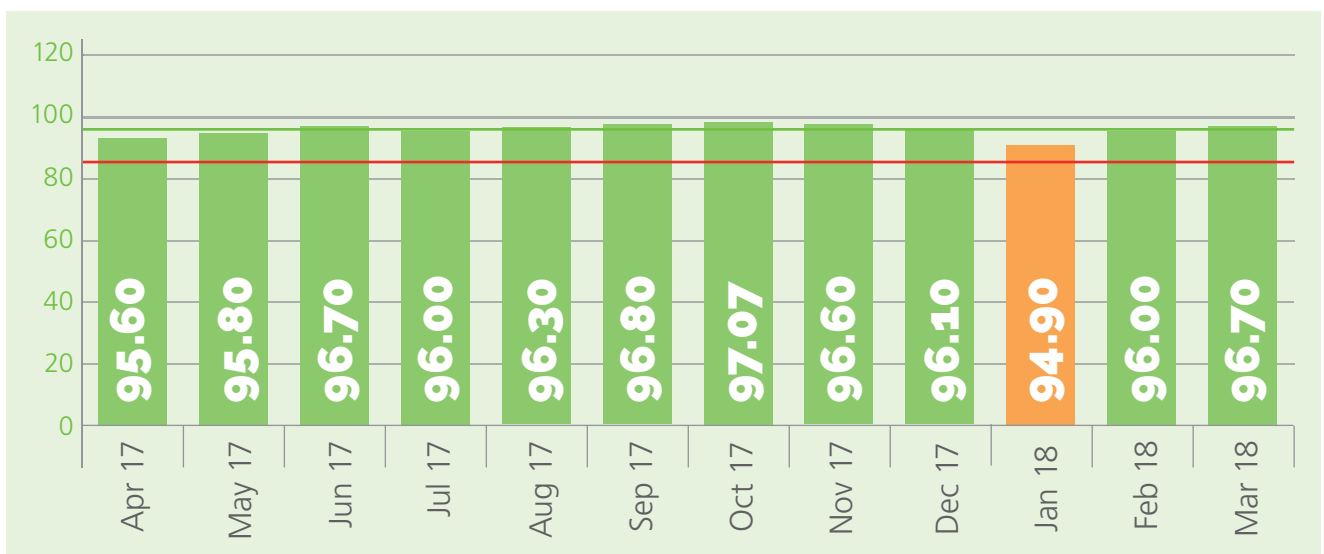
Performance for the reports is shown in the Figures 1.7 to 1.10. Performance is rated against a 95 per cent completion target.

Figure 1.7: Essential Care Indicators - Community Nursing Teams



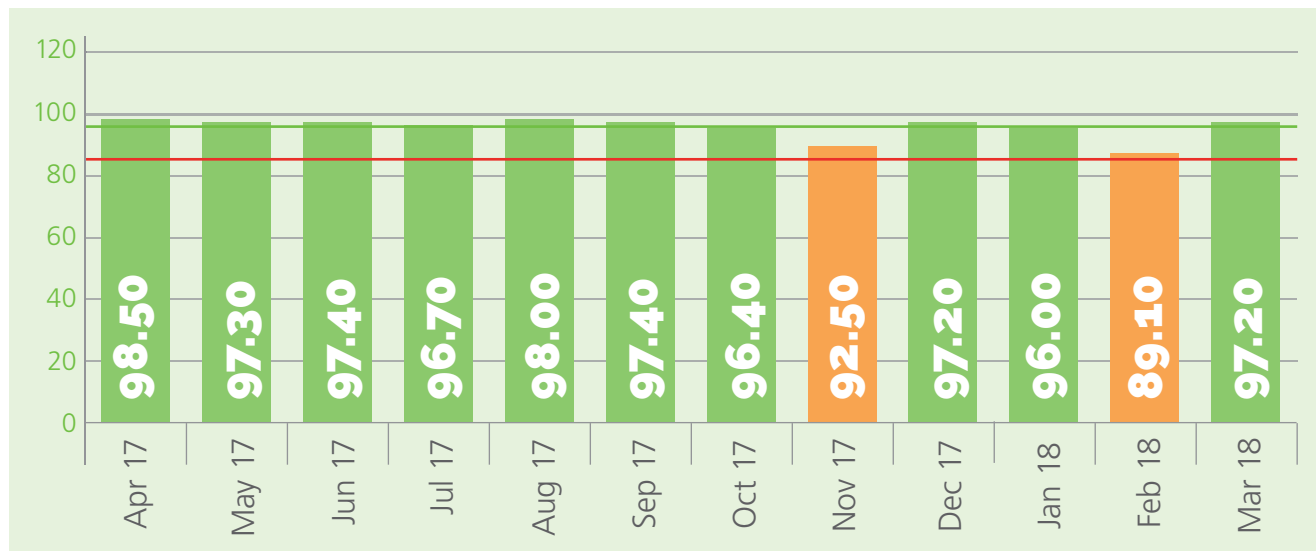
The Community based indicators show strong performance throughout the year and give assurance that teams have the necessary capacity to ensure that the fundamental care assessments are taking place.

Figure 1.8: Essential Care Indicators - In-patient Wards



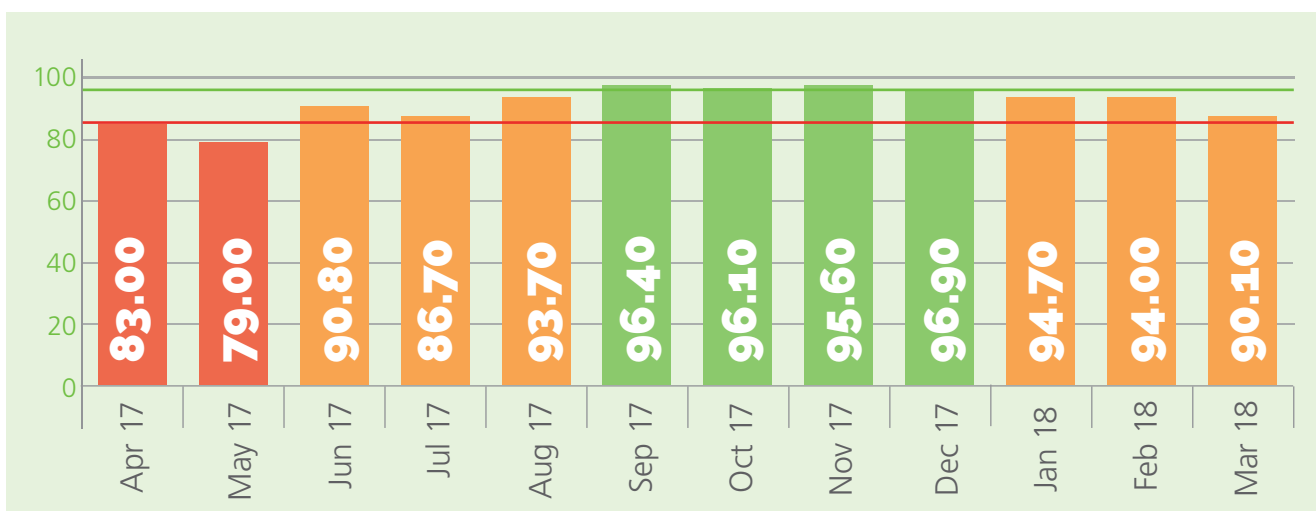
The Inpatient Ward Essential Care Indicators show strong performance with targets achieved every month this year with the exception of January 2018.

Figure 1.9: Essential Care Indicators – In-patient Learning Disability Wards



In-patient Learning Disability Essential Care Indicators show an improving position from the previous year when they were introduced. As the graph above shows performance has generally been satisfactory in this area although has dipped into the amber range on two separate occasions.

Figure 1.10: Essential Care Indicators - Community Learning Disability Teams



A new Essential Care Indicator was introduced for 2017-18 to report against Community LD team assessments. As shown in the table above this has been a challenging area and has been particularly affected by data quality issues as the teams move from paper records to a full Electronic Patient Record. However it is positive to report an improving trend in this area and the KPI will continue to be monitored closely.

3.5.3. Patient Experience Domain

The Patient Experience domain reports excellent performance in 2017-18. 100 per cent of patient complaints have been responded to within agreed time-scales. The Trust recognises that a swift response to complaints is important will be working in 2018-19 to bring response times down further. The Trust has achieved performance targets every month for both the nationally specified Friends and Family test (Figure 1.11) and for the locally set target that at least 85 per cent of patients surveyed in the month report that their overall experience was either 'Very Good' or 'Excellent' (Figure 1.12). It is particularly pleasing to be able to report this high level of performance despite the pressures facing the NHS and the Trust over this year and the scores are a testament to the professionalism of front line staff.

Figure 1.11: Friends and Family Test

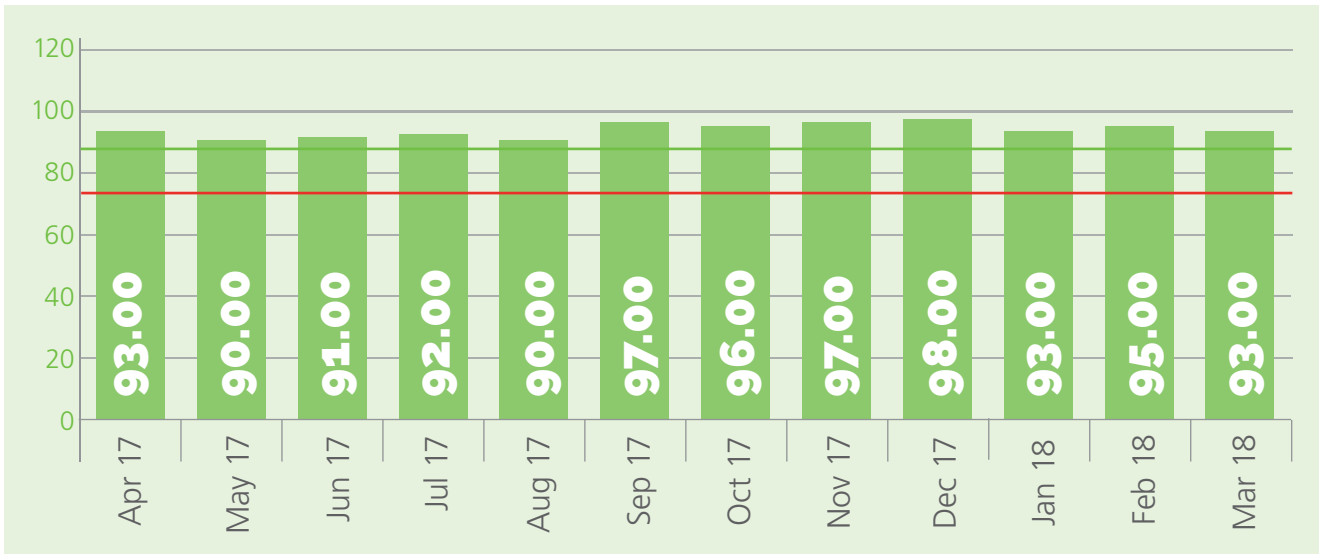
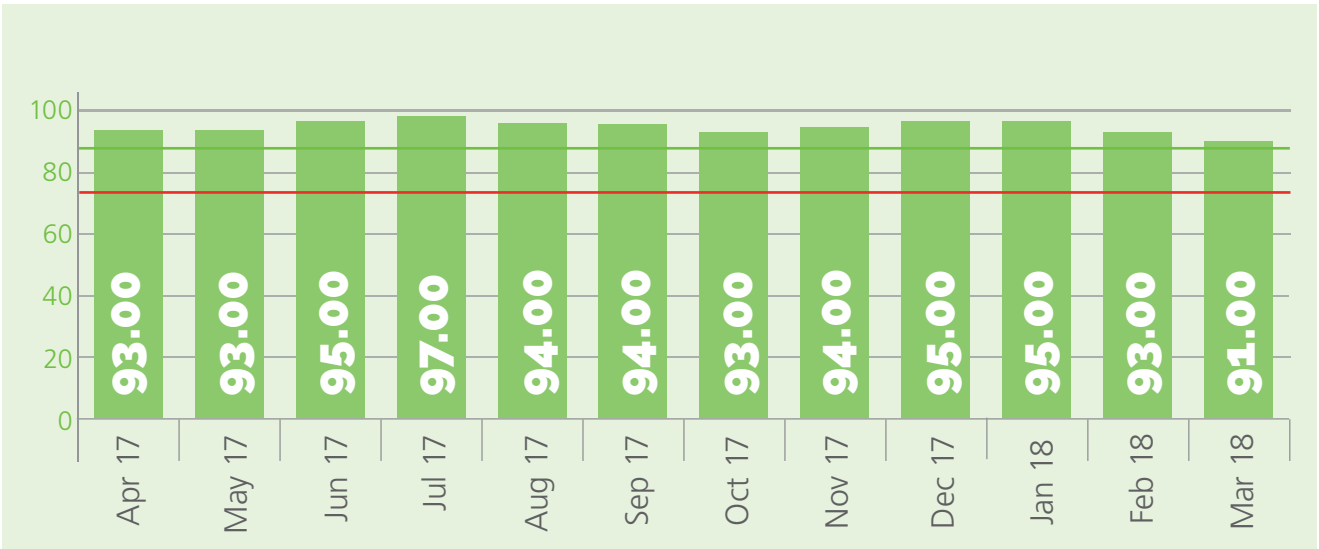


Figure 1.12: Customer Experience, per cent of patients reporting 'Very Good' or 'Excellent':



By reporting the national Friends and Family test next to our own internal assessment we are able to confirm good performance is reflected in both surveys and to identify and query any drops in patient satisfaction in order to assess if these are related to teams surveyed or reflect wider issues affecting the Trust. Divisions and Teams can see disaggregated data showing their own satisfaction ratings and patient feedback allowing comparisons to be made between teams to drive improvements in performance.

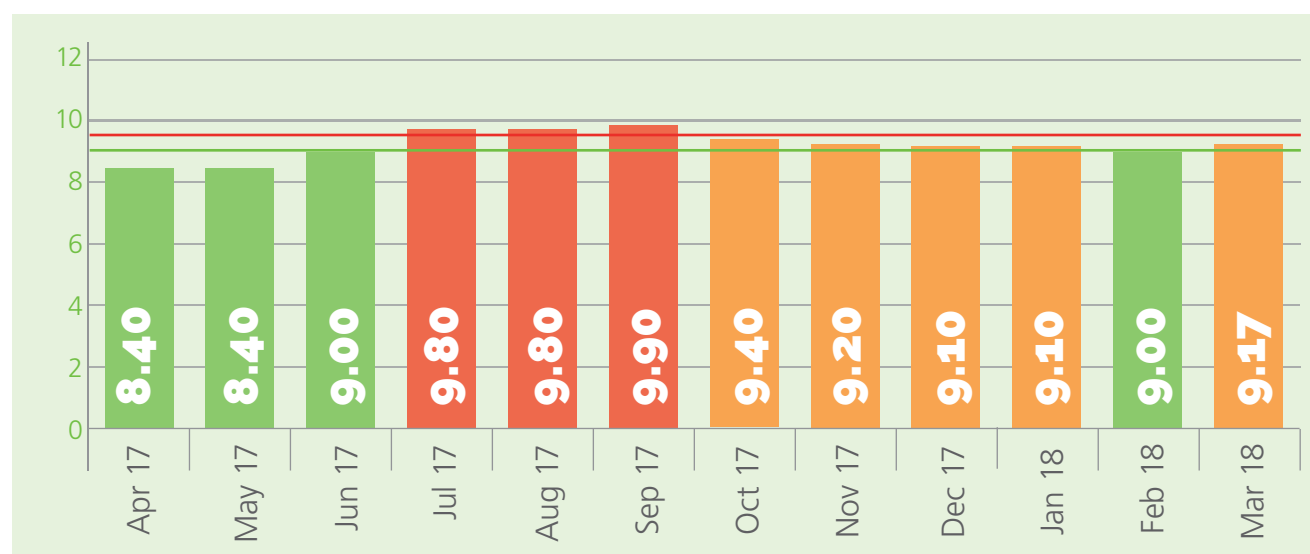
The number of patients who chose to respond to the survey each month varies. However throughout 2017-18 we have been able to get at least 900 and as many as 2200 responses per month which gives us assurance that the views reported are representative of a significant number of patients.

3.5.4. Workforce and Efficiency Domain

Whilst the safety, quality and patient experience domains have reported good or excellent performance throughout the year some persistent challenges have been reported in the Workforce and Efficiency domain, particularly relating to Vacancies (Figure 1.12), Sickness (Figure 1.14), compliance with Staff Appraisals (Figure 1.15) and patients experiencing Delayed Transfers of Care (Figure 1.16).

However Agency Spend (Figure 1.17) and patient DNA (Did Not Attend) rates (Figure 1.17) have shown improvements on previous performance.

Figure 1.13: Vacancy Rate

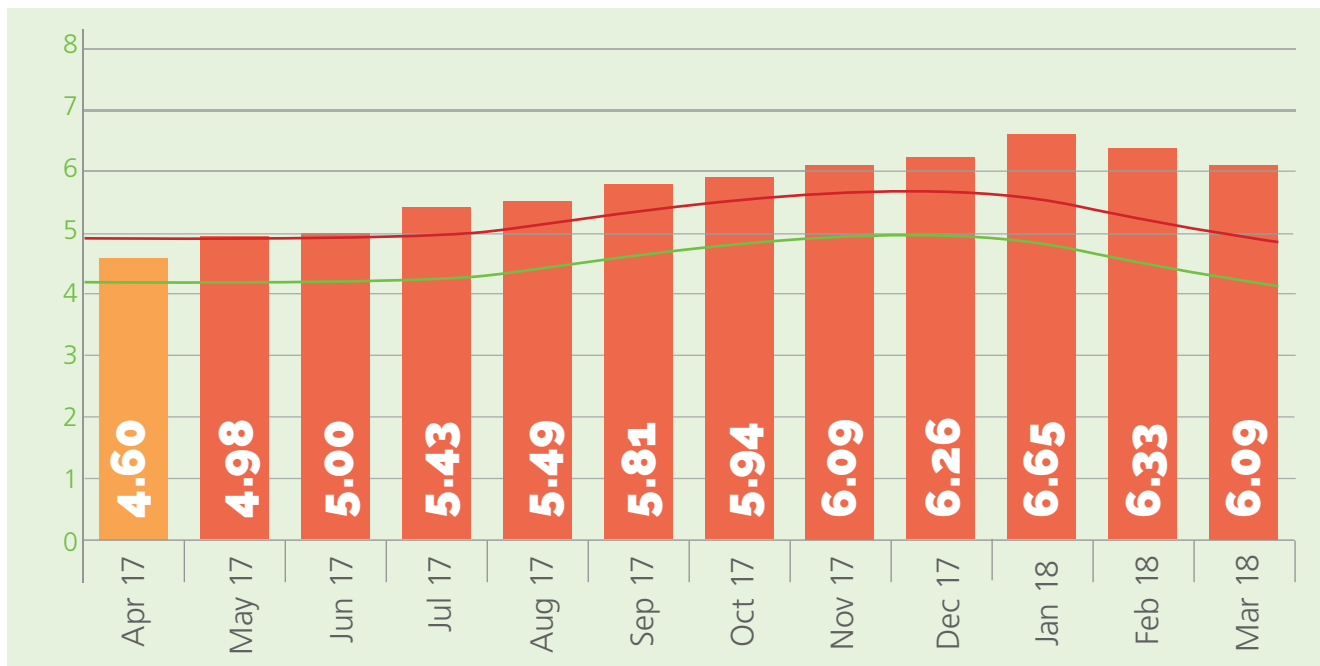


Vacancies throughout the latter part of 17-18 have been inflated by planning for organisational change. In particular the Transforming Care Together (TCT) programme has meant that many Corporate areas have held vacancies planning to recruit following completion of the programme. Other areas have held vacancies anticipating CRES restructures or decommissioning of services resulting in substantive staff requiring alternative roles to avoid redundancy.

These held roles however have been identified across the Trust and with the closure of the TCT programme a significant increase in recruitment is planned over the first two quarters of 18-19.

Some clinical areas continue to experience issues, particularly with recruiting specialist staff and are covering vacancies with temporary staffing whilst continuing to seek substantive appointments.

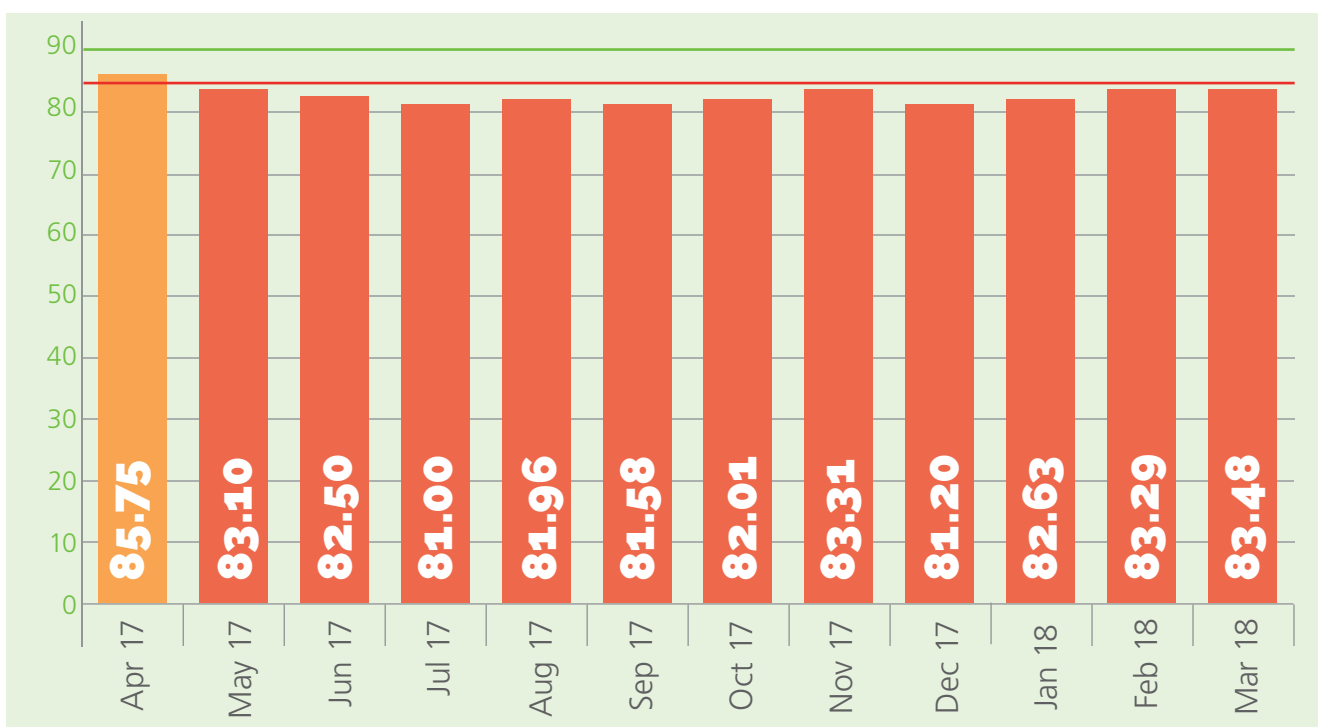
Figure 1.14: Staff Sickness Rate



As shown in Figure 1.13 staff sickness has remained higher than target throughout the year across the Trust, although with particular hotspots in our Community Nursing and Learning Disability teams. Anxiety/stress and Musculo-skeletal problems are the key causes of sickness at present and the impact of increased community workload is believed to be a factor.

Divisions continue to receive detailed breakdown of sickness by teams and are supported by HR Business Partners with completing sickness reviews, return to work interviews and support when the decision is made to conduct sickness panel hearings for persistent absences. The Trust makes occupational health support available to all staff and managers are encouraged to use this service to support staff.

Figure 1.15: Staff Appraisal (PDR) Rate

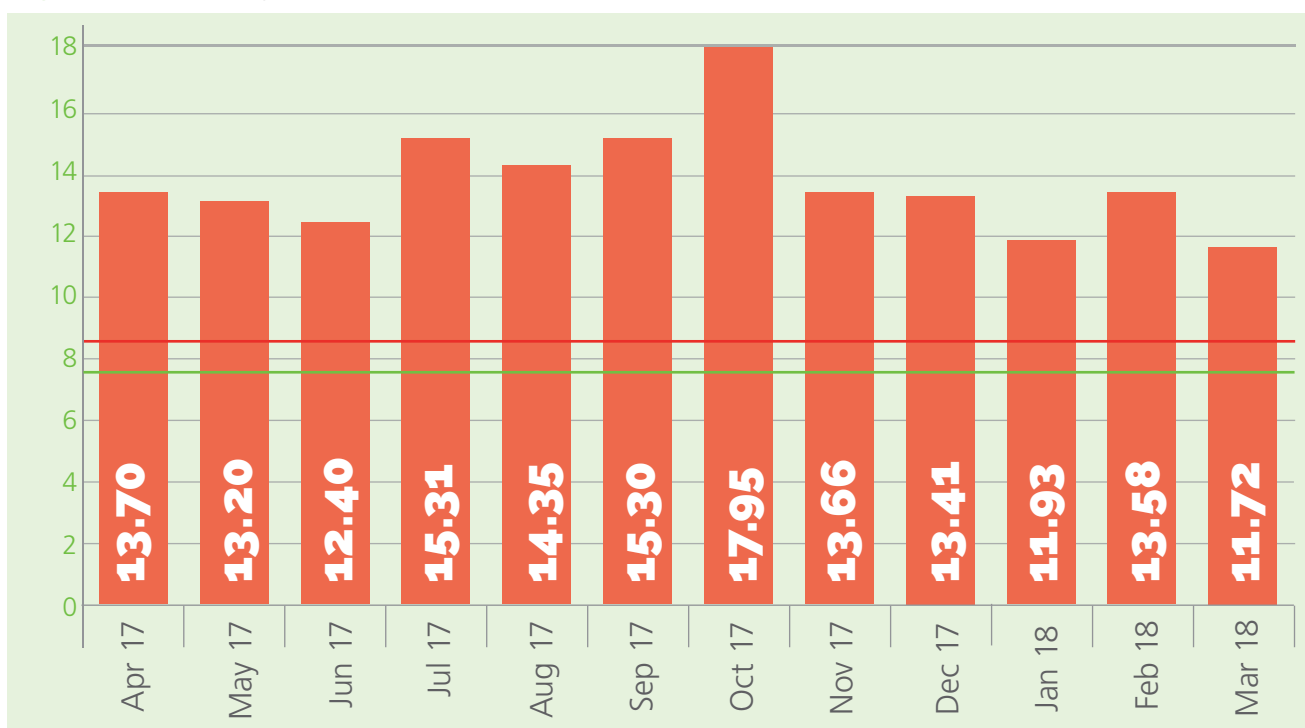


An area of under-performance in 17-18 has been the delivery of Staff Appraisals or Personal Development Reviews (PDRs) within a 12 month rolling programme. NHS Community Indicators (February 18) shows the Trust averaging 82.3 per cent of staff with a PDR over the last 6 months compared to a Community Trust average of 85.6 per cent. This suggests that we are slightly under-performing compared to peers, although it is acknowledged that different organisational rules relating to recording of PDRs can make direct comparisons difficult in this area.

Most divisions have reported breaches and are supported by reports identifying areas for increased focus and staff whose PDRs will soon expire. IT issues with recording completed PDRs on the Electronic Staff records (ESR) system have also been reported and divisions are running trials with 'expert users' to offer informal support to colleagues.

Staff appraisals are recognised as a key component of good workforce planning and staff engagement and will continue to be an area of key focus.

Figure 1.16: Delayed Transfers of Care

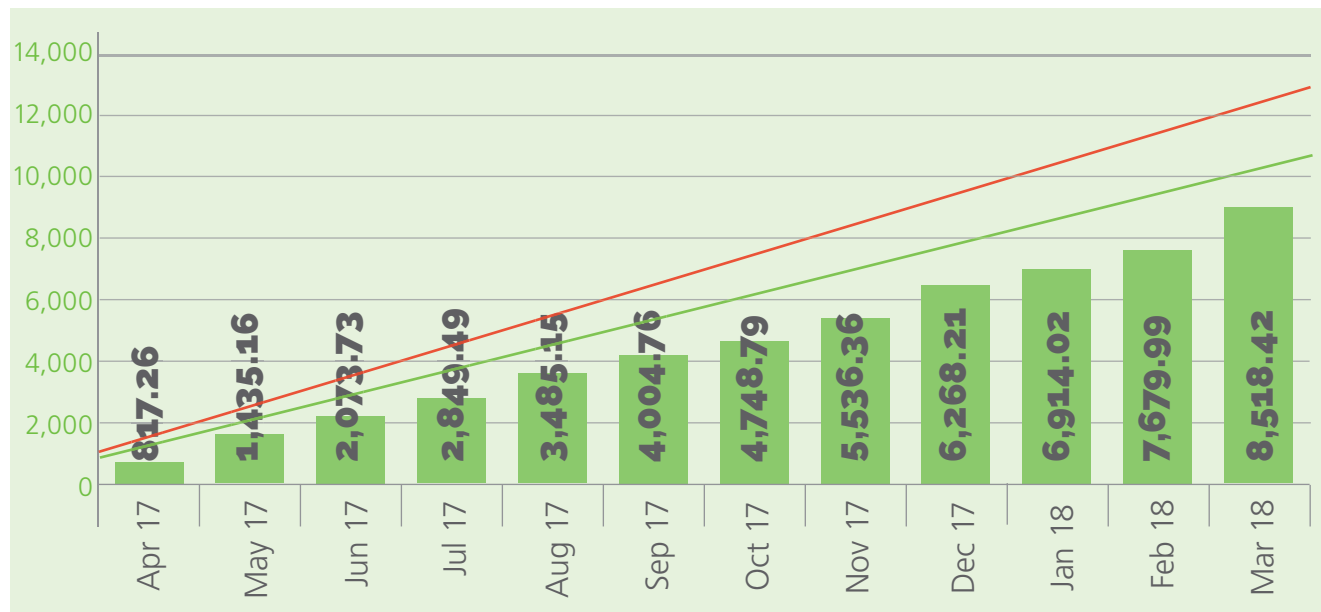


Delayed Transfers of Care are expressed as the percentage of overall Occupied Bed Days where the patient is medically fit for discharge but is delayed for some other reason. As shown in Figure 1.16 the extent to which patients are delayed varies from month to month, however it has been above the Trust's internal target throughout 17-18. Delays impact negatively on the experience of patients in our care and can lead to delays discharging patients from acute hospitals if appropriate community beds are not available.

The reasons for patient delays are complex and multi-factorial involving a range of NHS, Local Authority and Private stakeholders. Patients can be delayed due to lack of transport or because prescription medicines are not available, equally the cause of a delay could be under capacity in a Local Authority Social Care team, meaning that home assessments required to safely discharge a patient have not been made or concerns from patients and their families that an identified care home is not suitable or in the wrong location.

The Trust has updated its own Patient Choice policy in year and is working closely with Social Care and other colleagues across the local area to improve patient flows through the system. This area will continue to be monitored closely and is likely to a continuing challenge during 18-19.

Figure 1.17: Spend on Agency Staff

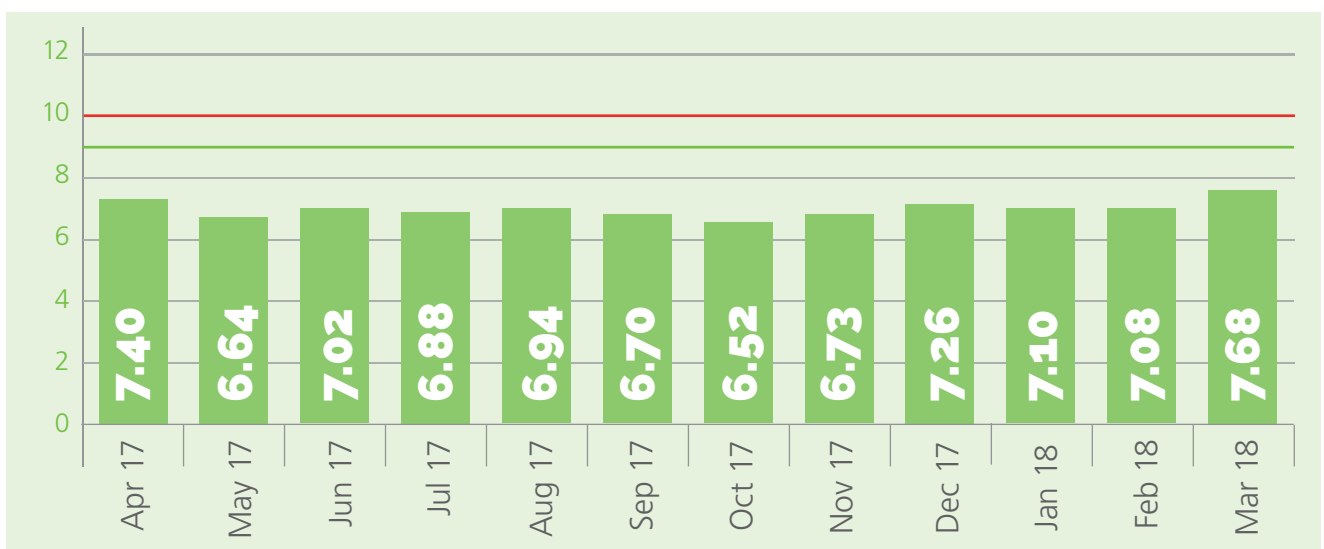


Despite the challenges highlighted earlier with vacancies and sickness rates the Trust has been successful in reducing spend on Agency Staff throughout 17-18. Agency staff are appropriate to use in some situations, however they are expensive and do not guarantee the same continuity of care which substantive staff provide.

As shown in Figure 1.17 the Trust has not only managed to reduce Agency spend in 17-18 when compared to 16-17 (as shown by the red line in the graph above) but has also been able to stay beneath the NHS Improvement set reduction target for the Trust as shown by the green line.

The reduction in Agency spend has resulted from improving the capacity of the Trust Bank to source high quality Bank staff and respond rapidly to Divisional requests for staff. It has also required changes to Divisional workforce planning and in some areas additional flexibility from substantive staff.

Based on learning from participation in the NHS Improvement '90 day Rostering Improvement Programme', further reduction targets have been set for 18-19 and we will continue to monitor performance in this area closely.



It is also positive to note that the Trust has managed to keep patient DNA (Did Not Attend) rates low throughout the year. DNAs waste clinical capacity and good communication with patients are key to reducing these. The Trust has focussed on communications with the introduction of text messaging reminders in many areas with further roll outs planned to continue. Additionally communication with patients in advance about the impact of DNAs, options for partial booking of appointments and prompt liaison with referring GPs or other healthcare professional when their patients do DNA are all key to continuing to manage performance in this area.

3.6 Equality and Human Rights

The Trust's Equality, Diversity and Human Rights (EDHR) Strategy is a two year strategy (2016-18) which outlines the EDHR aims of BCHC and how these align to the overall strategic aims of the Trust. In this document the Trust commits to the following equality pledges:

1. Ensuring full compliance with the provisions of the Equality Act 2010 and the Human Rights Act 1998 and related civil and criminal legislation.
2. Ensuring fair access to, and treatment by, Trust services, and the maintenance of patient and carer human rights for all in the population served by the Trust.
3. Ensuring fair treatment and the maintenance of human rights of all Trust staff in all aspects of their employment with the Trust.
4. Ensuring there is an appropriate understanding of the changing nature of the population the organisation serves and the need to adapt and tailor its services to meet the health needs and challenges that arise from these changes, as well as having a workforce reflecting the diversity therein.
5. Being an ethical and socially responsible organisation, actively demonstrating transparency, accountability and openness on matters related to Equality, Diversity and Human Rights.



During 2017-18 the Trust has built on the progress made in previous years which had established a strong governance structure in this area of work. The nationally mandated Workforce Race Equality Standard (WRES) continued to develop with metrics showing steady improvement in the majority of areas. Innovative practices such as the Cultural Ambassador programme have begun to be implemented, designed to address equality issues identified in employment relations cases. The Trust is at the forefront of this work being a pilot Trust for the scheme and receiving valuable support from the Royal College of Nursing (RCN).

In line with national legislative requirements, the Trust has also published its Gender Pay Gap which, based on staff in post on 31 March 2017, showed a 0 per cent median pay gap and a 13.15 per cent mean pay gap, which show the Trust fares far better than the majority of other NHS organisations.

During 2017-18 the Trust has also achieved Disability Confident Employer accreditation and has progressed to working towards becoming a Disability Confident Leader. This represents positive progress towards becoming a more inclusive employer and the experience of staff with disabilities continues to be a focussed area of work with the introduction of the nationally mandated Workforce Disability Equality Standard (WDES).

The Trust is currently producing a full Annual Equality Report which will be published in July 2018 and will be available via the Trust's website. This will provide further detail of the work being undertaken in the field of EDHR within the Trust.



3.7. Overseas Operations

Birmingham Community Healthcare NHS Foundation Trust has not been engaged in any overseas operations during 2017-18.

3.8. Sustainable Development Report

The Trust is continuing to deliver and improve on its environmental and energy reduction programme and has successfully secured capital finances to continue with carbon reduction schemes which have included continued installations of LED lighting across in patient wards and community site along with energy efficient backlog maintenance schemes including high efficiency-low emission heating. Further work to improve Building Energy Management Systems (BEMS) and develop more efficient waste management have also been implemented to help support land fill and waste volume reduction.

The Trust has been working on developing new 'Sustainable Travel and Transport Plans' to implement during 2018 which supports and promotes sustainable and low carbon transportation models.

The Trust continuing commitment in carbon reduction and providing sustainable environments will continue into the new financial operating period with successful allocation and programmes of works with the continuation of a range of sustainable schemes. The NHS Sustainable Development Unit's 'Carbon Reduction Strategy' will continue to be used as a target and benchmark in the reduction of carbon emissions and sustainable development. All Trust energy and waste usage/metrics are reported and identified within the Department of Health's annual Estates Return and Information Collection (ERIC) return.

Signed on behalf of the Board:



Richard Kirby,
Accountable Officer
Dated: 24th May 2018

Section 2

Accountability Report

This section in the Annual Report has been compiled in accordance with the requirements of chapter 5 of part 15 of the Companies Act 2006 and Schedule 7 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008.

1. The Directors' Report

In line with our Constitution, the Board of Directors comprises of the following:

- Non-Executive Chairman and 5 Non-Executive Directors
- Chief Executive Officer
- Chief Finance Officer
- Medical Director
- Director of Nursing and Therapies
- Chief Operating Officer

Also in attendance at Board meetings as non-voting members are:

- Director of Corporate Governance
- Director of Human Resources
- Director of Strategy and Transformation

One Non-Executive Officer's Term of Office came to an end in June 2017 and was replaced in July 2017. The Chief Executive Officer left the Trust in order to take up an appointment with another Trust at the end of October 2017 and a new Chief Executive Officer took up post on 1st March 2018. The Deputy Chief Executive became Acting Chief Executive between November 2017 and 31st February 2018 and was supported by the Finance Director who became Acting Chief Finance Officer, and the Director of Nursing and Therapies, who became the Acting Deputy Chief Executive during the same period. The Medical Director retired at the end of June 2017 and the post was re-appointed from 1st July 2017.

Birmingham Community Healthcare NHS Trust Board of Directors operates as a unitary Board and all Directors carry equal and shared responsibility and corporate accountability for the decisions of the Board. Members of the Board are required to make an annual declaration in accordance with the Fit and Proper Person's License requirement and a commitment to operate in accordance with the Board Code of Conduct which is inclusive of the Nolan Principles; the basis of the ethical standards expected of public office holders.

The Board of Directors is supported by a Board Committee structure in line with our Scheme of Delegation. The corporate governance and risk management arrangements which underpin the way the Board works are detailed Part 1 Section 4.

The following tables provide summary information on each of our Board member:

Table 1.13 Our Board during 2016-17

The following tables provide summary information on each of our Board members:

Board Member	Role	Key Skills/ experience	Commencement date	Notice period/ Term of office
Tom Storrow	<ul style="list-style-type: none"> • Chair of the Trust • Chair of Nomination and Remuneration Committee • Chair of Council of Governors 	<ul style="list-style-type: none"> • Strategy • Governance • Board and Organisational development • Merger and Acquisitions • Finance • NHS management and FT Authorisation • Private sector experience • Board level consultant/mentor/visiting tutor • Former Chief Executive - NHS Trust 	November 2011	19th April 2019
Celia Furnival	<ul style="list-style-type: none"> • Senior Independent Director • Non-Executive Director • Chair of Charitable Funds Committee • Member of Nomination and Remuneration Committee • Member of Quality Governance and Risk Committee • Member of Finance Performance and Assurance Committee 	<ul style="list-style-type: none"> • Strategy • Governance • Corporate communication/marketing • Previous Non-Executive Director experience in health • Board Member - Warwickshire Probation Board • Area Manager - Marie Curie Cancer Care • PR Co-ordinator - Aston University • Senior Sales Executive - Central Television 	August 2008	Term of Office expired and left the Trust end June 2017. Not eligible for re-appointment
Jerry Gould	<ul style="list-style-type: none"> • Vice Chair from September 2015 • Non-Executive Director • Member of Audit Committee • Chair Finance Performance and Assurance Committee • Member of Nomination and Remuneration Committee • Member of Investment Committee 	<ul style="list-style-type: none"> • Local Government • Public sector efficiency and effectiveness • Alternative service delivery models in procurement • PFI • Public sector services contracting and outsourcing • Former Partner - Deloitte 	July 2012	31st March 2019

Sukhbinder Singh Heer	<ul style="list-style-type: none"> • Non Executive Director • Chair of Audit Committee • Vice Chair Charitable Funds Committee • Member of Nomination and Remuneration Committee • Member of Quality Governance and Risk Committee 	<ul style="list-style-type: none"> • Substantial experience across Corporate Finance and Assurance advisory services 	<p>October 2015 (Non-Voting)</p> <p>November 2015 (Voting)</p>	31st March 2019
David Sallah	<ul style="list-style-type: none"> • Senior Independent Director (from 1st July 2017) • Non-Executive Director • Member of Audit Committee • Chair Quality Governance and Risk Committee • Member of Nomination and Remuneration Committee • Member of Investment Committee 	<ul style="list-style-type: none"> • Substantial NHS, UK Government, higher education and private sector experience • Clinical lead for mental health, Health Education England • Emeritus professor of mental health, University of Wolverhampton 	<p>July 2015 (Non-Voting)</p> <p>October 2015 (Voting)</p>	31st March 2019
Neil Scott	<ul style="list-style-type: none"> • Non - Executive Director • Vice Chair of Audit Committee • Vice Chair Finance Performance and Assurance Committee • Chair Investment Committee • Member of Audit Committee • Member of Nomination and Remuneration Committee 	<ul style="list-style-type: none"> • Higher Education and private sector Chief Finance Officer experience • Finance Director - Aston University 	September 2015	31st March 2020

Simon Murphy	<ul style="list-style-type: none"> • Non - Executive Director • Member of Finance and Performance Assurance Committee • Member of Quality Governance and Risk Committee • Member of Charitable Funds Committee 	<ul style="list-style-type: none"> • Board and Trustee roles within the voluntary, community and charitable sectors. • Influential and corporate communication experience at local, regional and international levels 	July 2017	Left the Trust 31st March 2018
Tracy Taylor	<ul style="list-style-type: none"> • Chief Executive Officer • Chief Executive Officer Birmingham and Black Country Partnership NHS Foundation Trust since 1st August 2016 	<ul style="list-style-type: none"> • Performance Management • Organisational Development • Change Management • Clinical Experience • Operational Management • Governance • Legal awareness through Company Secretary 	December 2010	Left the Trust 31st October 2017
Peter Axon	<ul style="list-style-type: none"> • Acting Chief Executive from 1st November 2017 to 28th February 2018. • Acting Chief Executive Officer Birmingham and Black Country Partnership NHS Foundation Trust from 1st November 2017 to 28th February 2018. • Chief Finance Officer / Deputy Chief Executive 	<ul style="list-style-type: none"> • Financial expertise • Qualified accountant <p>Responsibilities:</p> <ul style="list-style-type: none"> • Finance • Strategy • Performance • Information • Contracting • Information Governance 	June 2009	Full time
Ian Woodall	<ul style="list-style-type: none"> • Director of Finance and Procurement. (non-Board level post). • Acting Chief Finance Officer between 1st November 2017 and 28th February 2018 	<ul style="list-style-type: none"> • Fellow of the Association of Chartered Certified Accountants (ACCA). • Graduate degree in Economics. • Finance experience in NHS provider and commissioning organisations; 5 years at Board level. <p>Responsibilities:</p> <ul style="list-style-type: none"> • Finance • Procurement • Strategy • Performance • Information • Contracting • Information Governance 	<p>April 2017</p> <p>1st November 2017</p>	<p>Full time</p> <p>1st November 2017-28th February 2018</p>

Andy Wakeman	<ul style="list-style-type: none"> • Medical Director 	<ul style="list-style-type: none"> • Clinical experience • Undergraduate and post graduate • Education and training • Senior clinical leadership • Information Governance and Caldicott Guardian Responsibilities: <ul style="list-style-type: none"> • Medical staffing • Caldicott Guardian • Clinical Governance • Infection Control • Research and Development • Clinical Audit • Medicines Management 	July 2013	Retired June 2017
Andrew Dayani	<ul style="list-style-type: none"> • Medical Director (from 1st July 2017) 	<ul style="list-style-type: none"> • NHS FT Board member for 6 years • Medical Manager with clinical engagement and merger/acquisition experience • Integration of physical and mental health with social care • Committed to ensuring that services are clinically led, patient centred and outcome focussed Responsibilities: <ul style="list-style-type: none"> • Caldicott Guardian and Responsible Officer • Accountable for patient safety, clinical governance and medical staffing and standards in the Trust • Infection Control • Research and Development • Clinical Audit • Medicines Management 	1st July 2017	Full time



<p>Gareth Howells</p>	<ul style="list-style-type: none"> • Director of Nursing and Therapies • Acting Deputy Chief Executive between 1st November 2017 and 28th February 2018 	<ul style="list-style-type: none"> • Significant Board level, strategic and operational experience in the NHS • Clinical safety, patient experience and cost effective care • Clinical Leadership • Legal and ethical aspects of care • Operational and professional management of services • Safeguarding children and adults • Partnership working <p>Responsibilities:</p> <ul style="list-style-type: none"> • Leadership and board representation for all nursing, and AHP staff • Delivery of compassionate, high quality care • Further developing patient safety, quality and risk management systems, practices and culture. • Developing professional, progressive and purposive stakeholder relations • Infection Prevention and Control • Adult and children's safeguarding • Continuous improvement in patient experience 	<p>1st April 2016</p>	<p>Full time</p>
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Joanne Thurston	<ul style="list-style-type: none"> • Chief Operating Officer 	<ul style="list-style-type: none"> • HR and Learning management Contracts/ procurement experience • Operational and performance management • Organisational Development • Risk management and integrated governance <p>Responsibilities:</p> <ul style="list-style-type: none"> • Operational Services • Estates and Facilities • Information Technology 	March 2008	Full time
Lorraine Thomas	<ul style="list-style-type: none"> • Director of Strategy and Transformation • (Non-voting) 	<ul style="list-style-type: none"> • Registered General Nurse • Clinical and managerial roles in both operational and corporate areas • Operational and strategic Transformation • Customer relationship management <p>Responsibilities:</p> <ul style="list-style-type: none"> • Strategy and transformation • Business Planning, Development and Partnerships • Organisational Development, Equality and Diversity • Communications 	1st March 2017	Full time



David Holmes	<ul style="list-style-type: none"> Human Resources Director (Non-voting) 	<ul style="list-style-type: none"> Operational HR Services Workforce Planning and Workforce Development Learning and Organisational Development Experience Responsibilities: <ul style="list-style-type: none"> Operational HR Workforce Information and Electronic Staff Record Workforce Planning Temporary Staffing Workforce Race Equality Scheme 	1 March 2012	Full time
Michelle Rogan	<ul style="list-style-type: none"> Corporate Governance Director (Non-voting) 	<ul style="list-style-type: none"> Registered General Nurse Clinical and managerial roles in both operational and corporate areas Performance and Risk Management. Responsibilities: <ul style="list-style-type: none"> Corporate Governance Risk Management and Emergency Planning Complaint Handling Legal Services 	February 2015	Left the Trust on 31st March 2017
Richard Kirby	<ul style="list-style-type: none"> Chief Executive Officer 	<ul style="list-style-type: none"> Performance Management Organisational Development Change Management Clinical Experience Operational Management Governance Legal awareness through Company Secretary 	1st March 2018	Full time

The Board of Directors completed a review of the Board's balance and skill mix; taking into account the future challenges, risks and opportunities facing the Trust and the skills and expertise that are required within the Board to meet them during the year, and considers the number and roles identified to be appropriate in order to be an effective Board and deliver the Trust's Strategy.

1.1 Material Interests of the Board of Directors

The following table provides a list of material interests for the members of the Board of Directors. This register is received and reviewed at each Board meeting:

Table 1.14 Register of Interests of Board Members during 2017-18

Name	Appointment Date*	Interest	Voting Member
Mr Tom Storrow Chair	01.11.11	<ul style="list-style-type: none"> Occasional course director for The Leadership Trust Trustee and Junior Bailiff of Lench's Trust (Charity) Associate of Keele University School of Medicine in the Clinical Management and Leadership team. Course Director in NHS Management for SpRs Interim Chair at Black Country Partnership NHS Foundation Trust 	Yes
Mrs Tracy Taylor Chief Executive Officer	01.10.10	<ul style="list-style-type: none"> Member of the Board of the NHS Providers Trustee of Winston's Wish (Charity) Chief Executive Officer of Black Country Partnership NHS Foundation Trust 	Left the Trust
Mr Richard Kirby Chief Executive Officer	01.03.18	<ul style="list-style-type: none"> Governor, Sandwell Health Futures UTC Director, West Midlands Quality Review Service Senior Steward (Trustee), Selly Oak Methodist Church 	Yes
Dr Andrew Wakeman Medical Director	01.07.13	<ul style="list-style-type: none"> Spouse is partner in Langton Medical Group (Lichfield) Member of British Medical Association 	Retired
Dr Andrew Dayani Medical Director	17.7.17	<ul style="list-style-type: none"> Responsible Officer - Acorns Children's Hospice 	Yes
Mr Peter Axon Chief Finance Officer (Acting Chief Executive Officer)	01.10.10 (01.11.17 - 28.2.18)	<ul style="list-style-type: none"> None 	Yes

Mr Ian Woodall (Acting Chief Finance Officer)	(01.11.17 – 28.2.18)	<ul style="list-style-type: none"> Director of Malferna View (Astwood Green) Management Company Ltd - a residents' property management company 	Yes - (Whilst Acting CFO)
Mr Gareth Howells Director of Nursing and Therapies	01.04.16	<ul style="list-style-type: none"> None 	Yes
Mrs Joanne Thurston Chief Operating Officer	01.04.16	<ul style="list-style-type: none"> Director of Firmus Associates Limited - a small technology company providing consultancy in the ambulance and urgent care sector - not associated with BCHC Director of Firmus Property Ltd (property ownership/holiday business) Committee Member of Windrush Tenants Association Director of Lake Ten Management Company Limited (residents property management company) 	Yes
Dr Simon Murphy Non-Executive Director	14.7.17	<ul style="list-style-type: none"> Non-Executive Chair, Sandwell Local Improvement Finance Trust Company Limited Director of S F Murphy Associates Limited Non-Executive Director, Dudley and Walsall Mental Health Partnership NHS Trust 	Left the Trust
Mrs Celia Furnival Non-Executive Director	01.10.10	<ul style="list-style-type: none"> None 	Term of Office ended and left the Trust
Mr Jeremy Gould Non-Executive Director	01.07.12	<p>Directorship:</p> <ul style="list-style-type: none"> JCG Advisory Services Ltd, a small consultancy providing business and financial advice to local authorities - Not associated with BCHC 	Yes
Mr Neil Scott Non-Executive Director	01.09.15	<ul style="list-style-type: none"> Chief Financial Officer, Aston University Non-Executive Director of Aston University Subsidiary Companies detail in University's Accounts - Conference Aston Ltd and Gridedge Ltd (energy management companies.) Trustee Family Fund Chair of Governors - Aston University Engineering Academy 	Yes

<p>Professor David Sallah Non-Executive Director</p>	<p>30.07.15</p>	<ul style="list-style-type: none"> • Founder/Joint Director of Tashie Consulting - a small public listed company providing consultancy, and coaching to health and social care organisations - not associated with BCHC • Clinical Lead - Health Education England • Emeritus Professor - Wolverhampton University • Patron - The Akabusi Charitable Trust, • Patron - Ebony People's Association (UK Charity) • Patron - Black Mental Health (UK Charity) • International Researcher – current portfolio: Here to Stay Project, funded by The Big Lottery Fund • Wife, Non-Executive Director at The Royal Orthopaedic Hospital NHS Foundation Trust 	<p>Yes</p>
<p>Mr Sukhbinder Heer Non-Executive Director</p>	<p>01.10.15</p>	<ul style="list-style-type: none"> • Chairman - Mayfair Capital LLP • Non-Executive Director - Hadley Industries PLC • Chairman - SSH Associates • Non-Executive Director of Walsall Healthcare NHS Trust • Non-voting Advisor to Black Country Partnership NHS Foundation Trust • Goldcrest Energy Limited 	<p>Yes</p>





Mrs Lorraine Thomas Director of Strategy and Transformation	01.04.16	<ul style="list-style-type: none"> • None declared 	No
Mrs Michelle Rogan Director of Corporate Governance	01.02.15	<ul style="list-style-type: none"> • None declared 	Left the Trust
Mr David Holmes Human Resources Director	01.04.16	<ul style="list-style-type: none"> • Charitable Trustee • Deputy National President of Healthcare People Management Association (HPMA) • Vice President of West Midlands HPMA 	No

* Appointment date for the purpose of the register of interests relates to the establishment of Birmingham Community Healthcare NHS Trust unless appointed thereafter.

1.2 Attendance at Key Committees

The Boards and its sub-committees are decision making bodies with responsibility for setting a framework within the Trust for operating and reviewing performance, and how these were delivered in line with the expected behaviours of the Trust. The Board Committee structure is detailed in Part 1 Section 2.4 with the following table detailing the attendance of Board Members at the key committees.

Table 1.15 Board Members attendance at Trust Board and key Board Committees during 2017-18

Meetings in period	Trust Board	Audit Committee	Quality Governance and Risk Committee	Finance and Performance Assurance Committee	Investment Committee	Charitable Funds Committee	Nomination and Remuneration Committee
10	10	10	12	11	6	4	4
Tom Storrow	9	-	-	-	-	-	4
Jerry Gould	9	8	-	9	6	-	2
Sukhbinder Heer	9	8	8	-	-	4	3
Neil Scott	10	6	-	6	4	-	4
David Sallah	10	9	11	-	5	-	3
Simon Murphy	5 of 7	-	5 of 8	5 of 8	-	-	1 of 3
Celia Furnival	3 of 3	-	2 of 3	2 of 2	-	1 of 1	1 of 1
Richard Kirby	2 of 2	-	-	-	-	-	1 of 1
Peter Axon	10	9	2 of 6	10	4	-	-

Joanne Thurston	8	2	-	9	5	-	-
Andrew Dayani	7 of 7	-	7 of 8	9 of 9	-	1 of 3	-
Gareth Howells	8	-	10	-	-	3	-
David Holmes	9	-	12	-	-	-	4
Lorraine Thomas	10	-	-	7	4	4	-
Ian Woodall	2 of 2	3 of 3	-	8	3 of 5	-	-
Tracy Taylor	6 of 6	-	4 of 6	-	-	-	-
Michelle Rogan	9	3	9	-	-	-	-
Andrew Wakeman	3 of 4	-	3 of 3	0 of 2	-	0 of 1	0 of 2

Part 1 Section 4 details the governance and risk management arrangements in place within our Trust.

1.3 Council of Governors

Table 1.16 Register of Interests Council of Governors during 2017-18.

Partner Governors - appointed by the organisation they represent				
Name	Partner Organisation	Interests	Date appointed/ finished	Duration of appointment
Claire Bell	West Midlands Police	<ul style="list-style-type: none"> • None declared 	01.09.15	3 years
Ronnie Meechan	University of Birmingham	<ul style="list-style-type: none"> • None declared 	Interim representative 13.12.16 Partner Governor appointment confirmed 29.1.2018	3 years
Josh Jones	Birmingham City Council	<ul style="list-style-type: none"> • Member of Birmingham City Council • Member: Labour Party 	31.01.13*	3 years
Brian Carr	Birmingham Voluntary Services Council	<ul style="list-style-type: none"> • Chair of Healthwatch Birmingham • Member of Public Service Board, West Midlands Combined Authority • Non-Executive Director of Birmingham Children's Trust 	01.01.17	3 years



Public Governors - elected by public members

Name	Public Constituency	Interests	Date elected	Duration of appointment
Peter Mayer Lead Governor	South Birmingham	<ul style="list-style-type: none"> • Trustee: University Hospital Birmingham Charitable Trust for 2008-2016 • Chair, Age UK Birmingham and Caldicott Guardian for Age UK • National Council of Caldicott Guardians • Honorary President and Treasurer of Institute of Ageing and Health (West Midlands). • Honorary Treasurer of the Birmingham Lunar Society • Member Rotary Club of Edgbaston Convention • Trustee: Birmingham and District Nursing Charitable Trust (appointed 2007) – Chair 2016 • National Executive Socialist Health Association • Associate Governor of King Edwards Fiveways School • Member: Labour Party 	31.01.13*	3 years
Jane Hill	South Birmingham	<ul style="list-style-type: none"> • Director of Independence Works, a network of independent occupational therapists • NMCs Consulting – Training Consultancy for the clinical supervision of health service staff 	31.01.13*	3 years
Frances Young	South Birmingham	<ul style="list-style-type: none"> • Husband is a Trustee of Midland Mencap 	31.01.13*	3 years

John Leghorn	South Birmingham	<ul style="list-style-type: none"> • Association Member, St Mary's Hospice 	31.01.13*/ Finished 23.11.2017	3 years
Sue Durrant	Central and West Birmingham	<ul style="list-style-type: none"> • Director and Trustee of Birmingham Multicare Support Services Ltd • Chair of Trustees of Clara Martineau Charity 	31.01.13	3 years
Graham Green	Central and West Birmingham	<ul style="list-style-type: none"> • Chairman of Cotmore Surgery Patients Participation Group • Member of Birmingham Cross City Clinical Commissioning Group Patient Involvement Group 	31.01.13*	3 years
Jill Jesson	Central and West Birmingham	<ul style="list-style-type: none"> • Member of the Board of Trustees Human Cities Institute • Director of Centre for Community Research • Member of the Labour Party 	15.12.16	3 years
Christopher Vaughan	Central and West Birmingham	<ul style="list-style-type: none"> • Patient Representative Sandwell and West Birmingham Clinical Commissioning Group • Chair of Ladywood and Winson Green Patient Network • Member of ICOF Local Commissioning Group Board • Member of Integrated Emergency and Urgent Care Governance Board, West Midlands 	7.10.16	3 years



Roger Leek	Birmingham East and North	<ul style="list-style-type: none"> • Motor Neurone Disease Association: Chair Birmingham and Solihull Group • Patient Research Ambassador [PRA], Join dementia research Champion and PPI with the Clinical Research Network (CRN) in the West Midlands • Permanent Lay Member on the National Institute for Health Research (NIHR) Clinical Research Network (CRN) - Patient Research Ambassador (PRA) National Steering Group • NHS England Leadership Academy, Leeds: Public and Patient Involvement representative Nye Bevan Course, Viva Panel and Validation Board • Member of DeNDroN {dementia and Neurodegenerative Disease research organisations Network} at University College London • Member of SITraN RAW [Sheffield Motor Neurone Disease Research Advisory Group at Sheffield Institute for translational Neuro Sciences] at Sheffield University and Royal Hallamshire Hospital, Sheffield • Independent Advisory Group: West Midlands Police, Birmingham East Local Policing Unit • Vice Chair Shard End Communities (formally Neighbourhood Board) • PPI Sandwell and West Birmingham Hospital NHS Trust • Patient and Public Representative with the Sheffield Biomedical Research Centre for Translational Neuroscience • Patient Research Ambassador [PRA] representing Birmingham Community Healthcare NHS Foundation Trust 	31.01.13*	3 years
Sheila Try	Birmingham East and North	<ul style="list-style-type: none"> • Member of Good Hope Hospital Patient Panel • Chair of the Patient Participation Group for Hawthorns Surgery, Sutton Coldfield • Member: Labour Party 	21.11.14*	3 years

Joanne Benjamin-Lewis	Birmingham East and North	<ul style="list-style-type: none"> • Governor of Marsh Hill Nursery School, Marsh Hill, Birmingham • Self-employed: Runs a Training, Educational and Consultancy Company (no other employees) 	07.10.16	3 years
Christopher Barber	Birmingham East and North	<ul style="list-style-type: none"> • Member of the Royal College of Nursing West Midlands Board • Branch Secretary (Birmingham East, North and Solihull) Royal College of Nursing Branch • Member of the National Autistic Society Council / Forum • Member: Liberal Democrats Party (nationally and locally in Hodge Hill Constituency) 	07.10.16	3 years
Victor Cracroft	West Midlands	<ul style="list-style-type: none"> • Trustee for National Intrathecal Baclofen Therapy (ITB) Forum 	31.01.13*	3 years

*Term of office commenced at the point Trust was licensed as a NHS Foundation Trust on 1st April 2016



Staff Governors - elected by staff members

Name	Staff Constituency	Interests	Date elected	Duration of appointment
Alison Kirton	Other Staff	<ul style="list-style-type: none"> None declared 	31.01.13*	3 years
Sammy Sherlock	Healthcare Assistants and Support Staff	<ul style="list-style-type: none"> None declared 	31.01.13*	3 years
Jean Dipple	Healthcare Assistants and Support Staff	<ul style="list-style-type: none"> None declared 	21.11.14*	3 years
Zarida Riaz	Medical, Dental and Nursing	<ul style="list-style-type: none"> None declared 	21.11.14 (commenced in post 01.04.15*)	3 years
Elisha Mack	Medical, Dental and Nursing	<ul style="list-style-type: none"> None declared 	07.10.16	3 years
Tony Petrou	Scientific, Therapeutic and Technical Staff / Allied Health Professional (AHP) and Healthcare Scientists	<ul style="list-style-type: none"> Unison Union Representative 	07.10.16 / Finished 05/11/2017	3 years

*Term of office commenced at the point Trust was licenced as a NHS Foundation Trust on 1st April 2016

1.4. Governor Expenses

Governors are unpaid and volunteer part-time on behalf of the Trust that they represent. The Trust has a procedure in place under which Governors may be reimbursed for legitimate travel expenses in the course of their duties as Governors of Birmingham Community Healthcare NHS Foundation Trust. Nineteen of the twenty-three Governors who comprise the Council of Governors are eligible to claim expenses, as the Trust does not reimburse Partner Governors.

In 2016-17, three Governors made claim under this process totalling an aggregate sum of £225.96. During the period of 2017-18, four Governors made claims of an aggregate sum of which amounted to £408.08.

1.5. Statement as to Disclosure to Auditors

Each Director of the Board is able to confirm that, to the best of their individual and collective knowledge, there is no relevant audit information of which the NHS body's auditors are unaware, and each has taken all the necessary steps as a director in order to make themselves aware of any relevant audit information, and to establish that the NHS body's auditors are aware of this information.

Members of the Board of Directors have made such enquiries of his/her fellow directors and of the Trust's auditors as are required by his/her duty as a director of the Trust to exercise reasonable care, skill and diligence for that purpose.





1.6. Income Disclosures as Required by Section 43 (2A) of the NHS Act 2006

In accordance with Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) the income that Birmingham Community Healthcare NHS Foundation Trust received during 2017-18 for provision of goods and services for the purposes of the health service in England was greater than its income for the provision of goods and services for any other purpose.

1.7. Disclosures relating to NHS Improvement's Well Led Framework

The Trust has had regard to the views of Governors and has considered the NHSI Well Led Framework in its evaluation of performance, review of internal control systems and the Board Assurance Framework. Further details of these are discussed in more detail within the Annual Governance Statement in Section 11 of this report.

The Board has rigorous risk and performance assessment and escalation processes embedded through the Trust that ensure timely reporting and mitigating action where required. Action plans, where appropriate, are in place to improve quality and these are monitored by the Board and its Committees.

The Board has undertaken a self-assessment against the Well Led Framework during the year and has developed and monitors progress against improvement actions identified.

Signed on behalf of the Board:

Richard Kirby, Chief Executive Officer

Date: 24th May 2018

Section 3

Remuneration Report

This section in the Annual Report has been compiled in accordance with Section 420 to 422 requirements of the Companies Act 2006 and Regulation 11 and Schedule 8 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008.

1. Remuneration Policy

The Nomination and Remuneration Sub Committee of the Trust Board is responsible for determining the pay and terms of conditions of employment for Executive Directors and for any senior managers not subject to national Agenda for Change Terms and Conditions.

It is the policy of the Trust that all senior managers will be employed on national Agenda for Change conditions, with the exception of those designated as Executive Directors of the Trust Board.

In determining its pay policy for 2017-18 the Trust considered the financial restraints and constraints within the health and social care sector, pay awards applied to other senior manager posts and guidance from the NHS Improvement.

In 2017-18, the Council of Governors considered the remuneration and terms and conditions of the Trust Board Chair and Non-Executive Directors.

2. Remuneration Report Tables

Table 2.1: Board Members Remuneration during 2017-18

Name and job title	Salary* (bands of £5k)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5k)	Long term performance pay and bonuses (bands of £5k)	All pension related benefits (bands of £2,500)**	Other (bands of £5k)	Total pay (bands of £5k)
Peter Axon Chief Finance Officer and Deputy CEO	150-155	200	0	0	75.0-77.5		225-230
Andrew Dayani Medical Director	120-125	0	0	0			120-125
Jerry Gould Non-Executive Director and Vice-Chair of the Board	10-15	2500	0	0			10-15
Sukhbinder Heer Non-Executive Director	10-15	0	0	0			10-15
David Holmes (non-voting) Human Resources Director.	95-100	500	0	0	87.5-90.0		180-185

Gareth Howells Director of Nursing and Therapies and Deputy Chief Executive Officer	105-110	300	0	0	15.0-17.5	120-125
Richard Kirby Chief Executive Officer	10-15	0	0	0		10-15
Simon Murphy Non-Executive Director.	5-10	0	0	0		5-10
Michelle Rogan (non-voting) Corporate Governance Director	100-105	500	0	0	52.5-55.0	150-155
David Sallah Non-Executive Director and Senior Independent Director	10-15	600	0	0		10-15
Neil Scott Non-Executive Director	10-15	0	0	0		10-15
Tom Storrow Chairman of the Board	40-45	3400	0	0		40-45
Tracy Taylor Chief Executive Officer	105-110	900	0	0		105-110
Lorraine Thomas (non-voting) Director of Strategy and Transformation	100-105	1000	0	0	105.0-107.5	205-210
Joanne Thurston Chief Operating Officer	110-115	400	0	0		110-115
Ian Woodall Director Of Finance	100-105	300	0	0	15.0-17.5	115-120

** Pension related benefits are the benefits accruing to senior managers from their membership of the NHS Pension Scheme.

These figures have been subject to audit.

The Trust's Policy takes due regard to advice in relation to the scrutiny of salaries. Executive salaries, including those above £142,500, and have been subject to external pay benchmarking and NHS Improvement guidance. The Trust has appointed two Executive Directors posts above £142,500 during the year.

3. Salary and Pension Benefits of Senior Managers

Table 2.2: Pension Benefits for Senior Managers during 2017-18.

Name and job title	Real increase in pension at age 60 (bands of £2,500)	Real increase in lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2018 (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 2018	Cash Equivalent Transfer Value at 31 March 2017	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
Richard Kirby Chief Executive Officer*	-	-	-	-	-	-	-	0
Peter Axon Chief Finance Officer and Deputy CEO	2.5-5.0	5.0-7.5	35-40	90-95	546	480	66	0
Gareth Howells Director of Nursing and Therapies	0.0-2.5	2.5-5.0	40-45	130-135	882	810	72	0
Ian Woodall Director Of Finance	0.0-2.5	(0.0-2.5)	25-30	60-65	371	332	39	0
Joanne Thurston Chief Operating Officer**	-	-	-	-	-	-	-	0
Andrew Dayani Medical Director**	-	-	-	-	-	-	-	0
Lorraine Thomas Director of Strategy and Transformation	5.0-7.5	15.0-17.5	40-45	125-130	842	696	146	0
Michelle Rogan Corporate Governance Director	2.5-5.0	7.5-10.0	35-40	115-120	723	630	93	0
David Holmes Human Resources Director	2.5-5.0	5.0-7.5	35-40	60-65	573	477	96	0

* figures provided by NHS Pensions Agency – not in post at time of data request

** not members of the NHS Pension scheme

These figures have been subject to audit.

4. Pay Multiples

As an NHS Foundation Trust we are required to disclose the relationship between the remuneration of the highest-paid Director in the Trust and the median remuneration of the Trust's workforce.

The banded remuneration of the highest paid director in Birmingham Community Healthcare NHS Foundation Trust in the financial year 2017-18 was £183,314.60 (£181,648.50 in 2016-17). This was 6.6 times (6.6 times in 2016-17) the median remuneration of the workforce, which was £27,635 (£27,361 in 2016-17).

In 2017-18, none of our employees received remuneration in excess of the highest-paid director; this was the same in 2016-17.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

In 2017-18 the number of staff in the sample was 4,929 compared with 5,028 in 2016-17 and 5,032 in 2015-16.

Although agency staff that are utilised to cover vacancies should be included in the analysis of staff in calculating the median, the Trust does not analyse the reasons that agency staff are required, and agency staff have therefore been excluded from the calculation of the median salary.

The figures reported here have been subject to audit.

5. Compensation on Early Retirement or for Loss of Office

No exit packages or severance payments have been made to any very senior managers or past or present Executive Directors.

This statement has been audited.



6. Payments to Past Directors

No payments have been made to any past very senior managers or Executive Directors.

This statement has been audited.


7. Nomination and Remuneration Committee

The Nomination and remuneration Committee has membership of all Non-Executive Directors including the Chair.

Following a review of the Committee's Terms of Reference in year, the purpose of the Nomination and Remuneration Committee remains that of; making recommendations to the Board of Directors in relation to the appointment and remuneration of the Chief Executive, Executive Directors and other senior managers reporting directly to the Chief Executive and reviewing and making recommendations on the Board's balance and skill mix; taking into account the future challenges, risks and opportunities facing the Trust and the skills and expertise that are required within the Board to meet them. The Committee is also responsible for ensuring that adequate Executive succession planning arrangements are in place. The Committee has not employed the services of external advisors in executing its duties in year and has not incurred any fees in this respect.

The Committee reviewed the Terms and Conditions surrounding the appointment of a new Chief Executive Officer who took up post on 1st March 2018, making recommendation on the same to the Board of Directors and subsequently to the Council of Governors for approval.

Chair Nomination and
Remuneration Committee signature



Tom Storow, Chairman

Date: 24th May 2018



8. Audit Committee

The purpose of the Committee is to focus upon monitoring and reviewing the effectiveness of overarching systems of financial and corporate governance, internal control, assurance processes and risk management across the whole of the Trust's activities (clinical and non-clinical) both generally and in support of the Annual Governance Statement; and to provide assurance to the Board of Directors thereon. To this end, the Audit Committee receives reports from the Quality Governance and Risk Committee and the Finance Performance and Assurance Committee on a regular basis.

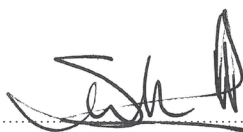
The Audit Committee extended the existing provisions for Internal Audit services during the year and recommended to the Board of Directors that Coventry and Warwickshire Audit Services were re-appointed as Internal Auditors commencing April 2017 for a period of three years. The Committee did not engage any specialist or legal services in the execution of its duties during the year.

The Committee considered the following key areas of work during the year:

- Internal and External Audit programmes including security and anti-fraud work plans;
- Risk management and assurance processes including the Board Assurance Framework, systems of internal control, Head of Internal Audit Opinion and the development of the Annual Governance Statement;
- Maintenance of statutory registers and compliance with Standing Orders and Standing Financial Instructions;
- Assurance reports arising from partnership working across the Black Country and Dudley and Walsall.

As the Trust was facing a potential major transaction during the year, the Board of Directors took the view that they would take stock of the collective External Auditor arrangements post transaction. On that basis, the Board made recommendation to the Council of Governors that the existing External Auditor arrangements with Ernst and Young be rolled over for a further year. This recommendation was approved by Governors.

Chair Audit Committee signature



Sukhbinder Heer

Date: 24th May 2018

The Remuneration Report is signed on behalf of the Board of Directors

Signed:



Chief Executive Officer

Richard Kirby

Date: 24th May 2018

Section 4

Staff Report

The following tables provide a year-end position in relation composition of the Trust's Employees.

Table 3.1: Numbers and the Composition of all staff and senior managers employed at the end of 2017-18

Number of employees		All staff*			Senior managers **		
Division		Female	Male	Grand total	Female	Male	Grand total
Adults Community Division		900	97	997	6	1	7
Children and Families Division		1,229	58	1,287	10	2	12
Corporate Division		445	182	627	21	31	52
Dental Division		486	117	603	3	2	5
Specialist Services Division	Learning Disability Service	189	52	241	3	0	3
	Rehabilitation Service	284	93	377	3	0	3
Specialist Services Division Total		473	145	618	6	0	6
Urgent Care Division		617	115	732	5	2	7
Grand Total		4,150	714	4,864	51	38	89

All data for Primary Assignments only

*total staff numbers - including senior managers

** Senior Managers at 8b and above excluding Clinical Leads.

The average number of staff that we employed in 2017-18 by category is set out below:

Table 3.2 Average staff numbers by category employed during 2017-18

Staff category	Permanently employed number	Other number	2017-18 Total Number	2016-17 Total Number
Medical and dental	177	71	248	174
Ambulance Staff	-	-	-	-
Administration and estates	936	233	1169	1029
Healthcare assistants and other support staff	872	200	1072	986
Nursing, midwifery and health visiting staff	1320	119	1439	1363
Nursing, midwifery and health visiting learners	21	3	24	24
Scientific, therapeutic and technical staff	673	30	703	697
Healthcare Science staff	5	1	6	6
Social Care staff	-	-	-	-
Other	-	-	-	-
Total average numbers	4004	657	4661	4279
Of which Number of Employees (WTE) engaged on Capital Projects	5	-	5	11

Table 3.3: Permanent and Other Staff Costs during 2017-18

	Permanently employed total	Other total	2017-18 Total	2016-17 Total
	£000	£000	£000	£000
Salaries and wages	131,975	11,130	143,105	141,660
Social security costs	14,118	-	14,118	13,201
Apprenticeship Levy	683	-	683	-
Employers contribution to NHS Pension	16,798	-	16,798	17,167
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination Benefits	-	-	-	-
Temporary staff - agency/contract staff	-	8,517	8,517	12,857
Total Gross Staff costs	163,574	19,647	183,221	184,885
Recoveries in respect of seconded staff	-	(324)	(324)	
Total Staff Costs	163,574	19,323	182,897	184,885
Costs Capitalised as part of assets	-		-	51



1. Disabled Persons

The Trusts Recruitment Policy and guidelines sets out the Trusts commitment to ensuring that all staff, including those who are disabled are treated fairly and equitably in relation to the appointment processes. The Trust maintains Two-Ticks accreditation, guaranteeing an interview for disabled persons who meet the person specification and to ensure reasonable adjustments are made.

The Trust has an Equality and Diversity and Human Rights Strategy and Policy, which ensures that disabled persons have equal access to development and support.

The Sickness Absence Policy and Occupational Health service ensure that staff who become disabled are given appropriate training, support and redeployment opportunities. The Trust monitors its employment and policies to ensure actions are taken to avoid unlawful discrimination whether direct or indirect.

2. Sickness Absence

The Trust Board has continued to have a focus on the management of Sickness Absence during 2017-18. Sickness Absence Key Performance Indicators are monitored at all levels in the organisation and each Clinical Division has in place comprehensive action plans. Such plans include support and training to line managers, a comprehensive health and wellbeing programme and a focus on stress management.

The Trusts programme includes an external Occupational Health Service, Fast Track Physiotherapy and Staff Counselling services for staff.

'Average days lost' through sickness was 5.51 per cent during the year.

Table 3.5: Staff sickness absence for the calendar year of January 2017-December 2017

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by HSCIC from ESR Data Warehouse		
Average FTE 2017	Adjusted FTE days lost to Cabinet Office definitions*	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE**
5.51 per cent	52,506	1,539,330	85,425	12.41

* calculated assuming 225 working days in the year

** Average working days based on 225 per year.





3. Exit Packages and Severance Payments

The exit packages and severance payments are available in the annual accounts as part of note 7 and have been subject to audit.

Table 3.6: Reporting of other Compensation Schemes - Exit Packages 2017-18.

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Whole Numbers Only	£S	Whole Numbers Only	£S	Whole Numbers Only	£S	Whole Numbers Only	£s
Less than £10,000	4	6	-	-	4	6	-	-
£10,000 - £25,000	4	66	1	17	5	83	-	-
£25,001 - £50,000	5	183	-	-	5	183	-	-
£50,001 - £100,000	3	217	-	-	3	217	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-	-	-
Total	16	472	1	17	17	489	0	0

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the organisation has agreed early retirements, the additional costs are met by the organisation and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

4. Off Payroll Engagements

The intermediaries legislation (known as IR35), was introduced in 2000 to make sure that people who do the same job in the same manner pay similar amounts of income tax and National Insurance as those directly employed by an organisation. This requirement is irrespective of whether they're employed directly or they work through an intermediary, such as their own limited company, a personal service company or partnership.

Until 6th April 2017, it was the responsibility of the individual to ensure that they pay the appropriate level of tax and national insurance and provide assurance to the Trust that this is undertaken. The Government believe that the IR35 tax rules are not always consistent in their application and have changed the rules making the responsibility for the calculation and payment of tax and national insurance the responsibility of the engaging/employing organisation, i.e. The Trust and not the individual. This change in legislation is mandatory and affects all public sector organisations and applies to payments made from April 6th 2017, irrespective of when the service started.

The change in these rules were incorporated into the Finance Act 2017 and the National Insurance Contributions legislation which means this is law and where HMRC identify non-compliance this will result in the award of financial penalties.

The Trust's Temporary Staffing Department follows an internal assessment process supported by the HMRC assessment tool in accordance with the 'Guidance for Determining the Contractual Status of Workers' document which is available on the Trust intranet.

The table below outlines all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months.

Table 3.7:

Number of existing engagements as at 31 March 2018	6
Of which, the number that have existed:	
for less than one year at time of reporting.	2
for between one and two years at time of reporting.	3
for between two and three years at time of reporting.	1
for between three and four years at time of reporting.	0
for four or more years at time of reporting.	0

The table on the next page outlines all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months.

Table 3.8:

Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	2
Of which:	
Number assessed as within the scope of IR35	2
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	2
Number of engagements reassessed for consistency/assurance purposes during the year	2
Number of engagements that saw a change to IR35 status following the consistency review	0

The table below outlines any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2017 and 31st March 2018

Table 3.9:

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0	Circumstances leading to these engagements	Not applicable
		Length of time each engagement lasted	Not applicable
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	16		

5. Policies Applied and Actions Taken During the Year

On:

- Employee engagement
- Training
- Staff/Representative consultation
- Career development
- Provision of information on matters of concern to staff.

6. Expenditure on Consultancy

The Trust spent £2,450k on Consultancy during 2017-18.

7. Countering Fraud and Corruption

Our Local Anti-Fraud Service is provided by our Internal Audit Service and we have an annual plan of work that is compliant with the Secretary of State's directions. This is aimed at preventing and detecting fraud and ensuring that we take action where necessary.

8. Modern Slavery Act 2015

Birmingham Community Healthcare NHS Foundation Trust is a publicly funded organisation and does not engage in service provision in order to make a profit. Whilst some services operate on a commercial basis i.e. canteen services at our in-patient community hospital sites, they only generate a modest income and these services are not considered commercial under the Act as they do not generate income in excess of £36 million per annum. A statement on the steps the Trust has taken to ensure that slavery and human trafficking is not taking place in the Trust's supply chain or any part of the Trust's business is therefore not required.

9. Staff Survey Results 2017

The 2017 staff survey results are summarised in the table below:

This year the Trust responded to feedback from staff, including the BME Staff Network, and for the first time in five years conducted a full census survey (inviting all staff to participate). We achieved 1868 responses resulting in a return rate of 40 per cent, with 4713 staff invited to complete the survey. In 2016 the Trust conducted a sample survey of 1250 staff with 490 responding also equating to a 40 per cent response rate. Therefore our real numbers response rate has greatly increased and will provide a greater depth of data for analysis; however our response rate remains below the national average of community trusts (50 per cent). This year's staff survey action plan will deliver a targeted approach at divisional and corporate service level to promote the importance and value of completing the staff survey.

Table 3.10: Staff Survey 2016-17 Results

Response Rate			
2016-17	2017-18		Improvement/ deterioration %
	BCHC	Benchmark Group/Trust type average	
40%	40%	50%	=

Nationally, no formal league table is generated and there are many ways in which the data may be interpreted. Listening into Action (LiA) has produced a scatter map (Appendix 3) and league table for all 17 Community Trusts. Overall we are ranked 12th out of 17 trusts, which is an improved position from last year (14th). The national trend is that staff members feel less positive generally from last year and there has been a broad deterioration across the community sector with a few exceptions.

The following tables provide details of the Trust's top 5 and bottom 5 scores from the 2017 staff survey. Of the 10 scores, there has been an improvement in 5.



Table 3.11: Staff Survey 2016-17 Top 5 Ranking Scores

Top 5 Ranking Scores for 2017				
	2016-17	2017-18		
	BCHC	BCHC	Benchmark group/ Trust type average	Improvement/ deterioration %
Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	59%	55%	53%	-4%
Staff satisfaction with the quality of work and care they are able to deliver	3.91	3.95	3.80	+0.04
Quality of non-mandatory training, learning or development	4.09	4.12	4.08	+0.03
Percentage of staff working extra hours	72%	69%	71%	-3%
Percentage of staff satisfied with the opportunities for flexible working patterns	57%	59%	57%	+2%

Table 3.12: Staff Survey 2016-17 Bottom 5 Ranking Scores

Bottom 5 Ranking Scores for 2017				
	2016-17	2017-18		
	BCHC	BCHC	Benchmark group/ Trust type average	Improvement/ deterioration %
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	84%	80%	88%	-4%
Percentage of staff experiencing physical violence from staff in the last 12 months	2%	2%	1%	=
Percentage of staff experiencing discrimination at work in the last 12 months	8%	13%	9%	+5%
Effective team working	3.74	3.76	3.82	+0.02
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	96%	89%	93%	-7%

In response to feedback from staff, the action planning process has been designed to be more inclusive than in previous years, with a schedule of stakeholder engagement events planned during Q4 to inform the 2018 Staff Survey Priorities for action prior to sign off at Trust Board in March 2018.

The following nine priorities have been agreed by Trust Board for specific focus in the 17-18 Staff Survey Action Plan:

9.1. Appraisal and support for development

The focus during 2018 will be to support the divisions to improve the uptake and quality of appraisals so that all divisions are able to reach at least the national average comparator score.

9.2. Equality and Diversity

The priority for action will be to increase the per cent of people believing the organisation provides equal opportunities for career progression and promotion to at least the national average comparator score. Work is currently under way to develop and deliver a range of talent management and succession planning strategies in line with our current WRES and WDES plans. The organisation has currently commissioned a review of our equality policies and procedures, which includes within the scope equal opportunities for career progression and promotion.

9.3. Errors and Incidents

This is a new organisational priority for action, which will focus on increasing the per cent of staff reporting errors, near misses or incidents and provide reassurance about how these would be handled, to encourage and reassure staff that their concerns will be treated seriously and with transparency.

9.4. Health and Wellbeing

Reducing work related stress would remain an organisational priority. This year's focus will be on introducing new interventions to support the physical and mental health and wellbeing of our staff including the implementation of a Recovery College model in a health and wellbeing hub and working as a system partner to deliver the BSOL STP staff health and wellbeing priorities for action.

9.5. Working patterns

Whilst the Trusts overall score have improved additional support will be provided for the two divisions that have scored above the national comparator average for per cent working extra hours.

9.6. Job satisfaction

The organisational priority for action will be to increase effective team working and staff motivation levels to at least the national average comparator score in the 2018 staff survey results.

9.7. Managers

The priority for action will be to work with the divisions and corporate areas to increase the recognition and value of staff by managers and increase support provided by immediate managers during 2018 to achieve at least the national average comparator score. There is already work



underway to develop a Cultural Inclusion and Staff Engagement Strategy and plan for 2018.

9.8. Patient care and experience

This year the organisational focus will be on increasing the per cent of staff members who feel their role makes a difference to patients and service users to above the national average. As well as delivering the quarterly staff Friends and Family Test we will also be undertaking a staff cultural temperature check throughout the year to enable on-going staff engagement in the improvement of patient care and experience.

9.9. Violence, harassment and bullying

Reducing violence, harassment and bullying will remain an organisational priority. This year's focus will be on undertaking a deep dive against the 6 key findings and to engage a range of stakeholders in the development and delivery of a priority action plan.

In response to feedback from staff, the action planning process has been designed to be more inclusive than in previous years, with a schedule of stakeholder engagement events planned during 2018.

9.10. Next Steps

During 2018 a schedule of 'Big Conversation' staff engagement events will be held to share the staff survey results and priorities and enable staff to share their experiences and let us know what would improve their working life. The conversations will inform the refresh of our vision and values and our service strategies and support the development and delivery of the Cultural Inclusion and Staff Engagement Strategy. We will be utilising a 'Pulse Check' tool in order for us to monitor levels of staff engagement and how valued staff feel.

A Task Force approach and structure is being implemented to deliver the priorities for action, led by the Director of Strategy and Transformation, Human Resources Director and Executive Director of Nursing and Therapies. Progress will be reported on a quarterly basis to Quality, Governance and Risk Committee (QGRC) and Management Board and will be shared regularly with staff through the current 'You Said, We Did' staff engagement campaign.



2017-18	Staff recommend BCHC as a place to work
Q1	60%
Q2	62%
Q3	59%
Q4	59%



9.11. Staff Friends and Family Test

10. Health and Safety

The Trust has a proactive Health and Safety culture and a nominated Executive Lead for Health and Safety and a Health and Safety Manager.

During this year a number of health and safety policies have been reviewed including the Health and Safety at Work General Policy and the Control of Substances Hazardous to Health Policy.

Regular health and safety related articles are included in the monthly Risk management newsletter 'Compass'.

Health and safety training is provided on both a regular basis as part of the Trust's Induction Programme and on an ad-hoc basis or on request by staff.

The Trust Health and Safety Committee meets every six weeks and reviews incidents and risks and mandatory training compliance; reporting to the Risk Management Committee and Quality Governance and Risk Committee.

The Trust Health and Safety Annual Report is presented to Trust Board.

The Trust Board also receive an annual health and safety update/briefing session.

Richard Kirby, Chief Executive Officer



Date: 24th May 2018

Peter Axon, Chief Finance Officer



Date: 24th May 2018

Section 5

Corporate Governance Report

The Board of Directors is responsible for setting the strategic direction and the leadership of the Trust. Collectively, the Board has the responsibility for ensuring the delivery of this strategy within Trust which has an organisational culture that is supportive of meeting the needs of the people we serve. Corporate governance is the means by which they do this.

Birmingham Community Healthcare 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.

1. Disclosures set out in the NHS Foundation Trust Code of Governance

Birmingham Community Healthcare 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 (July 2014) reflects the principles of the UK Corporate Governance Code 2012 and aims to promote best governance practice. Whilst the NHS Foundation Trust Code of Governance is a guidance document, it requires that Foundations Trusts disclose any deviation from it; providing a reason for deviation from the Code and explanation as to how alternative arrangements meet the requirements of the Code.

The Board of Directors implements the Code of Governance through a number of key governance documents and policies which include:

- The Constitution
- Standing Orders and Standing Financial Instructions
- Scheme of Delegation and Matters Reserved to the Board
- Code of Conduct - Board of Directors and Council of Governors
- Gifts, Hospitality and Commercial Sponsorship Policy
- Annual Plan
- The Board Committee Governance structure

2. The Board of Directors

The Board of Directors is responsible for establishing the strategy of the Trust and for the operation of the Trust's business; ensuring compliance with the Trust's Constitution, NHS Improvement's Provider License, statutory requirements and contractual obligations. Details of the composition of the Board of Directors are set out in Section 1 of the Annual Report with details of the Board Committee arrangements and attendance by individual Directors. Details of Director Terms of Office and remuneration are outlined in Sections 1 and 2 of the Annual Report respectively.

3. The Council of Governors

The Council of Governors represents the interests of those we serve and partner organisations and has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors; providing and gaining feedback on the Trust's performance to the stakeholder organisations and members. The Chair of the Council of Governors is also the Chair of the Board of Directors and is responsible for the performance of Non-Executive Directors.

The Council of Governors receive the Trust's Annual Report and Accounts and has responsibility for conducting an Annual Members meeting.

Members of the Council of Governors and the Constituencies they represent are detailed in Section 2 of the Annual Report.

4. Information and Evaluation

The Board of Directors has in place a programme of Board Seminars in which it regularly receives direct feedback from patients, service users and carers. This programme also provides the opportunity for board development and mandatory training.

The Board of Directors undertakes an annual review of the performance and committee Terms of Reference in order to inform future information requirements and governance arrangements and to establish an annual Cycle of Business. Individual members of the Board participate in appraisal processes, the outcome of which is reported to the Executive Remuneration Committee or Council of Governors as appropriate.



5. Compliance with the Code

The Trust has been compliant with the NHS Foundation Trust Code of Governance throughout the year. With exception of the following areas:

B8.1 - The Remuneration Committee should not agree to an Executive member of the board leaving the employment of the Foundation Trust except in accordance with the terms of their contract of employment including but not limited to service of their full notice period without the Board having completed and approved a full risk assessment. The Board of Directors were satisfied that interim arrangements were sufficient to enable the Chief Executive Officer to take up post within another NHS Trust and provide stability for the Trust until a substantive appointment was made.

6. Information Governance

As an NHS organisation Birmingham Community Healthcare NHS Foundation Trust holds personal information about its staff, its patients and service users. The Trust does not underestimate the responsibility that this brings and treats the security of this data with the seriousness that it deserves. The Trust has a range of policies and procedures in place to ensure that staff know how to use and to safely store personal information, and that they do so in accordance with the law and best practice.

The Trust is delighted to report that once again in 2017-18 we have achieved level 2 compliance with the Information Governance Toolkit requirement. The toolkit is a national initiative aimed at improving data security across the NHS and achievement of level 2 demonstrates that the Trust has systems and policies in place across a range of measures; data security being one, and that these have been appropriately implemented.

During 2017-18 Birmingham Community Healthcare NHS Foundation Trust reported one Level 2 Information Governance incident requiring notification to the Information Commissioner in respect of records taken from a staff member's car in January 2018. The incident is undergoing comprehensive internal investigation and outcomes and improvement actions will be reported appropriately to the Information Governance Steering Group and Quality, Governance and Risk Committee.





7. Stakeholder Relations

BCHC has been working actively and prominently within a number of key partnership arrangements across Birmingham and the wider region, recognising the importance of such collaboration to help shape the future provision of healthcare. The trust is committed to playing a leading and effective role, both for the organisation and for community services, in our main local Sustainability and Transformation Partnership (STP) in Birmingham and Solihull as well as continuing to play an important role in the neighbouring Black Country and West Birmingham STP. We have also been actively engaged in working with two 'vanguard' initiatives, namely Modality and the Dudley Multi-specialty Community Provider, as well as working alongside a number of primary care federations across our geographical area.

7.1. Transforming Care Together Partnership

On 1st March 2018 the Trust Board agreed that the planned acquisition of Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust (the 'Transforming Care Together' partnership) would not proceed. The key factors taken into account in reaching this decision were:

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

7.2. Dudley Multispecialty Community Provider

BCHC continues to be a partner in the procurement process for the Dudley MCP, working in partnership with Dudley GPs and The Dudley Group NHS Foundation Trust in the development of the MCP clinical and business model. BCHC is exploring how it can support the new MCP entity to transform its community services in order to deliver the new model of care, which aims to go live in September 2019.

7.3. Birmingham and Solihull Sustainability and Transformation Plan (STP)

During 2017-18 BCHC has actively supported the refresh of the Birmingham and Solihull STP, which was approved by the Programme Board in April 2018, and which sets out the vision for 'Live Healthy, Live Happy' across the STP. Following approval this revised vision will go out for wider public consultation. In the meantime the Trust will continue to work with staff and our partners to ensure our own Trust values and vision refresh aligns with the STP's priorities for action.

During 2018-19, we expect to be leading the following developments alongside partners to support the overall STP vision:

- Coordinating health and social care into a locality framework, aligning primary, secondary and community care with the local authorities and third sector. This will build upon our established relationships with emerging primary care organisations and our expertise in delivery of community based models of care, to establish multidisciplinary teams across partner organisations to remove barriers in the care and support system
- Promoting the 'home-first' ethos, so that we stop the focus on institutional beds being the main place to receive help. This will include playing our part on the Recovery, Reablement and Rehabilitation programme being developed through the STP, and addressing recommendations made in the forthcoming CQC system wide review of urgent care in Birmingham and Solihull
- Transforming the model of healthcare for children through the creation of community based models (virtual and physical) across primary and social care. These will have a clear focus on the prevention of key risk factors and will provide support for self-management and self-prevention from an early age, including diet, exercise, mental well-being and school readiness. In 2018-19 we will continue the integration and transformation of Health Visiting and Children's Centres services on a locality (district) basis, through the new Birmingham Forward Steps Partnership, and
- Through our Learning Disability service supporting the delivery of the Transforming Care programme for Birmingham and Solihull including in 2018-19 delivering on the investment- enhanced community based intensive support services

Enablers:

- Digital - We continue to make progress in the system wide goal of a single shared patient record across the STP. In March 2018 we went live with 'Your Care Connected', which will allow doctors, nurses and other registered healthcare professionals working in community settings to view relevant information from a patient's GP and hospital record, with the patient's consent, to provide better, safer care. With our Birmingham Forward Steps partnership, we are launching single child record across health visiting and Children's Centres from June 2018.
- Strategic approach to estates - We are working across the STP to link future capital/infrastructure investment to the system wide plan.

7.4. Black Country Sustainability and Transformation Plan (STP)

The focus of the Black Country STP (including West Birmingham) is around developing place based new care models (such as primary acute care systems (PACS) or multi-disciplinary community providers (MCP) integrating primary, community, social care and acute provision on a locality basis.

In West Birmingham, BCHC is a formal partner with Modality Partnership through the Connected Care Partnership, working alongside Sandwell and West Birmingham CCG and Sandwell and West Birmingham Hospitals NHS Trust in a multi-specialty community provider vanguard site, to implement and embed new models of care to improve primary and community care access and infrastructure, increase access through the use of technology and design and implement integrated care pathways.

During 2018-19 we will continue to work through partnership to develop and embed new care models within West Birmingham, working towards developing an alliance agreement across the partnership in 2018-19.

8. NHS Improvements 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.

8.1. Segmentation

Birmingham Community Healthcare NHS Trust has been placed in Segment 1. The Trust has not received any enforcement or improvement notices during the year.

This segmentation information is the Trust's position as at 31st March 2018. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

8.2. Finance and Use of Resources

The finance and use of resources 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 and use of resources 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.

Table 4.1: Overall Finance Score of the Trust (post segmentation)

Area	Metric	2017-18 scores				2016-17 scores	
		At 30 June 2017	At 30 Sept 2017	At 31 Dec 2017	At 31 March 2018	At 31 Dec 2016	At 31 March 2017
Financial sustainability	Capital service capacity	1	1	1	1	1	1
	Liquidity	1	1	1	1	2	2
Financial efficiency	landE margin	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	1	1	1	1	3	3
Overall scoring		1	1	1	1	2	2

9. Membership

Membership supports the Trust to be more locally accountable to those we serve.

Our public membership remains open to all residents of the wider West Midlands region who are aged 16 or above. Our staff membership is open to all staff who are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or have been continuously employed by the Trust under a contract of employment for at least 12 months.

Our membership is represented by 13 elected public Governors and 6 elected staff members, who are joined by 4 appointed partner Governors and the Trust's Chairman to comprise our Council of Governors.

The principal role of the Council of Governors is to hold the Board of Directors to account for the performance of the Trust through the Non-Executive Directors and to represent the interests of our members and the communities we serve.

In the latter part of 2017-18 we said goodbye to two Governors, John Leghorn and Tony Petrou, who stepped down to undertake new opportunities. We are thankful for their commitment during their term of office, especially as they had supported us to establish new processes, and wish them well in their new endeavours.

In addition, we confirmed the appointment of Ronnie Meechan as a Partner Governor who had previously been covering the role on an interim basis. The membership of our Council of Governors during 2017-18 is detailed in Table 1.16.

Examples of how the Council of Governors has been active in their role during 2017-18 are:

Formal meetings of the Council of Governors have been held on a quarterly basis in public; receiving appropriate information to enable them to discharge their statutory responsibilities.

- The Council of Governors has formally established and appointed sub-committees Chairs and Vice Chairs to support their roles and elected Peter Mayer as Lead Governor.

- Governors, with the members of the Patient Experience Forum, undertook a review in year and have developed a new engagement model to strength the role of this sub-committee and the connection between governors, members, patients and our services.
- The Nominations and Remuneration Committee for Non-Executive Directors led a non-executive director recruitment campaign in Spring 2017 and Non-Executive Director re-appointment process in Autumn 2017; resulting in the Council of Governors appointing Simon Murphy as a new Non-Executive Director and re-appointing Tom Storrow as Chairman, Jerry Gould as Vice Chair for one additional year and Neil Scott as Non-Executive Director for an additional three years.
- Governors participated in the appointment process for our new Chief Executive Officer, with the Council of Governors granting their approved for the appointment of Richard Kirby to this role.
- The establishment of short life working groups have assisted Governors to examine areas of work in more detail and informed recommendations to the full Council.
- With the support of the Governor Transforming Care Together (TCT) working group, Governors delivered a work plan to scrutinise each step of the Board's consideration of the acquisition proposal to ensure it was thorough and comprehensive with the interests of members and the public being considered as part of the decision-making process.
- Governors undertook their annual evaluation of their own effectiveness as a Council of Governors; ensuring compliance with their regulatory and statutory responsibilities. This review identified progress made since the previous year and informed the focus of Governor Annual Away Day and priorities for the coming year. In addition, this process supports Governors to continue to inform their annual development plan, which is supported by the Trust to ensure Governors have the knowledge and skills to deliver their role.
- An informal Governor led discussion group has met five times during the year to support the triangulation of information from individual Governor activities. The group also provides a forum for Governors to seek further information to support informed debates, and their development.
- Governors' views on the forward direction of the Trust were sought through an initial session with the Director of Strategy and Transformation, followed by the active participation of Governors in the Board of Directors' annual strategic planning day.
- Governors have been effecting change through their active participation in a range of activities; including bi-monthly Patient Safety Visits with Board members and their observation of the Board meeting and its sub-committees in order to witness the performance of the Non-Executive Directors and Board of Directors at work.
- Our Governors are available at membership and staff engagement activities to listen to the views of the members and public they represent. We have been please by the national interest in the success of our staff governor role which has been effective in raising the voice of our Healthcare Assistants and Support Staff in our organisation.

The work of Governors also included working with Governors and Shadow Governors from the partner Trusts to develop a future membership model that would have ensured a potential organisation with an expanded geographical footprint would have remained representative. The Council of Governors of BCHC welcomed the assurances they had received from the Board of Directors during this process that it would be ensure it would make the right decision for BCHC; including the decision not to proceed.

A register of Council of Governor interests is contained within Table 1.16 of this Annual Report and the attendance record for the Council of Governors is available on request from the Corporate Governance Team.

Table 4.2: The Governors of BCHC during 2017-18



Graham Green
Public Governor
Central and
West Birmingham



Sue Durrant
Public Governor
Chair of Nominations
and Remuneration
Committee for Non-
Executive Directors
Central and
West Birmingham



Christopher Vaughan
Public Governor
Central and
West Birmingham



Jill Jesson
Public Governor
Central and
West Birmingham



Joanne Benjamin-Lewis
Public Governor
North and
East Birmingham



Christopher Barber
Public Governor
North and
East Birmingham



Roger Leek
Public Governor
North and
East Birmingham



Sheila Try
Public Governor
North and
East Birmingham



Frances Young
Public Governor
Chair of Patient
Experience Forum
South Birmingham



Jane Hill
Public Governor
South Birmingham



John Leghorn
(finished 23.11.2016)
Public Governor
South Birmingham



Peter Mayer
Lead and Public
Governor
Newly appointed Vice
Chair of Nominations
and Remuneration
Committee for Non-
Executive Directors
South Birmingham



Victor Cracroft
Public Governor
Vice Chair of Patient
Experience Forum
West Midlands



Alison Kirton
Staff Governor
Other Staff



Jean Dipple
Staff Governor
Healthcare Assistant
and Support Staff



Sammy Sherlock
Staff Governor
Healthcare Assistant
and Support Staff



Tony Petrou
(finished 05.11.2017)
Staff Governor
Scientific, Therapeutic
and Technical
Staff/Allied Health
Professional (AHP) and
Healthcare Scientists



Zarida Riaz
Staff Governor
Medical, Dental
and Nursing Staff



Elisha Mack
Staff Governor
Medical, Dental
and Nursing Staff



Claire Long
Partner Governor
West Midlands Police



Ronnie Meechan
Partner Governor
University of
Birmingham



Josh Jones
Partner Governor
Birmingham
City Council



Brian Carr
Partner Governor
Birmingham Voluntary
Services Council (BVSC)

As of the 31st March 2018, we remain in line with our target for membership numbers and continue to offer the opportunity to become a member to ensure we maintain a representative membership.

Table 4.3 Overview of Public Membership (as of 31st March 2018)

Public Constituency	Electoral Wards	Number of Governors	Membership size
South Birmingham	Bartley Green, Billesley, Bournville, Brandwood, Edgbaston, Hall Green, Harborne, Kings Norton, Longbridge, Moseley and Kings Heath, Northfield, Quinton, Selly Oak, Weoley	4	2585
Central and West Birmingham	Aston, Handsworth Wood, Ladywood, Lozells and East Handsworth, Nechells, Oscott, Soho, Sparkbrook, Springfield, Perry Barr	4	2205
Birmingham East and North	Acocks Green, Bordesley Green, Erdington, Hodge Hill, Kingstanding, Shard End, Sheldon, South Yardley, Stechford and Yardley North, Stockland Green, Sutton Four Oaks, Sutton New Hall, Sutton Trinity, Sutton Vesey, Tyburn, Washwood Heath	4	3239
West Midlands Region	Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire, West Midlands (excluding Birmingham)	1	2155

*Electoral wards will change for 2018-19 to be reflective of the boundary changes being implemented by Birmingham City Council in May 2018.

During 2017-18, we continued to offer members a range of activities in order to have their say and provide opportunities to engage with us; shaping our patient information leaflets, strategies and research. Members have shared with us their views on our quality priorities for the coming year.

A focus of our engagement activities during 2017-18 has been on exploring the feasibility of the Transforming Care Together acquisition. We shared updates and invited members to a series of drop in sessions to hear their views on the proposal. For those services which would have been directly affected, members were invited to join engagement events about these services.

A number of members regularly attend and annually review and shape our governor led Patient Experience Forum. In this Forum members work with us to improve the experience patients have of our services and actively get involved in writing our Quality Account.

Providing opportunities for our members to be as active as they wish is important to us and we seek feedback to inform what we do. In response to feedback we have re-launched our newsletter and regularly connect with our members through a briefing email, in line with how our members have told us they wish us to communicate with them.

If you are currently not a member of our Trust and would like to join us to influence what we do or to learn more about the services we provide please either contact the membership team or complete the online form that is available at:

<http://www.bhamcommunity.nhs.uk/about-us/membership/>

If you are interested in the role of governor, we would welcome the opportunity to discuss this further with you. We will be holding our next elections in early 2019. Please contact the membership team for more information.

Your Governors are keen to hear your views please contact them and the membership office by phone on [0121 466 7023](tel:01214667023) or email ft@bhamcommunity.nhs.uk

10. Statement of the Chief Executive's Responsibilities as the Accounting Officer of Birmingham Community Healthcare 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 Birmingham Community Healthcare 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 state of affairs of Birmingham Community Healthcare NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

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

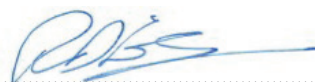
- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

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

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

Richard Kirby, Chief Executive Officer



Date: 24th May 2018

11. Annual Governance Statement as of 31st March 2018

11.1 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.

11.2. 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 Birmingham Community Healthcare 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 Birmingham Community Healthcare NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

11.3. Capacity to Handle Risk

Executive level leadership of the Risk Management function and processes within the Trust is the responsibility of the Chief Executive. Operational leadership of the risk management process is undertaken by the Corporate Governance Director, who supports both a dedicated central Risk Management Team and delivery of the Risk Management Strategy and organisational objectives at a service level.

The majority of risk management training is provided to staff in order that they are able to undertake their specific role and responsibilities e.g. incident reporting, medical devices management. However, other risk management related training forms part of staff Mandatory Training e.g. Health and Safety, Fire Safety, Manual Handling.



The Trust ensures that its range of training programmes effectively raises the profile and understanding of risk identification, assessment and management, and clearly demonstrates to all colleagues across the Trust, how their routine and consistent application of risk management processes will serve as a key enabler to ensuring continuous improvement in the quality of the Trust's delivered care. This standard applies whether the corresponding training is specific to risk (including therefore, the Trust's mandatory risk management training module), or whether it is principally dedicated to other subjects or specialisms that nevertheless benefit from supporting coverage of risk.

The commitment to increasing all colleagues' awareness of their personal responsibilities for risk management is enhanced by a proactive and on-going programme of communications across the Trust that seeks to reinforce appreciation for the value and significance of risk management outcomes.

Specialist risk management training has been delivered across the organisation in a range of settings and using a variety of methodologies, albeit with clear focus upon self-service training which enables colleagues to access

the information and support that they need, where and when this is most convenient and appropriate to them.

More specifically, an overview of risk management systems and processes is included within the induction programme that is mandatory for all new Trust colleagues.

Furthermore, in order to augment the Trust's risk management training programmes and to provide additional or supplemental advice and support on all issues related to risk, detailed guidance materials and resources are maintained on the Trust intranet.

The Trust ensures that its risk management training is appropriate to fulfil the personal development needs of all colleagues. This is equally applicable whether the training is being provided to frontline colleagues within operational teams who need to understand how to identify, report and escalate operational risks within their services, or whether the training is more specialist and therefore targeted at meeting the needs of those Trust colleagues with specific role-based responsibility for risk management, such as the Head of Information Governance and the Head of Risk Management.



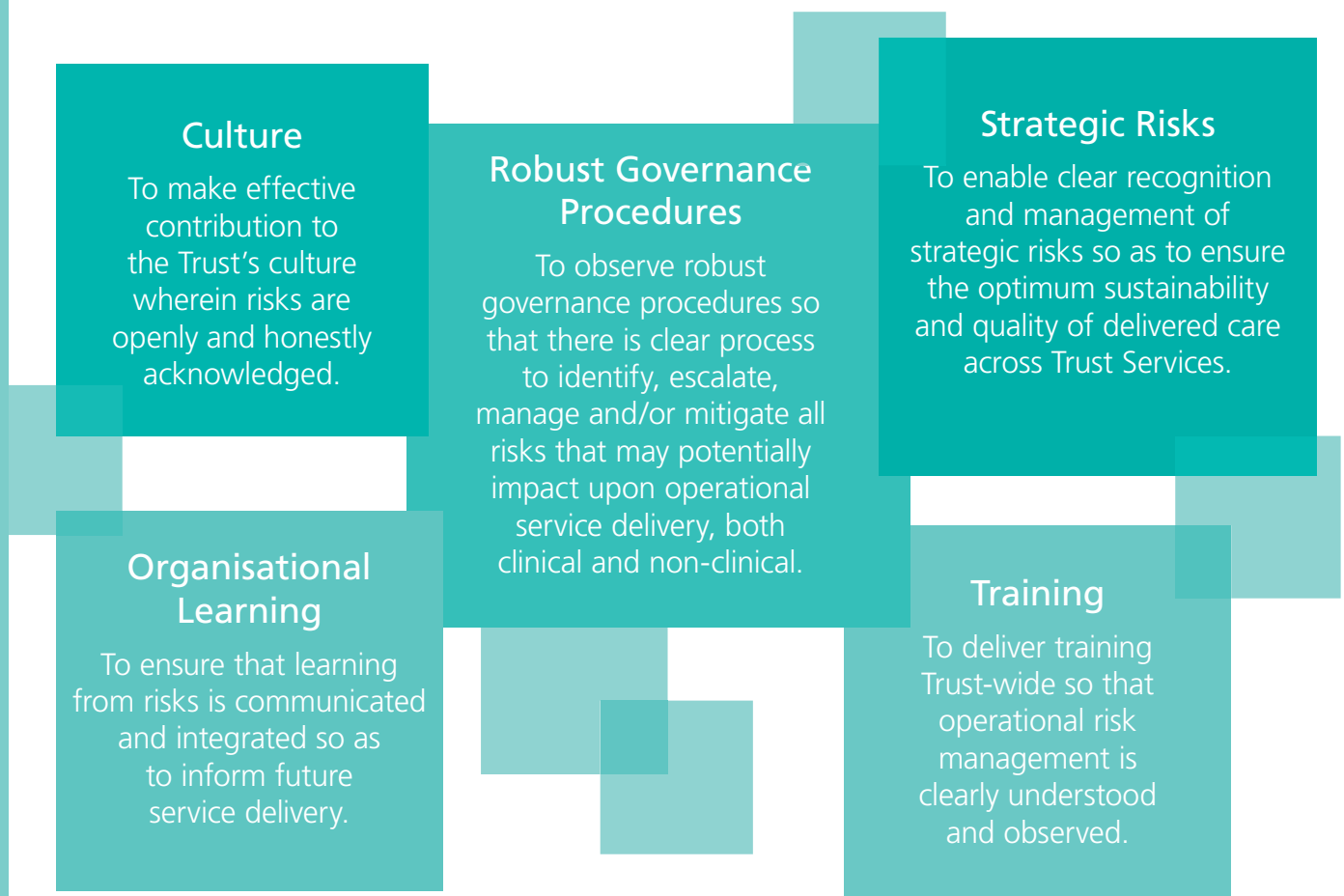
11.4. The Risk and Control Framework

The Birmingham Community Healthcare NHS Foundation Trust Risk Management Strategy 2015-18, ensures that Birmingham Community Healthcare NHS Foundation Trust maintains clear oversight in its management of strategic and operational risks (both clinical and non-clinical) in order to safeguard against the occurrence of adverse effects which may otherwise impact upon the quality of Trust services, as well as upon service user safety and experience. Risk Management is rightfully recognised by the Trust as a key enabler to ensuring continuous improvement in the quality of delivered care.

The Trust maintains a number of formal processes and systems by which it seeks to manage both strategic and operational risk. These include:

- Trust policies and procedures,
- Risk registers that are maintained electronically via the Datix software system and that capture all risks (both clinical and non-clinical), together with a Board Assurance Framework that identifies strategic risks,
- The appointment of key individuals to oversee risk processes on behalf of the Trust, including the Corporate Governance Director, Head of Risk Management and Emergency Planning, the Risk Management Team and Divisional/Service Governance Leads, and
- A number of key forums with specific responsibilities for relevant aspects of risk, which include the Trust Board and the Sub-Board Committees.

To nurture a supportive and learning culture that is based upon six fundamental values, namely; Accessible, Responsive, Quality, Caring, Ethical and Commitment, the Risk Management Strategy Objectives have been identified:



The Trust comprises five clinical service Divisions and a number of Corporate Departments, all of which have risk registers which comprise the organisation wide risk register.

Risk assessments are pro-actively encouraged as a normal function of day to day activity, as we believe that effective Risk Management is integral to strategic planning and corporate objective setting.

All risks are recorded on a Trust-wide electronic system and are rated using a standardised methodology for quantifying risks; this assesses the consequence of the risk and the likelihood of it arising and arrives at an overall risk score.

Once identified, risks are further assessed in terms of the controls and assurances that are in place to manage them and actions are developed to manage any gaps identified. Mitigating action can reduce the consequence and likelihood

of risk; however, some residual risk may still remain that requires managing.

In line with our Risk Management Strategy 2015-18, identified risks are scored using the National Patient Safety Agency matrix and the risk register is regularly monitored at both divisional and corporate level.

The level of risk that the Trust is prepared to accept, before action is deemed necessary to reduce it, is defined in the Trust 'Risk Appetite Statements'. This represents a balance between the potential benefits of innovation and the threats that change inevitably brings. The Board has agreed and maintains the risk appetite of the Trust and reviews this in line with national and organisational change and the Orange Book: Management of Risk - Principles and Concepts (HM Treasury, 2013).

The Trust Risk Appetite Statement is;

“ The Organisation recognises that it is impossible to deliver its services and achieve its aims without managing and taking risks. It must, however, take risks in a controlled manner, thus reducing its exposure to a level deemed acceptable, from time to time, by the Board and by extension, external inspectors and relevant legislation. ”



Objective	Description	Risk Appetite
People	To have a skilled, innovative workforce who are compassionate and caring, where staff are empowered to take action and where customer service and clinical leadership is at the heart of our service.	We will actively empower and support our staff to take action and innovate only where they have the adequate skills, knowledge, competence and support.
Purpose	To transform and deliver high quality, efficient, integrated services that enable the best possible outcomes.	We will accept that on occasions, performance in our organisation may be temporarily compromised in order to deliver a sustainable service.
Partnership	Develop effective partnerships working with our stakeholders to provide integrated care and break down the barriers internally and externally to maximise the benefits of expertise in the organisation.	We will only enter into partnerships and integrated care arrangements where there are clear benefits and where the assessment of risk indicates that it is appropriate.
Promotion	Promote community services and the Trust, listen to and communicate clearly and effectively with all our stakeholders and members.	We will positively pursue strategies to meet our market growth objectives, considering the benefits of each opportunity individually and collectively, to manage situations that could endanger notably the reputation and brand of the Trust.
Price	Secure our future through effective contractual terms supported by robust costing and information systems to meet all our statutory duties and financial targets.	We will only enter into contractual arrangements that do not provide sufficient income for an individual service where we can demonstrate there is an added value to the overall sustainability of the Trust.
Place	Deliver services in the most appropriate location, supported by an efficient estate and effective informatics infrastructure.	We will only deliver services in a safe environment or where mitigating actions have been put in place to ensure no harm is caused to patients, staff and visitors, ensuring safety and compliance with law and regulation.

11.5. Strategic Risks

The top 6 risks to delivery of the Trust's Strategic Objectives recorded within the Board Assurance Framework in 2017-18 were:

1. There is a risk of the Trust not being the provider of choice for our existing portfolio of core community services due to increased competition from other health providers and potential market testing by commissioners, resulting in loss of contracted income for the Trust.
2. There is a risk that the leadership of the Trust and the delivery of our integrated delivery models may be adversely impacted as a result of the shared Chief Executive Officer (CEO) arrangements between Birmingham Community Healthcare NHS Foundation Trust (BCHC) and Black Country Partnership NHS Foundation Trust (BCP).
3. There is a risk that users of our services will receive care below the standard expected whilst the Trust continues to deliver additional financial efficiency savings over the next 5 years.
4. If we do not have the appropriate mechanisms to effectively engage with our staff and external stakeholders, the organisation will not be able to promote its core service and we will fail to be seen as a credible potential partner, provider and employer of choice.
5. If we do not have the technological infrastructure to support location-based services that have limited or no BCHC technology infrastructure, this will result in no access to patient/service records and non-delivery of the Trust's Digital Strategy.
6. If we do not build effective partnerships with suitable organisations, there is a risk that we will fail to find partners with alignment to our values and delivery outcomes and that the implementation of partnership arrangements will fail.

During 2017-18, the following risks were added in year to the Board Assurance Framework;

1. There is a risk that successful integration will be impacted by the change in leadership of BCHC.
2. There are significant risks associated with a delay to the transaction date of 1st October 2017: Unable to sustain current leadership and management arrangements which may impact on performance and result in ending Executive cover arrangements; Vacancy management in place which if continued post 1/10 would create significant staffing issue, synergies will not be delivered within the timescale specified, inability to deliver management of change process and have teams in place to enable credible operational planning 18-19, staff with uncertain future are unlikely to remain for extended period and will seek alternative employment. Risk to the Constitution of BCP due to number of governors. Uncertainty will affect staff morale.
3. There is a risk that Clinical Divisions and Corporate Support Services will be unable to achieve required transformation and redesign; cultural change; and business objectives because the demands on the same resources to deliver this is concurrent or overlapping and therefore exceeds capacity and focus. This could adversely affect delivery against strategic objectives and clinical priorities.

All Trust Board members support a proactive approach to risk management within the organisation. The Board reviews the Risk Register in full on an annual basis at the start of the financial year and subsequently reviews new risks, removed risks and all high level risks on a quarterly basis. The Board also receives an Annual Risk Management Report which provides assurance to the Board that the Risk Management Strategy is being implemented.

The Trust Board has overall responsibility for the management of risk across the organisation.

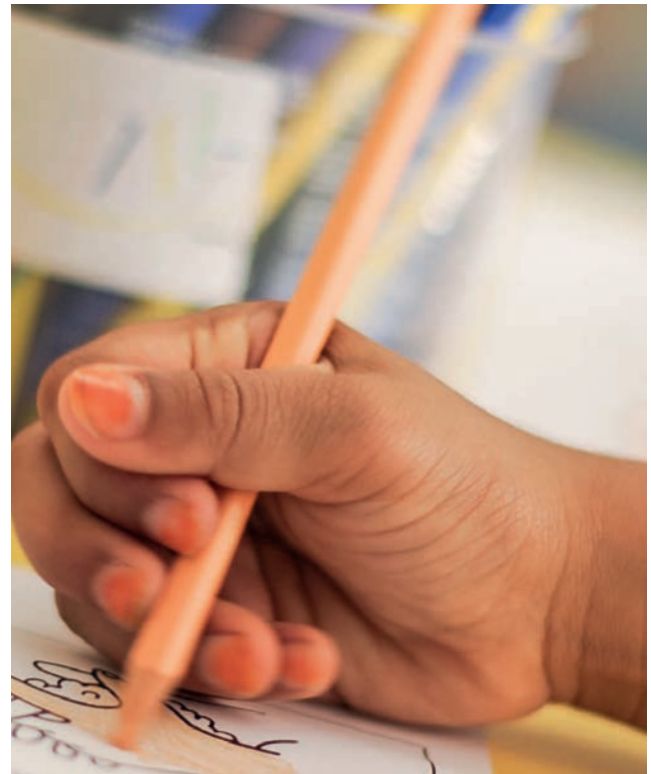
Its specific duties include:

- setting the risk appetite for the organisation;
- ensuring an effective system of internal control including risk management;
- receiving the Board Assurance Framework quarterly, and advising on mitigations and actions as appropriate;
- receiving assurance reports from all Board Sub-Committees with regard to risks, internal control and assurance.

The Board have up to date access to information on the Trust Risk Register through reporting arrangements from the sub committees described below. Information on significant risks, the magnitude of those risks, options for risk prevention or control and progress made in achieving control are agreed and approved at the Quality, Governance and Risk Committee (QGRC).

The appropriate Executive Director reviews all high level risks and recommends consideration by Quality, Governance and Risk Committee any that may impact on the Trust's Strategic Objectives. QGRC reviews these risks; recommending to the Board where appropriate, inclusion onto the Board Assurance Framework. The Trust Board is informed through quarterly reporting and monitoring of all risks on the Board Assurance Framework.

QGRC reviews performance against key indicators and provides monthly reports to the Board relating to achievements and areas of concern. QGRC is therefore able to escalate risks to the Board in a timely manner. This Committee reviews, approves and scrutinises quality indicators associated with delivery of the Cash Releasing and Efficiency Savings (CRES) programme on behalf of the Board and monitors the impact of the programme on quality and user experience. QGRC provides an annual assurance report to the Audit Committee



A number of sub-committees report to QGRC; including the Risk Management Committee which has responsibility for Health and Safety, Medical Devices Management and co-ordination of Risk Management activities at Divisional and service level across the Trust. Assurance is obtained from Divisional governance groups that manage and investigate risks and incidents locally.

The Clinical Governance Committee also reports to QGRC and undertakes detailed scrutiny of compliance with Care Quality Commission (CQC) standards. An internal programme of inspection is operated and provides assurance of on-going compliance. Birmingham Community Healthcare NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

The provision of primary health care services to the population of HMP Birmingham by Birmingham Community Healthcare NHS Foundation Trust was reviewed by the CQC in February 2017 and identified a number of areas for improvement. These have all now been rectified by the Trust and a subsequent review conducted by the CQC in February 2018 identified that primary health care services were being provided safely.

The Trust has a robust and embedded performance management and escalation process operating across all services that enables the Board to be sighted on risks and issues in a timely manner. This process is supported by a strong board committee structure that enables timely provision of data, scrutiny and challenge and escalation and assurance to the Board.

The Board of Directors reviews and approves a Corporate Governance Statement on an annual basis, as required by its license conditions, and is assured of its validity through the strong leadership, governance, performance, risk management and escalation processes that it employs and which are described in this Annual Governance Statement.

The Board has sound systems of corporate governance and internal controls in place and receives annual assurance of this from the Head of Internal Audit through the Head of Internal Audit Opinion.

The Board has due regard to guidance issued in respect of good corporate governance basing its arrangements on the Code of Good Governance and Single Oversight regime which includes the Risk Assessment Framework.

The Board has approved a committee structure comprising:

- Audit Committee
- Nomination and Remuneration Committee
- Quality, Governance and Risk Committee
- Finance and Performance Assurance Committee
- Investment Committee
- Charitable Funds Committee

and undertook an annual review of their performance in Quarter 4, 2017-18. Each committee has a clear Terms of Reference and work programme which has been approved by the Board. The Trust Board is a unitary Board and members are clear about Trust Board accountability.

There are clear lines of accountability and reporting through the committee structures. Each of the Committees provides assurance to the Board in relation to the activities defined within its Terms of Reference; this is reported to the next meeting of the Board in the form of an Interim Report to ensure that necessary issues are highlighted in a timely way. The Board has approved and keeps under review Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions and has approved the levels of delegation of powers via these documents.

Every Assurance Framework risk and Annual Plan Deliverable has an accountable manager and Executive Director identified. The Clinical Service Divisions are led by a Clinical Director and Divisional Director who are accountable to the Chief Operating Officer.



The Trust operates a Management Board at which Divisional, Clinical and Corporate Service Directors are accountable. Divisional Management Boards have been embedded with agreed Agendas in order to provide consistency of governance arrangements across the Trust. Divisional Management Board monitors and escalates accordingly at a Divisional Level. Each Division is held to account for performance through a robust confirm and challenge/programmes and performance management process.

The Board and its Committees provide scrutiny and approval of financial and performance statements and closely monitor quality performance, triangulating this with patient and staff feedback, complaints and incidents.

The Board and its Committees receive information in a timely manner, reporting on verified data relating to the previous month. There are also clear in month escalation processes in place should the need arise to escalate an issue prior to a meeting of the Board or its Committees.

The Trust's Standing Orders and Standing Financial Instructions provide deadlines for the provision of reports and papers to the Board and its Committees ensuring timely reporting. Should there be any exceptions, these are reported and reviewed by Audit Committee. The Board operates a robust and engaging process for the development of strategic and operational plans, closely monitoring delivery through committee arrangements and divisional level confirm and challenge events.



The Trust Board recognises the importance of ensuring that it is fit for purpose to lead the Trust and an on-going programme of Board Development activity is in place.

Appointment to the Executive post of Medical Director was made substantively in year following the retirement of the previous post-holder. Additionally, a Non-Executive Director post was also appointed and approved by the Council of Governors following expiry of the previous post-holders Term of Office. Succession planning and talent management is undertaken by the Nomination and Remuneration Committee.

In order to maintain the Trust Board's strong focus on quality, meetings of the Quality Governance and Risk Committee are conducted on a monthly basis. The Quality Governance and Risk Committee ensure that all aspects of quality governance are subject to scrutiny in order to provide assurance to the Trust Board. This Committee assumes a scrutiny role in the development of the Quality Account. The Trust Board has received significant assurances of the governance of these arrangements and compliance through the Internal and External Audit Work Programmes.

The Trust operates a programme of comprehensive reporting, with timely reporting of prior month data at each Board and Committee meeting. Additionally, a process of Early Warnings in respect to clinical care quality supported by a clear escalation process through Divisional and Clinical Governance Committees to Quality Governance and Risk Committee is embedded throughout the Trust.

The Board comprises a broad range of skills and experience within both the Executive and Non-Executive Teams from both public and private sector, and clinical and non-clinical organisations. The Board has two clinical Executive Directors and these are supported by other members of the Board who have clinical backgrounds.

The skills and experience of Board members cover the range of duties and responsibilities that the Board undertakes and provides for appropriate challenge and decision making.

The Trust has a strong standing within the Local Health Economy and is perceived as being a proactive leader in shaping the provision of services into the future. The Board reviews and approves a dynamic programme of development that is executed via monthly Board Seminars and occasional Away Days.

Clinical Service Divisions are jointly led by a Clinical Director and a Service Director to ensure a balanced approach to quality and safety is maintained. A succession planning process and policy have been discussed and agreed at Nomination and Remuneration Committee.

Patients, carers, members, public (and other stakeholders including staff) help to identify risks that may be impacting on them through patient feedback channels and surveys, Friends and Family Test, customer services (PALS) and complaints. The Trust actively engages and consults with communities, community groups, Healthwatch and other representative organisations for major service changes and developments and proactively encourages Members' and Governors' participation and involvement in the work of governance and other committees including Clinical Governance Committee, Patient Experience Forum, Research and Innovation Group.

In response to the Care Quality Commission (CQC) review of arrangements to promote working together in the Birmingham area, the Trust has been actively engaged in Birmingham and Solihull Service Transformation Plans; working closely with our partners to refresh plans and support the Health and Social Care system to help communities to 'Live Healthy, Live Happy' and in delivering care closer to home.

The Trust Board has completed a self-assessment and received evidence of leadership actions and compliance with NHS Improvement's ten standards relating to statutory data security and protection requirements. The Board approved submission of their declaration of compliance and has also approved an action plan to ensure on-going compliance.



The Trust has received full assurance in respect of risk management processes. However, the Trust was provided with a limited assurance report following review undertaken of cyber security arrangements. The cyber security audit undertaken gave assurance that the Trust was in the main protected by external protection processes but that vulnerabilities existed. Improvements in controls have been implemented including the implementation of a multi-layered defence strategy and comprehensive action plan.

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 that member Pension Scheme records are accurately updated in accordance with the time scales 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.

Birmingham Community Healthcare NHS Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations are completed.

11.6. Information Governance

During 2017-18 Birmingham Community Healthcare NHS Foundation Trust reported one Level 2 Information Governance incident requiring notification to the Information Commissioner in respect of records taken from a staff member's car in January 2018. The incident is undergoing comprehensive internal investigation and outcomes and improvement actions will be reported appropriately to the Information Governance Steering Group and Quality, Governance and Risk Committee.

11.7. Incident Data

During the period 1 April 2017 and 31 March 2018 a total of 7450 incidents have been reported. This figure includes 107 Serious Incidents (SIs), of which 14 were subsequently reclassified as not being SIs, leaving an overall total of 93.

Of these 93 serious incidents, 55 related to the development of pressure ulcers and 18 to in-patient fractures/severe harm. All new and on-going serious incidents and those where root cause analysis investigations have been completed and lessons learned are reported to the Quality, Governance and Risk Committee at each meeting.

Two Never Events were reported at the Birmingham Dental Hospital, which related to 'Wrong Site Surgery', where anaesthesia (block) was incorrectly administered into the wrong side of the mouth. No harm was caused in either incident.

The Trust was victim to the national Wannacry incident in May 2017. Whilst the Trust responded well to the incident and minimised disruption to services and their users, the incident showed vulnerability in the Trust's IT arrangements which are being actively addressed.

11.8. Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust's 2017-18 Financial Plan was approved by the Board of Directors in March 2017. The plan set out the requirement for a surplus of £4.8m (excluding revaluations), which was dependent upon the delivery of £6.9m in efficiency savings. The plan also included £1.6m from the Sustainability and Transformation Fund (STF) provided by NHS Improvement.

Cash Releasing Efficiency Savings (CRES) plans were developed ahead of the financial year through an established gateway process, which includes clinical scrutiny and sign-off of each scheme, and these were embedded in operational budgets from the beginning of the year.

The Trust's financial performance (including CRES delivery) is reported to the Trust Board on a monthly basis, and is reviewed in detail at the Finance and Performance Assurance Committee. Through a suite of standard reports all key financial metrics are reviewed, including those in relation to NHSI's Single Oversight Framework, and where variances from plan exist they are scrutinised and challenged appropriately.

In addition to the agreed annual CRES plan, further efficiencies are released through the year through on-going procurement work, the Trust's management of its various contracts, and the review of recruitment through the Trust's Vacancy Control Panel.

The Trust's Internal Audit Plan is refreshed each year, and in the development of the plan the consideration of economy, efficiency and effective use of resources is applied across all audit areas. Internal audit findings are reviewed by the Audit Committee, and any recommendations resulting from each audit are tracked at each meeting of the committee. The Audit Committee reports to the Trust Board following each meeting.

The effectiveness of the Audit Committee, and all other committees, is reviewed on an annual basis. This is discussed elsewhere in this report.

11.9. 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.

In accordance with the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended), Birmingham Community Healthcare NHS Foundation Trust has prepared the Quality Report for this financial year and designated the Director of Nursing and Therapies to lead the process which has been overseen by the Quality Report Editorial Group whose membership include two public Governors.

In the development of the Quality Report 2017-18, the Director of Nursing and Therapies has ensured appropriate key stakeholder consultation and engagement with the Trust's members, the Council of Governors, Birmingham Healthwatch, Birmingham Health and Social care Overview Scrutiny Committee and our Commissioners. This engagement has provided an opportunity for stakeholder comment and objective review in respect to the content of the Quality Report as well as the quality improvement goals set for the forthcoming year.

Effective stakeholder engagement facilitates a balanced view of the quality of care delivered by Birmingham Community Healthcare NHS Foundation Trust. Consultation with staff has also taken place through Board subcommittee reporting, working group structures and staff forums.

External Auditors have reviewed the content of the Quality Report 2017-18 for compliance with the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) and the NHS Improvement's published guidance 2017-18. Additionally, External Audit have undertaken a comprehensive review of the Trust's performance against nationally mandated quality indicators and a further quality indicator selected by the Council of Governors in order to assure the accuracy, validity, reliability, timeliness, relevance and completeness of the Quality Report.



11.10. 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 a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board has regularly reviewed the functioning of its Committees and of Board and committee effectiveness. Changes have been made to further improve our governance arrangements and committee Terms of Reference and planned programmes of work have been reviewed and agreed in year by the Board. The Committee structure comprises:

- Audit Committee
- Nomination and Remuneration Committee
- Quality, Governance and Risk Committee
- Finance and Performance Assurance Committee
- Investment Committee
- Charitable Funds Committee

The Trust Board has met in public on ten occasions and each meeting has been both well attended and quorate. The Committees of the Board operate to formal Terms of Reference that the Board has approved, and carry out a range of Board work at a level of detail and scrutiny that is not possible within the confines of a Trust Board meeting. Each of the Committees provides assurance to the Board in relation to the activities defined within its Terms of Reference; this is reported

to the next meeting of the Board in the form of an interim report to ensure that necessary issues are highlighted in a timely way. The Board also receives the formal minutes of the meetings of each of the Committees once approved by the Committee as a true record.

The work that has been undertaken by the Committees includes:

- scrutiny and approval of the annual financial statements and annual report, including the Trust's Quality Account;
- receiving all reports prepared by the Trust's Internal and External Auditors and tracking of the agreed management actions arising;
- monitoring the Clinical Audit Programme, serious incidents and never events and ensuring that risk is effectively and efficiently managed and that lessons are learned and shared;
- monitoring of compliance with external regulatory standards including the Care Quality Commission and the Information Governance toolkit;
- monitoring of Cash Release Efficiency Savings (CRES) and the delivery of service development;
- ensuring the adequacy of the Trust's Strategic Financial Planning;
- monitoring the implementation of the key strategies that the Board has approved; and
- relevant policy approval/ratification.



Taking account of national and local context, the strategic direction for the Trust has been reviewed by the Trust Board. Areas key to the delivery of the Trust's business strategy, managed and monitored by the Trust Board and the Committees of the Board included:

- review and maintenance of the Annual Plan and Assurance Framework
- estate rationalisation and development;
- continuation of partnership working arrangements with Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust;
- delivery against the Internal Audit programme; and,
- income, expenditure and activity

On 1st March 2018 the Trust Board agreed that the planned acquisition of Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust (the 'Transforming Care Together' partnership) would not proceed. Key factors in this decision included clinical concerns raised, the ability to meet financial requirements, increasing risks as a result of continued delays to completing the transaction and issues of strategic fit.

A new Medical Director commenced his appointment on 1 July 2017. The Trust Board recognises the importance of ensuring that it is fit for purpose to lead the Trust and an on-going programme of Board Development activity has taken place during the year through a programme of Board Seminars. This has included the statutory training that it is required during the year. All Trust Board members have also been subject to an appraisal during the year and have objectives in place. The Board also takes the opportunity to review and reflect upon its own performance and effectiveness at a dedicated session at the quarterly Trust Board Away Days.

The Audit Committee has responsibility for overseeing systems of internal control and effective governance and receives assurances from the Quality Governance and Risk Committee and Finance Performance



and Assurance Committees through formal reporting arrangements following each meeting and cross membership of the respective committees. Additionally, assurance is received by regular internal audit reports on delivery of the internal audit programme and monitoring of actions to further strengthen governance arrangements. In order to maintain the Trust Board's strong focus on quality, meetings of the Quality Governance and Risk Committee have continued to be conducted on a monthly basis during the year.

The Quality Governance and Risk Committee ensures that all aspects of quality governance are subject to scrutiny in order to provide assurance to the Trust Board to support the signing of the Board Memorandum on Quality Governance.

The Trust Board are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended in 2011 and 2012) to prepare a Quality Account for each financial year. The Quality Governance and Risk Committee assume a scrutiny role in the development of this account prior to submission to the Trust Board for approval.

The Finance and Performance Assurance Committee has provided a forum for the Trust Board to seek additional assurance in relation to all aspects of financial and general performance, including performance against nationally set and locally agreed targets, monitoring of the CRES programme, and monitoring of the Service Transformation Programme.

The Trust exercises and discharges its statutory functions through the Board and its sub-committees. The Trust Board has received significant assurances of the governance of these arrangements and compliance through the internal and external audit work programmes. Following planned annual reviews of the Board's sub-committee, the Trust has reviewed arrangements for both Quality Governance and Risk Committee and Finance and Performance Assurance Committee and will be making changes in 2018-19 to strengthen the effectiveness of these committees further. Additionally, early in 2018-19, the Trust has commissioned a 'Well Led' review of leadership and effectiveness.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of Internal Audit's work plan. The Head of Internal Audit Opinion has provided me with a significant level of assurance on the Trust's overall system of internal control. This opinion is based on an assessment of the effectiveness of the Board Assurance Framework and a number of assessments undertaken as part of the Internal Audit Plan. The Board Assurance Framework has been assessed as being of the highest standard, grade 'A', again this year.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. Additional assurance has been received from the Auditor in relation to our financial ledger and payroll systems which are provided by third parties, and the conclusion reached is one of significant assurance.

The Trust initially received moderate assurance following a review of Agency Staffing (non clinical) and subsequently, significant assurance following work completed to address areas for improvement and re-audit.


The Trust received limited assurance of its cyber security arrangements following an internal audit review and has undertaken an extensive programme of development and investment in response; including the implementation of a multi-layered defence strategy. A comprehensive action plan has also been implemented with the majority of improvements being delivered in year with the remainder on-going as part of a planned roll out of improvements. The Trust will move to the national Health and Social Care Network, replacing the current wide area network, over the coming months and this will provide significant improvements to the Trust's network security arrangements.

The receipt of this limited assurance report has not impacted the Head of Internal Audit Opinion that in overall terms, the Trust's system of internal control is robust.

11.11. Conclusion

No significant internal control issues have been identified and the Head of Internal Audit opinion provides significant assurance of the Trust's systems of internal control.

Richard Kirby, Chief Executive Officer



Date: 24th May 2018

Section 6

Auditor's Report and Certificate

Independent Auditor's Report to the Council of Governors of Birmingham Community Healthcare NHS Foundation Trust

Opinion

We have audited the financial statements of Birmingham Community Healthcare NHS Foundation Trust for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, the Statement of changes in equity and the related notes 1 to 30, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS Foundation Trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Birmingham Community Healthcare NHS Foundation Trust's affairs as at 31 March 2018 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the Department of Health Group Accounting Manual 2017/18 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

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 below. 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 FRC's Ethical Standard and the Comptroller and Auditor General's (C and AG) AGN01, 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.

Use of our report

This report is made solely to the Council of Governors of Birmingham Community Healthcare NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company'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.

Overview of our audit approach

Key audit matters	<ul style="list-style-type: none">• Risk of fraud in revenue and expenditure recognition We consider that risk of fraud in revenue and expenditure recognition is focused around year-end manual adjustments to income and/or expenditure aimed at improving the reported financial position of the Trust. Our audit approach therefore focuses on the transactions posted either side of the 31 March 2018 balance sheet date which have the effect of improving reported financial performance.
	<ul style="list-style-type: none">• Property, Plant and Equipment valuation The valuation of PPE is a critical judgement and an area of estimation uncertainty as disclosed in the Trust's accounting policies. Small changes in valuation assumptions or the valuation techniques used can have a material impact on the carrying value of assets. Our approach has considered the work of the Trust's valuers, their competence and capabilities, as well as testing the completeness and appropriateness of information provided to the valuer. Where appropriate we have involved EY valuation experts to challenge the assumptions used by the Trust's valuer.
Materiality	Overall materiality of £5.3m which represents 2 per cent of gross operating expenditure.

Key audit matters

Key audit matters are those matters that, in our professional judgment, 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 our opinion thereon, and we do not provide a separate opinion on these matters.

Risk	Our response to the risk	Key observations communicated to the Audit Committee
<p>Risk of fraud in revenue and expenditure recognition</p> <p>Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.</p> <p>In addition, as identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.</p> <p>Our judgement is that these risks manifests primarily in judgemental accruals and estimates in year-end balances which have the effect of improving reported financial performance.</p>	<p>This risk has been addressed by the following audit procedures:</p> <ul style="list-style-type: none"> • testing the completeness and valuation of expenditure accruals, to gain assurance that there have been no material amounts of expenditure omitted from the financial statements; • testing the existence and valuation of income accruals to gain assurance that income recognised is valid; • testing contract variations and provisions at the year end to gain assurance that there have been no material amounts of income which have been inappropriately recognised in the financial statements; • reviewing the output of the NHS agreement of balances exercise and investigating any differences that are significant to our audit. We will review any variances 100k or more on the income and expenditure elements; • testing expenditure cut-off through our unrecorded liabilities testing to gain assurance that there has been no material amounts of expenditure omitted from the financial statements and that expenditure has been accounted for in the correct period; • testing the existence and valuation of debtors and accrued income, including testing for subsequent receipt (to confirm recoverability of the debtor or accrued income item); • completing journal entry testing within specific parameters. 	<p>Our testing has not identified any material misstatements with respect to revenue and expenditure recognition.</p> <p>Overall our audit work did not identify any material issues or unusual transactions which indicated that there had been any misreporting of the Trust's financial position.</p>

Risk	Our response to the risk	Key observations communicated to the Audit Committee
<p>Property, Plant and Equipment Valuation</p> <p>With £120 million held on the balance sheet as at 31 March 2018, Property, Plant and Equipment (PPE) contributes to a significant proportion of the Trust's net worth. The valuation of PPE is a critical judgement and an area of estimation uncertainty as disclosed in the Trust's accounting policies. Small changes in valuation assumptions or the valuation techniques used can have a material impact on the carrying value of assets.</p> <p>The Trust's land and buildings are revalued every 5 years. On an annual basis, interim valuations are undertaken to ensure the valuations remain free from material misstatement. The Trust have engaged an independent valuer, Cushman and Wakefield, to perform a desktop valuation of the Trust's land and buildings as at 31st March 2018 to supplement the last full valuation which was undertaken by the District Valuation Service as at 1st April 2014.</p> <p>The key matters that we have focused on in performing our procedures, are:</p> <ul style="list-style-type: none"> • inputs provided to the valuer in calculating the valuations • appropriateness of indexation applied • determination of useful economic life 	<p>This risk has been addressed by the following audit procedures:</p> <ul style="list-style-type: none"> • evaluating the competence, capabilities and objectivity of the specialist valuer; • reviewing the terms of engagement /instructions issued to the valuer to ensure these are consistent with accounting standards; • engaging EY valuation specialists to review the assumptions used by Cushman and Wakefield; • performing appropriate tests over the completeness and appropriateness of information provided to the valuer; • reviewing the classification of assets and ensure the correct valuation methodology has been applied; and • ensuring the valuer's conclusions have been appropriately recorded in the accounts. 	<p>We are satisfied that the value of Property, Plant and Equipment as at 31st March 2018 is free from material misstatement.</p>

In the prior year, our auditor's report included a key audit matter in relation to the risk of management override of controls. In the current year, we have not reported this matter separately as we consider the risk to be most focused on revenue and expenditure recognition and those transactions which have the effect of improving reported financial performance. Consideration of management override risk is therefore contained within the key audit matter 'Risk of fraud in revenue and expenditure recognition'.

An overview of the scope of our audit

Tailoring the scope

Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.

Materiality

The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial statements. Materiality provides a basis for determining the nature and extent of our audit procedures.

We determined materiality for the Trust to be £5.3 million (2017: £5.3 million), which is 2 per cent (2017: 2 per cent) of gross operating expenditure. We believe that revenue expenditure provides us with a reasonable basis for determining materiality as it is the key driver of the Trust's financial position. During the course of our audit, we reassessed initial materiality and decided that no change was required.

Performance materiality

The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.

On the basis of our risk assessments, together with our assessment of the Trust's overall control environment, our judgement was that performance materiality was 75 per cent (2017: 75 per cent) of our planning materiality, namely £3.9million (2017: £3.9million). We have set performance materiality at this percentage due to our understanding of the overall control environment and the results of our audit in 2016/17.

Reporting threshold

An amount below which identified misstatements are considered as being clearly trivial.

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.25million (2017: £0.25million), which is set at 5 per cent of planning materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

Other information

The other information comprises the information included in the annual report and accounts set out on pages 3 to 113, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

We read all the financial and non-financial information in the Annual Report and Accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We have nothing to report in this regard.

Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Matters on which we report by exception

The Code of Audit Practice requires us to report to you if

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the 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 are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006;
- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and is not misleading or inconsistent with other information forthcoming from the audit; or
- we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2017/18 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit
- otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of Accounting Officer

As explained more fully in the Accountable Officer's responsibilities statement set out on page 91, the Accountable 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 Accountable 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 Accountable Officer is responsible for assessing the company'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 Council of Governors intend to cease operations, or have 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.

Auditor's responsibilities with respect to value for money arrangements

We are required to consider whether the Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risk that we consider significant within the Code of Audit Practice which defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects".

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

Certificate

We certify that we have completed the audit of the financial statements of Birmingham Community Healthcare NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).



Stephen Clark
for and on behalf of Ernst & Young LLP
Birmingham
24 May 2018

The maintenance and integrity of the Birmingham Community Healthcare NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.





Part 2

The Financial Statements to Annual Accounts 2017-18

1. Foreword to the Accounts

These accounts for the financial year ending 31st March 2018 have been prepared by Birmingham Community Healthcare NHS Foundation Trust in line with Department of Health Guidance and the 'Manual for Accounts 2017-18' and in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

2. Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board



Richard Kirby
Chief Executive Officer
Date: 24th May 2018



Peter Axon
Chief Finance Officer
Date: 24th May 2018

3. How is our Financial Performance Assessed?

The Trust agreed a control total with NHS Improvement for 2017-18, which is calculated on a different basis from the reported surplus. The Trust agreed a control total of a £4.710m surplus for 2017-18 and achieved a £4.834m surplus against this target.

4. Efficiency Savings

In 2017-18 we were also required to identify and achieve Cash Releasing Efficiency Savings (CRES) in excess of £6.9 million, and delivered £6.6m against this target.

5. Where our Money Comes From

The majority of our income comes from the provision of patient care which totals £248.6m. The remainder of £28.7m comes from other activities such as Education, Training and Research.

6. How we Spend our Money

In the financial year 2017-18 we spent £266.2m. The largest proportion of this expenditure was on the salaries and wages that we pay our staff, which totalled £181.9m.

Further details on our expenditure can be found in the Income and Expenditure section of the Financial Statements section of this report.

7. Capital Investment

In 2017-18 we invested £6.4m on purchases through the capital programme. £5.6m of this was funded from our own cash resources, and was in respect of:

- the improvement and maintenance of our buildings (£4.0m)
- investment in IT hardware and software (£1.0m)
- the replacement of clinical equipment (£0.6m).

In addition to this, we received £0.8m of cash from the Department of Health, which was also invested in IT hardware and software, including patient WiFi and cyber security.

8. International Financial Reporting Standards (IFRS)

These Accounts have been prepared in accordance with International Financial Reporting Standards.

9. Income and Expenditure Accounts

The financial statements are set out in this section of the report. It should be noted however, that these financial statements might not contain sufficient information for a full understanding of the entity's financial position and performance, and a full set of accounts can be obtained from Peter Axon, Chief Finance Officer at Trust Headquarters.

10. Financial Statements

10.1. Statement of Comprehensive Income for Year Ended 31 March 2018

		2017-2018	2016-2017
	NOTE	£000	£000s
Operating income from patient care activities	3	248,661	248,130
Other operating income	4	28,722	26,914
Operating expenses	5,7	(266,235)	(271,835)
Operating surplus (deficit) from continuing operations		11,148	3,209
Finance income	10	78	53
Finance expenses	11	(2,650)	(2,524)
PDC dividends payable		(1,815)	(1,833)
Net finance costs		(4,387)	(4,304)
Other gains/(losses)	12	354	21
Surplus/(deficit) for the year		7,115	(1,074)
Other Comprehensive Income			
Will not be reclassified to income and expenditure:			
Impairments	6	(2,178)	(5,283)
Revaluations	15	3,281	7,504
Total comprehensive income/(expense) for the period		8,218	1,147

10.2. Statement of Financial Position as at 31 March 2018

		31st March 2018	31st March 2017
	NOTE	£000s	£000s
Non-current assets			
Intangible assets	13	1,050	836
Property, plant and equipment	14	117,717	117,038
Total non-current assets		118,767	117,874
Current assets			
Inventories	16	153	167
Trade and other receivables	17	16,549	12,181
Non-current assets for sale and assets in disposal groups	18	-	535
Cash and cash equivalents	19	34,612	25,625
Total current assets		51,314	38,508
Current liabilities			
Trade and other payables	20	(35,687)	(31,808)
Borrowings	22	(907)	(993)
Provisions	24	(6,856)	(5,080)
Other liabilities	21	(576)	(591)
Total current liabilities		(44,026)	(38,472)
Total assets less current liabilities		126,055	117,910
Non-current liabilities			
Borrowings	22	(30,868)	(31,774)
Provisions	24	(198)	(236)
Total non-current liabilities		(31,066)	(32,010)
Total assets employed		94,989	85,900
Financed by			
Public dividend capital		7,179	6,308
Revaluation reserve		24,276	23,576
Income and expenditure reserve		63,534	56,016
Total taxpayers equity		94,989	85,900

The notes on page 9 to 61 forms part of these accounts

Richard Kirby
Chief Executive Officer

Signed:



Date: 24th May 2018

10.3. Statement of Changes in Equity for the Year Ended 31 March 2018

	Public Dividend capital £000s	Revaluation reserve £000	Retained earnings £000	Total £000
Taxpayer's equity at 1 April 2017 - brought forward	6,308	23,576	56,016	85,900
Surplus / (deficit) for the year	-	-	7,115	7,115
Other transfers between reserves	-	(206)	206	-
Impairments		(2,178)	-	(2,178)
Revaluations		3,281	-	3,281
Transfer to retained earnings on disposal of assets		(197)	197	-
Public dividend capital received				
Balance at 31 March 2018	7,179	24,276	63,534	94,989

Statement of Changes in Equity for the Year Ended 31 March 2017

	Public Dividend capital £000s	Revaluation reserve £000	Retained earnings £000	Total £000
At start of period for new FTs	6,308	21,735	56,710	84,753
Surplus / (deficit) for the year	-	-	(1,074)	(1,074)
Other transfers between reserves	-	(290)	290	-
Impairments		(5,283)	-	(5,283)
Revaluations		7,504	-	7,504
Transfer to retained earnings on disposal of assets		(90)	90	-
Balance at 31 March 2017	6,308	23,576	56,016	85,900

10.4. Statement of cash flows for the year ended 31 March 2018

		2017-18	2016-2017
	NOTE	£000s	£000s
Cash flows from operating activities			
Operating surplus		11,148	3,209
Non-cash income and expense:			
Depreciation and amortisation	5.1	5,962	5,750
Net impairments	6	576	5,841
(Increase) / decrease in receivables and other assets		(4,439)	(4,170)
(Increase) / decrease in inventories		14	(42)
Increase / (decrease) in payables and other liabilities		1,375	(94)
Increase / (decrease) in provisions		1,738	2,545
Other movements in operating cash flows		6	-
Net cash generated from / (used in) operating activities		16,380	13,039
Cash flows from investing activities			
Interest received		78	53
Purchase of intangible assets		(475)	(353)
Purchase of property, plant, equipment and investment property		(3,476)	(9,235)
Sales of property, plant, equipment and investment property		995	1,333
Net cash generated from / (used in) investing activities		(2,878)	8,202
Cash flows from financing activities			
Public dividend capital received		871	-
Capital element of finance lease rental payments		(106)	(99)
Capital element of PFI, LIFT and other service concession payments		(887)	(725)
Interest paid on finance lease liabilities		(73)	(73)
Interest paid on PFI, LIFT and other service concession obligations		(2,510)	(2,449)
Other interest paid		(66)	(2)
PDC dividend (paid) / refunded		(1744)	(2,349)
Net cash generated from / (used in) financing activities		(4,515)	(5,697)
Increase (decrease) in cash and cash equivalents		8,987	(860)
Cash and cash equivalents at 1 April - brought forward		25,625	-
Cash and cash equivalents at 1 April - restated		25,625	-
Cash and cash equivalents at start of period for new FTs		-	26,485
Cash and cash equivalents at 31 March	19.1	34,612	25,625

10.5. Late Payment of Commercial Debts (interest) Act 1998

The Trust incurred £1k of charges for late payment of commercial debts in 2017-18.

10.6. Fees and Charges

The Trust has complied with all applicable Treasury Guidance on setting charges for information. Costs have not exceeded £1 million.

10.7. Difference Between the Carrying Amount and Market Value Interest in Land and Buildings

The Trust owned two properties which were sold in the second quarter of 2016-17 for £1,006,105 against a market value of £535,000

10.8. Pension Liability

An indication of how pension liabilities are treated in the Accounts and a reference to the statements of the relevant pension scheme can be found in Note 8 of the Annual Accounts of the Trust.

10.9. Related Parties

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 Birmingham Community Healthcare NHS Foundation Trust other than those shown in the table below. The figures disclosed in the table below are transactions between the organisation and the related party listed in the table, rather than transactions with the individual Board members.

Details of related party transactions with individuals are as follows:

Table FS1: 2017-18 Related Party Transactions

	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
Mr. Tom Storrow - Chair				
Keele University School of Medicine	4,000	-	-	-
Professor David Sallah - Non Executive Director				
Health Education England (clinical lead)	-	17,964,128	-	257,489
Royal Orthopaedic Hospital NHS FT (Wife is non-executive director)	-	140,019	-	36,810
Wolverhampton University	6,590	-	-	-
Sukhbinder Heer - Non-Executive Director				
Walsall Healthcare NHS Trust (Non-Executive)	165,418	43,282	11,312	40,467

During the year, the following Directors were seconded into roles at Black Country Partnership NHS Foundation Trust, which is part of the Department of Health group:

- Tom Storrow
- Peter Axon
- Tracy Taylor
- Michelle Rogan
- Richard Kirby
- David Holmes

The Department of Health is regarded as a related party. During the year Birmingham Community Healthcare NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department, including:

- Birmingham and Solihull Mental Health NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- South Staffordshire and Shropshire NHS Foundation Trust
- South Warwickshire NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- NHS Birmingham Cross-City Clinical Commissioning Group
- NHS Birmingham South and Central Clinical Commissioning Group
- NHS Sandwell and West Birmingham Clinical Commissioning Group
- NHS Solihull Clinical Commissioning Group
- NHS England
- NHS Property Services Limited
- Community Health Partnerships

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Health Education England and Birmingham City Council.

The Trust hosts a charity, registered with the Charities Commission, registration number 1069427. The total value of transactions by the Trust on behalf of the charity was £54,114. This amount was due from the Charity at the year-end.

10.10. Better Payments Practice Code

The Trust is committed to following the Better Payment Practice Code in dealing with suppliers of goods and services and the table below sets out our performance in 2017-18.

Table FS2: Compliance with Better Payment Practice Code during 2017-18

Better payment practice code - measure of compliance	2017-18	
	Number	£000
Total Non-NHS trade invoices paid in the year	61,520	120,966
Total Non-NHS trade invoices paid within target	51,027	92,771
Percentage of Non-NHS trade invoices paid within target	82.9%	76.7%
Total NHS trade invoices paid in the year	1,086	18,390
Total NHS trade invoices paid within target	551	4,623
Percentage of NHS trade invoices paid within target	50.7%	41.8%

The better payment practice 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.

10.11. Prompt Payment Code

The Trust has signed up to the prompt payment code administered by the Chartered Institute of Credit Management.

10.12. External Auditors' Remuneration

Ernst and Young were the Trust's incumbent External Auditors and were re-appointed by Council of Governors for a period of one year.

Our audit cost in respect of statutory services for the year was £55,200. In addition to this fee, the total remuneration paid to Ernst and Young for 2017-18 includes £12,000 in respect of the audit of the trust's quality account and £3,000 in respect of non-audit work undertaken by them on the Trust's Charitable Fund.

10.13. Sickness Absence Data

The sickness absence data is discussed within Part 1 Section 4.2.

Table FS4: Other Exit Packages 2017-18

Other Exit packages - disclosures (Exclude Compulsory Redundancies)	Number of exit package agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	1	17
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice	-	-
Exit payments following Employment Tribunals or court orders	-	-
Non contractual payments requiring HMT approval*	-	-
Total	1	17
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	-	-

Note * this includes any non-contractual severance payment following judicial mediation and amounts relating to non-contractual payments in lieu of notice.

10.14. HM Treasury Compliance

Birmingham Community NHS Foundation Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

10.15. Details of Political Donations

Birmingham Community NHS Foundation Trust has not made any political donations.

10.16. Other Income

As required by section 43(3A) of the NHS Act 2006, an NHS foundation trust must provide information on the impact that other income it has received has had on its provision of goods and services for the purposes of the health service in England. All 'other' income received by Birmingham Community Healthcare NHS Foundation Trust during 2017-18 was in relation to services provided to NHS patients and their families.



11. Trust Accounts Consolidation (TAC) Schedules

11.1. Finance Director Certificate

11.1.1.

I certify that the attached TAC schedules have been compiled and are in accordance with:

- the financial records maintained by the NHS foundation trust
- accounting standards and policies which comply with the Department of Health Group Accounting Manual issued by the Department of Health and
- the template accounting policies for NHS foundation trusts issued by NHS Improvement, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.

11.1.2.

I certify that the TAC schedules are internally consistent and that there are no validation errors.

11.1.3.

I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Foundation Trust.

Signed

Peter Axon, Director of Finance

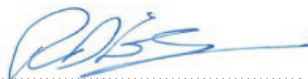


Date: 24th May 2018

Chief Executive Certificate

- I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Foundation Trust is required to submit to NHS Improvement.
- I have reviewed the schedules and agree the statements made by the Director of Finance above.

Richard Kirby, Chief Executive Officer



Date: 24th May 2018

12. Independent Auditor's Report to the Council of Governors of Birmingham Community Healthcare NHS Foundation Trust

Letter to Governors for the year ended 31st March 2018

Executive Summary

Below are the results and conclusions on the significant areas of the audit process.

Area of Work	Conclusion
Opinion on the Trust's: <ul style="list-style-type: none"> ▶ Financial statements 	Unqualified – the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2018 and of its expenditure and income for the year then ended.
<ul style="list-style-type: none"> ▶ Parts of the remuneration and staff report to be audited 	We had no matters to report.
<ul style="list-style-type: none"> ▶ Consistency of the information in the performance report and accountability report with the financial statements 	Financial information in the performance report and accountability report and published with the financial statements was consistent with the Annual Accounts.
Area of Work	Conclusion
Reports by exception: <ul style="list-style-type: none"> ▶ Consistency of Governance Statement 	The Governance Statement was consistent with our understanding of the Trust.
<ul style="list-style-type: none"> ▶ Consistency of the Annual Report within knowledge we have acquired during the course of our audit 	We had no matters to report.
<ul style="list-style-type: none"> ▶ Referrals to NHS Improvement (formerly Monitor) 	We had no matters to report.
<ul style="list-style-type: none"> ▶ Public interest report 	We had no matters to report in the public interest.
<ul style="list-style-type: none"> ▶ Value for money conclusion 	We had no matters to report.

Area of Work	Conclusion
Examining the contents of the Trust's quality report and testing of three indicators	We issued an unqualified limited assurance report
Reporting to NHS Improvement (formerly Monitor) on the Trust's consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within the £300,000 tolerance specified by the National Audit Office (NAO), to your audited financial statements
Reporting to the National Audit Office (NAO) in line with group instructions	We had no matters to report

As a result of the above we have also:

Area of Work	Conclusion
Issued a report to those charged with governance of the Trust communicating significant findings resulting from our audit.	Our Audit Results Report was discussed at the Audit Committee on 24 May 2018.
Issued a report to governors on the Quality Report	Our report to Governors on the quality report was issued on 25 May 2018 and will be received by Governors at the 5 June 2018 meeting.
Issued a certificate that we have completed the audit in accordance with the requirements of the National Health Service Act 2006 and the National Audit Office's 2015 Code of Audit Practice.	Our certificate was issued on 25 May 2018.

We would like to take this opportunity to thank the Trust staff for their assistance during the course of our work.

Stephen Clark

Partner

For and on behalf of Ernst & Young LLP

Responsibilities

Responsibilities of the Appointed Auditor

Our 2017/18 audit work has been undertaken in accordance with the Audit Plan that we issued in March 2018 and is conducted in accordance with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office and NHS Improvement (formerly Monitor).

As auditors we are responsible for:

Expressing an opinion:

- ▶ On the 2017/18 financial statements;
- ▶ On the parts of the remuneration and staff report to be audited;
- ▶ On the consistency of the information in the performance report and accountability report with the financial statements; and
- ▶ On whether the consolidation schedules are consistent, within a £300,000 tolerance, with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- ▶ If the annual governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- ▶ On the consistency of the Annual Report within knowledge we have acquired during the course of our audit
- ▶ To NHS Improvement (formerly Monitor) if we have concerns about the legality of transactions of decisions taken by the Trust; and

- ▶ Any significant matters that are in the public interest.

- ▶ Forming a conclusion on the arrangements the Trust has in place to secure economy, efficiency and effectiveness in its use of resources.

We report to the National Audit Office (NAO) on the Trust's Whole of Government Accounts return, the Foundation Trust Consolidation schedules, which support the Department of Health's account consolidation.

We also undertake an independent assurance engagement on the Trust's quality report for the year ended 31 March 2018 and certain performance indicators contained within the report. Our review is undertaken in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance and the six dimensions of data quality issued by NHS Improvement "Detailed Guidance for External Assurance on Quality Reports"

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its statement of accounts, annual report and annual governance statement. In the annual governance statement, the Trust publicly reports on the extent to which it complies with its own code of governance, including how it has monitored and evaluated the effectiveness of its governance arrangements in the year, and on any planned changes in the coming period.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Overall opinion

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BIRMINGHAM COMMUNITY HEALTHCARE NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Birmingham Community Healthcare NHS Foundation Trust for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, the Statement of changes in equity and the related notes¹ to 30, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Birmingham Community Healthcare NHS Foundation Trust's affairs as at 31 March 2018 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the Department of Health Group Accounting Manual 2017/18 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

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 below. 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 FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01, 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.

Use of our report

This report is made solely to the Council of Governors of Birmingham Community Healthcare NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company'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.

Overview of our audit approach

Key audit matters

- **Risk of fraud in revenue and expenditure recognition**

We consider that risk of fraud in revenue and expenditure recognition is focused around year-end manual adjustments to income and/or expenditure aimed at improving the reported financial position of the Trust. Our audit approach therefore focuses on the transactions posted either side of the 31 March 2018 balance sheet date which have the effect of improving reported financial performance.

- **Property, Plant and Equipment Valuation**

The valuation of PPE is a critical judgement and an area of estimation uncertainty as disclosed in the Trust's accounting policies. Small changes in valuation assumptions or the valuation techniques used can have a material impact on the carrying value of assets. Our approach has considered the work of the Trust's valuers, their competence and capabilities, as well as testing the completeness and appropriateness of information provided to the valuer. Where appropriate we have involved EY valuation experts to challenge the assumptions used by the Trust's valuer.

Materiality

- Overall materiality of £5.3m which represents 2% of gross operating expenditure.

Key audit matters

Key audit matters are those matters that, in our professional judgment, 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 our opinion thereon, and we do not provide a separate opinion on these matters.

Risk	Our response to the risk	Key observations communicated to the Audit Committee
<p>Risk of fraud in revenue and expenditure recognition</p> <p>Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.</p> <p>In addition, as identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.</p> <p>Our judgement is that these risks manifests primarily in judgemental accruals and estimates in year-end balances which have the effect of improving reported financial performance.</p>	<p>This risk has been addressed by the following audit procedures:</p> <ul style="list-style-type: none"> • Testing the completeness and valuation of expenditure accruals, to gain assurance that there have been no material amounts of expenditure omitted from the financial statements; • Testing the existence and valuation of income accruals to gain assurance that income recognised is valid; • Testing contract variations and provisions at the year-end to gain assurance that there have been no material amounts of income which have been inappropriately recognised in the financial statements; • Reviewing the output of the NHS agreement of balances exercise and investigating any differences that are significant to our audit. We will review any variances 100k or more on the income and expenditure elements; • Testing expenditure cut-off through our unrecorded liabilities testing to gain assurance that there has been no material amounts of expenditure omitted from the financial statements 	<p>Our testing has not identified any material misstatements with respect to revenue and expenditure recognition.</p> <p>Overall our audit work did not identify any material issues or unusual transactions which indicated that there had been any misreporting of the Trust's financial position.</p>

	<p>and that expenditure has been accounted for in the correct period;</p> <ul style="list-style-type: none"> • Testing the existence and valuation of debtors and accrued income, including testing for subsequent receipt (to confirm recoverability of the debtor or accrued income item); and • Completing journal entry testing within specific parameters. 	
<p>Property, Plant and Equipment Valuation</p> <p>With £120 million held on the balance sheet as at 31 March 2018, Property, Plant and Equipment (PPE) contributes to a significant proportion of the Trust's net worth.</p> <p>The valuation of PPE is a critical judgement and an area of estimation uncertainty as disclosed in the Trust's accounting policies. Small changes in valuation assumptions or the valuation techniques used can have a material impact on the carrying value of assets.</p> <p>The Trust's land and buildings are revalued every 5 years. On an annual basis, interim valuations are undertaken to ensure the valuations remain free from material misstatement.</p> <p>The Trust have engaged an independent valuer, Cushman and Wakefield, to perform a desktop valuation of the Trust's land and buildings as at 31 March 2018 to supplement the last full</p>	<p>This risk has been addressed by the following audit procedures:</p> <ul style="list-style-type: none"> • Evaluating the competence, capabilities and objectivity of the specialist valuer; • Reviewing the terms of engagement / instructions issued to the valuer to ensure these are consistent with accounting standards; • Engaging EY valuation specialists to review the assumptions used by Cushman & Wakefield; • Performing appropriate tests over the completeness and appropriateness of information provided to the valuer; • Reviewing the classification of assets and ensure the correct valuation methodology has been applied; and 	<p>We are satisfied that the value of Property, Plant and Equipment as at 31 March 2018 is free from material misstatement.</p>

<p>valuation which was undertaken by the District Valuation Service as at 1 April 2014.</p> <p>The key matters that we have focused on in performing our procedures, are:</p> <ul style="list-style-type: none"> • Inputs provided to the valuer in calculating the valuations • Appropriateness of indexation applied • Determination of useful economic life 	<ul style="list-style-type: none"> • Ensuring the valuer's conclusions have been appropriately recorded in the accounts. 	
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In the prior year, our auditor's report included a key audit matter in relation to the risk of management override of controls. In the current year, we have not reported this matter separately as we consider the risk to be most focused on revenue and expenditure recognition and those transactions which have the effect of improving reported financial performance. Consideration of management override risk is therefore contained within the key audit matter 'Risk of fraud in revenue and expenditure recognition'.

An overview of the scope of our audit

Tailoring the scope

Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.

Materiality

The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial statements. Materiality provides a basis for determining the nature and extent of our audit procedures.

We determined materiality for the Trust to be £5.3 million (2017: £5.3 million), which is 2% (2017: 2%) of gross operating expenditure. We believe that revenue expenditure provides us with a reasonable basis for determining materiality as it is the key driver of the Trust's financial position.

During the course of our audit, we reassessed initial materiality and decided that no change was required.

Performance materiality

The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.

On the basis of our risk assessments, together with our assessment of the Trust's overall control environment, our judgement was that performance materiality was 75% (2017: 75%) of our planning materiality, namely £3.9million (2017: £3.9million). We have set performance materiality at this percentage due to our understanding of the overall control environment and the results of our audit in 2016/17.

Reporting threshold

An amount below which identified misstatements are considered as being clearly trivial.

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.25million (2017: £0.25million), which is set at 5% of planning materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

Other information

The other information comprises the information included in the annual report and accounts set out on pages 3 to 113, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

We read all the financial and non-financial information in the Annual Report and Accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report. We have nothing to report in this regard.

Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and

- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Matters on which we report by exception

The Code of Audit Practice requires us to report to you if

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the 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 are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006;
- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and is not misleading or inconsistent with other information forthcoming from the audit; or
- we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2017/18 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit.
- otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of Accounting Officer

As explained more fully in the Accounting Officer's responsibilities statement set out on page 84, 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 company'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 Council of Governors intend to cease operations, or have 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.

Auditor's responsibilities with respect to value for money arrangements

We are required to consider whether the Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risk that we consider significant within the Code of Audit Practice which defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects".

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

Certificate

We certify that we have completed the audit of the financial statements of Birmingham Community Healthcare NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).

Stephen Clark
for and on behalf of Ernst & Young LLP
Birmingham
24 May 2018

The maintenance and integrity of the Birmingham Community Healthcare NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.
Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Quality Report

Responsibilities

We are required to perform an independent assurance engagement in respect of Birmingham Community Healthcare NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained within the report. Our review is undertaken in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance and the six dimensions of data quality issued by NHS Improvement "Detailed Guidance for External Assurance on Quality Reports".

As auditors we are required to:

- ▶ review the content of the Quality Report against the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18, which is combined with the quality accounts requirements in NHS Improvement's document "Detailed guidance for External Assurance on quality reports 2017/18";
- ▶ review the content of the Quality Report for consistency against the other information published by the Trust;
- ▶ undertake substantive sample testing on two mandated performance indicators and one locally selected indicator;
- ▶ provide the Trust with a Limited Assurance Report confirming that the Quality Report meets NHS Improvement's requirements and that the two mandated indicators are reasonably stated in all material respects;

- ▶ provide the Trust's Governors with a report setting out the findings of our work including the content of the quality report, mandated indicators and the locally selected indicator.

Compliance and consistency

We reviewed the Trust's quality report and found that its content was in line with NHS Improvement's requirements, and it was consistent with other information published by the Trust.

Performance indicators

We undertook testing on two mandated indicators:

- ▶ Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- ▶ Emergency re-admissions within 28 days of discharge from hospital

In both instances we found no evidence to suggest that the two mandated indicators have not been reasonably stated in all material respects.

The local indicator tested was:

- ▶ Grade 3 and 4 avoidable Pressure ulcers in Community settings
- A detailed report will be shared with the Governors at the 5 June 2018 meeting.

Appendix A Audit Fees

Our fees (excluding VAT) for 2017/18 are:

Description	Planned Fee 2017/18 £	Final Fee 2017/18 £
Total Audit Fee – Financial Statements	46,000	46,000
Audit Fee - Quality Report	10,000	10,000
Non-audit work Charitable Funds 2017/18	3,000	TBC

Our assurance review of the Charitable Funds will be performed during 2017. It is classified as non-audit work because the charity is a separate entity to the Trust.

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Annual accounts for the year ended 31 March 2018

1. Foreword to the accounts

Birmingham Community Healthcare NHS Foundation Trust

These accounts, for the year ended 31 March 2018, have been prepared by Birmingham Community Healthcare NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

Signed



Richard Kirby

Chief Executive Officer

Date: 24 May 2018

2. Statement of Comprehensive Income

		2017-18	2016-17
	Note	£000	£000
Operating income from patient care activities	3	248,661	248,130
Other operating income	4	28,722	26,914
Operating expenses	5, 7	(266,235)	(271,835)
Operating surplus/(deficit) from continuing operations		11,148	3,209
Finance income	10	78	53
Finance expenses	11	(2,650)	(2,524)
PDC dividends payable		(1,815)	(1,833)
Net finance costs		(4,387)	(4,304)
Other gains/(losses)	12	354	21
Surplus/(deficit) for the year		7,115	(1,074)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(2,178)	(5,283)
Revaluations	15	3,281	7,504
Total comprehensive income/(expense) for the period		8,218	1,147

The surplus for the year of £7,115k includes a total of £4,119k of income received under the Sustainability and Transformation Fund (STF), which is non-recurrent income. £2,499k of this STF income was awarded to the trust in April 2018 for exceeding its agreed control total; the trust was not allowed to spend this income in 2017-18 and was required to show it instead as an increased surplus for the year.

3. Statement of Financial Position

		31 March 2018	31 March 2017
	Note	£000	£000
Non-current assets			
Intangible assets	13	1,050	836
Property, plant and equipment	14	117,717	117,038
Total non-current assets		118,767	117,874
Current assets			
Inventories	16	153	167
Trade and other receivables	17	16,549	12,181
Non-current assets for sale and assets in disposal groups	18	-	535
Cash and cash equivalents	19	34,612	25,625
Total current assets		51,314	38,508
Current liabilities			
Trade and other payables	20	(35,687)	(31,808)
Borrowings	22	(907)	(993)
Provisions	24	(6,856)	(5,080)
Other liabilities	21	(576)	(591)
Total current liabilities		(44,026)	(38,472)
Total assets less current liabilities		126,055	117,910
Non-current liabilities			
Borrowings	22	(30,868)	(31,774)
Provisions	24	(198)	(236)
Total non-current liabilities		(31,066)	(32,010)
Total assets employed		94,989	85,900
Financed by			
Public dividend capital		7,179	6,308
Revaluation reserve		24,276	23,576
Income and expenditure reserve		63,534	56,016
Total taxpayers' equity		94,989	85,900

The notes on pages 9 to 61 form part of these accounts.

Signed



Richard Kirby

Chief Executive Officer

Date: 24 May 2018

4. Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	6,308	23,576	56,016	85,900
Surplus/(deficit) for the year	-	-	7,115	7,115
Other transfers between reserves	-	(206)	206	-
Impairments	-	(2,178)	-	(2,178)
Revaluations	-	3,281	-	3,281
Transfer to retained earnings on disposal of assets	-	(197)	197	-
Public dividend capital received	871	-	-	871
Taxpayers' and others' equity at 31 March 2017	7,179	24,276	63,534	94,989

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
At start of period for new FTs	6,308	21,735	56,710	84,753
Surplus/(deficit) for the year	-	-	(1,074)	(1,074)
Other transfers between reserves	-	(290)	290	-
Impairments	-	(5,283)	-	(5,283)
Revaluations	-	7,504	-	7,504
Transfer to retained earnings on disposal of assets	-	(90)	90	-
Taxpayers' and others' equity at 31 March 2017	6,308	23,576	56,016	85,900

5. Information on reserves

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 trust. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

6. Statement of Cash Flows

		2016-17	
	Note	£000	£000
Cash flows from operating activities			
Operating surplus/(deficit)		11,148	3,209
Non-cash income and expense:			
Depreciation and amortisation	5.1	5,962	5,750
Net impairments	6	576	5,841
(Increase)/decrease in receivables and other assets		(4,439)	(4,170)
(Increase)/decrease in inventories		14	(42)
Increase/(decrease) in payables and other liabilities		1,375	(94)
Increase/(decrease) in provisions		1,738	2,545
Other movements in operating cash flows		6	
Net cash generated from/(used in) operating activities		16,380	13,039
Cash flows from investing activities			
Interest received		78	53
Purchase of intangible assets		(475)	(353)
Purchase of property, plant, equipment and investment property		(3,476)	(9,235)
Sales of property, plant, equipment and investment property		995	1,333
Net cash generated from/(used in) investing activities		(2,878)	(8,202)
Cash flows from financing activities			
Public dividend capital received		871	-
Capital element of finance lease rental payments		(106)	(99)
Capital element of PFI, LIFT and other service concession payments		(887)	(725)
Interest paid on finance lease liabilities		(73)	(73)
Interest paid on PFI, LIFT and other service concession obligations		(2,510)	(2,449)
Other interest paid		(66)	(2)
PDC dividend (paid) / refunded		(1,744)	(2,349)
Net cash generated from/(used in) financing activities		(4,515)	(5,697)
Increase/(decrease) in cash and cash equivalents		8,987	(860)
Cash and cash equivalents at 1 April - brought forward		25,625	-
Cash and cash equivalents at 1 April - restated		25,625	-
Cash and cash equivalents at start of period for new FTs		-	26,485
Cash and cash equivalents at 31 March	19.1	34,612	25,625

Note 1. Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017-18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. 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 particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1.2 Going concern

Based on the performance detailed in these financial statements and the financial plan for 2018-19, the trust's forecast cash balances will be sufficient for it to continue meeting its working capital requirements for the immediate future. The management of the trust has not, nor does it intend to, apply to the Secretary of State for the dissolution of the trust.

Therefore, after making enquiries, the directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the

foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts and these accounts are prepared on that basis.

Note 1.2 Critical judgements in applying accounting policies and 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 amount 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 revisions affects both current and future periods.



The critical accounting judgements and key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are details below:

Modern equivalent asset valuation of property - key source of estimation uncertainty As detailed in note 15, the trust's independent valuer has provided the trust with a valuation of land and building assets (estimated at fair value and remaining useful life). The significant estimation being the specialised buildings, most notably the trust's new LIFT-funded dental hospital, which are valued at depreciated replacement value using a modern equivalent asset methodology. Future revaluations of the trust's property may result in further material changes to the carrying values of non-current assets.

1.2.1. Useful economic lives of property - key source of estimation uncertainty

The trust's buildings and equipment are depreciated over their remaining useful economic lives as described in accounting policy 1.6. Management assesses the useful economic life of an asset when it is brought in to use and periodically reviews these for reasonableness. Lives are based on physical lives of each class are based on similar assets as advised by an independent expert.

1.2.2. Provisions - key source of estimation uncertainty

Provisions have been made for probable legal and constructive obligations of uncertain timing or amount as at the reporting date. These are based on estimates using relevant and reliable information as is available at the time the financial statements are prepared. These provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any difference between expectations and the actual future liability will be accounted for in the period when such determination is made.

Note 1.3 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services. As in previous years, the trust's contract with its commissioners requires income relating to the Birmingham Wheelchair Service to be recognised upon acceptance of referral.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.4 Expenditure on employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy 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.

1.4.2. Pension costs NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England

and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme. Employer's pension cost contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 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.

Note 1.6 Property, plant and equipment

Note 1.6.1 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 to, the trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000.

Items forming part of the initial equipping and setting-up cost of a new building, ward or unit are capitalised irrespective of their individual or collective cost.

In addition, assets may be capitalised if, collectively, a number of assets have a cost of at least £5,000 and individually have a cost of more than £250, as long as the assets are functionally interdependent, have broadly similar purchase dates, are expected to have simultaneous disposal dates, and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Note 1.6.2 Measurement Valuation

All property, plant and equipment assets are measured initially at cost, 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 valuation. Land and buildings used for the trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any impairment. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings: Market value for existing use
- Specialised buildings: Depreciated replacement cost.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5. Properties in the course of construction for service or administrative purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought in to use. Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the statement of comprehensive income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the trust, respectively.

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'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of 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 that arises from a clear consumption of economic benefit or of 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 expenditure 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.

Note 1.6.3 Derecognition

Assets intended for disposal 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 ie:
 - 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'
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.6.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/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/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.

Note 1.6.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability.

Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

HM Treasury has determined that government bodies shall account for infrastructure LIFT schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the LIFT asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.



The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- Payment for the fair value of services received;
- Payment for the LIFT asset, including finance costs; and
- Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

LIFT asset

The LIFT assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. 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.

LIFT liability

A LIFT liability is recognised at the same time as the LIFT assets are recognised. It is measured initially at the same amount as the fair value of the LIFT assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'finance costs' within the statement of comprehensive income. The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead

treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the statement of comprehensive income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the NHS trust to the operator for use in the scheme Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS trust's statement of financial position.

A LIFT liability is recognised at the same time as the LIFT assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

As part of an overall scheme to re-provide dental health services for the population of Birmingham, the Trust entered into a contract with BaS LIFT (a Public Private Partnership) for the design, build, financing and operation of a new Dental Hospital. The Trust has entered into a 25 year contract with BaS Lift. The Trust has certain options in respect of the continued provision of the facility and services, these will be considered in the light of prevailing circumstances at that time.

Note 1.6.6 Useful economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life	Max life
	Years	Years
Land	Infinite	Infinite
Buildings, excluding dwellings	2	82
Plant and machinery	5	15
Transport equipment	7	7
Information technology	5	5
Furniture and fittings	10	10

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Capital expenditure on properties that are leased, rather than owned, by the trust, as depreciated over the remaining lease term.

Note 1.7 Intangible assets

7 Note 1.7.1 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.



Internally generated intangible assets

Expenditure on research is not capitalised, and 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, eg, 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
- the trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, eg 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, eg application software, is capitalised as an intangible asset.

Note 1.7.2 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.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations

gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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 their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.7.3 Useful economic lives of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. Purchased software is amortised over the period of the licence.

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the statement of cash flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.10 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, ie, when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

The trust's financial assets are categorised as 'loans and receivables', and its financial liabilities are classified as 'other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market, that are included in current assets.

The trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective

interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the statement of comprehensive income.



Other financial liabilities

All 'other financial liabilities' are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the statement of financial position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices, where possible, otherwise by valuation techniques.

Impairment of financial assets

At the statement of financial position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the statement of comprehensive income and the carrying amount of the asset is reduced through the use of a bad debt provision. The value of the financial asset is written down directly only once the debt is considered to be irrecoverable.

Note 1.11 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. 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.

Note 1.11.1 Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the 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 to finance costs in the statement of comprehensive income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Note 1.11.2 Operating leases

Other leases are regarded as operating leases and the 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.

Note 1.12 Provisions

The 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 the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to 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 trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 24.2 but is not recognised in the trust's accounts.

Non-clinical risk pooling

The 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.

Note 1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, 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.

Note 1.14 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 PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5 per cent) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

- (i) donated assets (including lottery funded assets),
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 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.

Note 1.16 Corporation tax

As an NHS foundation trust established under section 30 of the National Health Service Act 2006, the trust is exempted from corporation tax under sections 985 and 986 of the Corporation Tax Act 2010.

Note 1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.18 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 the trust 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.



Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017-18.

Note 1.20 Standards, amendments and interpretations in issue but not yet effective or adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

IFRS 9: Financial instruments

The trust does not hold any available for sale financial instruments, and does not undertake any hedging transactions, therefore this standard is not expected to have a significant impact on the trust in 2018-19.

IFRS 15: Revenue from contracts with customers

The trust's income is largely received from commissioners via block contracts and these contract contain a number of performance obligations relating to the provision of services or delivery of activity. These service requirements and activity levels are agreed on an annual basis, with no carry-over to future years, therefore this standard is not expected to have a material impact in 2018-19.

The trust does, however, have a contract with local CCGs for the provision of wheelchair services, under which income is currently recognised at the point of referral. The adoption of this standard in 2018-19 will delay the recognition of some of this income to the point at which the wheelchair is delivered, for example. The total value of this contract is c.£3.5m per year, however the trust currently accrues for the cost associated

with these patients, which would no longer be required under IFRS 15, therefore the impact on the trust's bottom line is not expected to be significant.

IFRS 16: Leases

IFRS 16 will remove the distinction between operating and finance leases, resulting in a material increase in both the assets and liabilities of the trust, as leases currently classified as operating leases move on to the balance sheet. The value of the outstanding commitments under operating leases is shown in note 9, although the standard provides a potential exemption for leases less than 12 months in duration, which currently includes our lease car and NHS Property Services leases.

Note 2 Operating Segments

Birmingham Community Healthcare NHS Foundation Trust provides a range of hospital, community-based, and specialist services to residents of Birmingham and the wider West Midlands. The trust operates a divisional structure, with five clinical divisions sitting alongside a corporate division, which includes estates. Expenditure incurred by each division is reported to the trust board, as the chief operating decision maker, on a monthly basis. The year-end position reported to the board is shown below.

Income from service-level agreements with commissioners, as well as capital charges, impairments and finance income and expenditure, are currently held within the corporate division.

Assets and liabilities are not reported by division.

	Adult Community	Urgent Care	Specialist	Dental	Children and Families	Corporate	Total
Income						277,383	277,383
Pay	(38,228)	(29,910)	(25,903)	(21,829)	(40,740)	(26,410)	(183,020)
Non-pay	(5,492)	(4,299)	(9,966)	(7,498)	(11,428)	(38,060)	(76,743)
Other*	-	-	-	-		(10,505)	(10,505)
Surplus/ (Deficit)	(43,720)	(34,209)	(35,869)	(29,327)	(52,168)	202,408	7,115

* Other expenditure includes capital charges, impairments, gains on disposal and net finance costs.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2017-18	2016-17
	£000	£000
Community services		
Community services income from CCGs and NHS England	207,143	207,368
Income from other sources (e.g. local authorities)	41,518	40,762
Total income from activities	248,661	248,130

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017-18	2016-17
	£000	£000
NHS England	52,920	50,006
Clinical commissioning groups	154,222	158,088
Other NHS providers	5,118	5,101
NHS other	5	212
Local authorities	35,778	34,723
Non NHS: other	618	-
Total income from activities	248,661	248,130
Of which:		
Related to continuing operations	248,661	248,130

Note 4 Other operating income

	2017-18	2016-17
	£000	£000
Research and development	838	941
Education and training	18,572	18,341
Charitable and other contributions to expenditure	605	497
Non-patient care services to other bodies	546	550
Sustainability and Transformation Fund income	4,119	2,410
Other income	4,042	4,175
Total other operating income	28,722	26,914
Of which:		
Related to continuing operations	28,722	26,914

Other income includes income from the trust's traded services, grant funding, catering and car parking.

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider licence, 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 provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2017-18	2016-17
	£000	£000
Income from services designated (or grandfathered) as commissioner requested services	89,716	95,441
Income from services not designated as commissioner requested services	158,945	152,689
Total	248,661	248,130

Note 5 Operating expenses

Note 5.1 Analysis of operating expenses

	2017-18	2016-17
	£000	£000
Staff and executive directors costs	181,752	184,709
Remuneration of non-executive directors	124	125
Supplies and services - clinical (excluding drugs costs)	19,544	9,147
Supplies and services - general	10,349	10,642
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	7,601	8,099
Consultancy costs	2,450	1,421
Establishment	6,689	5,303
Premises	10,385	19,214
Transport (including patient travel)	758	1,094
Depreciation on property, plant and equipment	5,751	5,683
Amortisation on intangible assets	211	67
Net impairments	576	5,841
Increase/(decrease) in provision for impairment of receivables	182	28
Increase/(decrease) in other provisions	1,086	-
Audit fees payable to the external auditor		
audit services- statutory audit	55	55
other auditor remuneration (external auditor only)	12	12
Internal audit costs	103	97
Clinical negligence	840	642
Legal fees	341	841
Insurance	106	81
Research and development	603	324
Education and training	2,531	1,489
Rentals under operating leases	10,028	9,728
Redundancy	1,227	4,550
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	719	882
Losses, ex gratia and special payments	-	13
Other services, eg external payroll	254	285
Other	1,958	1,463
Total	266,235	271,835
Of which:		
Related to continuing operations	266,235	271,835

Note 5.2 Other auditor remuneration

	2017-18	2016-17 (Restated)
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	12	12
Total	12	12

Note 5.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2016-17: £2m).

Note 6 Impairment of assets

	2017-18	2016-17 (Restated)
	£000	£000
Net impairments charged to operating surplus/deficit resulting from:		
Changes in market price	576	5,841
Total net impairments charged to operating surplus/deficit	576	5,841
Impairments charged to the revaluation reserve	2,178	5,283
Total net impairments	2,754	11,124



Note 7 Employee benefits

	2017-18	2016-17 total
	£000	£000
Salaries and wages	143,105	141,535
Social security costs	14,118	13,201
Apprenticeship levy	683	-
Employer's contributions to NHS pensions	16,798	17,167
Temporary staff (including agency)	8,517	12,857
Total gross staff costs	183,221	184,760
Recoveries in respect of seconded staff	(324)	-
Total staff costs	182,897	184,760
Of which		
Costs capitalised as part of assets	-	51

Note 7.1 Retirements due to ill-health

During 2017-18 there were 4 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31st March 2017). The estimated additional pension liabilities of these ill-health retirements is £301k (£134k in 2016-17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8 Pension costs

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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

Note 9 Operating leases

Birmingham Community Healthcare NHS Foundation Trust as a lessee.

This note discloses costs and commitments incurred in operating lease arrangements where Birmingham Community Healthcare NHS Foundation Trust is the lessee.

The trust's operating leases relate to the rental of space in buildings owned by third parties in order to provide healthcare in community settings and administration bases for staff. The trust also has operating leases relating to vehicles used by staff in the course of their duties.

	2017-18 total	2016-17 total
	£000	£000
Operating lease expense		
Minimum lease payments	10,028	9,728
Total	10,028	9,728
	31 March 2018	31 March 2017
	£000	£000
Future minimum lease payments due:		
• not later than one year	7,344	2,454
• later than one year and not later than five years	5,852	6,031
• later than five years	6,507	6,337
Total	19,703	14,822

The future minimum lease payments above relate to buildings, with the exception of the lease agreements for the trust's lease car fleet. Minimum lease payments due for lease cars are £739k (within one year) and £713k (between one and five years).

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2017-18 total	2016-17 total
	£000	£000
Interest on bank accounts	78	53
Total	78	53

Note 11 Finance expenditure

Note 11.1 Analysis of finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2017-18 total	2016-17 total
	£000	£000
Interest expense:		
Overdrafts	66	-
Finance leases	73	73
Interest on late payment of commercial debt	1	2
Main finance costs on PFI and LIFT schemes obligations	2,182	2,235
Contingent finance costs on PFI and LIFT scheme obligations	328	214
Total interest expense	2,650	2,524

Note 11.2 The late payment of commercial debts (interest) Act 1998/Public Contract Regulations 2015

	2017-18 total	2016-17 total
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	1	2
Total	1	2

Note 12 Other gains/(losses)

	2017-18 total	2016-17 total
	£000	£000
Gains on disposal of assets	632	32
Losses on disposal of assets	(278)	(11)
Total gains / (losses) on disposal of assets	354	21

Note 13 Intangible assets

Note 13.1 Intangible assets - 2017-18

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	700	525	1,225
Additions	416	9	425
Gross cost at 31 March 2018	1,116	534	1,650
Amortisation at 1 April 2017 - brought forward	389	-	389
Provided during the year	106	105	211
Amortisation at 31 March 2018	495	105	600
Net book value at 31 March 2018	621	429	1,050
Net book value at 1 April 2017	311	525	836

Note 13.1 Intangible assets - 2016-17

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at start of period for new FTs	558	-	558
Additions	148	255	403
Reclassifications	-	270	270
Disposals / derecognition	(6)	-	(6)
Valuation / gross cost at 31 March 2017	700	525	1,225
Amortisation at start of period for new FTs	322	-	322
Provided during the year	67	-	67
Amortisation at 31 March 2017	389	-	389
Net book value at 31 March 2017	311	525	836
Net book value at 1 April 2016	236	-	236

Note 14 Property, plant and equipment

Note 14.1 Property, plant and equipment - 2017-18

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	23,989	80,357	528	8,962	169	13,566	455	128,026
Additions	-	3,863	4	653	33	1,462	-	6,015
Impairments	-	(4,864)	-	-	-	-	-	(4,864)
Reversals of impairments	267	2,419	-	-	-	-	-	2,686
Revaluations	465	(227)	-	-	-	-	-	238
Reclassifications	-	-	(512)	-	157	512	-	157
Disposals/ derecognition	-	(425)	-	(64)	(168)	-	-	(657)
Valuation/gross cost at 31 March 2018	24,721	81,123	20	9,551	191	15,540	455	131,601
Accumulated depreciation at 1 April 2017 - brought forward	-	795	-	3,559	102	6,361	171	10,988
Provided during the year	-	2,576	-	710	16	2,403	46	5,751
Impairments	24	3,940	-	-	-	-	-	3,964
Reversals of impairments	(81)	(3,307)	-	-	-	-	-	(3,388)
Revaluations	57	(3,100)	-	-	-	-	-	(3,043)
Reclassifications	-	-	-	-	157	-	-	157
Disposals / derecognition	-	(361)	-	(16)	(168)	-	-	(545)
Accumulated depreciation at 31 March 2018	-	543	-	4,253	107	8,764	217	13,884
Net book value at 31 March 2018	24,721	80,580	20	5,298	84	6,776	238	117,717
Net book value at 1 April 2017	23,989	79,562	528	5,403	67	7,205	284	117,038

Note 14.2 Property, plant and equipment - 2016-17

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at start of period as FT	27,097	78,852	1,299	7,991	169	11,762	455	127,625
Additions	-	4,443	528	551	-	2,224	-	7,746
Impairments	(1,398)	(5,020)	-	-	-	-	-	(6,418)
Reversals of impairments	10	2,456	-	-	-	-	-	2,466
Revaluations	(1,362)	(568)	-	-	-	-	-	(1,930)
Reclassifications	-	1,029	(1,299)	420	-	(420)	-	(270)
Transfers to/from assets held for sale	(358)	(835)	-	-	-	-	-	(1,193)
Valuation/gross cost at 31 March 2017	23,989	80,357	528	8,962	169	13,566	455	128,026
Depreciation at start of period as FT	-	514	-	2,646	86	4,243	123	7,612
Provided during the year	-	2,588	-	913	16	2,118	48	5,683
Impairments	1,552	6,339	-	-	-	-	-	7,891
Reversals of impairments	-	(719)	-	-	-	-	-	(719)
Revaluations	(1,552)	(7,882)	-	-	-	-	-	(9,434)
Transfers to/from assets held for sale	-	(45)	-	-	-	-	-	(45)
Accumulated depreciation at 31 March 2017	-	795	-	3,559	102	6,361	171	10,988
Net book value at 31 March 2017	-	79,562	-	5,403	67	7,205	284	117,038
Net book value at 1 April 2016	-	-	-	-	-	-	-	-

Note 14.3 Property, plant and equipment financing - 2017-18

Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
£000	£000	£000		£000	£000	£000	£000	£000
Net book value at 31 March 2018								
Owned -purchased	23,754	49,392	-	5,298	84	6,776	238	85,562
Finance leased	-	477	-	-	-	-	-	477
On-SoFP PFI contracts and other service concession arrangements	967	30,711	-	-	-	-	-	31,678
NBV total at 31 March 2018	24,721	80,580	-	5,298	84	6,776	238	117,717

Note 14.3 Property, plant and equipment financing - 2016-17

Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
£000	£000	£000		£000	£000	£000	£000	£000
Net book value at 31 March 2017								
Owned -purchased	23,989	48,790	-	5,403	67	7,205	284	86,266
Finance leased	-	556	-	-	-	-	-	556
On-SoFP PFI contracts and other service concession arrangements	-	30,216	-	-	-	-	-	30,216
NBV total at 31 March 2017	23,989	79,562	-	5,403	67	7,205	284	117,038

Note 15 Revaluations of property, plant and equipment

Land and buildings are restated at current cost using professional valuations at five-yearly intervals in accordance with IAS 16. Between five-yearly valuations, interim valuations are undertaken on an annual basis to ensure the accounts reflect the fair value of land and buildings. A desktop valuation of the trust's land and buildings was undertaken by DTZ Debenham Tie Leung Limited (trading as Cushman and Wakefield), an independent valuer, as at 31 March 2018 to supplement the full valuation undertaken by the District Valuation Service of the Inland Revenue as at 1 April 2014.

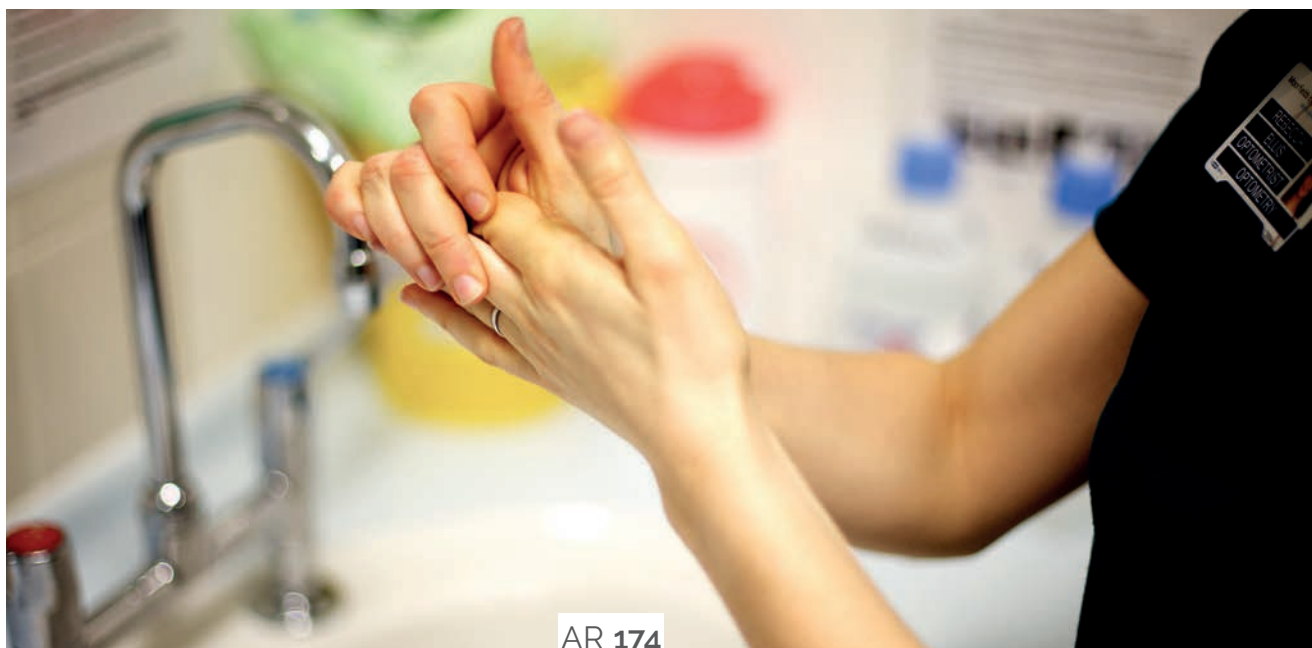
The valuations were carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation - Professional Standards (the "Red Book") insofar as these terms are consistent with the agreed requirements of the Department of Health and HM Treasury.

The Existing Use Value of the trust's properties has been primarily derived using the depreciated replacement cost (DRC) approach, because the specialised nature of the assets means that there are no market transactions of this type of asset, except as part of a business or entity.

The DRC approach assumes that the asset would be replaced with a modern equivalent, not a building of identical design, with the same service potential as the existing asset. The modern equivalent may well be smaller than the existing asset, for example due to technological advances in plant and machinery.

The valuation of the trust's 23 year interest in the dental hospital as at 31 March 2018 has been derived using a DRC approach because the specialist nature of the asset means that there are rarely market transactions of dental hospitals, other than as part of a business or operating entity. The value of the reversionary interest on termination has been deducted from this valuation. With respect to the land, the notional rent payable by the trust, based on the value of the freehold interest and calculated in line with the public sector cost of borrowing rate of 3.5 per cent. Over the 23 year period of the trust's interest in the property, the annual rental has been discounted at a rate of 5 per cent to reflect the net present value, which represents the existing use value.

To provide a desktop update existing use valuation as at 31 March 2018, the valuer has indexed the 31 March 2017 values using the BCIS "All in" Tender Price Index. Additionally, they have adjusted the remaining useful life to reflect the reduced term of the Trust's interest in the property.



Note 16 Inventories

	31 March 2018	1 April 2017
	£000	£000
Drugs	94	102
Consumables	59	65
Total inventories	153	167

Inventories recognised in expenses for the year were £167k (2016-17: £125k).

Note 17 Trade receivables and other receivables

	31 March 2018	31 March 2017
	£000	£000
Current		
Trade receivables	8,486	6,225
Accrued income	5,736	1,636
Provision for impaired receivables	(298)	(164)
Prepayments (non-PFI)	1,695	1,717
PDC dividend receivable	299	370
VAT receivable	420	1,085
Other receivables	211	1,312
Total current trade and other receivables	16,549	12,181
Of which receivables from NHS and DHSC group bodies:		
Current	12,241	8,043

The trust had no non-current receivables at 31 March 2018.

Note 17.2 Trade receivables and other receivables

	2017-18	2016-17
	£000	£000
At 1 April as previously stated	164	-
At start of period for new FTs	-	136
Increase in provision	182	28
Amounts utilised	(48)	-
At 31 March	298	164

Receivables impaired relate to non-NHS customers. The provision for non-NHS receivables is based on the amount of time they have been outstanding. Receivables between 0 and 90 days are considered to be current and have no corresponding provision. A provision is then applied to receivables outstanding for between 91 and 120 day (25 per cent), 121 and 150 days (50 per cent), 151 and 180 days (75 per cent) and over 180 days (100 per cent). No provision is usually made where a repayment plan has been agreed with the debtor unless we have evidence that the payment plan is not being adhered to.

Note 17.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
	Trade and other receivables	Investments and Other financial assets	Trade and other receivables	Investments and Other financial assets
Ageing of impaired financial assets	£000	£000	£000	£000
0 - 30 days	-	-	-	-
30-60 days	-	-	-	-
60-90 days	-	-	-	-
90- 180 days	118	-	17	-
Over 180 days	322	-	159	-
Total	440	-	176	-

Ageing of non-impaired financial assets past their due date				
0 - 30 days	5,965	-	4,909	-
30-60 days	980	-	1,177	-
60-90 days	422	-	208	-
90- 180 days	386	-	614	-
Over 180 days	293	-	294	-
Total	8,046	-	7,202	-

Note 18 Non-current assets held for sale and assets in disposal groups

	2017-18	2016-17
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	535	-
At start of period for new FTs	-	-
Assets classified as available for sale in the year	-	1,148
Assets sold in year	(535)	(613)
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	535

Note 19 Cash and cash equivalents

Note 19.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017-18	2016-17
	£000	£000
At 1 April	25,625	-
At start of period for new FTs	-	26,485
Net change in year	8,987	(860)
At 31 March	34,612	25,625
Broken down into:		
Cash at commercial banks and in hand	9	21
Cash with the Government Banking Service	34,603	25,604
Total cash and cash equivalents as in SoFP	34,612	25,625
Total cash and cash equivalents as in SoCF	34,612	25,625

Note 19.2 Third party assets held by the trust

The trust held cash and cash equivalents which relate to monies held by the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2018	31 March 2017
	£000	£000
Bank balances	12	13
Total third party assets	12	13

Note 20 Trade and other payables

	31 March 2018	31 March 2017
	£000	£000
Current		
Trade payables	16,591	3,265
Capital payables	3,228	739
Accruals	9,633	22,121
Social security costs	2,179	1,819
Other taxes payable	1,412	1,381
Other payables	2,644	2,483
Total current trade and other payables	35,687	31,808
Of which payables from NHS and DHSC group bodies:		
Current	6,025	5,471





Note 21 Other liabilities

	31 March 2018	1 April 2017
	£000	£000
Current		
Deferred income	576	591
Total other current liabilities	576	591

Note 22 Borrowings

	31 March 2018	31 March 2017
	£000	£000
Current		
Obligations under finance leases	114	106
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	793	887
Total current borrowings	907	993
Non-current		
Obligations under finance leases	705	819
Obligations under PFI, LIFT or other service concession contracts	30,163	30,955
Total non-current borrowings	30,868	31,774

Note 23 Finance leases

Birmingham Community Healthcare NHS Foundation Trust as a lessee

Obligations under finance leases where Birmingham Community Healthcare NHS Foundation Trust is the lessee. The Trust has not entered in to any finance leases where it is the lessor.

	31 March 2017	31 March 2018
	£000	£000
Gross lease liabilities	1,035	1,208
of which liabilities are due:		
not later than one year	173	173
later than one year and not later than five years	690	690
later than five years	173	345
Finance charges allocated to future periods	(216)	(283)
Net lease liabilities	819	925
of which payable:		
not later than one year	114	106
later than one year and not later than five years	544	508
later than five years	161	311

The lease liabilities disclosed above relate to buildings.

Note 24 Provisions for liabilities and charges analysis

	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000
At 1 April 2017	205	3,852	1,259	5,316
Arising during the year	56	2,684	1,336	4,076
Utilised during the year	(18)	(248)	(309)	(575)
Reversed unused	(48)	(1,456)	(259)	(1,763)
At 31 March 2018	195	4,832	2,027	7,054
Expected timing of cash flows:				
not later than one year	195	4,832	1,829	6,856
later than one year and not later than five years	-	-	198	198
later than five years	-	-	-	-
Total	195	4,832	2,027	7,054

Legal claims relate to the public liability and injury benefit claims as informed by the NHS Litigation Authority (£91k), as well as an employment tribunal (£56k) and a potential fine following an inspection by the Health and Safety Executive (£48k). The values provided for are based on current legal advice, although there remains uncertainty over the value of the settlement in each case.

The redundancy provisions relate to the trust's ongoing programme of service transformation. While all affected staff have been consulted before the 31 March 2018, the exact timing of the potential redundancies remains uncertain.

Other provisions include potential claims for dilapidations on the exit of leases (£825k) and a potential VAT payment due to HMRC (£675k), for which the timing of the payment is certain. Other provisions also include provisions for pay protection costs based on restructuring during previous years, and back pay costs (£529k), for which the amount eventually payable depends on the staff in post at the time of the payment.

Note 24.2 Clinical negligence liabilities

At 31 March 2018, £1,025k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Birmingham Community Healthcare NHS Foundation Trust (31st March 2017: £869k).

Note 25 Contingent assets and liabilities

	31 March 2018	31 March 2017
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(65)	(49)
Gross value of contingent liabilities	(65)	(49)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(65)	(49)

The outcomes of legal claims managed by NHS Resolution are, by their nature, uncertain and NHS Resolution advise of an amount that should be recognised by the trust as a contingent liability pending more certainty over the outcome of the claims.

Note 26 Contractual capital commitments

	31 March 2018	31 March 2017
	£000	£000
Property, plant and equipment	301	0
Intangible assets	-	-
Total	301	0

Note 27 On-SoFP PFI, LIFT or other service concession arrangements

The trust opened its new dental hospital in April 2016, which had a capital value of £32.4 million. The contract started on 5 February 2016 and is due to end on 3 July 2040, and results in a unitary payment that is indexed each year in line with RPI inflation.

Under IFRIC 12 the assets of the scheme are treated as assets of the trust as the substance of the scheme is that the trust has a finance lease and payments comprise two elements - imputed finance lease charges and service charges

Note 27.1 Imputed finance lease obligations

Birmingham Community Healthcare NHS Foundation Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	31 March 2018	31 March 2017
	£000	£000
Gross PFI, LIFT or other service concession liabilities	61,030	64,096
Of which liabilities are due		
not later than one year;	2,917	3,068
later than one year and not later than five years	11,323	11,351
later than five years	46,790	49,677
Finance charges allocated to future periods	(30,074)	(32,254)
Net PFI, LIFT or other service concession arrangement obligation	30,956	31,842
not later than one year	793	887
later than one year and not later than five years	3,380	3,185
later than five years	26,783	27,770

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2018	31 March 2017
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	134,044	135,886
Of which liabilities are due:		
not later than one year;	4,575	4,379
later than one year and not later than five years	19,472	18,638
later than five years	109,997	112,869

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the trust's payments in 2017-18:

	2017-18	2016-17
	£000	£000
Unitary payment payable to service concession operator	4,414	4,272
Consisting of:		
- Interest charge	2,182	2,235
- Repayment of finance lease liability	886	725
- Service element and other charges to operating expenditure	719	882
- Capital lifecycle maintenance	299	216
- Revenue lifecycle maintenance	-	-
- Contingent rent	328	214
- Addition to lifecycle prepayment	-	-
Total amount paid to service concession operator	4,414	4,272

Note 28 Financial instruments

Note 28.1 Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the trust has with commissioners and the way those commissioners 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. Financial assets and liabilities are generated by day-to-day operational activities, rather than being held to change the risks facing the trust in undertaking its activities.

The trust's treasury management operations are carried out by the finance department, within the parameters defined formally within the trust's standing financial instructions and treasury management policy. The trust's treasury activity is also subject to review by the trust's internal auditors. There are no significant changes in either the trust's exposure to risk or its policies and procedures for managing that risk since the previous period.

Currency risk:

The trust is principally a domestic organisation with transactions, assets and liabilities ordinarily being in the UK and sterling based. The trust has no overseas operations and therefore has low exposure to currency rate fluctuations.

Interest rate risk:

The trust's borrowings are in the form of a fixed-interest LIFT agreement and finance lease, although repayments on the former are indexed in line with RPI. The trust therefore has low exposure to interest rate fluctuations.

Credit risk:

Because the majority of the trust's revenue comes from contracts with other public sector bodies, the trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk:

The majority of the trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The trust funded its capital expenditure in 2017-18 from depreciation. The trust is not, therefore, exposed to significant liquidity risks.

Note 28.2 Carrying values of financial assets

	Loans and receivables
	£000
Assets as per SoFP as at 31 March 2018	
Trade and other receivables excluding non financial assets	11,636
Cash and cash equivalents at bank and in hand	34,612
Total at 31 March 2018	46,248

	Loans and receivables (Restated)
	£000
Assets as per SoFP as at 31 March 2017	
Trade and other receivables excluding non financial assets	9,009
Cash and cash equivalents at bank and in hand	25,625
Total at 31 March 2017	34,634

Note 28.3. Carrying value of financial liabilities

	Other financial liabilities
	£000
Liabilities as per SoFP as at 31 March 2018	
Obligations under finance leases	819
Obligations under PFI, LIFT and other service concession contracts	30,956
Trade and other payables excluding non financial liabilities	32,096
Total at 31 March 2018	63,871

	Other financial liabilities
	£000
Liabilities as per SoFP as at 31 March 2017	
Obligations under finance leases	925
Obligations under PFI, LIFT and other service concession contracts	31,842
Trade and other payables excluding non financial liabilities	31,808
Total at 31 March 2017	64,575

Note 28.4. Maturity of financial liabilities

	31st March 2018	31st March 2017
	£000	£000
In one year or less	33,003	32,802
In more than one year but not more than two years	870	907
In more than two years but not more than five years	3,054	2,785
In more than five years	26,944	28,081
Total	63,871	64,575

Note 29 Losses and special payments

	2017-2018		2016-2017	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	1	10	1
Bad debts and claims abandoned	8	8	26	11
Stores losses and damage to property	-	-	2	349
Total losses	9	9	38	361
Special payments				
Extra-contractual payments	1	150	-	-
Ex-gratia payments	21	37	19	59
Total special payments	22	187	19	59
Total losses and special payments	31	196	57	420
Compensation payments received				

	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
Directors	£	£	£	£
Mr. Tom Storrow Chair Keele University School of Medicine (Associate)	4000	0	0	0
Professor David Sallah Non-Executive Health Education England (Clinical lead)	0	17,964,128	0	257,489
Royal Orthopaedic Hospital NHS Foundation Trust (Wife is non-executive)	0	140,019	0	36,810
University of Wolverhampton (Emeritus Professor)	6,590	0	0	0
Sukhbinder Heer Non-Executive Walsall Healthcare NHS Trust (Non-Executive)	165,418	43,282	11,312	40,467

During the year, the following directors were seconded in to roles at Black Country Partnership NHS Foundation Trust, which is part of the Department of Health group:

Tom Storrow

Tracy Taylor

Richard Kirby

Peter Axon

Michelle Rogan

David Holmes

The Department of Health is regarded as a related party. During the year, Birmingham Community Healthcare NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department. These organisations include:

Birmingham and Solihull Mental Health NHS Foundation Trust

The Royal Wolverhampton NHS Trust

South Staffordshire and Shropshire NHS Foundation Trust

South Warwickshire NHS Foundation Trust

University Hospitals Birmingham NHS Foundation Trust

NHS Birmingham Cross-City CCG

NHS Birmingham South and Central CCG


NHS Sandwell and West Birmingham CCG

NHS Solihull CCG

NHS England

NHS Property Services Limited

Community Health Partnerships



In addition, the trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Health Education England and Birmingham City Council

The trust hosts a charity, registered with the Charities Commission, registration number 1069427. The total value of transactions by the trust on behalf of the charity was £54,114. This amount was due from the charity at the year-end.



Part 3

Quality Report

i

The Care Quality Commission (CQC) inspection teams use a standard set of Key Lines Of Enquiry that directly relate to the five key questions. These are called the 'five domains' and each service inspected in the Trust will be judged against each of these:

Is the organisation safe?

This means that people are protected from abuse and avoidable harm.

Is the organisation effective?

This means that people's care and treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

Is the organisation caring?

This means that the service involves and treats people with compassion, kindness, dignity and respect.

Is the organisation responsive?

This means that services meet people's needs.

Is the organisation well-led?

This means that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation and promotes an open and fair culture

The Quality & Standards Assurance Team has reordered the domains to spell **CREWS** to help staff remember them.

Throughout the remaining sections, we use **CREWS** to demonstrate how we **C**aring, **R**esponsive, **E**ffective, **W**ell-led or **S**afe.

For example, the acronym below highlights Responsiveness and Well-led domain:

cR EWs

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Section 1

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Statement of quality from the Chief Executive

As the new Chief executive of Birmingham Community Healthcare NHS Foundation Trust it gives me great pleasure to share with you some of the improvements that have been made over the past year in our latest Quality Report. I am very proud of the achievements of my colleagues in providing high quality, safe and effective care to hundreds of thousands of patients. This will include the use of "Ward Huddles" to improve the safety of vulnerable patients, the opening of a renovated Learning Disability clinic at the Jaffray Centre and the introduction of the Step Right Buddy to aid patients using a walking frame.

We also know however that we have more work to do to deliver our ambition to provide outstanding, integrated care. In particular we have had two Never Events at the Dental Hospital and the number of falls resulting in harm continues to occur at a level which causes concern. We have learnt from these incidents and as with pressure ulcers previously will work to reduce the numbers of such incidents in future.

Colleagues within the Trust are a vital element to the delivery of our services. It is especially important that we listen to their voice and understand what should change to bring about improvement. We are pleased that more staff than ever responded to the Staff Survey; 73% recommend us for treatment which is equal to the average of other trusts. 59% recommend us as place to work which is a positive increase of 4% on last year. The survey also suggested that we should improve our approach to diversity and equality. In response and considering the Race Equality Standards (RES) and Workplace Disability Equality Standards (WDES) we are undertaking an external equality review to ensure we continue to improve.

As a Trust we have engaged with 'Learning from Deaths' and undertake reviews of deaths occurring on our inpatient units to determine whether things could have been done differently. We are investigating deaths occurring in community services and are also actively involved in the Learning Disabilities Mortality Review programme (LeDeR) which looks at deaths occurring in patients with

Learning Disabilities. This isn't because we feel that a problem exists, but because we want to ensure that care at end of life is as good as possible and that our care and the experience of the dying patient and their family is as good as possible.

Our Quality Priorities have evolved and progressed over the last four years and will continue to do so. Continued sustainable improvement is what we are trying to achieve, building on the excellent foundations which exist. This year we have ensured that feedback from clinicians has been incorporated into those priorities and we will ensure that clinical engagement and leadership continues to prioritise our quality agenda. The priorities chosen aim to improve the recording and sharing of patient information to make the services as safe and effective as possible, delivered by competent and dedicated staff, giving patients a positive experience while in our care.

This report is available on the Birmingham Community Healthcare NHS Foundation Trust website: www.bhamcommunity.nhs.uk. An 'easy read' version of this Quality Report has been made available through the same website. It is our intention that this document is as informative as possible, and we welcome receiving your feedback, which will assist us in improving the content and format of future Quality Reports.

On behalf of the Trust Board, I can confirm that, to the best of my knowledge and belief, the information contained in the Quality Report is accurate and represents our performance in 2017-18 and our commitment to quality improvement.



Richard Kirby
Chief Executive
Birmingham
Community
Healthcare NHS
Foundation Trust

About our services



BCHC NHS Foundation Trust provides high quality accessible and responsive community and specialist NHS services across Birmingham and the West Midlands and during the last full financial year BCHC employed an average of over 4,190 whole time equivalents (WTE) staff. This breaks down into just over 3,900 WTE permanently employed staff with other categories making up a further 270.

BCHC is committed to delivering better care to help create healthier communities. Across 130 different clinical services and dedicated support functions, staff are working to help improve the lives of people across Birmingham and the West Midlands.

Accessible

We will provide a range of services that reach out into the community and meet individual need where everyone counts; celebrating diversity and valuing difference.

We will deliver our services with respect, compassion and understanding where people are valued and we will act in their best interest.

Caring

Ethical

Promoting a culture of dignity and respect, we will make morally sound, fair and honest decisions and be openly accountable. We will commit to investing wisely whilst being socially and environmentally responsible.

We will listen and work with our service users and partners to meet needs and improve health and wellbeing. We will encourage innovation and excellence, celebrating success and learn from experiences.

Responsive

Quality

We will provide safe, effective personalised care to the highest standard, providing information to support service users and their carers to make informed choices.

Through our actions and commitment, we will strive to make a positive difference to people's lives. We will value our staff, their commitment and the contributions they make.

Commitment

Executive Directors declaration

We can confirm that to the best of our knowledge and belief the information contained in this Quality Report is accurate and represents our performance in 2017-18 and our commitment to quality improvement.



Peter Axon
Chief Finance Officer/
Deputy Chief executive



Andrew Dayani
Medical Director



David Holmes
Director of Human
Resources



Gareth Howells
Director of Nursing
and Therapies



Richard Kirby
Chief Executive Officer



Michelle Rogan
Director of Corporate
Governance (left March 18)



Lorraine Thomas
Director of Strategy
and Transformation

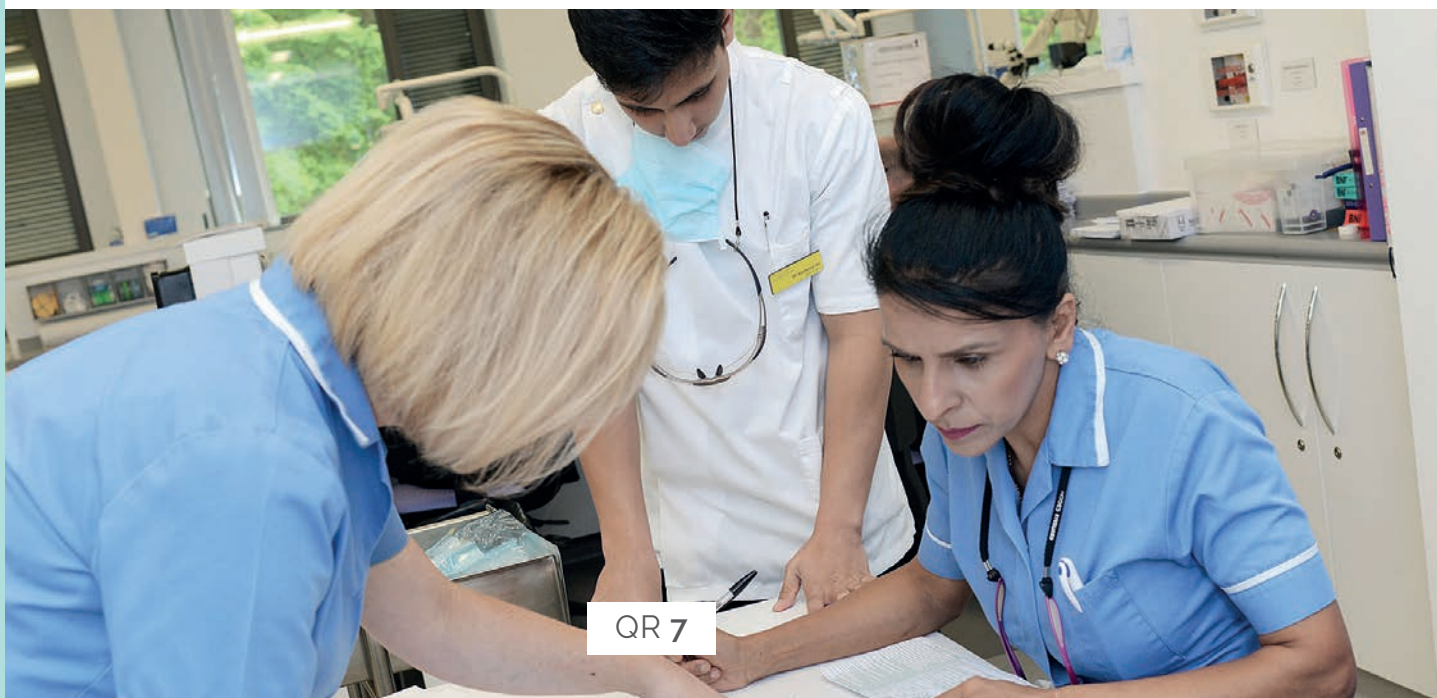


Joanne Thurston
Chief Operating Officer

Board Level Assurance

Examples of Trust Board level Assurance on Quality

Quality Report	Annual Quality Report provides an overview of the delivery of quality for the previous 12 months, and the quality priorities for the following year.
Integrated performance report and cost improvement programmes	Both national and local quality metrics are reviewed on a monthly basis. Update on the quality priorities and top risks to quality.
Board assurance framework	Trust strategic risks are reviewed quarterly.
Ward to Board	Patients are invited to share their stories at the Board. Indicators of essential care are also reviewed.
Patient safety walkabouts/visits	Executive and non-executive teams actively engage with patients, service users and staff by visiting the wards and clinical areas.
Care Quality Commission compliance update	Quarterly assessments are undertaken to review and ensure on-going compliance.
Quality Governance and Risk Committee	Trust Board sub-committee which reports monthly on quality and risk issues.
Quality impact assessment	Assessment carried out on all strategic intentions.
Internal Quality Reviews	A process of reviewing areas in the Trust to make sure they are compliant with CQC regulation and Trust policies. The Quality Review process encompasses a whole system approach to quality and safety in relation to patient safety, patient experience, clinical environment, and staff safety.



Putting Quality first

Statement from the Medical Director

Since joining BCHC in July 2017, I have had the opportunity to critically appraise the Quality and Safety systems operating within the Trust. It is with some pleasure that I can report that the trust is demonstrably in a healthy state regarding these important areas. That isn't to say that there isn't room for improvement- that will always exist.

What I have seen is a commitment to patients and enthusiasm for improvement in both service delivery and patient experience which makes me feel very proud to be associated with this organisation. We have a cohort of Patient Safety Ambassadors, who are trained in Quality improvement methodology and who act as local ambassadors for positive change. Our patient experience team work effectively in a calm and polite way gathering feedback, but also addressing concerns as they arise.

“I want to fully develop the culture that questions why we do things in a particular way”

We could do more to disseminate the ethos of improvement, particularly by linkage through our delivery of Education, Research and Innovation which I believe should underpin our clinical services. I want to fully develop the culture that questions why we do things in a particular way, could we do them better and ultimately what benefit does it bring to patients? Similarly, I feel that we should be engaging patients and carers more, not simply for feedback but in determining how our services operate and what we deliver.

It's 'Our NHS' so let's collaborate effectively to make sure that we get the best from the resources available.

BCHC is an organisation which aims to be clinically led and managerially supported. We need to ensure that as well as giving an effective voice to frontline clinicians we also offer development opportunities in management and leadership. In this way we will be able to ensure that there is no divide between our clinicians and managers and that we have clinical leadership extending from the frontline to the board. Effective engagement of clinicians results in significant benefits for patient outcomes and must continue to be a priority.

As a Trust we recognise that we don't work in isolation. We have been developing collaborative patient pathways with colleagues across health and social care and increasingly this will be a feature of our services. We need to ensure that the necessary governance exists to ensure that outcomes improve and that patients and our colleagues are safe and free from harm.

I would like to pay tribute to the hard work carried out by our teams delivering excellent care in all conditions. I am convinced that our services are high quality, safe and efficient and will continue to develop and improve as we incorporate new ways of working based on evidence, research and improved use of technology to assist decision making.



Andrew Dayani
Medical Director

Statement from Director of Nursing and Therapies

Our quality report demonstrates that we take the safety of our care, the quality of patient experience, and effectiveness of our services very seriously.

It also describes the vision for our services which combine compassion, dignity and respect which together provides the cornerstone of our commitment to service users/patients and carers.

We remain focussed on our core purpose, which is to ensure our service users/patients and carers have a positive experience of high quality evidence based care, which delivers improved outcomes, the best level of recovery possible and results in an enhanced quality of life.

“Providing care, which is safe, of a high quality and effective”

To achieve and sustain this we engage and promote good partnership working and strong effective governance processes.

Working in partnership with our service users/patients, carers, staff, governors and key partners is critical to achieving the highest standards of patient safety, patient experience and clinical effectiveness.

Providing care, which is safe, of a high quality and effective, is about ensuring our services and people are committed to excellence with the aim to provide as positive an experience for the patient as possible. Improving lives and communities through excellent services and high quality care motivates all of our clinical and support staff alike.

We also recognise that our services will only ever be as good as the dedicated and skilled workforce we have and that we invest in.

We are immensely proud of our achievements over this last year and are passionate about making improvements going forward, wherever possible.

Our quality report therefore highlights our successes and strengths, areas we need to improve upon and our quality plans for 2018 to 2019 and reflect the organisations commitment to quality and the expectations of high quality care.



Gareth Howells
Director of Nursing
and Therapies



Statement from Governors

Governors who are representatives of the public are elected by BCHC public members.

The Council of Governors comprises 13 Public, 6 Staff and 4 Partner Governors. One of their prime responsibilities is to satisfy themselves that the quality of the care offered by the Trust, as well as the patient experience, is the very best possible. This is partly achieved by holding the non-executive directors to account, ensuring that they routinely carry out checks and follow up issues that are identified.

In addition, the Public Governors on the Patient Experience Forum have continued to meet quarterly, reporting back to the Council of Governors,(1) to receive and discuss the Patient Experience Report, taking particular interest in action taken in response to problems identified through patient feedback and other relevant inputs, and (2) to respond to presentations on developments in the Trust affecting service to patients.

The members of the Patient Experience Forum have also been given the opportunity to comment on the Quality priorities and the Quality Report, and by annual review have tried to improve their own performance as a group contributing to the quality of the Trust's provision.

Governors will engage with staff and patients more directly, continuing on Patient Safety visits alongside Board members, but also by initiating a series of patient experience engagements, reports of which will be shared with the new Patient Experience Group; a sub-committee of the Council of Governors.



Frances Young
Chair of Patient
Experience Forum



Peter Mayer
Public Governor



QR 10

Highlights of the year

May 2017

PLACE assessment
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July 2017

Publication
of urgent
care quality
standards
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November 2017

New End of Life
Unit opens
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September 2017

Launch of Flu
Campaign
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New Early Years and Wellbeing service goes live
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March 2018

Equality Review commences
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School Nurse Ambassador Finalist
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Looking Forward... 2018-19

Our priorities for quality improvement

We have worked with patients, members of the public, staff and other NHS and local authority partners to make sure that our priorities address their thoughts, concerns and aspirations for community health care.

Linking in closely with our strategic priorities, our quality priorities serve as areas of key focus across BCHC. The Board approved our quality priorities for the year ahead, 2018-19, after extensive consultation with a range of stakeholder groups.

The priorities are clinically driven and support the three quality domains:

Patient Safety, Clinical Effectiveness and Patient Experience.

How we chose our quality priorities

The Trust agreed to consult widely on our quality priorities for the coming year 2018-19 with our internal and external stakeholders.

The project lead for the Quality Report worked closely with the Trust clinical divisions and corporate leads during the consultation process.

The consultation and engagement with stakeholders and our community took place from November 2017 through to the end of March 2018 and allowed feedback to be sent through a number of methods, including an online survey and discussion forums and sessions.

The consultation has included:

- Engagement from the Clinical Divisional through their governance meetings
- Engagement with the Governors and members
- Electronic survey accessible through the BCHC website and Trust intranet to encourage the public and staff to share their views with us
- Trust committees and Boards and with Clinical Commissioning Groups through the Clinical Quality and Review Group meeting.

As part of our process for reviewing and proposing the quality priorities for 2018-19, our internal stakeholders reflected on:

- the consultation feedback

- our performance against quality indicators
- our risks on the assurance framework.

All feedback from the consultation was reviewed through the appropriate governance forums so we were able to follow up on some of the suggestions that had been made.

The Trust Quality Governance and Risk Committee and the Board further discussed and finally agreed the quality priorities for 2018-19 and as we move forward, we seek to further improve the following areas:

Patient and Staff Safety

1. Protecting staff from violence, harassment and bullying
2. Patient safety programme

Clinical Effectiveness

3. Improving documentation
4. Measuring Patient Outcomes

Patient Experience

5. Enhancing Patient Experience

Supports all three domains

6. Improving staff engagement
7. Using Information Technology to improve patient care.

The progress of all quality priorities will be monitored and reported through the Trust Clinical Governance Committee, Quality Governance and Risk Committee and the Board Assurance Framework.

Quality Priority 1

Protecting staff from violence, harassment and bullying

Lead: Julie Ravenhall - Divisional Director for Nursing and Therapies Urgent Care Services

Goals

- Agree training needs analysis for staff requiring training
- Agree training provider and dates for training
- Staff to undertake training as per training needs analysis
- MAPA® training to be evaluated in line with reported incidents
- Review Training
- Review of Violence, harassment and bullying incidents involving staff across in the Urgent Care division



MAPA® (Management of Actual or Potential Aggression)

MAPA® is a set of ideas and skills to help people who are aggressive or violent as a result of their medical condition to calm down. MAPA® encourages people to communicate through actions as well as words.

Quality Priority 2

Patient Safety Programme

Lead: Julie Jones - Head of Patient Safety

Goals

- We will continue to work with individuals, patients, carers and their families to improve harm free care and achieve our goal of reducing avoidable harm.
- We will deliver measurement and monitoring of safety at all levels and respond, learn and share improvement across the Trust.
- We will promote a positive and open safety culture, building capacity and capability for Quality Improvement (QI) through the Ambassador Campaign.
- We will support the implementation of Learning from Excellence (LfE) and Appreciative Inquiry (AI) techniques to facilitate a positive learning environment and improve staff morale across the Trust.
- We will create a work environment where we understand the toll of emotional labour and the importance of compassionate leadership for staff and patient's safety and quality of care.
- We will use Trigger Tool case note review to improve and share good practice from patient deterioration and deaths to achieve improvement in all aspects of care including End of Life (EoL) and Bereavement.



Quality Priority 3

Improving documentation

Lead: Linda Lockwood - Associate Director of Nursing

Goals

- Building in the changes in Bed Model of care, we will review admission documentation in line with 2017-18 Essential Care Indicator audit results to identify areas requiring improvement.
- Matrons to develop a new Essential Care Indicator that incorporates a more detailed review of patient admission assessment, documentation and care planning.
- Community services - to build on our work around end of life and palliative care documentation.
- Learning Disability services - To build onto the pieces of work we are doing with national teams around care planning and assessment.
- Children and Families
 - To demonstrate continual improvement in short break service care plan documentation
 - To roll out shared electronic records across all clinical services
 - To demonstrate improvement in 2018-19 annual record keeping audit results for all services where the 17-18 results identify opportunity for improvement

Quality Priority 4

Measuring Patient Outcomes

Lead: Colin Graham - Associate Director of Clinical Governance

Goals

- Ratification and Implementation of Clinical Outcomes Framework to support divisions in identifying, collecting, collating and presenting outcome data.
- Work with Informatics to ensure extraction of data and presentation on 1Vision.
- Outcomes included as part of Patient Level Information and Costing Systems (PLICS) aligned to 2018-19 Trust strategic vision
- Ensure services use and report on outcomes.

Quality Priority 5

Enhancing Patient Experience

Lead: Alison Last, Associate Director of Patient Experience

Goals

- Engaging patients in service design
 - Develop plan for engagement and co-design projects for the year as far as possible (known service development or redesign plans)
 - Implement plan for engagement and co-design projects
- Embedding learning from clinical complaints
 - Develop terms of reference, work plan and standing agenda items re outcomes and learning from complaints for Lessons Learned group (to be chaired by Director of Nursing) Quarterly meeting of group with discussion and shared learning identified
- Bereavement Support and end of life care within Urgent Care and Children's and Family
 - Develop methodology (with bereaved relatives where possible) for listening to feedback from bereaved relatives re:
 - a) care of the dying person
 - b) support for bereaved relative
 - Develop resource pack for staff to provide to bereaved relatives
 - Collect feedback from bereaved relatives
 - Develop methodology and approach to increasing the level of feedback received from patients and carers for end of life services
 - Review and refresh methodology and approach as appropriate and implement

Quality Priority 6

Using Information Technology to improve patient care

Lead: Duncan Robinson - Director of Information Technology

Goals

- Education and Training: Ensure all staff are trained and competency assessed prior to RiO access being granted.
- Electronic patient record: Uptake of RiO usage in areas previously paper-based and the move from paper-based to paper-light and ultimately to paperless.
- Mobile Working: Total Mobile to be deployed to all identified Health Visiting and Integrated Multidisciplinary teams during 2018-19.
- Infrastructure:
 - HSCN to have replaced the existing N3 COIN (wide area network) during 2018-19.
 - Patient & Public Wi-Fi to be available in all identified BCHC sites.



RiO is a single platform electronic patient record system used to support clinical professionals in the delivery of care for patients and service users.

Quality Priority 7

Improving Staff Engagement

Lead: Lorraine Thomas - Director of Strategy & Transformation

Goals

- Actively engage staff so that their views are reflected in the planning and delivery of the Staff Survey results.
- Actively engage staff so that their views are reflected in the planning and delivery of services and in shaping the culture with a particular focus on staff members with a protected characteristic.
- All staff members to know and understand what the vision, values and strategy are and be able to explain what their role is in achieving them.
- To embed and sustain a culture of inclusion and engagement which enables all staff to feel they are listened to, have a voice and are able to make a difference.
- To increase the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- To reduce the percentage of staff experiencing discrimination at work in the last 12 months



Patient safety visits


Listening, learning and improving - how the Board and Governors work with and support clinical staff to deliver better care for healthier communities.

The Trust programme of Patient Safety Visits ensures the Board has the opportunity to listen to clinical voice of the organisation and keeps a clear focus on how patient care is delivered. Staff are invited to talk to the visiting team about any aspects of patient safety where best practice exists or where improvements may be identified. At the same time, the Board will talk to staff about indirect patient safety issues such as staff experience, information technology systems and processes and the clinical and non-clinical environment. The visits help to keep patient safety at the forefront of the Board's decision making. Patient safety visits are one of the established mechanisms to support communication between managers and staff.

During 2017-18 the Board continued to develop and improve the process for programme, with evaluation by the team being introduced as a key measure for whether the visit has been valuable to teams.

What is a patient safety visit?

Patient safety visits are a facilitated conversation between staff and members of the Trust Board and Governing Council. The conversation includes the visiting team asking questions about how it feels to work in the service, how effective communication is, what they are most proud of and what needs to change to make care and treatment even better for patients. The visits provide the Board with time to listen to staff and talk through their ideas for innovation.

All recommendations identified during the visit are recorded and developed into an agreed action plan which is subsequently implemented.

Feedback received from teams following visits in 2017-18 tells us that the visits have been welcomed and are seen as supportive by staff across the Trust.

Values in Practice (ViP) awards

Our staff awards programme is open all year round, allowing staff, patients and members of the public to nominate a colleague or team for going above and beyond to provide the very best service or care to patients.

During 2017-18, there were two award ceremonies to celebrate staff putting our values into practice.

Accessible category

Awarded to the individual or team that can demonstrate a change in a way of working that has improved accessibility for service users or staff.

Ethical category

Awarded to an individual or team that shows dignity and respect to colleagues or patients.

Responsive category

Awarded to the individual or team that can demonstrate an improvement in staff or patient experience of our organisation through listening to their views and responding positively.

Commitment category

Awarded to the individual or team that can demonstrate an unswerving passion to drive forward improvements for service users or colleagues.

Caring category

Awarded to an individual or team that can demonstrate that through a caring, respectful approach they retain the end user at the heart of everything they do.

Quality category

Awarded to the individual or team that can demonstrate quality outcomes in service delivery.



Spring and Autumn Awards Winners

Accessible

Spring

The North Staffordshire special schools nursing service

"They have continued to ensure children and families have the best possible outcomes and have received consistently good feedback from parents, head teachers and professionals".



Autumn

The Diabetes Team and Patient Educators

The team tries very hard to tailor their teaching methods to different groups of patients. They have restructured the courses to include education on self-management and lifestyle choices.



Caring

Spring

Harborne integrated multidisciplinary team

"My father, who recently passed away, had a history of Parkinson's disease. His passing would have been so much more difficult had it not been for the team's professionalism and human kindness"



Autumn

Chloe Adams, Community Gastroenterology Dietitian

"Chloe is the reason I still have a sister. She was there for Lorna when she felt she had no one to talk to and has supported her to find the care she needs".





Ethical

Spring

Joanne Toovey, school nurse practice teacher

"Her natural empathy and caring nature, together with her skilful use of experiential learning, academia, and common sense, enable her to be a most able mentor to students".



Autumn

Michelle Burton and Alicia Phillips, Young People's Health Advisors

"I have been blown away by the number of compliments I have received about them. Having observed them in schools, it was a pleasure to watch them teach with great skill, passion and enthusiasm".



Quality

Spring

Brays Special School nurses

"A pupil became unresponsive while at school - the team carried out cardiac resuscitation until the emergency services arrived 18 minutes later. The hospital credited the nursing team with saving the child's life".



Autumn

Birmingham Child Development Centres

They are knowledgeable, committed and passionate about delivering the best possible care to all referred families.



Commitment

Spring

Soho health visiting team

"The team is hugely committed to the families they serve, and to delivering the best quality service".



Autumn

Sheldon Palliative Care Unit Team with special mention for Staff Nurse Katie Colbert

"The staff only have one chance to get it right - but their commitment to ensure patients receive the highest quality of care is evident. Katie is one of the most committed, caring and compassionate nurses I have worked with".

Responsive

Spring

The BCHC healthcare staff at HMP Birmingham

"Following a 12-hour-long disturbance at the prison in December 2016, staff resumed a quality service under very difficult circumstances and in poor surroundings".

Autumn

Rapid Response Fort Dunlop, with special mention for Debbie Evans, Senior Administrator, Rapid Response Team

"None of the family wanted him to spend his last days in hospital and the rapid response team ensured that his last wishes were honoured. Debbie's ability and proficiency at helping is a breath of fresh air, and gives the clinical staff more time to care for patients".



Annual Board Award

Individual Award Winner:

Joanna Jacobs, health visiting clinical team leader

Nominated for her 'health visitor in your pocket' app.

Team Award Winner:

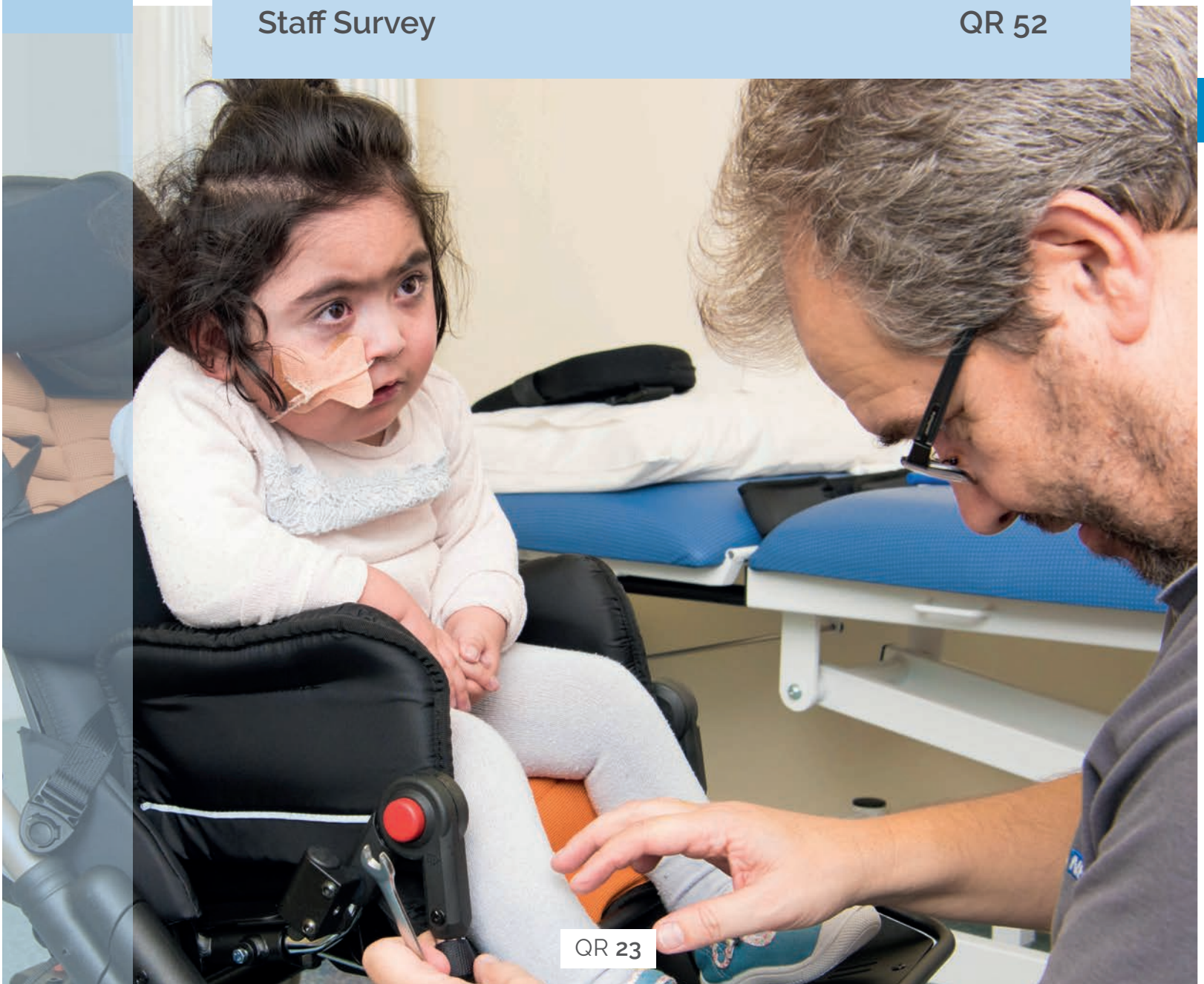
The Healthcare Team at HMP Birmingham. Yvette Carroll from the team

Nominated for their response after December 2016 prison riots.



Section 2

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Looking Back... 2018-19

Review of our quality priorities

Last year we consulted widely and the Trust Board chose to extend the six 2016-17 quality priorities which served as areas of focus for 2017-18.

We have achieved or exceeded many of our objectives under these priorities in the last year and have worked to ensure the quality improvement initiatives are embedded in our practice.

All quality priorities were monitored through the Trust Clinical Governance Committee, Quality Governance and Risk Committee, and the Trust Board Assurance Framework.

The following section of the Quality Report describes in detail how we performed against each of those goals set.



Met



Partially met



Not met

Quality Priority 1 - Patient Safety Programme

Goals	Progress
Continue to work with patients, carers and their families to improve harm free care.	
Deliver Measurement for Improvement at all levels within the Trust and respond, learn and instigate improvement.	
Promote a positive and transparent safety culture through Patient Safety Ambassadors to deliver quality and safety improvement.	
Raise patient safety through awareness, education, learning and sharing excellence to support staff to continuously improve their practice.	
Continue to review mortality and patient deterioration to reduce preventable deaths, avoidable harm and identify and share learning to improve practice and learning for excellence.	

Achievements:

Continue to work with patients, carers and their families to improve harm free care.

- Greater patient, family and carer engagement is an intervention of the Safety Express programme.
 - Falls prevention, a key priority, has been used to target the work and two falls films have been produced to be used as educational packages. Listening to a patient's story and their experience following a fall whilst a patient on one of our wards gives more of an insight into the factors to be considered pre and post fall.

Respond, learn and instigate improvement

Workshops have been held throughout the year with staff to learn how to improve their use and understanding of data and information to measure and monitor how safe they are on a day to day basis. A team huddle is an example of where teams have taken this forward. Other examples of progress includes two modules (Patient Safety Ambassadors Campaign) where staff are shown the tools and techniques for measuring improvement as part of building capability for Quality Improvement (QI)



Patient Safety Ambassadors

- Four Cohorts of staff have attended the 5 modules and as a result staff have gained Quality Improvement skills enabling them to learn and improve care everyday using the methodology. Staff have presented their QI projects, corporately and within their divisions, and instigated a spread of changes and improvements in care, across the Trust and within divisions and services. Staff are being encouraged to share and showcase their work locally and nationally. Two QI projects have been shortlisted for awards at the 2018 Patient Safety Congress.

Awareness, education, learning and sharing excellence

- Learning identified from themes from case note reviews, management of incidents, responding to alerts and educational needs identified the need for educational resources to focus on top patient safety issues taken from these sources of information.
- The Children and Families Electronic Interactive Clinical Handbook, is an example of a patient safety resource developed with service leads.
- Sepsis awareness sessions for adults and children's services have been well attended and received positive feedback. Their success means that these sessions will need to continue as more staff across all services want to understand the early signs and symptoms of sepsis. Learning from Excellence has also been another positive influence for raising staff awareness of good care and for appreciating it. All of this is shared and spread through journal clubs, staff training days, clinical training days, workshops and events.


Mortality and patient deterioration to reduce preventable deaths

National Guidance on Learning from Deaths, published in March 2017 required Trusts to adopt a standardised approach to review and learn from deaths.

Trigger tool case note review, already in place for inpatients, has enabled the Trust to spread the practice to community and the Learning Disability services to ensure that the Trust is compliant with the national guidance. Improvement work streams enable improvement and learning to be progressed and shared in a coordinated way. Examples of these include; Diabetes management, Sepsis Group, Hydration and Fluid Management, End of Life and Bereavement based on the "Dying Phase" of care and the monthly case note review group. From these Quality Improvement projects evolve to address improvements in practice required for mortality and patient deterioration.

During the year progress in data analysis and Trust reporting requirements have been met, including the reports to the Trust Board and the public facing report.

Quality Priority 2 – Safe Staffing

Goals	Progress
The Trust must ensure effective use of systems and rostering tools to provide assurance on safe nurse staffing levels	

Achievements:

Children and Families Division

- Divisional safe staffing guidance is ratified and on intranet
- Health Visitor transformation programme includes monitoring of incidents reported relating to staffing as quality indicators.

Urgent Care Services

- Bespoke set of clinical training and competency frameworks to further support nursing staff in having the right skills.
- Competency framework developed for:
 - Band 5 and 6 staff working at the prison
 - Band 6 staff working on CU27 (Good Hope Hospital site)

Adult Communities Division

- Development of Electronic Tool for safe staffing, including escalation

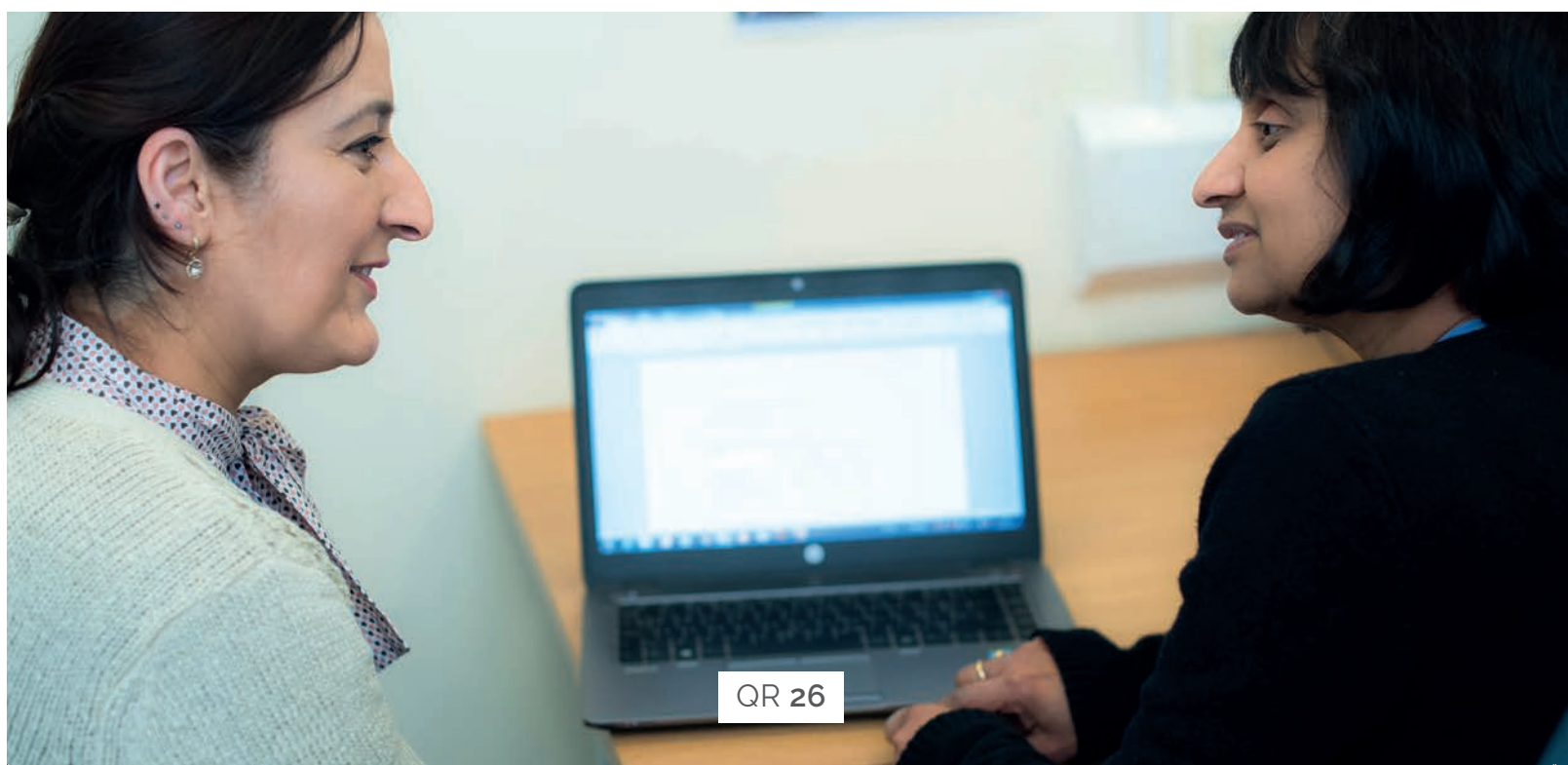
The electronic management system developed to support safe staffing analysis in district nursing teams is fully implemented.

- Development of safe staffing report



The Division continue to review the accuracy of the data feed so that it is consistent across the service. The division are using it for local reporting and monitoring.

Learning Disabilities Service

- Clinical training development programme, Band 6 and 7 inpatient competency framework and Band 5 community development program have been developed and are underway.



Quality Priority 3 – Patient Experience

Goals	Progress
Hear the voice of the child/young person in shaping how services are delivered	
Improve engagement and consultation with patients, carers and the public for any changes in how and where services are delivered	

Achievements:

Hear the voice of the child/young person in shaping how services are delivered

Plans for service development and changes have included making sure designs are developed with patients, their carers and the public where appropriate.

Examples include the School Ambassador programme and the events organised with and for the ambassadors. One such event attended by ambassadors from 13 schools was held and looked at Emotional Wellbeing.

At Edgewood Road (children's respite care service) an event was held for young people to speak about their experiences and expectations of a health respite service.

The Early Years Services Partnership invited parents and young people from across the city to help with the branding of the new service. They were invited to a stay and play session in Springfield Children Centre and were asked for their thoughts and ideas for the new service name and logo.

Birmingham Special School Nurses visited five special schools and spoke to over 60 children and their staff about the service, whether they want their school nurse to wear uniforms and asking them to complete the new card designed to make sure they are easy to understand and fit for purpose. The majority of children voted for the nurses to wear a uniform.

- **NHS education and health care career planning event**

The Education and Development Department held a careers event for 14 to 17-year-olds from local schools in September 2017 and around 400 students came along to speak to us about their career aspirations. Using a graffiti wall, young people shared their thoughts about the future of the NHS and placed their wishes for the future in a wishing well. There was a lot of interest by young people who want to get involved with Trust charitable events and some young people signed up to become members of BCHC.

At a different School Nurse Ambassador day the schools redesigned posters for the new school adviser's texting service 'Chat health'. They also made plans for how they would continue to be the ambassadors for their schools and the projects they want to implement locally to ensure they are involved in influencing the service they receive.

A group of young Umbrella Champions designed new leaflets for children who have to use the Paediatric Sexual Assault Service and helped us understand where and what information young people in their teens need to access our services and what should be included in the information we provide.

The School Nurse Ambassador programme was a finalist for the Patient Experience Network National Awards held on the 1st March at the Birmingham Repertory Theatre.

Engagement and consultation with patients, carers and the public

Examples include:

- **Birmingham Special School Nursing** - An interactive lesson plan has been developed and is being taken into school classrooms to show young people new designs for feedback cards and to take feedback on nurses wearing uniform.

Four special schools in Birmingham, working with both older and younger groups of children and young people, asking for their advice on the best way of communicating with people with physical and learning needs.

- **Sheldon Unit** – As part of the Estates Strategy plans, and following a period of engagement with patients and families, information was produced to support the move of patients from the Sheldon Unit to West Heath Hospital.

Moseley Hall Hospital patients were asked to give their thoughts about changes to the District Nurse contract, which had been introduced in July. Patients were also asked to comment upon a new patient leaflet being introduced to support this.

Patients were also asked to give their feedback about cleanliness and food provision on a Moseley Hall Hospital ward.

Patients and carers were involved in the plans to move patients of Ward 14 West Heath Hospital to Ward 5 Moseley Hall Hospital, and the planned move of Ward 7 from Moseley Hall Hospital to West Heath Hospital.

The Early Years Services Partnership; Public information sessions about the new service - 28 public events ran from 11 to 22 September in existing 'early years' settings across the city. The sessions offered:

- information about the plans for the new service
- an opportunity for anyone interested to ask questions
- the chance to discuss local needs with members of the delivery team
- details about getting involved in services in each area

At each of the sessions feedback was received on the model, details of people interested in being involved in parent forums in each of the districts gave another opportunity to ask for their ideas for the future. All of this information is being used to continue to build and shape the new way of delivering early years services across Birmingham.

- **District Parent Forums**

As part of the early years' service plans are in place to design a network of parent forums across Birmingham. Each of the 10 districts will have their own forum and over the year representatives from the district forums will meet to share ideas and information in a city wide forum. This will form a strong network of groups and representatives which will in turn ensure there is a structured way of hearing the voice of our children and families on an ongoing basis to help shape service delivery.




- **Dental Services**

A new User Forum inaugural meeting held on the 18th September.

Specialist Services: User Forums held for patients and carers in Birmingham Wheelchair service, Stroke Services and Amputee Rehabilitation Service. The client steering group for Moor Green and Ward 9 are also continuing.

The Trust has plans to introduce free patient and public wifi in 2018-19 and has drawn up plans based on feedback received for patients and carers over the last 2 years to prioritise key sites.

Quality Priority 4 – Measuring Patient outcomes

Goals	Progress
Develop and monitor clinical outcomes to assess and improve the quality of care delivered by our services.	
Promote and review the current range of outcomes on a structured basis across the Trust	
Develop the impact of outcomes collated, at a local and wider level	

Achievements:

Develop and monitor clinical outcomes to assess and improve the quality of care delivered by our services.

Clinical teams continue to develop and record clinical outcomes, although the majority continue to record their results in paper records which make collation of the results at a service level more difficult. As more services begin to use an electronic patient record, the Informatics team will be able to extract the data automatically and present it in an already established section of the 1Vision data visualisation platform. This will allow clinicians to review service level data on a regular basis, and where necessary make improvements or change focus.

New outcomes identified this year include two for paediatric occupational therapy as part of the Traded Services programme, the collation of Functional Independence Measure (FIM) and Functional Assessment Measure (FAM) data for Stroke patients on Ward 8, and the use of a nationally developed patient reported outcome measure (PROM) for dental Oral Surgery. To improve the response rate for the dental outcome the service changed the process mid-year to use a text message to circulate the questions on Smart Survey, and significantly increased the number of replies. This process will now be recommended to other services seeking responses from patients weeks or months after treatment.

Promote and review the current range of outcomes on a structured basis across the Trust.

There is a regular reporting process for clinical outcomes through the committee structure with monthly reports to Clinical Effectiveness Committee and Quality Governance and Risk Committee (QGRC). A number of services presented their outcomes data at Clinical

Effectiveness Committee (CEC) including Pulmonary Rehabilitation, Special Care Dental team.

Divisions provide feedback on their outcomes to their own governance committees, and then corporately.

A Clinical Outcomes Section was again a key part of the annual Clinical Audit and Effectiveness Report which was approved at CGC in December and QGRC in January.

Examples of clinical outcomes are also presented at the annual Clinical Effectiveness Day, which this year was at Edgbaston Cricket Ground, and included the use of a FODMAP diet to treat Irritable Bowel Syndrome (IBS).

Develop the impact of outcomes collated, at a local and wider level



The Trust has looked to work with others to improve outcomes, and to share good practice. The Special Care Dental team worked with Healthwatch Dudley to review the impact of their work with adults and adolescents who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or a combination of these factors.

A member of the Dietetics team presented her work on treating IBS to the Midland Gastroenterological Society Autumn Conference, and the Head of Paediatric Occupational Therapy (OT) presented her work on Sensory Workshops for parents of children with autism at a workshop during a national OT conference.

Paediatric Therapy Services are developing generic outcomes measure for physio, OT and SLT practitioners, based on national guidance, to standardise collection across the services.

A draft Clinical Outcomes Framework has been developed to support services who wish to develop outcomes in the future, to support existing delivery, and bids for future activity.

Quality priority 5 – Enhancing Staff Engagement

Goals	Progress
Achieve an improved result in the overall staff engagement score for the 2017 survey	
Improve visibility of and methods for staff to contribute towards improvements at work	

Achievements:

Staff engagement score

BCHC achieved an overall staff engagement score of 3.78 out of 5 which was a marginal improvement on the 2016 overall engagement score of 3.75.

The focus in year was on adopting a listening in to action 'You said, together we did approach'. The staff survey data demonstrates that whilst we haven't made a statistically significant positive or negative shift we continue to score lower than sector average. The 2018 priority for action will be to work with the Divisions and Support services to increase the percentage reporting effective two way communication between senior management and staff members to achieve 5% increase in the 2018 Staff Survey overall engagement score.

Visibility of and methods for staff to contribute towards improvements at work








70% of staff members who completed the 2017 staff survey reported they are able to contribute towards improvements at work. There was a 3% increase from BCHC 2016 staff survey results, however a statistically significant improvement is 5% and above. BCHC score is in line with the 2017 national average score for community trusts which is 71%.

The 2017-18 Staff Engagement Strategy and implementation plan focused on embedding a range of communication and engagement tools and techniques in order to enable staff members to pro-actively contribute towards generating ideas for improvements at work. We continue to develop our staff engagement approach and are working with Divisions and Support Services to generate a 5% increase in the 2018 staff survey score.

For more information on the staff survey see page 52-62.



Quality priority 6 – Using information technology to improve patient care

Goals	Progress
Improved network connectivity	
Improved cyber security	
Improving access to services by telephone and offer alternative means of communication to ensure patients can contact services and be responded to in a timely manner	
Unified Communications	
Reduce patient DNA through the use of SMS	
Upgraded Helpdesk system	
NHS Mail 2	

Achievements

Network connectivity

- Core networks have been upgraded to increase network speed and resilience
- New wireless network equipment to support free Patient and Public Wi-Fi has been purchased.
- The tender for the new wide area network has been scored and a preferred supplier identified – this is now going through the Board approvals route

Cyber security


The Trust received a limited assurance report on cyber security in August 2017 from Internal Audit. As a result of this, and following the May 2017 global cyber-attack, the Trust put a significant number of additional measures in place, which are listed below. These actions indicate how the Trust is improving cyber security. Internal audit are due to perform additional procedures in 2018/19 to assess how changes have benefitted the Trust's cyber security.

- 6 new "Next Generation" firewalls are now in place to protect the Trust networks against viruses, suspicious traffic, and malicious software threats
- The Trust is mid-way through a new anti-virus solution deployment which will improve the security of desktops, laptops, tablets and smartphones
- Installation will commence on additional cyber-security equipment purchased in March.

The BDH Booking team will handle around **115,000 answered telephone calls** every year spending **6,488 hours** talking to patients

Access to services

- Migration of Central Booking Service from a simple dial tone and call routing solution to an Industry standard Contact Centre solution with full call management and reporting, including dedicated call queuing and live statistics (among many other features)
- The Dietetic and Heart Failure/Cardiac Rehab have been migrated to new IP-based telephony (voice over the network rather than older dedicated telephone lines)
- Redesign and reconfiguration of the Birmingham Dental Hospitals (BDH) phone system - consisting of a full contact centre solution enhance with the rich functionality of IP Telephony
 - Patients now have a Single Point of Contact to dial for BDH appointments (prior to changes there were 19 patient facing numbers which have now been consolidated into 1)
 - The hospital's DNA rates have dropped significantly, which are further enhanced by the introduction of an SMS Text appointment reminder.



BDH now answer
on average **10,000**
calls a month
instead of 5,000
a month

Unified Communications

- The core telephony platform has been upgraded to the latest supported version which will introduce opportunities for future enhancements.
 - We achieved the enablement of Conference Now which allows Trust staff to use internally hosted audio and video conferencing facilities
 - The Trust is approaching the completion/enablement of Cisco Jabber, which offers secure communication, point to point video conferencing, Instant Messaging, Soft Phones (no need to be restricted to a desk phone), Desktop collaboration and Presence (indicator to show whether a colleague is free, busy, away, in a meeting etc.)

Reduce patient DNA through the use of SMS

- SMS Text integration with RiO
 - Current usage indicates over five thousand appointment reminders are sent to patients every 48 hours.
 - Services across Adult & Communities and the Dental Hospital have seen a 4.5% reduction in DNAs since the technology was introduced, offering a dramatic improvement in clinic utilisation.




Upgraded Helpdesk system

- The Sunrise Information Technology Service Management was configured in May 17
 - Over 6000 staff members have been registered on to the solution, with over 4500 incidents are service requests recorded on the platforms.
 - Enhancements continue on the platform monthly, with User Self- Service functionality, Service Catalogues and Asset Management all planned for implementation

NHS Mail 2

- Approximately 4,500 email accounts will be migrated to NHS Mail together with over 150 generic accounts
- The technical infrastructure is in place and ready for the technical handover to Accenture in May
- Podiatry and IT services as pilot (95 staff) ready to go as the NHS Mail pilot groups.

Quality priority 7 – Care Planning and Assessment

Goals	Progress
To ensure the assessment process leads to individual care plans that are person centred and based on holistic needs.	
To implement and imbed clinical supervision as a formal way of reflection for clinical staff and to up skill and increase the knowledge of nurses in relation to assessment and care planning.	
To monitor and review clinical education of care planning and assessment within urgent care, following the programme update in 2016-17	

Achievements:

Care plans

The Divisional Directors of Nursing and Therapies are leading the process across their areas of responsibility. The completion of care plans continues to be monitored monthly by Essential Care indicators (ECI) across all areas.

Urgent care/Inpatient Neuro-rehabilitation Unit (INRU)

(Ward 9 and ward 8 now part of Adults and Specialist Rehabilitation Division)

Matrons continue to monitor care planning through ECIs. Training programme continues across staff groups. Admission documentation has steadily improved and was at 95.1% at end of February. Bespoke Care planning training has been delivered throughout the year as per divisional requirements. ECIs now include hydration assessment.

Community Integrated Multidisciplinary Teams (IMTs)

Themed ECI audit results continue to be used as a helpful benchmark for areas of good practice and improvement.

The division met the overall compliance of 90% in the Trust record keeping audit.

The clinical record keeping group will commence from the 25th April 2018 and has a focus on the key areas for improvement as identified in the clinical record keeping audit, Root cause analysis and Essential Care Indicator (ECI) within the division.

Coroner's action plan audit results show an improvement in patient's assessment and care planning and results to be shared at Divisional Quality Governance and Risk Committee.

Clinical supervision

Clinical supervision sessions are in place for staff to access.

Specialist Services - Learning Disability Service

Clinical supervision monitoring systems continue to be developed within the division to ensure review of uptake and appropriate electronic staff record recording.

Urgent care

An additional project has been commenced within the division with the Trust Patient Safety Team around improving assessment and care planning.

Matrons continue to monitor the effects of the care planning training when undertaking the audits each month and supervision takes place with individual members of staff following the ECI audits where it is identified that care planning is not of a high standard.

Clinical education

To support urgent care division, there have been bespoke care planning sessions delivered with further sessions available as required, Feedback from bespoke training sessions has been rated as very good and covers the elements identified by the division.

This has been extended to Learning Disability services who have a Band 5 Development programme which is being monitored by Professional Development team. A review of the programme and evaluation feedback from the band 5 nurses has been positive. A draft development programme for band 6 and 7 nurses working within the bedded areas has been constructed and is currently under review by the divisional nursing leads. Building on the success of the band 5 nurse bedded area development programme, A band 5 clinical development programme has been running for the last few years led by the Practice Teachers for District Nursing. It is for all new staff nurses joining District Nursing teams, it is a week long programme which gives new nurses a grounding and introduction into the core clinical areas of district nursing eg: palliative, continence, tissue viability. Staff are then given a competency book to complete in practice.

A review of care planning in Riverside Lodge Short breaks utilising an electronic tool has been developed as a result of the pilot work of the University of Wolverhampton.



Statements of Assurance from the Board of Directors

This section contains statutory statements concerning the quality of services provided by Birmingham Community Healthcare NHS Foundation Trust. These are common to all NHS trust Quality Reports and can be used to compare us with other organisations. Our Board is ultimately responsible for the delivery and quality of services delivered throughout the organisation. It is therefore also responsible for the accuracy of information that is presented within our Quality Report.

Review of services

During 2017-18 the Birmingham Community Healthcare NHS Foundation Trust provided and/or sub-contracted 107 relevant health services.

The Birmingham Community Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in 107 of these relevant health services.

The income generated by the relevant health services reviewed in 2017-18 represents 91% of the total income generated from the provision of relevant health services by the Birmingham Community Healthcare NHS Foundation Trust for 2017-18.

Participation in Clinical Audit

During 2017-18 six national clinical audits and one national confidential enquiry covered NHS services that Birmingham Community Healthcare NHS Foundation Trust provides.

During that period Birmingham Community Healthcare NHS Foundation Trust participated in 100 per cent national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Birmingham Community Healthcare NHS Foundation Trust was eligible to participate in during 2017-18 are as follows:

- Head and Neck Cancer Audit
- Learning Disability Mortality Review (LeDeR)
- National Chronic Obstructive Pulmonary Disease Audit Programme (COPD)
- National Audit of Intermediate Care (NAIC) (RCP)
- National Diabetes Audit - Adults National Footcare Audit (HSCIC)
- Sentinel Stroke National Audit Programme (SSNAP) (RCP)
- UK Parkinsons Audit (Parkinsons UK)

The national clinical audits and national confidential enquiries that Birmingham Community Healthcare NHS Foundation Trust participated in during 2017-18 are as follows:

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- National Diabetes Audit - Adults National Footcare Audit (HSCIC)
- Sentinel Stroke National Audit Programme (SSNAP) (RCP)
- UK Parkinsons Audit (Parkinsons UK)

The national clinical audits and national confidential enquiries that Birmingham Community Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2017-18, are listed 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.

*% - Number of cases submitted by Birmingham Community Healthcare NHS Foundation Trust expressed as a % of the number of registered cases required by the terms of the audit or enquiry.

Audit Title	Participated	*%
Head and Neck Cancer Audit Host: Saving Faces – The Facial Surgery Research Foundation	Yes	N/A
Learning Disability Mortality Review Hosted by: University of Bristol	Yes	N/A
National Audit of Intermediate Care (NAIC) Hosted by: NHS Benchmarking Network	Yes	See Appendix 1
National Chronic Obstructive Pulmonary Disease Audit Programme (COPD) Hosted by: Royal College of Physicians	Yes	Ascertainment not known (18 cases submitted)
National Diabetes Audit – Adults National Footcare Audit Hosted by: HSCIC	Yes	No min ascertainment required for this audit
Sentinel Stroke National Audit Programme (SSNAP) Hosted by: Royal College of Physicians	Yes	Band B
UK Parkinsons Audit Hosted by: Parkinsons UK	Yes	100% (40 cases submitted)

¹ Ascertainment rate would apply to participating acute Trust, please see corresponding Trust Quality Report for University Hospital Birmingham NHS Trust for this information.

A full list of clinical audits and confidential enquiries can be found in Appendix 1.

National Clinical Audits

The reports of 22 national clinical audits were reviewed by the provider in 2017-18 and Birmingham Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Audit	National Intermediate Care Audit (NAIC)
Action Taken	<p>Report reviewed: The NAIC 2017 England Summary Report</p> <p>Report published as planned and highlights presented at Trust Clinical Effectiveness Committee and Urgent Care and Adult Community Services Divisional Management Boards.</p> <p>Development of Divisional Action Plans in progress in response to the findings.</p> <p>Key highlights/successes from NAIC 2017</p> <ul style="list-style-type: none"> • Crisis Response shows as low cost per service user assessed • Low cost per occupied bed day for intermediate care • Key Concerns from NAIC 2017 <p>Overall costs per Service User Accepted - especially in geriatric medicine (although this is also associated with higher dependency and higher than average medical cover).</p> <ul style="list-style-type: none"> • Delayed transfers of Care in geriatric medicine • Incomplete data regarding patient frailty • From a performance and business intelligence perspective the Trust is reviewing data quality concerns to understand benchmarks fully and to ensure better data quality next year. The divisions are reviewing performance based on positives and concerns and will develop an action plan which is due to be presented to the Trustwide Clinical Effectiveness Committee June 2018.
Audit	UK Parkinsons Audit National Parkinsons Disease Audit 2015 national report
Action Taken	<ul style="list-style-type: none"> • The service has continued routine weighing of all patients on their initial appointment which was introduced following review of the 2015 UK Parkinsons Audit. • During 2017 the service has participated in the re-audit and service level results and national report are awaited. The results will be reviewed and shared with the service and with Clinical Effectiveness Committee by the Parkinsons Disease Nurse who is leading on the audit.

Audit

Sentinel Stroke National Audit Programme (SSNAP)

SSNAP requires all services admitting patients with stroke to complete a minimum data set for all patients. The core data set includes acute care, inpatient rehabilitation, early supported discharge, community follow up and six month reviews.

- BCHC NHS FT has been submitting data for its inpatient service since January 2014 and receives site specific reports on clinical care of patients with stroke.
- Early Supported Discharge, Community Stroke Team and Birmingham Neuro-Rehabilitation Team (community follow up provider) are submitting data for SSNAP with the aim of generating frequent reports.

Reports reviewed:

- 4th SSNAP Annual Report for 2016-17 titled "Rising to the Challenge"
- SSNAP 4 years changes over time summary report
- Site specific SSNAP reports generated by SSNAP for the Trust during 2016-17.

Action Taken

- Project to review access to therapy times is ongoing.
- Multidisciplinary team meeting covers assessment of continence, mood and cognition.
- Regular meetings with University Hospital Birmingham (main referring team) to improve quality of data are on-going.
- Project plan to improve standardised assessment of patient mood.
- One off audit to evaluate performance in completing mood and cognitive assessments attributed to Birmingham Community Healthcare NHS Foundation Trust.

Key Successes

Maintenance of therapy performance over last year. Overall score of B. Achievement of all services participating. Initiation of new practices to improve access to therapy such as therapy supported mealtime assessments

Key concerns

Influence of referring Trust on audit scores is outside BCHC control.



Audit	National Chronic Obstructive Pulmonary Disease Audit (COPD)
	<p>The publication of the national report has been delayed therefore comments below relate to service level data received only.</p> <ul style="list-style-type: none"> • The service has reviewed their results and presented key findings at Trust-wide Clinical Effectiveness committee in April 2018. • Some actions taken focus on the following key areas: BCHC are working in partnership with acute services at Birmingham Heartlands Hospital and Sandwell and West Birmingham Hospital and pulmonary rehabilitation is offered to all patients as part of a Chronic Obstructive Pulmonary Disease discharge care bundle.
Action Taken	<ul style="list-style-type: none"> • A home exercise programme to be prescribed on discharge to be completed • All patients (meeting inclusion criteria) that are treated for an acute exacerbation in the community setting are offered pulmonary rehabilitation from BCHC clinicians in admission avoidance/ assisted discharge service • All referred patients now receive an initial assessment and start date for pulmonary rehabilitation within 28 days. • To work with BCHC Communications team to create information packs, a short film of a pulmonary rehabilitation session on DVD and a list of education resources and patient stories.



Audit	NCEPOD: Care of Children with Chronic Neurodisability
Action Taken	<ul style="list-style-type: none"> • The national report was published 8th March 2018 and has been shared with the divisions involved with a request for forward actions taken in response to the report findings to be shared at Trust-wide Clinical Effectiveness Committee.
Audit	National Confidential Inquiry into Suicide and Homicide: Annual Report 2017
Action Taken	<ul style="list-style-type: none"> • A short life working group to review the policy, assessment, and training will be established July 2018 which will be led by the Associate Director of Clinical Governance. • Initial reviews of the training have been positive but it will need to be assessed further before a decision is made as to the next steps.

Local Clinical Audits

The reports of 166 local clinical audits were reviewed by the provider in 2017-18 and Birmingham Community Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Title: Malnutrition Universal Screening Tool Audit (MUST)

Audit aim: The purpose of the 'MUST' audit was to assess the accuracy of the 'MUST' score calculation and implementation of correct care plan. If nutritional screening is done incorrectly, individual patients who are either already malnourished or at risk of malnutrition can be missed, which in turn can result in harm to that patient. In addition, by auditing the accuracy of the 'MUST' score calculation, staff training requirements may be highlighted, and acted on.

Overall identified:

- Quality of completion of MUST - required further improvement.
- Frequency of re-screening - While initially performance in re-screening patients on a weekly basis appeared to fall from 2013 – 2015, in recent years there has been a marked improvement in compliance with re-screening on a weekly basis.
- Implementation of nutritional care plans - Where patient's have been identified as being malnourished or at risk of malnutrition, performance in implementing a nutritional care plan has been consistently good since 2014.

Changes to Practice:

Since the 'MUST' audit began in 2013, several changes have taken place. In 2014 the 'MUST' tool was re-designed and in September 2017 the 'Nutrition and Hydration Care Plan' was launched. This new care plan incorporates 'MUST' and a hydration screening tool, as well as clear prompts for staff to explore whether or not a patient has lost weight prior to admission, so as to implement a care plan in a timely manner.

In addition to this, competency based training has been delivered to 218 staff across bedded units on identifying and managing malnutrition, as well as completing the 'MUST' tool.

Future Plans:

The audit is a helpful tool to monitor trends and improvements in completing 'MUST' and will continue to be carried out on an annual basis.



Title: Venous thromboembolism (VTE) audit

Venous thromboembolism (VTE) is a common complication amongst hospital patients with potential to cause significant morbidity and mortality. VTE is preventable in many cases if appropriate thromboprophylaxis is given

Audit aim: The Trust's VTE Policy provides guidance on identification and management of VTE risk for patients. A matron led the audit to assess if VTE guidelines had been adhered to for all patients during their stay in intermediate care, Moseley Hall Hospital (MHH) and West Heath Hospital (WHH). The audit standards focused on identification and management of VTE risk in accordance with Trust policy.

Good Practice:

- VTE risk assessments completed within 24 hours of admission.
- Weekly review of assessment during ward rounds on Perry trees.

Recommendations/actions included:

- Perry Trees need to share best practice at clinical effectiveness meeting and doctors forum.
- All qualified nurses to do initial assessment within Urgent Care for consistency.
- Doctors are to continue to review patients VTE risk assessment on a weekly basis unless the patient's condition changes (as per policy).
- There also needs to be clear documentation in the patient's medical notes by the medics or Advanced Nurse Practitioner that the assessment has been completed and why the patients are not on prophylaxis.
- Patient/carer leaflet to be available

Please note a number of local clinical audits for the 2017-18 reporting period had data collection which spanned quarter 4 (Jan-March 2018) and quarter 1 of the 2018-19 reporting period (Apr-June 2018). The Trust anticipates the reports associated with these audits will be completed during Quarter 1 2018-19 following data verification and analysis.

Examples of further audits completed in 2017-18 are included in the Quality Report and will also be detailed in the Trust's clinical audit annual report (anticipated completion date July 2018). To request a copy of the report please contact tracy.millar3@nhs.net



Participation in Clinical Research and Innovation

Over 1000 people within Birmingham were given the choice to participate in research.

The number of patients receiving relevant health services provided or subcontracted by BCHC in 2017-18 that were recruited during that period to participate in research approved by a research ethics committee and adopted by the National Institute for Health Research (NIHR) was over 1000.

BCHC continues to identify research opportunities for our patients, carers, service users and staff. Research and Innovation is important to BCHC as it builds research capability, brings BCHC staff together and builds partnership with Universities to improve our understanding of patient conditions and inform how we should improve services for them.

During 2017-2018 BCHC opened 41 new studies and received 3 awards from the local Clinical Research Network: West Midlands.

BCHC Research Certificates Awarded

- **Highly Commended Best Overall Performance Award 2017**

- Awarded to BCHC R&I Team

Highly Commended Best Overall Performance Award 2017 (R&I Team) received by Research Director, Dr Clive Thursfield (right)

- **Investigator of the Year 2017**

- Awarded to Professor Thomas Dietrich, Head of Oral Surgery Department, Birmingham Dental Hospital, University of Birmingham

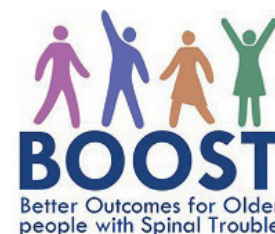


- **Being Research Active - Supporting the CRN: West Midlands Ageing Speciality**

- Acknowledges 3 studies fully supported by BCHC:
 1. "Reducing misdiagnosis of urinary tract infection in older adults (UTI 1)" by Dr Beryl Oppenheim, BCHC
 2. "Asymptomatic bacteriuria in the elderly (UTI 2)" by Dr Beryl Oppenheim
 3. "A framework to improve medication management with older people (Memorable)" by Dr Ian Maidment, Aston University

Examples of research opportunities

1. The **"BOOST"** study is a lower back pain trial for older people designed by Oxford University. One of our patients has benefited from their involvement in this study and has shared their experience.



“It was a **BOOST** to my confidence, (something we all need at times) letting me see I was capable of doing things that other younger people take for granted. Before I started the programme I couldn't walk upright up a flight of stairs...but now I can. For this I must give credit where it is due, and say a great big **THANK YOU** to Lauren and Joe my encouraging tutors.”

2. The **Centre of Precision Rehabilitation for Spinal Pain (CPR) Spine Register** aims to create a database of individuals 18+ years of age who have neck, mid-spine and low back pain. Registered individuals can participate or help inform new research which will raise public awareness. CPR is part of the University of Birmingham and our services are working in partnership with them.

3. **"Asymptomatic bacteriuria in the elderly (UTI 2)"** explored how we can reduce antibiotic prescribing practices and misdiagnosis of urinary tract infections in older people. The findings of this research will inform future diagnostic practices.

4. The **"Memorable"** study investigates how we can support older people to manage a complex medication regime. This Aston University led research provides opportunities for our staff, patients and carers to share experiences and inform future research in this area.

5. The **"PLAY"** study helps children with disabilities undertake physical activity. The research involved focus groups to explore:

- i. Children's experiences of using a walking aid, at school, in sports and leisure activities.
- ii. How physiotherapists choose walking aids and decide how to set them up and when to adjust them.
- iii. How walking aids can be improved.
- iv. The views of walking aid users, parents, carers and therapists on what information should be collected and if there would be an objection to the digital collection of information to help increase physical activity levels among children with disabilities.

The research findings will support a larger study and the lead researcher's professional development.

6. Collaboration with Birmingham City University

BCHC commissioned Birmingham City University to train and support BCHC staff in all aspects of the research cycle including, applying for research funding, designing the study protocol, applying for research governance approval (including ethical approval), recruiting patients, undertaking research risk assessments and interviews and analysing and reporting the research findings.

Examples include:

1. Delivering The Walker Study which explores how the use of an elastic band called "The Step Right Buddy" (designed by a BCHC Rehabilitation Assistant), attached to walking frames can reduce the risk of falls amongst the frail elderly patients.
2. Supporting a rehabilitation physiotherapist to apply for funding to undertake a study which will determine the predicative capabilities of cough peak expiratory flow in decannulation of patients with brain injury in the neuro-rehabilitation setting.
3. Setting up a larger study to enable a group of BCHC staff to assess the impact of the Patient Safety Ambassador's programme on the Trust and our patients.



Innovation at BCHC

BCHC continues to identify innovation opportunities for our patients, carers, service users and staff. Examples include:

- 1. 100,000 Genomes Project:** BCHC has successfully recruited patients with rare diseases for this national project. This national project aims to sequence 100,000 genomes NHS patients with a rare disease, plus their families, and patients with cancer. The aim is to create a new genomic medicine service for the NHS - transforming the way people are cared for. We are the first community healthcare trust to join this project. This was only possible with the support from the clinicians at the Children and Families division, and the genetics core team at University Hospitals Birmingham.
- 2. Virtual Innovation Forum:** A virtual forum was set up for innovation where Technologies relevant to Community healthcare are showcased and for staff to submit their challenges and innovation ideas. These ideas are discussed at BCHC Committees to agree on whether they can be implemented. For example:
 - A challenge submitted by a staff nurse around the issue of inability to use lights for taking notes at night in the wards as to not to disturb patients, but increasing the risk of errors such as medication errors. A couple of clip-on USB-rechargeable lights were purchased and delivered to the ward for testing and if successful, this solution will be rolled out across all wards.

3. Innovation Engine 2: This European funded project which aims to facilitate collaborations with companies on innovative healthcare solutions/ products/ processes. It acts as a vehicle to facilitate involvement of BCHC in healthcare innovative solution development and trialling of novel technologies.

4. Health Technology Newsletter: This is a brief email listing innovative technologies relevant to community healthcare and news updates in this area. We are looking to expand the audience of the newsletter to a wider audience over time.

5. Rex Bionics Evaluation: Funded by Healthcare Technology Cooperative at University Hospitals Birmingham, this exoskeleton designed for rehabilitation, was tested by our staff and patient. Their feedback will be made available in publications.



Staff demonstrating the equipment

Next steps

- Investigating the establishment of a partnership arrangement with a Commercial Research Trials Organisation to establish a Clinical Trials Unit in Birmingham.
- Investigation of BCHC becoming a member of the Birmingham Health Partners.
- To raise the levels of awareness of research and increase the number of clinical staff engaged in NIHR portfolio research and to embed a research training programme into the Trust.
- To focus our innovation towards the testing and implementation of 'game changing' technologies which address, inform and shape the BCHC forward plan.
- To develop a series of 'Road Show' events throughout the Trust which will increase the level of engagement and understanding of the potential of innovation to improve quality of delivery for the patient.

Commissioning for Quality and Innovation (CQUIN): 2017-18

What are CQUINS?

CQUINs (Commissioning for Quality and Innovation) projects are agreed between the Trust and Commissioners (who buy our services) on a yearly basis and comprise 2.5% of the contractual value. The projects are set to improve quality standards in key areas.

A proportion of Birmingham Community Healthcare NHS Foundation Trust's income in 2017-18 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body it entered into a contract, agreement, or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017-18 are available from our website

www.bhamcommunity.nhs.uk/about-us/publications/cquin or by calling **0121 466 7267**.

Commissioner	CQUIN Scheme	CQUIN Weighting	Value of CQUIN	Projected Year End Performance	Projected Lost Income
CCGs	Improvement of health and wellbeing of NHS staff	0.10%	£127,901	No Targets Met	£127,901
	Healthy food for NHS Staff visitors and patients	0.10%	£127,901	All YTD Targets Met	£0
	Improving uptake of flu vaccinations for frontline clinical staff	0.10%	£127,901	Partially Met	£12,790
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	0.02%	£19,185	Partially Met	£4,796
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	0.06%	£76,741	All YTD Targets Met	£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	0.08%	£95,926	All YTD Targets Met	£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	0.08%	£95,926	All YTD Targets Met	£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	0.08%	£95,926	All YTD Targets Met	£0
	Improving the assessment of wounds	0.30%	£383,704	All YTD Targets Met	£0
	Nutrition and Hydration	0.30%	£383,704	All YTD Targets Met	£0
	Personalised care and support planning	0.30%	£383,704	All YTD Targets Met	£0
CCGs sub total		1.5%	£1,918,519		£145,487

Commissioner	CQUIN Scheme	CQUIN Weighting	Value of CQUIN	Projected Year End Performance	Projected Lost Income
NHSE	Audit of Day Case Activity	0.75%	£88,297	All YTD Targets Met	£0
	Audit of Paediatric Day Case Activity	0.75%	£88,297	All YTD Targets Met	£0
	Secondary Care Clinical Attachment in Oral Surgery	1%	£117,729	All YTD Targets Met	£0
NHSE sub total		2.50%	£294,322		£0
NHSE Specialised Services	INRU - Case Management to support rehabilitation	1%	£208,695	All YTD Targets Met	£0
	Demonstrating quality in ACT	1%	£208,695	All YTD Targets Met	£0
NHSE Specialised Services sub total		2.00%	£417,390		£0
CCGs and BCC	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	0.04%	£5,422	All YTD Targets Met	£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	0.15%	£21,689	All YTD Targets Met	£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	0.19%	£27,111	All YTD Targets Met	£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	0.19%	£27,111	All YTD Targets Met	£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	0.19%	£27,111	All YTD Targets Met	£0
	Personalised care and support planning	0.75%	£108,445	All YTD Targets Met	£0
CCGs and BCC sub total		1.50%	£216,890		£0
Grand Total			£2,847,121		£145,487

Statements from the Care Quality Commission (CQC)

Birmingham Community Healthcare NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional.

The Care Quality Commission has not taken enforcement action against Birmingham Community Healthcare NHS Foundation Trust during 2017-18.

During 2017-18, Birmingham Community Healthcare NHS Foundation Trust has participated in a special review by the Care Quality Commission which undertook Birmingham's Local System Review between 22 January and 26 January 2018. The purpose of the review was to look at how well people move through the health and social care system, with a particular focus on the interface, and what improvements could be made, focussing on the needs of people over 65.

This review was carried out under Section 48 of the Health and Social Care Act 2008 and encompassed providers and commissioners of social and health care across Birmingham such as hospital services and Local Authority managed facilities in addition to Birmingham Community Healthcare NHS Foundation Trust. The CQC published the report on 11 May 2018. The Trust is reviewing the report the final CQC report and our response to any recommendations will be reported in the next Quality Report.

The below table relates to an inspection carried out in 2014. Trust addressed the issues which the CQC rated as 'requires improvement', the details can be found in our Quality Account for 2015-16.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Adults - long term conditions	Good	Good	Good	Good	Good	Good
Children's and Families services	Good	Good	Good	Requires improvement	Good	Good
In-patient services	Good	Requires improvement	Good	Good	Good	Good
End of life care	Good	Good	Outstanding	Good	Good	Good
Other service: Dental	Good	Good	Good	Good	Good	Good
Other service: Learning Disability	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

NHS Number and General Medical Practice Code Validity

Birmingham Community Healthcare NHS Foundation Trust submitted records during 2017-18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

100% for admitted patient care;

100% for outpatient care; and

The percentage of records in the published data which included patients' valid General Medical Practice Code was:

99.9% for admitted patient care;

99.8% for outpatient care.

Our Information Governance (IG) toolkit attainment level

Information Governance is the way by which the NHS handles all organisational information, but particularly personal and sensitive information about patients and employees. It allows organisations and individuals to ensure that personal information is dealt with legally, ethically, confidentially, securely, efficiently and effectively, in order to deliver the best possible care.

The Information Governance toolkit measures our performance against 39 requirements. The Information Governance Assessment Report overall score for 2017-18 was 67% and was graded **'Green'**.



Clinical coding error rate

Clinical Coding is “the translation of medical terminology as written by the clinician to describe a patient’s complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format” which is nationally and internationally recognised.

Birmingham Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017-18.

Data Quality

Reliable information is a fundamental requirement for the Trust to conduct its business efficiently and effectively. This applies in all areas of activity including the delivery of care to service users, service management, contract and performance management, corporate governance, internal and external accountability and communication. This commitment includes governance, policy, process, training and monitoring.

Birmingham Community Healthcare NHS Foundation Trust will be taking the following actions to improve data quality:

- Managing Data Quality is about creating a culture of commitment to improving the quality of data.
- Accuracy - Data should represent what actually happened in the real world. It should do so sufficiently closely to meet the reasons for which it is collected and maintained.
- Completeness - Data should be complete – should not contain extra, invalid or missing data
- Validity - Data should be recorded and maintained in compliance with relevant rules and definitions.
- Reliability - Data should be collected and processed consistently
- Timeliness - Data collection should be captured as quickly as necessary to support processes for which it is collected.
- Relevance / consistence - Data captured should be relevant and be maintained consistently to the purpose for which it is used

Data Quality is the responsibility of all staff who record information whether on paper or by electronic means have a responsibility to take care and ensure that the data is accurate, as complete as possible and up to date.

The Information Board ensures the Information Programme objectives are delivered including, creating intelligence and good quality Trust data to realise the benefits of information improving in health and care outcomes.

Every Key Performance Indicator (KPI) in the Trust Performance Scorecard is supported by three quality assurance indicators. This has been added to the information programme for 2018 as part of an improvement lifecycle.

Reporting against core indicators

Care Programme Approach

Indicator: the percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period. BCHC has achieved 100 per cent compliance on 7 day follow-up of individuals discharged from hospital. This is based on 6 patients who were discharged during the reporting period.

Care Programme Approach (CPA) patients, comprising: receiving follow-up contact within seven days of discharge	Apr 17	May 17	Jun 17	Jul 17
Number of patients on CPA who were followed up within 7 days of discharge	1	1	1	0
Compliance	100%	100%	100%	100%

Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
0	1	0	2	0	0	0	0
0	1	0	2	0	0	0	0
100%	100%	100%	100%	100%	100%	100%	100%

	2014-15	2015-16	2016-17	2017-18
7 day follow-up compliance	100%	100%	80%	100%

BCHC continues partnership working with providers and commissioners. This ensures that BCHC are fully involved with the pre-discharge process and can be proactive in planning follow up, which leads to both quality for patients and compliance internally and externally. Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described as clinical records evidence this with documented records of visits and meetings and will continue to maintain the high standard set.

Readmission

Indicator: The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

Age Band	Discharges	% readmitted within 28 days of discharge
0-15	0	0
16+	327	56.88

This indicator forms part of Domain 3 (Helping people to recover from episodes of ill health or following injury) and indicates the likelihood of the patient not recovering well due to requiring further medical treatment. This is a useful indicator for an acute hospital environment but less so for community beds. Birmingham Community Healthcare NHS Foundation Trust operates a step up and step down facility in partnership with local acute hospitals. In terms of emergency readmissions, almost two thirds are as a result of non-elective transfers to our bedded units from acute trusts within the local health economy. Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is sourced and processed from a nationally defined clinical data system and has been internally verified.

Birmingham Community Healthcare NHS Foundation Trust intends to take the following actions to improve this percentage and so the quality of its services, by producing regular reports to monitor compliance to support service improvement.

Staff Survey

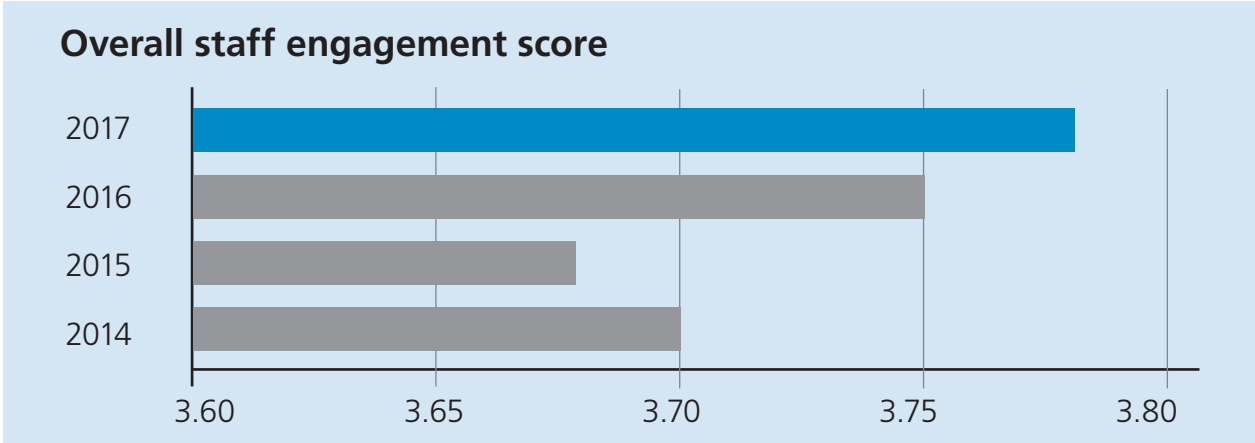
The 2017 Staff Survey was the 15th annual national survey of NHS staff and ran from 14th September 2017 until 1st December 2017. BCHCFT commissioned Quality Health to carry out the survey. The sector average derives from the 12 community trust organisations, contracted to Quality Health. The national comparator group consists of 17 community trust organisations, including BCHCFT.

This year the Trust responded to feedback from staff, including the Black and Minority Ethnic (BME) Staff Network, and for the first time in five years conducted a full census survey (inviting all staff to participate). We achieved 1868 responses resulting in a return rate of 40%, with 4713 staff invited to complete the survey. In 2016 the Trust conducted a sample survey of 1250 staff with 490 responding also equating to a 40% response rate. Therefore our real numbers response rate has greatly increased and will provide a greater depth of data for analysis; however our response rate remains below the national average of community trusts (50%). This year's staff survey action plan will deliver a targeted approach at divisional and corporate service level to promote the importance and value of completing the staff survey.

Nationally, no formal league table is generated and there are many ways in which the data may be interpreted. Listening into Action (LiA) has produced a scatter map and league table for all 17 Community Trusts. Overall we are ranked 12th out of 17 trusts, which is an improved position from last year (14th). The national trend is that staff members feel less positive generally from last year and there has been a broad deterioration across the community sector with a few exceptions.

2017-2018 Ranking	Community Trust name
1	Cambridgeshire Community Services
2	Derbyshire Community Health Services FT
3	Sussex Community FT
4	Central London Community Healthcare
5	Hounslow and Richmond Community Healthcare
6	Lincolnshire Community Health Services
7	Kent Community FT
8	Shropshire Community Health
9	Hertfordshire Community
10	Leeds Community Healthcare
11	Wirral Community FT
12	Birmingham Community Healthcare FT
13	Norfolk Community Health and Care
14	Liverpool Community Health
15	Bridgewater Community Healthcare FT
16	Staffordshire and Stoke on Trent Partnership
17	Gloucestershire Care Services

Acting on advice from Quality Health, the Trust has considered the overall staff engagement score as a key indicator to benchmark against other organisations. The Trusts score of 3.78 was average when compared to trusts of a similar type. The overall staff engagement score has remained static over the last four years.



2017/18	Staff recommend BCHC as a place to work
Q1	60%
Q2	62%
Q3	59%
Q4	59%

The results demonstrate a marginal improvement over the last three years.

This year the Trust opted for a mixed mode approach inviting email users to complete the survey online and those who do not regularly access email being given a paper survey. 1181 of staff used the online approach and 686 used the hard copy method.



The Staff Survey is divided into 32 Key Findings

3 of these yielded a positive improvement in comparison against the 2016 results:

- quality of appraisal,
- staff satisfaction with resourcing and support
- effective use of patient feedback.

2 yielded negative shifts since 2016:



- percentage of staff reporting errors, near misses or incidents witnessed in the last month
- percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months.

The remaining 27 Key Findings reported no change.

Five priorities for action were identified in the 2016 Staff Survey Action Plan including:

1. Reducing workplace related stress through proactive Health & Wellbeing approaches and implementing an inclusive leadership approach
2. Improving the quality and leadership of 'Values based' Personal Development Reviews (PDR's)
3. Staff engagement - Adopting a Listening in action "you said, together we did" approach
4. Patient experience - identifying actions for improving the communication of patient feedback to staff delivering care
5. Leading a 'deep dive' and acting upon the evidence of staff experience of bullying and harassment.

Improvements were seen against priorities 2 and 4 with no significant change against the remaining three priority areas. Of particular note is the communication of patient feedback to staff which has seen the largest change since 2016.

Question	2016 response	2017 response	Improvement since 2016	Median score 2017
I receive regular updates on patient/ service user experience feedback in my directorate/department (through line managers or communications teams)	52%	64%	+12%	62% 
Feedback from patients/service users is used to make informed decisions within my directorate or department	51%	54%	+3%	54% 

Following the 2017 Staff Survey results, the Board has endorsed an ambitious programme of work to enhance staff experience. The Staff Survey Working Group have analysed the findings and are currently engaging with staff members across the organisation to agree priorities for action against the 9 themes within the staff survey.

This year the action plans will identify organisational wide priorities with specific target and outcome measures to achieve and divisional priorities to target areas identified within the report that are outliers.



Next Steps

During 2018 a schedule of 'Big Conversation' staff engagement events will be held to share the staff survey results and priorities and enable staff to share their experiences and let us know what would improve their working life. The conversations will inform the refresh of our vision and values and our service strategies and support the development and delivery of the Cultural Inclusion and Staff Engagement Strategy. We will be utilising a 'Pulse Check' tool in order for us to monitor levels of staff engagement and how valued staff feel.

A Task force approach and structure is being implemented to deliver the priorities for action, led by the Director of Strategy and Transformation, Human Resources Director and Executive Director of Nursing and Therapies. Progress will be reported on a quarterly basis to Quality, Governance and Risk Committee (QGRC) and Management Board and will be shared regularly with staff through the current 'You Said, We Did' staff engagement campaign.

Staff survey actions for 2018-19

1. Appraisal and support for development

The focus during 2018 will be to support the divisions to improve the uptake and quality of appraisals so that all divisions are able to reach at least the national average comparator score

2. Equality and Diversity

The priority for action will be to increase the percentage of people believing the organisation provides equal opportunities for career progression and promotion to at least the national average comparator score. Work is currently under way to develop and deliver a range of talent management and succession planning strategies in line with our current Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) plans. The organisation has currently commissioned a review of our equality policies and procedures, which includes within the scope equal opportunities for career progression and promotion

3. Errors and Incidents

This is a new organisational priority for action, which will focus on increasing the percentage of staff reporting errors, near misses or incidents and provide reassurance about how these would be handled, to encourage and reassure staff that their concerns will be treated seriously and with transparency.

4. Health and Wellbeing

Reducing work related stress would remain an organisational priority. Focus will be on introducing new interventions to support the physical and mental health and wellbeing of our staff including the implementation of a Recovery College model in a health and wellbeing hub and working as a system partner to deliver the Birmingham and Solihull Sustainability and Transformation Plan.

5. Working patterns

Whilst the Trusts overall score have improved additional support will be provided for the two divisions that have scored above the national comparator average for percentage of staff working extra hours.

6. Job satisfaction

The organisational priority for action will be to increase effective team working and staff motivation levels to at least the national average comparator score in the 2018 staff survey results.

7. Managers

The priority for action will be to work with the divisions and corporate areas to increase the recognition and value of staff by managers and increase support provided by immediate managers to achieve at least the national average comparator score.

8. Patient care and experience

The organisational focus will be on increasing the percentage of staff members who feel their role makes a difference to patients and service users to above the national average. We will also be undertaking a staff cultural temperature check throughout the year to enable on-going staff engagement in the improvement of patient care and experience.

9. Violence, harassment and bullying

Reducing violence, harassment and bullying will remain an organisational priority. Focus will be on undertaking a deep dive against the six key findings and to engage a range of stakeholders in the development and delivery of a priority action plan.



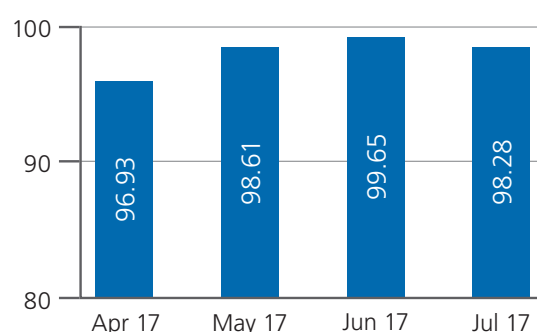
Venous thromboembolism (VTE)

Venous thromboembolism (VTE) forms part of the work programme for patient safety, which is one of the Trust's quality priorities. Deaths from hospital acquired blood clots are preventable and, for this reason, all patients admitted to hospital should be assessed for their risk of developing blood clots and, if necessary, protection in the form of prophylactic treatment provided.

Indicator: The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Throughout 2017-18 the Trust has continued to monitor the delivery of proactive risk assessments for VTE for patients admitted to the Trust.

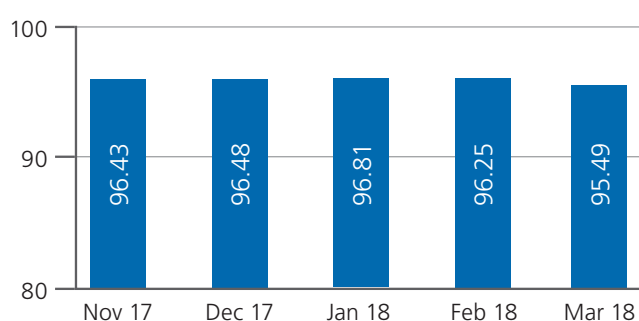
We began the year basing the reported compliance on an audit delivered each month as part of the Essential Care Indicators. Performance for those months is as shown in the graph below and was based on audits conducted in each ward of the Trust each month on a sample of patient records.



Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

- Venous thromboembolism (VTE) data is available, measured and monitored monthly using the NHS Safety Thermometer, monitoring the percentage of patients who were admitted to BCHC bedded areas.

Birmingham Community Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by the following: The on-going development of our RIO patient information system meant that during the year we were able to move the recording of VTE assessments from a paper record to the electronic patient record (EPR). As a result from November 2017 we were able to report a full census of all patients admitted in the previous month and check for each patient whether a VTE assessment was recorded in their EPR. With this increased coverage it is pleasing to report that we have continued to achieve the 95% target and are now better able to identify areas where patients have been admitted but still require an assessment.



Clostridium difficile

Indicator: the rate per 100,000 bed days of cases of Clostridium difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.

The Trust had 7 cases of Clostridium difficile infections in 2017-2018. All cases have a detailed route cause analysis completed which is reviewed by the commissioners all cases reviewed in 2017-2018 has been classed as unavoidable. This means that there was nothing the Trust could have done to prevent these cases. Two cases have not yet been reviewed this is due to take place in May 2018.

Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

- Data is received from specimen laboratories directly. This data is also checked through a national database by commissioners monthly.

Birmingham Community Healthcare NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services, by ensuring that When a case of *Clostridium difficile* occurs on a ward an enhanced *Clostridium difficile* audit is completed by the infection, prevention and control team every week until the unit achieves a compliance score of 95% or above for 3 consecutive audits to ensure that good practice is imbedded into the unit. This tool gives us greater quality and assurance of control of Infection in the unit.

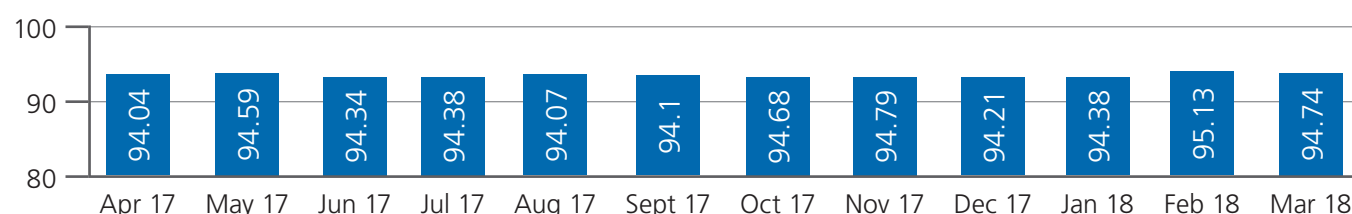
*Incomplete pathways

Indicator: Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

NHS guidance state that 92% of patients on a consultant led pathway need to start treatment within 18 weeks of referral. Our current performance is below.

Patient waits under the 18 week referral to treatment targets are monitored under the Quality domain and are reported both nationally and to our local Commissioners. During 2017-18 it is positive therefore to report that the Trust has managed to achieve this target every month as shown in the graph and table below.

Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
94.04	94.59	94.34	94.38	94.07	94.1	94.68	94.79	94.21	94.38	95.13	94.74



The Trust continues to monitor this data and in particular carries out the following actions:

- daily Referral to Treatment (RTT) update reports accessible through the 1Vision on line reporting tool
- A monthly RTT working group
- Establishment of additional clinical session where patient lists are growing
 - The use of Service Standard Operating Procedures which were reviewed and updated in 2017
- Annual Audits of RTT processes by our Internal Auditor and Business Intelligence functions
- monthly RTT teleconference with services
- monthly service validation and sign off

In addition the Trust monitors closely associated indicators of performance such as Urgent Referrals under Cancer 2 week waits.



An incomplete pathway describes a patient who is waiting for treatment following referral to one of our services.

*not a core indicator in line with guidance

Patient Safety Incidents

An incident is any event which has given rise to actual harm or injury or damage to/loss of property. This definition includes patient or client injury, fire, theft, vandalism, assault and employee accident. It also includes incidents resulting from negligent acts, deliberate or unforeseen.

Indicator: The number and, where available, rate of patient safety incidents reported within the Trust during 2017-18, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Year	Total Incidents	Severe Harm/Death	%
2017/18	7450	86 (45 Severe Harm/41 Death)	1.15
2016/17	7044	26	0.4
2015/16	7647	27	0.5
2014/15	8413	96	1.14

It is worthy of note that in October 2017, the Trust began reporting 'Unstageable' Pressure Ulcers through the datix system. This was not previously the case, with pressure ulcers being reported through datix when they had been confirmed as Grade 4 - categorised as severe harm. This explains the increase in incidents reported where 'Severe harm' was the result.

Furthermore, the Trust also began to report all patient deaths in compliance with the National Quality Board 'National Guidance on Learning from Deaths' March 2017, which was reinforced by the findings of the Care Quality Commission (CQC) report Learning, candour and accountability:

A review of the way NHS trusts review and investigate the deaths of patients in England. Previously all in-patient deaths were subject to review, however, during 2017-18, all patient deaths notified to or noted by BCHC were reported. This included community patients with a Learning Disability, or adults who were visited by the Adult Community Services District Nursing teams, even if the death was not linked to BCHC care. The data above includes incidents reported under these criteria

Birmingham Community Healthcare NHS Foundation Trust considers that this data is as described because the Trust has a single incident reporting system (Datix) which can be accessed by all staff. Each incident is assigned a 'handler' who manages the incident to ensure that all information is accurate.

Birmingham Community Healthcare NHS Foundation Trust continues to introduce initiatives to ensure that the quality of its services remains high and that we learn from incidents.

It is important, however, to emphasise that incident reporting is encouraged to ensure that the Trust is open and transparent.

Reported incidents

All incident data correct at 6 April 2018.

During the period 1 April 2017 and 31 March 2018 a total of 7,450 incidents have been reported. This figure includes 93 Serious Incidents (SIs)

Incident by type

Incident Type	Total 2017-18	Total 2016-17
Information Governance	292	299
Fire Safety	36	32
Infrastructure	308	402
Medication, Medical Gas, Medication Delivery System	617	589
Patient Incident	4669	4122
Security	310	319
Staff, Visitor, Contractor Incident	1218	1281
Total	7450	7044

Top 3 incidents

It is worthy of note that since 1 May 2017, non-emergency patient transport (NEPT) has been provided by West Midlands Ambulance Service under a contract managed by the Clinical Commissioning Group. This resulted in BCHC patient transport services being closed. Since the start of the Non Emergency Patient Transport (NEPT) contract, there has been a significant increase in admission, transfer, discharge, access to services reported incidents. The issues are subject to contract review.

Top 3 Incidents	Incident by type	2017-18 total	2016-17 total
Patient Incident	Care delivery (inc. pressure ulcers)	1606	1130
	Slips, trips, falls	730	951
	Admission, transfer, discharge, access to services	822	533
Staff, visitor, contractor incident	Violence, abuse, assault	500	460
	Staffing issues	277	339
	Contact injury	70	98
Medication	Administration	288	302
	Prescribing	86	92
	Preparation/dispensing	83	64

Learning from deaths

During 2017-18, 207 of Birmingham Community Healthcare NHS Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 51 in the first quarter
- 55 in the second quarter
- 51 in the third quarter
- 50* in the fourth quarter.

By 31st March 2018, 130 case record reviews and/investigations have been carried out in relation to the 207 of the deaths.

In 130 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:

- 31 in the first quarter
- 32 in the second quarter
- 36 in the third quarter
- 31* in the fourth quarter.

Zero (0) representing 0% 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.

These numbers are exact using the Trigger Tool Case Note Review method applying the Hogan and Black scale.

Learning

The learning identified from case record reviews is in relation to the deaths during the period 1st April 2017 to 28th February 2018. There are 5 phases of care learning as follows:

Admission and Initial management:

- Clear concise timings, dates and designation of admitting clinician; diagnostic tests not completed; Lying and Standing Blood Pressure requested and evidence of

completion not documented; recognition to past medical history in relation to care planning; nursing handover to the wards from Community Clinical Decision Unit

Risk Assessments:

- Care planning is not patient centred, e.g. falls, nutrition and Hydration, including fluid management is inconsistent.

On-going Care:

- Sepsis screening tool is not used routinely as a prompt to recognise and treat sepsis within the hour; National Early Warning Score (NEWS) not always routinely completed and to include the escalation effectively documented in the patient notes; timely monitoring and escalation of the diabetic patient

End of Life Care:

- The earlier recognition of the dying patient to include the commencement of the Supportive Care Plan; supporting relatives and carers in achieving a dignified death; understanding the needs of the complex patient and the roles of medical and nursing staff in end of life care; improving communication between primary and secondary care.

Actions

The actions from case record reviews is in relation to the deaths during the period 1st April 2017 to 28th February 2018. They are as follows:

Admission and Initial management:

- Documentation Issues reviewed at the junior doctors journal club and the clinical effectiveness committee;
- Quality Improvement project for Lying and Standing Blood Pressure commenced;
- Care Planning and documentation quality improvement project commenced.

Risk Assessments:

- Nutrition and Hydration and Fluid management is a key work stream and a quality improvement project

On-going Care:

- Sepsis is a key work stream with a sepsis plan and sepsis boxes have been implemented and Sepsis training is on-going;
- Patient deterioration training is on-going.
- Diabetes management is a key work stream with plan; diabetes training is on going

End of Life Care:

- The Care of the Dying Patient and Bereavement is a work stream with plan.

End of life and Bereavement is reviewed at the junior doctors' journal club and the divisional end of life group.

Impact

The impact from case record reviews is in relation to the deaths during the period 1st April 2017 to 28th February 2018. They are as follows:

Admission and Initial management:

- Documentation audit, Essential Care Indicators used to monitor the impact;
- Lying and Standing Blood Pressure at Safety Express;
- Care Planning and nursing hand over to wards at the Clinical Effectiveness Committee

Risk Assessments:

- Care Planning and documentation quality Improvement Project; Nutrition and Hydration and Fluid management - impact is monitored at the inpatient Clinical Effectiveness Committee, the Hydration Group and Safety Express.

On-going Care:

- The Sepsis plan and work programme is monitored at the Sepsis Group and to the Mortality and Deteriorating Patients Committee;

- Patient deterioration incidents are reviewed at the Mortality and Deteriorating Patients Committee;
- The Diabetes plan and work programme is monitored at the Diabetes Group and includes a review of incidents and training.

End of Life Care:

- End of life and Bereavement plan monitored through the Mortality and Deteriorating Patients Committee.

10 case record reviews and 10 investigations completed after 31 March 2017 which related to deaths which took place before 31 March 2017. These reviews were undertaken in the month of April 2017 and wholly related to patient deaths that occurred in March 2017.

Zero (0) representing 0% of the patient deaths before 31 March 2018, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number is exact using the Trigger Tool Case Note Review method applying the Hogan and Black scale

Zero (0) representing 0% of the patient deaths during 2016-17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

*data is recorded a month in arrears.

(Reference; Preventable deaths due to problems in care in English acute hospitals: a retrospective case record review study, Helen Hogan, Frances Healey, Graham Neale, Richard Thomson, Charles Vincent, Nick Black. *BMJ Qual Saf* 2012;21:737-747).



Section 3

Quality Indicators

QR 64

Essential Care Indicators (ECIs)

QR 77



QR 63

Quality Indicators

Indicator	17-18 target	End of year position 17-18	End of year position 16-17
Number of Meticillin-resistant Staphylococcus aureus (MRSA) new bacteraemia cases†	0	0	0
Number of Clostridium difficile avoidable cases†	0	0	0
Number of falls resulting in severe injury or death	18	22	13
Number of Grade 3 or 4 avoidable pressure ulcers (PUs) Community *	18	9	11
Number of Grade 3 or 4 avoidable PUs Inpatients *	0	0	1
Number of Serious Incidentst	N/A	104	78
Number of Never Eventst	0	2	1
Patient NHS Safety Thermometer (Harm FREE Care - new and old harms)†	95%	97.33%	97.81%
Patient NHS Safety Thermometer (HarmFREE Care - New Harms only)	95%	99.46%	99.06%
Essential Care Indicators - Inpatients (aggregated measure)	95%	96.70%	95.70%
Essential Care Indicators - community (aggregated measure)	95%	97.50%	97.30%
Essential Care Indicators – Learning Disability Inpatients	95%	97.20%	96.10%
Essential Care Indicators – Learning Disability Community	95%	90.10%	86.50%
Percentage of Venous Thromboembolism (VTE) risk assessment on admission†	95%	95.49%	- **
Percentage of complaints responded to within ≤ six months or as agreed†	100%	100%	100.00%
Friends and Family Test †	85%	93%	91%
Customer Experience - % patients reporting very good or excellent	85%	91%	90%
Number of complaints	N/A	178	194
Percentage of staff appraised (within 12 months)	90%	83.48%	85.03%
Medical revalidation	100%	100%	100%
Percentage of sickness absence	4.30%	6.09%	4.67%
Safe staffing†	100%	107.85	99.57%
Mandatory Training Compliance	85%	91.78%	- **

Further details around the full range of indicators reported to the Board through the Trust Quality and Performance balanced scorecard can be found on our Trust website through the following link www.bhamcommunity.nhs.uk/about-us/board-of-directors/meetings-and-papers/

* Data 2 month is arrears † Nationally defined

** 2017-18 data not comparable with 2016-17 outturn

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

During the period 2017-18, the Trust had two Never Events reported at the Birmingham Dental Hospital. The incidents were classified as 'Wrong site surgery' and related to the anaesthesia (block) being administered to the wrong side prior to a planned tooth extraction. In one case the planned extraction continued at the request of the patient after the error had been noted. No harm was caused to either patient. The incidents took place in October 2017 and January 2018.



Improving sickness absence levels

The Sickness Absence rate at 2017-18 year end was 6.09% against a target of 4.3%. Later updates to sickness records has resulted in a small reduction in March Sickness (5.91%). The 12 month average for the year was 5.66%, compared to last year's results of 5.34%.

This represents a disappointing year in terms of sickness absence management. In spite of a range of initiatives and programmes and careful application of policies the majority of Divisions have generally struggled to meet targets throughout the year. Stress and Anxiety has continued to be the largest cause of absence followed by musculo-skeletal (MSK) problems.

It is noted that winter flu, significant workforce change programmes and the impact on staff of meeting service capacity demands have been factors throughout the year.

An overall review of Sickness Absence Management and a focus on staff engagement and staff health and wellbeing will be key priorities for 2018-19.

The Trust continues to work with its occupational health provider to improve efficiencies and has been piloting a more effective method of managing appointments which had seen a reduction of staff not attending (DNAs).



David Holmes
Director of
Human Resources

Staff appraisal

The Trust requires all employees to take part in an annual Personal Development Review (PDR) or appraisal discussion.

This investment in the workforce is key to achieving the Trust's corporate objectives, supporting organisational values and service improvement. As can be seen from the figures on page 64, our position has worsened slightly this year, although results from the 2017 staff survey indicate that the quality of appraisal has improved. Focussed support is provided in areas of non-compliance, and the appraisal process is currently being refreshed to improve the quality of appraisal even further. Staff appraisals are recognised as a key component of good workforce planning and will continue to be an area of key focus.



Heather Wilby
Head of Learning
and Development

Patient feedback

As a result of patient feedback here are some of the changes we have made at the Birmingham Dental Hospital

Car parking - Previously pay on entrance: Patients were being over charged not knowing how long to put on the parking meters, or having to return to the meters mid treatment to add more time. A new pay on exit system has been installed

Information on screens - Patients feedback regarding lengthy waiting times and little to keep them occupied: News and weather is now displayed in all waiting areas along with important patient information.

'Are you a new patient' leaflet - Feedback from new patients being seen for a consultation suggested that it was unclear why they should expect to be at the hospital for a minimum of three hours. The leaflet outlines what is involved at their appointment.

Outcome letters sent to patients - Routine correspondence was not previously copied to patients: Since November's quality committee it has been agreed that from immediate effect all correspondence will now be copied. This provides patients with information being shared about them and prevents them having to make contact to request the information via an access to records request.



Safety Thermometer



It has been six years since the NHS Classic Safety Thermometer survey commenced in an effort to reduce avoidable harm in relation to four common harms, detailed below, experienced by patients. The implementation of Safety Express and embedding the NHS Classic Safety Thermometer survey as a measurement tool continued to work well this year as one of the Trust's patient safety objectives and quality priority.

The Trust's ambition of delivering 95% HarmFREE Care measured by the NHS Classic Safety Thermometer has been exceeded throughout the year and our objective is to eliminate avoidable harm and protect patients from four common conditions which are:

- Pressure Ulcers
- Harm from Falls
- Catheter associated Urinary Tract Infections (CaUTIs)
- New Venous Thromboembolism (blood clots: VTE/DVT/PE).

We said that we would continue to measure and monitor delivery of this objective. Table 1 below, illustrates that the Trust has achieved this and has exceeded 95% HarmFREE Care for all patient harms whether they are old harms or new harms. Old harms being those the patient experienced before coming into our care, and new harms being those the patient has experienced during our care. Table 1 further illustrates that 0.50% of patients surveyed over the course of the year experienced a new harm, as 99.50% of our patients were HarmFREE compared with the national figure of 94.25% This information is collected on a set day every month as a snapshot in time and represents an improvement over the year compared with last year.



Table 1

2017/18						Apr	May	Jun	Jul	Aug	Sep
All Patient Harms - HarmFREE Care						97.80	97.70	98.52	98.39	98.46	98.72
New Patient Harms - HarmFREE Care						99.30	99.14	99.72	99.42	99.58	99.56

Oct	Nov	Dec	Jan	Feb	Mar	Trust Overall		National Overall	
98.55	98.16	98.12	98.57	97.80	97.33	98.18		94.25%	
99.53	99.51	99.62	99.68	99.47	99.46	99.50		97.94%	

Table 2 shows the sample size for 2017-18 and is split by divisions. The percentage of HarmFREE Care (All) is the prevalence and is measured once a month. The overall Trust achievement for the year is 98.18% HarmFREE compared with the national figure of 94.25%.

For the Children and Families Division the sample is restricted to the community nursing teams and the inpatient respite beds. Although no longer a CQUIN, the requirements to complete the NHS Classic Safety Thermometer survey remain the same. The NHS Safety Thermometer Programme Manager supports teams to ensure that we achieve 100% compliance and this year the Trust has sampled 26,132 patients and 25,656 were free of the four common harms.

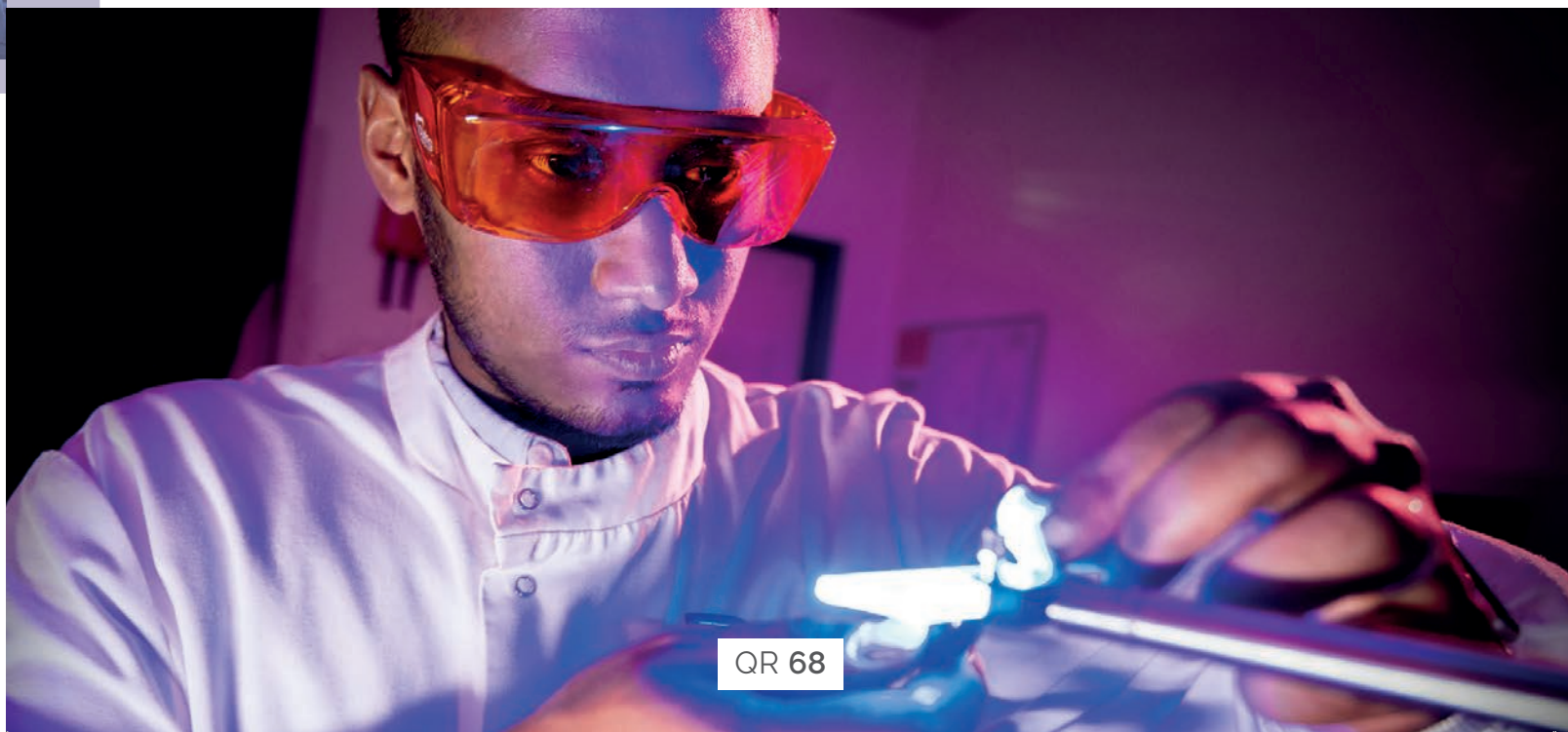
Table 2

2017/18	HarmFREE Care	Number Sampled	% HarmFREE Care (All)
Trust-wide	25656	26132	98.18
Adult Community Services	21859	22224	98.36
Urgent Care Services	2760	2854	96.71
- Inpatients	2322	2414	96.19
- Prison	438	440	99.55
Rehabilitation - Inpatient Neuro-rehabilitation Unit	564	579	97.41
Children and Families	473	475	95.58

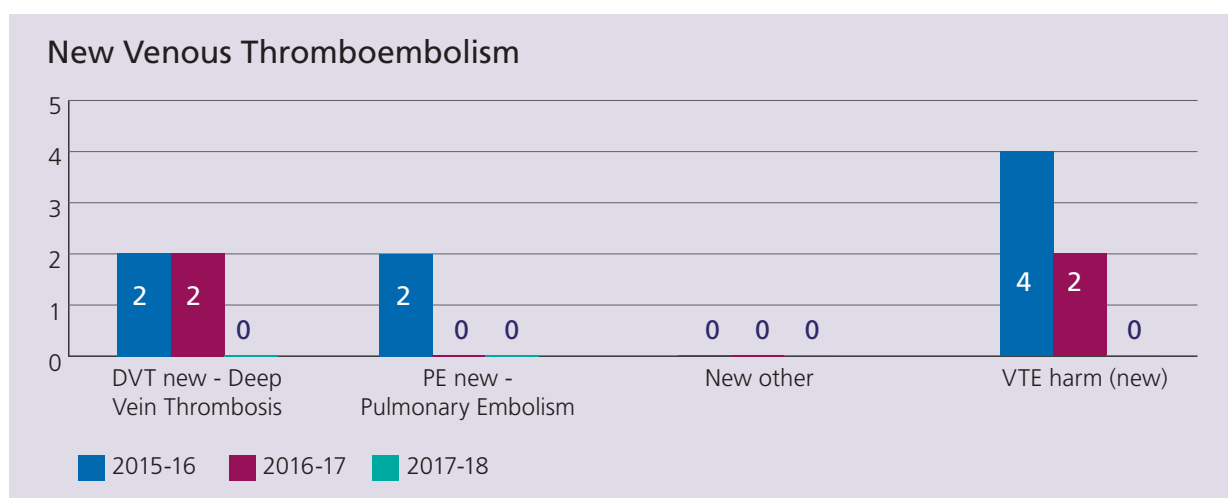
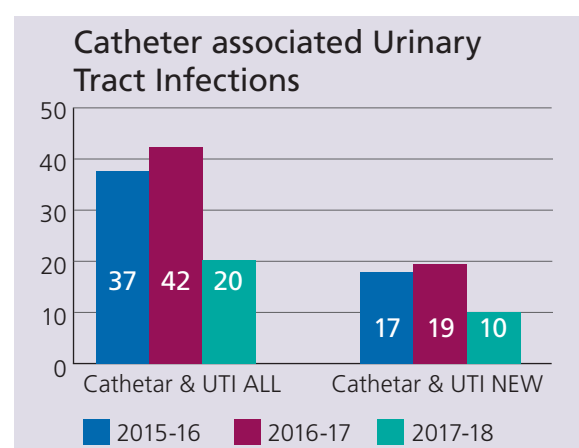
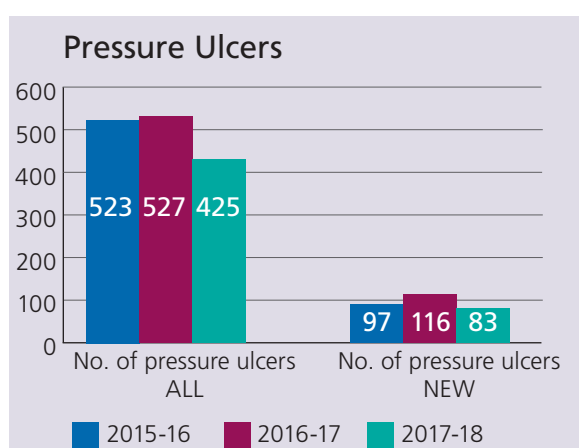
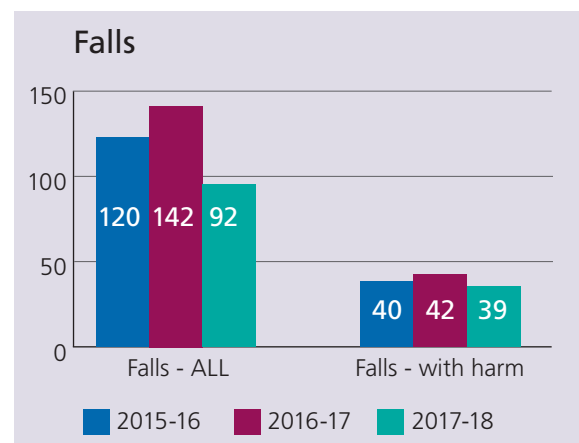
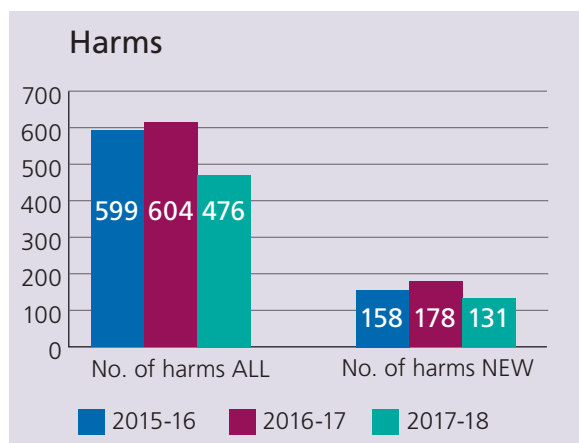
Table 3 below demonstrates NHS Classic Safety Thermometer annual Trust results for the last three years.

Table 3

Trust-wide HarmFREE Care (All Harms)	% HarmFREE Care
2015/16	97.86
2016/17	97.84
2017/18	98.18



Over the last six years there has been significant reduction in avoidable harm relating to the four common harms and the below tables illustrate this for the last three years.



Implementation of National Institute for Health and Care Excellence (NICE)



The Trust NICE Implementation programme has continued to support services to evidence the quality of care provision and clinical effectiveness utilising the guidance and standards provided by National Institute for Health and Care Excellence (NICE).

The Trust NICE Review Group (sub-group to Trust the Clinical Effectiveness Committee) consists of a membership which represents and supports trust wide consultation of new and updated NICE guidelines and assessment of their relevance trust services.

This year (April 2017- March 2018) the NICE Review Group (NRG) reviewed a total of 322 clinical guidance or Quality standards as well as co-ordinating, receiving feedback and advising on existing work to evidence care locally within their areas of Expertise/Divisionally. 185 of these guidance's and standards reviewed were identified by the NRG membership to have potential for relevance within clinical or corporate services and were subsequently

forwarded as appropriate utilising the Risk Management Datix Alert system for either information or appraisal.

Evidence of compliance with NICE recommendations and standard statements must ultimately provide trust assurance and can therefore be a very involved and lengthy process. A total of 42 pieces of work which provided evidence of trust compliance in the form of completed worksheets were agreed and approved through the Trust committee process. A further 16 action plans were also agreed and approved through the Trust committee process which have identified key pieces of work currently being undertaken to ensure care provision is optimised and care outcomes maximised. This also supports services/ clinicians to participate in quality improvement programmes under the umbrella of the NICE Implementation Programme.

NICE National Institute for Health and Care Excellence

Next Steps...

The programme is committed to increasing the total of completed evidence work sheets by 6 per cent for year 2018-2019.



Same Sex Accommodation

CREWS

Birmingham Community Healthcare NHS Foundation Trust is committed to providing every patient with same sex accommodation because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

BCHC is pleased to confirm that we are compliant with the government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice.

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area.

Sharing with members of the opposite sex will only happen when clinically necessary (for example, where patients need specialist equipment such as in the provision of specialist bathrooms which cannot be designated as single sex), or when patients actively choose to share.

This achievement is regularly monitored and if our care should fall short of the required standard, we will report it. We have also set up an audit mechanism to make sure that we do not misclassify any of our reports. There were no breaches of the standards in 2017-18. The review of compliance forms part of our annual audit programme and each bedded unit has had an assessment following the template developed by the NHS Institute for Innovation and Improvement. This audit has confirmed overall compliance and there were no breaches of the standards in 2017-18.



Safeguarding Adults Quality review



In 2017-18 the safeguarding Adults team completed four patient stories. This was identified by Commissioners as a key performance indicator. The requirement was for us to produce one adult patient story each quarter, directly from the perspective of the service user and in their own words and to demonstrate how the patient voice has been shared with relevant staff and used as a means of reflecting on their practice in addition to any wider learning disseminated across the organisation.

The patient stories demonstrated the voice of the adult being heard, and is integral to person centred safeguarding practice within BCHC. The patients identified needed to have capacity to consent, the cases included areas of abuse and concerns relating to neglect, financial abuse, physical abuse and psychological/emotional abuse.

During 2017-18 the safeguarding adult team reviewed and updated a number of policies to take into account changes in practice, guidance and legislation and also learning from high level external reports e.g Reports of the NHS investigations into Jimmy Savile.

These include:

- Safeguarding Adults Policy
- Mental Capacity Act Policy
- Deprivation of liberty safeguards polic
- Chaperones Policy,
- Safe and Therapeutic Responses to Distressed Behavior Including Physical Intervention Policy
- the Locked Door Policy
- Training Strategy for Safeguarding Adults
- Domestic Abuse Policy
- Safeguarding Adults Supervision Policy
- Persons in a Position of Trust Policy, 'VIP'/Celebrity/Media Representative Access Policy.

The safeguarding adult team have contributed to other Trust polices as relevant.

During 2017-18 the safeguarding adult team have continued to provide training both as e-learning packages and face to face and the trust met its compliance targets for safeguarding adults, Mental capacity, Deprivation of liberty (DoLS) and Prevent training.

The Safeguarding team have also contributed to a number of internal quality reviews undertaken across the trust with a particular focus on safeguarding issues , implementation of the Mental Capacity Act (MCA) and the deprivation of liberty safeguards and the Care Act. The team undertook an number of audits across the trust including Customer Service Satisfaction Survey, Response Time Audit and the Safeguarding Adults, MCA and DoLS audit.



Using CQUIN to improve nutrition and hydration



“Nutrition helps with healing and rehabilitation and to prevent pressure sores”

All patients should receive safe and high quality nutrition and hydration support when required, through the commissioning of person-centred and clinically effective integrated services.

In 2015 NHS England published a guidance document on commissioning excellent nutrition and hydration care. Providing good nutrition and hydration aligns with several Trust quality priorities and Trust values and therefore a CQUIN was commissioned for its second year in 2017-2018.

Individuals who have underlying health problems are at a greater risk of becoming malnourished or dehydrated. Factors which affect nutritional intake are complex and multifactorial, but in the simplest terms the result of reduced intake means that over time individuals are not getting sufficient nutrition to maintain a normal level of functioning. This in turn can result in frailty, which can lead to further complications such as increased risk of falls or the development of pressure ulcers.

Several work streams have taken place throughout the duration of the CQUIN. One key objective was to raise awareness within inpatient staff of the key role that nutrition and hydration plays in the wellbeing and recovery of our service users. This was achieved through the development of a ward based training programme. Due to the small group sizes, the workshop style sessions encouraged staff engagement and peer to peer learning, as staff discussed the challenges they face and were encouraged to consider solutions to which they could contribute within their role.

“I always try to encourage patients to drink more”

In addition to training, existing care plans were revised to create a holistic nutrition and hydration care plan to identify and act on the individual needs of each patient. A new hydration screening tool was developed and integrated within the care plan to help staff to recognise those patients who are not drinking sufficiently and have clear care plan actions to implement to support those individuals.

“I feel that staff at the unit do well with nutrition and hydration, patients are given drinks regularly and during mealtimes. All staff participate and help to feed patients, also food diary documentation is done well”





A patient information leaflet was developed to empower patients and their families to recognise the risks and indicators of malnutrition or dehydration, as well as providing tips for eating well or improving food and fluid intake if necessary.

Several audits have been carried out over the course of the CQUIN, and show a positive progression in how both malnutrition is recognised and managed at ward level. Staff have offered their own feedback on the training and care plans, which captured both the effectiveness of the training and also recognition of the importance of identifying malnutrition and dehydration, and how this impacts overall on patient care.

The CQUIN has been a fantastic opportunity to raise awareness of just how important it is to provide the right nutrition and adequate hydration for each of our patients. It has given us the chance to support staff in recognising that everyone has individual needs and to

build their confidence to work with patients to ensure these needs are met. The CQUIN is due to come to a close in March 2018 and this will be marked with a Trust wide event to build on all of the work that has been done to acknowledge this important issue, with an aim that the focus and training that has been delivered will have long lasting benefit to individuals under the care of BCHC.



Next steps...

Building on the success of the Nutrition and Hydration Care CQUIN in 2016-17 and 2017-18, a comprehensive Nutrition and Hydration Improvement Programme will be rolled out to Community District Nursing teams throughout 2018-19 with nominated leads who will champion the CQUIN in each team.

Working in collaboration with West Midlands Quality Review Service (WMQRS)



In 2017 Urgent Care Services worked alongside WMQRS to develop a set of bespoke Quality Standards.

These Quality Standards were developed to support the implementation of the new bed model within Urgent Care Services division.

The Standards are based on existing WMQRS which were tailored for the division through a workshop involving a wide range of clinicians and through circulation to all services for comment.



Aims of the Quality Standards:

The Quality Standards aim to improve the quality of services and to help to answer the question: "For each service, how will I know that national guidance and evidence of best practice have been implemented?" They describe what services should be aiming to provide: All services should be moving towards meeting all applicable Quality Standards within the next two to five years.

The Standards also:

- Can support service improvement through self-assessment and internal review
- Can help services to share good practice
- Provide BCHC with a framework for assuring the quality of the new bed model
- Can help service users and carers to know more about the services they can expect
- And be used to provide on information on service quality for commissioners and the CQC

Quality Standards are also cross-referenced to British Standards Institute, Care Quality Commission and NHSLA Standards

Scope of the Quality Standards

The Standards for the Community Clinical Decisions Unit and Wards 5 and 6 are based on the Acute Medical Admissions Units section of the WMQRS Urgent Care Quality Standards (V3, 2016). Those for intermediate and palliative care are based on the WMQRS Quality Standards for Transfer from Acute Hospital Care and Intermediate Care (V1, 2016). The Standards also draw on those for Care of People Living with Frailty (V2, 2015).

Latest versions of WMQRS Quality Standards are available on the WMQRS website www.wmqs.nhs.uk.

Customer Service



The customer service team supports BCHC in improving services for patients. It provides confidential impartial advice and support to patients and staff, helping to sort out concerns or queries people have about their care and treatment. The team also help enquirers navigate the services provided by the Trust and signpost them to appropriate points of contact within the Trust.

The customer service team is part of the wider patient experience team for the Trust. When concerns are raised with the Customer Service Team they work with the service to resolve the issue wherever possible. Where themes and trends emerge, these are escalated to the Associate Director of Patient Experience.

	Q1	Q2	Q3	Q4	Total 2017-18	Total 2016-17
Adult Community Services	197	217	228	238	880	892
Urgent care services	103	92	87	93	375	844
Children and families	138	151	142	177	608	599
Dental Services	123	119	85	89	416	1383
Learning disability services	28	21	26	11	86	33
Rehabilitation	34	22	48	32	136	235
Other	212	146	56	165	579	671
Total	835	768	672	805	3080	4657

Responding to our callers and clinical services

- We have continued to work with services to gain better understanding of their provision, in order to give immediate information and support to callers. This has worked well and in turn has improved working relationships with the Customer service team and Community Paediatric Doctors and District Nursing service.
- Customer services have supported various clinical services in staff training in particular on how to manage difficult calls and coached staff on how best to respond and support the patients, one example being Central Booking service.

Contact customer service team

Telephone: Freephone 0800 917 2855

Text: 07540 702 477

Email: contact.bchc@nhs.net

You can write to us at:

Moseley Hall Hospital, Alcester Road, Moseley, Birmingham, B13 8JLA



Essential Care Indicators (ECIs)



The ECIs are a set of metrics for assessing the quality of care plan and assessment tools used to manage fundamentals of care. They were initially developed as nursing metrics in Blackpool and Fylde NHS Trust and have been adapted by BCHC for use in adult inpatient units, district nursing teams and bedded units and community teams for people with learning disabilities.

The metric reports form a key part of the monthly quality reporting for the Board and are also fed back to teams and operational managers for rapid improvement. The metrics are collected monthly and are used as one of the early warning signs to tell us where teams need more support or further assessment of standards. The Trust has a dashboard tool for reporting the ECI results and available on our internal website for staff to access.

Adult bedded units

Patient observations	95% target	96.91
Falls assessment	95% target	97.81
Tissue viability	95% target	97.72
Nutritional criteria	95% target	95.89
Admission documentation	95% target	91.85
Medicines management	95% target	96.71
Environment	95% target	98.98

Learning Disability Services - in-patients

Safety	95% target	96.92
Promotion of health	95% target	96.39
Communication	95% target	97.00
Nutritional criteria	95% target	95.82
Patient Observations	95% target	92.27
Falls assessment	95% target	94.02
Environment	95% target	98.83
Tissue viability	95% target	94.64
Mental health	95% target	95.75
Medicines management	95% target	98.39
Record keeping	95% target	96.21

District nursing teams

Patient observations	95% target	92.51
Tissue viability	95% target	99.03
Pain management	95% target	99.11
Falls assessment	95% target	96.31
Wound management	95% target	96.62
Nutritional criteria	95% target	97.81
Medicines management	95% target	99.37



Implementation of Early Help Approach to Safeguarding Children



Birmingham Safeguarding Children Board describes Early Help as, “taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges”.

During 2017-2018 the Safeguarding Children Team successfully delivered a series of Early Help awareness training to Children’s and Families Division staff and additional Early Help Support to Health Visitors. The training was delivered in partnership with the Early Help Support Team from the Local Authority demonstrating a model of best practice and joint working.

The need for this training and support was driven following an OFSTED inspection of Birmingham Local Authority Children’s Services in October 2016 that encouraged partner agencies to be proactive in identifying, initiating, co-ordinating, and providing support for children and families in need of additional support. Serious Case Reviews have also highlighted the value of Early Help work with Families.

“The training was delivered in partnership with the Early Help Support Team”

Professor Eileen Munro’s Review of Child Protection: Final Report – A child-centred system (2011). Recommended that Local Authorities should specify how they will identify children who are suffering or who are likely to suffer significant harm and where a child is identified as having needs that fall below the level at which statutory intervention from Children’s Social Care is required, that they should receive an ‘early help offer’ of carefully tailored support to meet their needs.

The Safeguarding Children Team have embraced this approach and this is reflected within Safeguarding supervision, advice and support given to practitioners. The Local Safeguarding Boards also include Early Help as a priority.

It is important for practitioners to recognise that although they themselves may not always be able to provide the help needed, there are other agencies that can that families may not be aware of, and a discussion, advice, and signposting is often an effective and timely early help response - every contact counts.

The training delivered by BCHC Safeguarding Children Team aims to help the practitioner to understand their own agency response and obligations in Early Help and the process and tools available to them to support them doing this.





“A discussion, advice, and signposting is often an effective and timely early help response”

To support the application of this into practice, innovative workshop style training has also been offered which included additional content around engagement, practical exercises using assessment tools, and practice conversations where they can practice having often difficult conversations where they need to engage families and gain consent in the Early Help process in order to stop concerns escalating to a point where they require statutory Children's Social Care intervention, and to increase the likelihood of positive outcomes for children.

The training and workshops have evaluated very well.

“Every contact counts”



Next steps...

The next steps are to continue to roll out the sessions into the coming year to the wider workforce within Children and Family's Division to include School Nursing and Special School Nursing services.



Friends and Family Test (FFT)



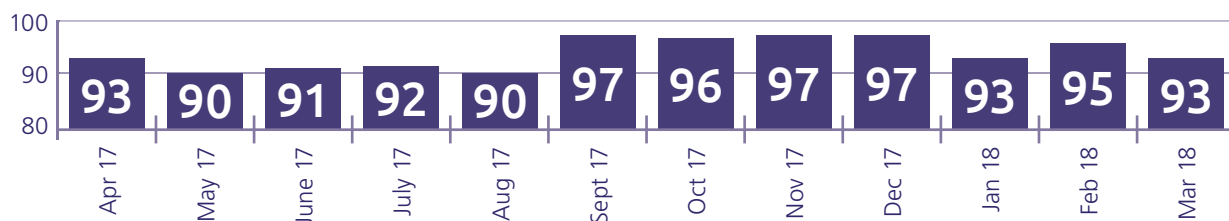
The Friends and Family Test seeks to understand whether patients would recommend the service to friends and family if they needed similar care or treatment. It is an important opportunity for patients to provide feedback on the care and treatment they have received to improve services.

This means patients give feedback on the quality of the care they receive, giving the Trust a better understanding of the needs of patients and enabling improvements. Patients are invited to respond to the question by choosing one of six options, ranging from 'extremely likely' to 'extremely unlikely'. It is important that patients are given the opportunity to explain why they have given their answer, as these comments give us a rich source of information about where and how services can be improved.

Opposite is a summary of the FFT responses for 2017-18.

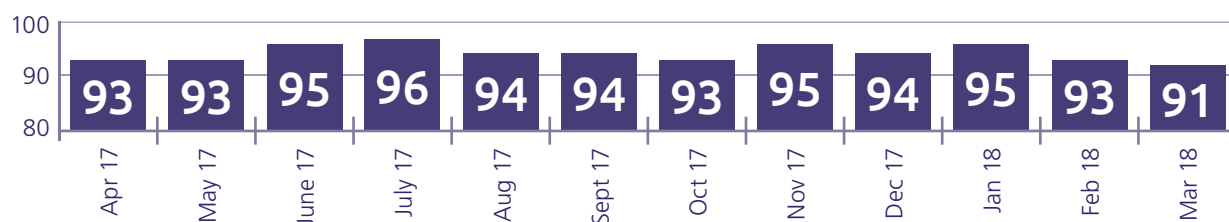


Friends and Family Test %



	2017									2018		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Friends and family test %	93%	90%	91%	92%	90%	97%	96%	97%	97%	93%	95%	93%
Total	1075	1697	2286	2115	1868	969	1968	1348	955	1371	1364	2201
Extremely likely	770	1103	1552	1489	1324	820	1602	1139	778	1006	1033	1491
Likely	225	426	552	453	351	116	290	175	146	274	263	556
Neither	38	89	130	121	102	16	27	12	16	50	26	81
Unlikely	11	15	15	13	22	2	8	8	3	9	13	12
Extremely unlikely	17	27	24	11	30	12	26	8	8	16	17	9
Don't know	14	34	43	28	39	3	15	6	4	16	12	52

Overall Satisfaction %



	2017									2018		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Overall Satisfaction %	93%	93%	95%	96%	94%	94%	93%	95%	94%	95%	93%	91%
Total	1059	1689	2274	2100	1877	907	1871	1289	911	1261	1302	2067
Extremely likely	758	1149	1628	1507	1313	719	1432	1027	715	934	970	1448
Likely	222	427	542	502	457	132	300	195	138	269	236	442
Neither	39	63	52	59	46	33	92	42	39	24	63	138
Unlikely	10	15	14	12	10	6	14	9	8	9	7	26
Extremely unlikely	22	21	20	13	28	8	11	7	4	10	12	6
Don't know	8	14	18	7	23	5	22	9	7	15	14	7

Infection Prevention and Control



The strategic and operational aim of the Infection Prevention and Control Team (IPCT) is to increase organisational focus and collaborative working to effectively maintain standards to ensure BCHC meet the 10 criteria presented in The Health and Social Care Act 2008 (amended in 2015) Code of Practice on the Prevention and Control of Infections and Related Guidance. The objective is to engage staff at all levels, through effective leadership, in order to develop and embed a culture that supports infection prevention and control across the organisation.

Hand Washing

Hand decontamination is a fundamental principle in preventing the spread of healthcare associated infections; in fact 'hand washing' is the single most effective measure to prevent cross infection.

Hand hygiene audit (the Lewisham tool) has continued across the Trust's inpatient areas and a compliance target agreed at 95%. The Trust has achieved compliance each month during 2017-2018. The audit involved the IPCT observing practice in each inpatient area every month. The advantage of this approach is that the IPCT can provide ad hoc training to staff if non compliance is observed and real time feedback given to those involved.

Month	Compliance Score
April 2017	100%
May 2017	98%
June 2017	96%
July 2017	95%
August 2017	100%
September 2017	100%
October 2017	100%
November 2017	100%
December 2017	100%
January 2018	100%
February 2018	98%
March 2018	94%



Infection Prevention and Control Audits

Audits have been completed in line with the annual audit programme. The Infection Prevention and Control team audit clinical areas using national tools to enable benchmarking against other departments and organisations.

In 2017-2018 clinical practice observational audits were carried out by ward based link workers, these audits are designed to highlight areas for improvement for clinical teams and the consistently achieved compliance demonstrates the high level of Infection Prevention and Control standards within the inpatient units.

	Target	Apr 17	May 17	Jun 17	Jul 17	Aug 17
Compliance with agreed infection prevention audit for PVC care	95%	100%	100%	97%	99%	98%
Compliance with agreed infection prevention audit for urinary catheter care	95%	99%	99%	98%	98%	99%

Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
100%	100%	100%	100%	99%	98%	95%
100%	98%	99%	99%	99%	100%	100%

Staff influenza vaccination programme

Frontline health and social care workers have a duty of care to protect their patients and service users from infection. This includes getting vaccinated against flu. The impact of flu on frail and vulnerable people in communities, care homes, and in hospitals can be fatal. In addition, immunisation against influenza should form part of the organisations' policy for the prevention of transmission of influenza to protect patients, residents, service users, staff and visitors.

An increase in vaccination rate of 4.3% compared to the 2016-17 uptake for clinical staff and equates to an additional 404 vaccines overall administered. The Trust has utilised 21 peer vaccinators this year, these staff have given vaccines at staff bases to increase uptake. The Trust is looking to recruit more staff this year to the programme.



Water Safety

The Trust has formed a Water safety group as a sub group to Infection Prevention and Control Committee, this group was formed to ensure appropriate safety measures are in place to manage water systems ensuring that any risk in the system is reduced.

Work completed by the group included the ratification of a Water safety Policy to support the management of water systems. The group is currently working on producing a water safety plan for the Trust based on local risk assessment and recommendations.

Complaints



Birmingham Community Healthcare NHS Foundation Trust aims to provide consistently high quality services but recognises that patients, service users and carers may from time to time be concerned about, or dissatisfied with the care and treatment they have received.

All comments, concerns and complaints are taken seriously and handled in a timely and efficient manner and with empathy, and we ensure that complaints are used as an opportunity to make improvements to services for the benefit of patients.

The Trust:

- Accepts that we do not always get it right
- Responds to all complaints in an efficient, sympathetic and professional way
- Changes practices (where appropriate)
- Helps our staff to learn from complaints.

Top 5 Complaints

1. Poor care
2. Manner and attitude of staff
3. Poor communication/explanation about treatment
4. Discharge
5. Devices/equipment

Number of Complaints by Division

Division	Number of Complaints	
	2017-18	2016-17
Dental	50	50
Adult Community Services	49	57
Children and Families	32	31
Urgent Care Services	28	34
Corporate	2	-
Specialist		22
Rehabilitation	12	18
Learning Disability	5	4

Total Activity and Number of Complaints per 10,000 contacts

	2017-18	2016-17	2015-16
Activity	1,867,810	1,884,762	1,997,367
Number of complaints	178	194	239
Number of complaints per 10,000 contacts	0.95	1	1

Actions and lessons learned from complaints:

1. Poor Care

Concerns were raised in regard to three missed visits to a patient. It was established that staff within the team had failed to reallocate a new visit schedule on the electronic system.

Action

A new process was implemented, whereby the administrator within the team now produces a daily report, prior to final allocation of visits to identify any patients who have not been allocated a visit or who are coming to the end of the current allocation. This is then submitted to clinical staff for review on a daily basis, prior to the allocation of patient visits to staff.

2. Manner and Attitude

Complaint raised in regard to the manner of a member of staff during a consultation.

Action

The member of staff has reviewed her methods of communication and has received support on ways to improve these. The Service Lead will monitor progress with the actions identified.

3. Poor Communication/Explanation about treatment

Concerns were raised about the way in which decisions about a patient's care were communicated to the family.

Action

Staff were reminded to be mindful of how their conversations with patients may be understood and to ensure that all treatment plans are communicated clearly with the next of kin.

4. Discharge

Complaint raised in regard to a patient's discharge assessment and plan.

Action

The staff will ensure they make it clear to every patient prior to discharge about how to manage their condition post discharge from the ward and how to seek advice if further assistance is needed.

5. Devices/Equipment

Concerns were raised about delays in providing repairs to a piece of equipment.

Action

A number of changes in practice were identified, resulting in a full audit of outstanding orders for repairs. The actions from the audit will be monitored by the service.

Patient-Led Assessment 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 in the both the NHS and independent/private healthcare sector in England. PLACE assessments for Birmingham Community Healthcare NHS Foundation Trust, commenced in January 2017 until May 2017.

The assessments are led by local people (known as Patient Assessors) going into our inpatient buildings with 10 or more beds as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia.

The assessment does not cover clinical care provision or how well clinical staff are doing their job.

The Assessment is facilitated by the following members of staff:

- Head of Facilities
- Audit & Performance Officer
- Matrons
- Clinical Team Leaders
- Infection Prevention and Control Team

The organisation is given six week's notice to conduct and assessment and report on the nominated site. The wards and departments are not aware of the inspections until the Team arrives. The Team always introduce themselves to the person in charge and will never impact on the care being given to patients.

National Total Average 2017	98.53%	88.61%	86.69%	90.15%	85.79%	93.90%	75.81%	81.10%
Organisation Average	99.28%	86.74%	90.47%	83.58%	83.02%	92.42%	86.74%	88.63%
Areas assessed in 2017	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Appearance and maintenance	Dementia	Disability
Perry Tree	100.00%	90.64%	88.76%	91.84%	92.59%	93.31%	89.67%	88.52%
Ann Marie	100.00%	95.35%	91.56%	98.82%	92.86%	96.80%	89.99%	93.11%
CU27 (Good Hope Hospital site)	99.55%	70.98%	84.14%	58.94%	54.81%	84.47%	71.35%	70.66%
Moseley Hall Hospital	100.00%	88.79%	92.25%	86.70%	85.14%	92.66%	88.38%	89.83%
Sheldon Unit	92.52%	80.33%	92.84%	67.29%	87.10%	84.21%	85.56%	90.94%
West Heath Hospital	100.00%	85.81%	88.08%	83.49%	78.85%	98.16%	88.13%	92.15%

Good Practice Improvements

The continued approach of a multi-disciplinary team conducting monthly audits of a selection sites in relation to the national cleaning standards.

Perry Tree scores have reduced for condition, appearance and maintenance, Dementia and disability from 2016 but are higher than last year's national average apart from condition which is slightly below the national average.

Ann Marie just a slight reduction in condition scores from 2016 and is above the national average for 2016 in all categories.

Action for improvement

Estates and facilities are meeting with Birmingham City Council to discuss improving the condition, appearance and maintenance as they are Birmingham City Council buildings.



CU27 has had a significant reduction in scores (8 - 10%) since 2016 in ward food, privacy, dignity and wellbeing and dementia has also seen a slight reduction in cleanliness score. It is below the national average for 2016 in all categories apart from cleanliness.

Action for improvement

A meeting has been arranged for a multidisciplinary team to meet to discuss a way forward that will address this.



Moseley Hall has had a slight reduction in score for food but is still above the national average for 2016, ward food and condition, appearance and maintenance. It is slightly below the national average for ward food, privacy, dignity and wellbeing and condition, appearance and maintenance.

Action for improvement

There has been some investment in a plan to refurbish the wards in line with the national dementia standards. To improve the food, menus have been revised and meal audits have been implemented.



Sheldon overall there has been a significant reduction in all areas - this unit is closed and services have now moved to West Heath Hospital.

West Heath Hospital only a slight reduction in dementia score but is still below the national average for 2016 for food, ward food and privacy, dignity and wellbeing.

Action for improvement

The menu has been revised, meal audits have been implemented and the housekeeping structure has been implemented to include supervision.



Compliance to Excellence - Equality, Diversity & Human Rights (EDHR)

BCHC is on a journey towards excellence in the way that we demonstrate, but more importantly, how our staff, patients, service users, carers and community experience equality in their dealings with the Trust.

Raising the Bar on Equality

The demand for transparent analysis, publication and improvement systems which respond to evidence of unwarranted variation in the employment and patient experience against the Protected Characteristics has increased exponentially. This increase has surpassed the ability of the organisations capacity and capability to respond in the timely and sophisticated manner in which the Equality Act 2010 demands.

The 'standard' approach to equality, which started with the Workforce Race Equality Standard (WRES) in 2015, and now includes the Workforce Disability Standard (WDES), Accessible Information Standard (AIS), is indicative of a policy shift intended to reprioritise equality and raise the bar on the levels of compliance to Equality legislation.

The Gender Equality Pay Duty sheds a light not only on the pay disparity which exists between women and men but begins another conversation about gender inequalities and how we create gender friendly workforce cultures.

The scale and pace of change in equality is set to increase rapidly in the next year and in order to respond to this regulatory and contractual target a fresh approach is required to make equality everyone's business.

Workforce Race Equality Standard

There is a clear business case for diversity within the workforce for BCHC as over 80 per cent of our services are delivered to the residents of Birmingham which is a City of Super - Diversity in which over 103 languages are spoken. The need to reflect the local population at all levels of the organisation has been a key focus of activity which has taken place over the last year. Alongside this the Trust Board engaged in a reverse mentoring process with staff from Black or Minority Ethnic (BME) background to better understand the experiences of BME staff.

This activity has served as meaningful engagement of a seldom heard group of staff whose experience continues to mean that they are less likely to believe that the organisation provides equal opportunities for career progression and are more likely to experience harassment bullying and abuse from staff. In terms of this year's staff survey, we discovered that 46 per cent of staff who reported experiencing discrimination, felt that this was on the grounds of ethnicity. Looking at the data for discrimination across the 9 Protected Characteristics, a significant number of staff reported 'other' as grounds for discrimination, followed by age, gender, disability, religion and sexual orientation at 3%. Across all of the Protected Characteristics, BME staff featured strongly which demonstrates the intersectionality of discrimination and that staff feel they are experiencing discrimination on multiple grounds.

	Ethnicity	2016	2017	% Improvement/deterioration
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	88%	85%	-3%
	BME	68%	64%	-4%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	25%	22%	-3%
	BME	18%	29%	+11%



Gender Pay Equality Duty

For the first time this year public sector organisations were required to publish Gender Pay Equality data to identify any disparities in pay based on Gender. BCHC has a pay gap of 13% which in comparison with other NHS organisation placed us in an average position. However, as an organisation our ambitions to be an exemplar employer and service provider means that we commit to proactively identifying areas where gender inequality may prevent equal access and career progression. We will strive to create a culture where all our staff may flourish and thrive.



Equality Review

The Trust has recently commissioned a review of the equality function to obtain expert guidance and advice on the capacity and capability required to deliver on the growing equality portfolio.

The review will also inform the development of a broader culture and engagement strategy and provide an expert and evidence based approach which will sit within a governance framework which assures transparency, fairness and equality for staff and patients.

Next Steps...

Following the completion of the equality review, an equality transformation programme will seek to increase compliance and move towards aspirational targets which are systematically embedded across the organisation. Equality is everybody's business and this ambition will be formalised in the next year to position the Trust to move beyond compliance and deliver excellence for all our staff and patients, regardless of background.

Section 4

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Statement from Associate Director of Clinical Governance

This has been a testing year to deliver quality care in the NHS but I believe Birmingham Community Healthcare NHS Foundation Trust rose to the challenge and improved on the services delivered to patients.

The Trust was sad to lose the contract for school nursing in Staffordshire, but the move was marked with an event which celebrated the many achievements that we had shared in only two brief but productive years. The Trust retained the contract for the care of children under the age of 5 and is working with a number of partners to deliver the revised agreement.

Services now participate in many more national clinical audits than in previous years on topics ranging from stroke care, to diabetes and Parkinson's disease

The Research and Innovation team have supported the work of the divisions to develop new and creative ways of delivering care, working with local businesses to provide the technical support.

Services now participate in many more national clinical audits than in previous years on topics ranging from stroke care, to diabetes and Parkinson's disease. Clinical staff presented their findings on clinical outcomes at a number of conferences, including results from parent classes for children with autism to support their understanding of their child's condition, and dietetic treatment for irritable bowel syndrome.

A number of new clinical interventions were agreed this year

A number of new clinical interventions were agreed this year, paediatric physiotherapy using constraint induced therapy for patients with a weakness in one arm, while other clinicians used video recording the support the diagnosis of children with autism.

There are now a calendar of events run by divisional and corporate teams to which staff and the public are invited to applaud the work that has been done to enhance the effectiveness of clinical treatment by teams and also to improve the safety of the care we provide.

This section provides us with a snapshot of some of the achievements and improvements we have made this year.



Colin Graham

Associate Director of Clinical Governance



Achievement Stories

Ambassadors programme supports continuous improvement

Patients benefited from new safety initiatives and improvements thanks to a successful staff-led campaign.

The patient safety ambassadors campaign offers structured training to give staff the tools and techniques to put their own patient safety ideas into action.

The programme is open to clinical and non-clinical staff at all levels within the organisation.

Director of nursing and therapies Gareth Howells said: "This campaign is fully supported by the executive team and the divisional directors of nursing.

It links with our organisational and development strategy and also demonstrates the 'well-led' domain set out by the Care Quality Commission."

Following a celebration event at which a cohort of ambassadors shared progress on their projects. Gareth said: "I was impressed by the energy, passion and commitment from the presenters and know they will take that good work back into their service areas and spread the word."

Some of the stories below are examples of projects that were a result of the Patient Safety Ambassador programme.

Visions for the Vulnerable

The British Dental Association Community Dental Services Group West Midlands Division Annual Study Day this year was entitled Visions for the Vulnerable.

There were presentations from various speakers including topics regarding dental care for vulnerable adults and children. There was an emphasis on safeguarding with the final presentation of the day summarising a leadership project to address the issue of 'Was Not Brought' also known as 'Did Not Attend'

for paediatric dental appointments in the Sheffield Community Dental Service. It highlighted safeguarding issues and raised the awareness of children not attending many appointments as an indicator of abuse. In addition, for services this meant wasted clinical time limiting access to care for other patients. Some of the lessons learnt and changes implemented in Sheffield will be used to re-evaluate the current processes in Special Care Dental Service patients in BCHC for the patients who do not attend or are recalled.

The aim of the project will be to ensure the effective management of patients who are under the service for continuing care, better utilisation for team skill mix, and timely communication with General Medical Practitioners when there are potential safeguarding issues. The Dental Division Safeguarding Committee are currently developing a policy for patients over 18 who do not attend clinics and there is a plan for a pilot project to be set up to evaluate the proposed pathway to ensure it is workable and addresses the needs of the patients and service.



Ward 'huddles' sharpen team focus on quality and safety



Inpatient teams at Moseley Hall Hospital launched a new early morning initiative to improve care quality and patient safety on their wards.

All clinical staff on wards 6, 8 and 9 have introduced a daily multidisciplinary 'safety huddle' - a standardised, focussed opportunity to raise issues such as location of particular patients in the ward, falls, discharge planning, patient transport or overnight changes in an individual's personal or clinical needs.

Non-clinical members of the teams such as admin staff, housekeepers and porters are also welcome to join the huddle.

Ward 6 consultant Dr Salim Dawood said the initiative has empowered colleagues.

"I've noticed I'm more frequently approached by staff to discuss patient outcomes since the start of the huddles", he said. "Staff are more confident and barriers are being removed."

Clinical team leader Rebecca Halford added: "Team involvement has been the key to success of this new initiative - our huddles are now being initiated and led by other team members."

Ward 9 physiotherapist Shawab Mir said that ongoing review feeds into a continuous sharpening of focus on the particular needs of each patient.

"Initially, we attempted to cover many topics, but in reality we achieved very little", he said.

"So we altered it to cover areas of particular concern to our ward, which has been much more effective."

Learning disability services at Kingswood Drive and Riverside Lodge have also introduced safety huddles as part of the trust's commitment to quality improvement.

Patient safety lead Julie Jones said teams have noted positive impacts since introducing the huddles, reporting more openness between colleagues and quicker decision-making.

"Standardising the way the team can keep up-to-date on the latest issues has produced a team engagement mechanism to resolve issues quickly," she said.

Team involvement has been the key to success of this new initiative



Medicine management in the bag!

CREWS

Children who stay overnight at the trust's respite care centre in King's Norton are to benefit from a charity-backed innovation to help staff manage their medications.

Bright green backpacks decorated with turtles are to be issued to families to store and transport their child's medication after junior sister Sharon Hodgson approached BCHC charity to fund the scheme.

With the support of the trust's safety ambassador quality programme, Sharon had reviewed medication storage and working environment, documentation, parental understanding and medication reconciliation and came up with the idea of a standardised pack to issue to families.

"I identified that the way in which medications were supplied to Edgewood Road from home was often disorganised", she said.

Staff had no clear process of knowing where to source the medication as parents were placing medication bottles in various bags and we were finding ourselves searching through multiple pieces of luggage to source the expected medication.

Parents were educated about the standard we expect the medication to be supplied in, but we had no control over how they packed the items.

The aim of the backpacks is to have an easily identifiable container for parents to supply every piece of medication in.

All the medication will now be able to be sourced and secured as soon as the children arrive in our care. This frees up time for nursing staff to complete their initial assessments of the child, knowing that all medications are safely secured away in the new individual draw drugs trolley that was also purchased as part of the safety improvements."

A further improvement is the introduction of folders, to be kept in the backpacks, providing documentation to improve communication between consultants, paediatricians and GPs over changes in medication, helping to avoid delays or, potentially, the cancellation of a respite stay.

All the medication will now be able to be sourced and secured as soon as the children arrive in our care.



The aim of the backpacks is to have an easily identifiable container for parents to supply every piece of medication in.

Physiotherapists help retired railwayman steer weight back on track

When John Fancote's chair collapsed under him, he knew there was no further denying the need to dramatically reduce his weight.

The retired railway engineer had weighed more than 30 stones for most of his adult life, peaking at 36 stones.

Following the accident, John was taken to hospital with minor injuries, but ended up spending a full five months as an inpatient while preparations were made to ensure he could return home safely.

His extended stay in hospital was the 'wake up' John needed. With the help of the team at Moseley Hall and growing self-restraint, John managed to lose about three stones through physiotherapy and reduced eating before being discharged.

Three years on, the continuing support of BCHC's adult community physiotherapy service means he is on track to becoming literally half the man he used to be - but it took an ultimatum from senior physiotherapist Sarah Broomfield to stop the former railway worker in his tracks.

"We agreed an exercise and mobility plan with rehab assistants visiting regularly. But he would only do it when we were there," says Sarah. "It was lack of confidence, more than anything."

John became involved in a patient focus group to help develop a walking frame-mounted falls prevention device and describes the physiotherapy team's support as "truly life-changing".

"I was getting good advice and was desperate to get out of the house; but I just needed to find my own way to tackle the problem," he says.

"I'm so grateful for the support I've had. They were hard on me at times, but always fair. I needed it."

CREWS



CREWS



Healthcare assistants' conference

A group of healthcare assistants (HCAs) and therapy assistants from a variety of BCHC services recently attended a national conference in London to discuss the 'leading change, adding value' framework.

The NHS England conference aimed to highlight the framework, which all healthcare professionals can use to achieve a positive impact on outcomes, experience and use of resources.

BCHC HCA Jean Dipple said: "As the group of staff that statistically has the most contact with patients, the impact we can have could be huge. Positive interactions will make every contact count."

The event also discussed the concept of 'unwarranted variation' – ensuring services and outcomes are consistent across departments, organisations and regions.

Jean added: "There was a great deal of information to take in but it did reflect that healthcare and support staff are valued and can lead, shape and deliver this framework – which made us all feel proud and excited for the future."

For more information visit www.england.nhs.uk/leadingchange.

Buddy band is a step in the right direction



The Trust is trialling a new walking aid to support patients prone to falls.

The 'Step Right Buddy' is a simple accessory that can be added to a walking frame to guide patients who have experienced difficulties using a frame.

The invention was the brainchild of rehabilitation assistant Carole Owen, who first came up with the idea during a community visit.

Carole said: "When patients first use a walking frame, they are given information on how to use it safely. For a small group of patients however, using a frame is difficult.

"I went to see a patient who is partially sighted and was prone to falling backwards when using the frame. This is usually an indication that the patient is walking too far into the frame, causing them to lose balance and fall.

"She needed something to stop her from getting too close to the frame – my 'light bulb' moment was a pair of tights! I tied them round the top of the back legs of the frame to act as a flexible barrier...and they worked!"

Carole wanted to find a more permanent solution that she could try out with other patients so she contacted the research and innovation team who helped Carole launch a trial, enlisting support from Dr Sarah-Jane Jones and Helen Lowe from Birmingham City University and BCHC neuro physiotherapist Faye Dimmock.

Carole's detachable elastic band prototype was tested with a group of patients, who were asked to use the buddy on their walking frame for a week. Feedback has been positive, with many users saying the band had corrected posture and that the concept had potential. An application for funding from the Health Foundation was being considered and a manufacturer sought.



Heartfelt 'thank you' to ward 9 staff

CREWS

Wayne Trowbridge's life changed forever when he lost control of his motorbike and collided with a telegraph pole, sustaining multiple life-threatening injuries. The 36-year-old was taken by air ambulance to Queen Elizabeth Hospital where he underwent emergency surgery before a 16-week stay in the inpatient neurological rehabilitation unit at Moseley Hall Hospital.

"When I was transferred to Moseley Hall hospital, my first impression was 'what time could I expect Florence Nightingale to tuck me in at night?!'

"I couldn't have been more wrong – a hospital ward is only as good as the staff and I can say from first-hand experience that every single person I had the pleasure of meeting during my time on ward 9 was professional, hardworking and compassionate. I was included in decisions about my care and I cannot thank the staff enough for the way I was treated during my time there.

"I'm sure many of the staff on ward 9 would vouch for that fact that I had many a dark time during my stay, but they allowed me to vent, and were always there to calm me down and reassure me that my feelings were perfectly natural.

"The brain is such a powerful and intelligent computer - it is what makes you unique from every other person. However, when it is injured or malfunctions it can't simply be fixed by putting on a cast or a dose of antibiotics.

"The staff on the ward are dealing with the very fundamental aspect of what makes a human a human, and that has given me a new-found respect for what they do, often in very challenging circumstances.

"To all the doctors, nursing staff and therapists at Moseley Hall who took me at rock bottom and, without judgement, worked tirelessly to help me to walk, talk and look after myself again, I owe a debt I will never be able to repay."



Learning Disability Intensive support team recognised at national conference

Staff from the Learning Disability (LD) service attended the Faculty of Psychiatry of Intellectual Disability Annual Conference in Dublin to talk about using the intensive support team (IST) model as a new way of supporting patients with a learning disability.

Dr Tonye Sikabofori, consultant psychiatrist for people with intellectual disabilities, and Meryl Crum, IST speech and language therapist, presented the service evaluation completed by the team.

Dr Sikabofori said: "Intensive support teams have been developed around the country to help support the 'transforming care' agenda,

which is about identifying new ways of working to reduce preventable admissions to inpatient beds."

The IST aims to reduce the risk of placement breakdown and preventable admission to inpatient units and support prompt discharges from inpatient health services where appropriate.

The focus is to develop robust services around the person's needs, behaviour and personality, minimising risk and maximising quality of life.



Robot REX could offer new hope for stroke patients



Patients and staff at Moseley Hall Hospital took part in an evaluation exercise to explore the potential of a state-of-the-art robotic exoskeleton to support the rehabilitation of people recovering from a stroke.

Named 'REX', the robotic lower-limb support can be used to lift patients from a sitting position into a supported standing position and allow them to take part in a set of supported walking and stretching exercises designed by therapists to help achieve rehabilitation goals.

The evaluation, involving rehabilitation service occupational therapists, physiotherapists and patients, forms part of a programme of technology evaluations to explore the equipment's usability and potential benefits.

Specialist neuro physiotherapist Jeremy Newton said: "REX was designed for patients with spinal injuries and we were asked to help assess the usability of the equipment for rehab patients, in particular people who have had a stroke, but also for people with other conditions that affect their movement.

"This evaluation has been a great chance for BCHC clinicians and patients to gain an insight into the potential for the use of exoskeletal equipment in rehabilitation and for their opinions to form part of that development work."

Innovation manager Hamid Zolfagharinia said: A lot of planning and hard work has gone into this piece of work and the team at Moseley Hall has done a fantastic job of evaluating REX from the perspective of both staff and patients.

The project was a collaboration with University Hospitals Birmingham NHS Foundation Trust's Healthcare Technology Co-operative (HTC), which arranged the rental of the equipment and 'backfill' cover for BCHC staff involved in the project.



Staff demonstrating the equipment

BCHC to deliver new early years partnership

CREWs

BCHC was successful in its bid to deliver a new early years health and wellbeing service for Birmingham, which went live in January.

Named Birmingham Forward Steps, the new service brings together the citywide health visiting service and children's centres, creating local early years 'hubs' where families can access the help they need from pregnancy until their child starts school.

Working in partnership with Barnardo's, Spurgeons, St Paul's Community Development Trust and the Springfield Project, the service is designed to provide all families of pre-school children with accessible, community-based services in their own homes, GP surgeries, children's centres and a number of other community venues, with extra help available to those that need it.

The Birmingham City Council-commissioned service will:

- support children to lead healthy lifestyles with advice on healthy diet and staying active
- ensure children develop well physically, emotionally and socially help keep children safe
- advise families on parenting and emotional wellbeing and offer extra family support when situations are challenging.
- support communities to develop accessible services that families really want by creating opportunities to listen to local people and develop new services together.

The views of parents, carers and professionals have played a crucial part in designing the service through public and staff consultations.

Nursing and therapies director Gareth Howells said: "We were very pleased to continue providing a universal service to all pre-school children in the city, supporting all aspects of health and wellbeing for the child and their family.

"Our aim is to ensure that all of Birmingham's children are healthy, happy and well prepared to start school, helping to fulfil Birmingham City Council's vision 'to give every child in Birmingham an equal chance to have the best start in life so they can achieve their full potential'."



Video glasses research

A research project at Birmingham Dental Hospital and School of Dentistry explored the use of video glasses as a means of managing anxiety experienced by children and young people undergoing dental treatment.

Patients whose anxiety had made treatment difficult were offered the use of the video glasses as an alternative to local or general anaesthetic.

Three quarters of parents and children who completed a patient satisfaction survey said the glasses made it easier for their treatment to be carried out and that they would choose to wear them again when receiving dental care.

Student dentist Paras Haria, who was part of the research team, said: "Video glasses have proved to be a safe, patient-friendly method of not only improving a child's dental experience and long-term care but also in enabling delivery of treatment."

“Have never seen the goggles at the dentist. So cool”

Learning Disability renovations boost personalised care

cREWS

The learning disability (LD) services team celebrated the unveiling of two new developments as part of continuing efforts to improve service users' experience.

Local councillor and partner governor Josh Jones was guest of honour as colleagues celebrated the official opening of an £80,000 renovation and extension that saw the creation of three new clinical rooms and a more welcoming, open plan reception at the Jaffray Resource Centre in Erdington.

As base for the north Birmingham team and a public venue where service users attend clinics, the aim was to enhance facilities for both public and staff. The project reflects the growth of the service and an ongoing commitment to meet clients' needs.

At the Greenfield Centre in King's Norton, a therapy suite was created in an area previously used as an inpatient assessment and treatment unit. The modifications, which were made with a £193,000 investment, delivered extra clinical space accessible to all patients, carers and staff across the LD service.



Local MP Steve officially opened the new suite, which sees many clinics delivered from a dedicated LD site rather than multi-purpose venues across the city, increasing access and frequency.

The new suite increases access to a range of clinics, including:

- a specialised seating clinic which will be delivered by LD physiotherapists in conjunction with the Birmingham Wheelchair Service.
- regular weight check clinics delivered by dieticians.
- a dedicated environment to deliver massage therapy.
- additional rooms for group work and talking therapies.
- monthly clinics for patients requiring frequent blood tests.

Honour for dental hospital design

Birmingham Dental Hospital and School of Dentistry won the 'design through innovation' category in the prestigious Royal Institute of Chartered Surveyors regional awards.

Judges said: "Functionality and layout has been enhanced through clever design and colour from the welcoming environment created by a huge link atrium, through to the naturally lit, open plan dental bays and the world class research laboratories whilst overall achieving the highest sustainability standards."

The £50m development, opened in March 2016, was also shortlisted in the 'architecture and the built environment' and 'infrastructure' categories.



Trust joins national physio research trial

CR EWS

BCHC was selected as one of a handful of Trusts in the region to take part in a national research trial to improve physiotherapy outcomes for people with shoulder pain.

The Trust partnered with the University of Oxford to take part in a study called 'Getting it right: addressing shoulder pain' (GRASP), focussing on people who have developed shoulder pain as a result of a rotator cuff problem.

BCHC advanced physiotherapist Jonathan Price led the study for the Trust, with the support of the research and innovation (R&I) team.

Jonathan said: "The aim was to look at the best ways of treating a particular shoulder problem so that we can improve our clinical practice and, in turn, the care we give our patients."

Jonathan said: "Initially the team ensured that the plans for the study were designed to fit around the day-to-day working of the musculoskeletal service.

"They continued to support me with advice, support and troubleshooting. In addition, the team supported my application for the Clinical Academic Internship Programme, funded by the National Institute for Health Research (NIHR) - the first step in becoming a clinical academic.



"Completing this will support future applications for NIHR-funded Masters and PhD programmes. Upon achieving a PhD I can then start working as a clinical academic."

"Research is an important part of clinical practice, and we want to encourage more clinicians to get involved. We have close links with local universities and also want to train more of our clinicians to conduct research so that we can undertake our own studies."

New end of life unit opened by Birmingham Lord Mayor

CREWS

A new unit specially designed for people being cared for at the end of their life was opened at West Heath Hospital.

The new Sheldon Unit was officially opened in a fully refurbished 20-bed ward by Birmingham Lord Mayor Councillor Anne Underwood. The Sheldon team had provided end of life and respite care at the unit's previous location in Northfield for 24 years.

Clinical team leader Judith Russell said: We were honoured to welcome Councillor Underwood to our new unit, which was designed to be light, airy and offer calm and comfort to both patients and their families at a difficult time.

"We always have worked hard to maintain a high standard of care for all our patients in this unit - now we have a high quality unit to match."

At the opening, Councillor Underwood spoke about her own experience of end of life care.

She said: "When my husband was diagnosed with terminal cancer, I had to fight to get him discharged to a private facility so he



would have daily care of highest quality for his remaining days.

"So, it gives me great pleasure to open an NHS unit that takes pride in providing individualised, dignified care to people reaching the end of their life.

The launch event also saw the unveiling of an eye-catching memorial 'tree' design, donated by local funeral directors, Mortons, which gives families the opportunity to leave a tribute to a loved one on one of the 'leaves' in return for a small donation to the BCHC charity.

The unit also worked with the Trust charity to design yellow rose pin badges, available to buy at the unit with proceeds going towards 'extras' for patients.





Trust among first NHS employers in veteran recruitment pledge

BCHC has become one of the first NHS organisations to sign up to a new national initiative to significantly boost the recruitment of military veterans.

Trust representatives were among NHS employers from all over England who welcomed His Royal Highness The Duke of Cambridge to the official launch of the Step Into Health initiative to support recruitment from the Armed Forces community.

Developed by Norfolk and Norwich University Hospitals NHS Foundation Trust, alongside Walking with the Wounded and the Duke's charity, the Royal Foundation, the programme is designed to help NHS organisations recruit veterans and reap the benefits of skills and experience gained during military service.

The event was attended by 30 NHS organisations who are the first to pledge their support for the initiative following a successful pilot phase.

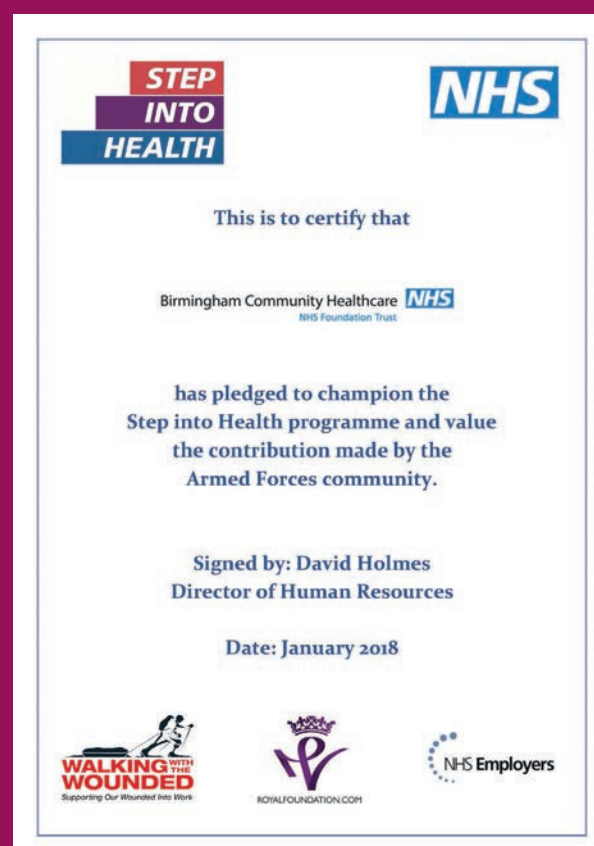
BCHC was represented by armed forces healthcare programme manager Scott Thornton and senior HR business partner Jonathan Cassidy at the Step Into Health launch.

Scott said: "We are very proud to support this new national programme, which is clear evidence of our continuing support for the Armed Forces community."

"Veterans bring a very wide range of skills, experience and leadership ability developed in the Armed Forces to the workplace."

Jonathan added: "Our vision is to be an employer that is inclusive of all talents, backgrounds and experiences from all the communities we serve."

"The Duke talked about shared values and it is those values that are embedded in our recruitment and retention agenda and bring significant benefits when it comes to recruiting to areas where there are hard-to-fill vacancies and a shortage of skills in particular specialities."



BCHC Charity

Dementia nurse boxes clever

Dementia patients on ward 6 gained a special repository for precious memories thanks to an idea funded by BCHC Charity.

Patients on the ward are presented with a 'memory box' to hold personal items such as photos, books and trinkets. The boxes, decorated by University of Birmingham student volunteers, were the idea of ward 6 nurse Anna O'Neill, who said: "Having a place for patients to keep things that are important to them can help reduce anxiety, especially when they're in the unfamiliar setting of a hospital ward. "We can encourage patients to look at the items when we see they are becoming distressed."



Family gardening

Thanks to charity supporters 'digging deep', BCHC patients were able to help make a difference to the gardens at Moseley Hall Hospital.

With the support of the BCHC Charity, rehabilitation service users helped get the hospital gardens ready for summer.

A range of plants, flowers and tools were supplied so that ward 9 service users, families and staff could enjoy a day of planting, weeding and watering.

The charity also funded a new set of furniture for the neighbouring Moor Green outpatient unit garden.

Occupational therapy technical instructor Alastair Gordon said: "The garden 'tidy-up' helped bring this under-used space back to life and create a place people want to be.

"It also provided an opportunity for patients to share knowledge and skills, which is very important for self-esteem, as patients often feel incapacitated."



Let the games begin!

Patients at the Ann Marie Howes intermediate care centre have been enjoying new interactive garden games and activities thanks to the BCHC Charity.

To support patient therapy, the team accessed £500-worth of charity funding to buy garden games as well as activities such as painting equipment and a bingo set. Therapy assistant Craig Cattell said: Group activities help stimulate patients both physically and mentally - as well as being fun these activities have a real therapeutic value."



Mini-makeover for special school meeting room

A doctor's consultation room in need of modernisation at a Birmingham special school was transformed into a warm and welcoming private space for pupils, parents and nursing staff to meet thanks to a multi-coloured charity makeover.

Pupils and nurses gave the thumbs-up to the new décor and furniture in the clinic room at Victoria School in Northfield after the team approached BCHC Charity for support.

Andrea Griffiths leads a team of 13 members of staff including nurses, enteral feeders and a member of admin staff. 13 nurses, enteral feeders plus admin support colleagues based at the school, which caters for just over 200 pupils aged from two to 19 years old.

"Working closely with our teaching colleagues, we provide specialist care for children and young people with multiple complex health needs," she said.



"Around 13 of the current pupils have 'advanced care plans', which identify the wishes of parents, carers and the pupils themselves as to the course of action they would like to take at the end-stages of their life.

"Many of the care plans are discussed in school with nurses and consultants at what is a very difficult time for families and we have been very aware that the doctor's clinic room at Victoria was in need of some 'TLC' for sensitive conversations of this kind.

"I wanted the room to be 'less clinical' looking and have a more warm, comfortable and inviting feel.

BCHC Charity plans to support similar initiatives in the other special schools where nursing teams are based.

Palliative care panto trip

With support from the Rays of Sunshine charity, BCHC treated 16 families from our community children's nursing and palliative care teams to a trip to see Cinderella at Birmingham Hippodrome.

The outing was organised by support worker Nussrat Parveen, who said: "Much of the work undertaken by the team is about improving quality of life and making memories for the families.

"Part of this is to arrange wishes for the families who are thought to be in the last months of their life.

We're so grateful to the BCHC Charity and Rays of Sunshine for all their support towards the pantomime. All the families really enjoyed the day."



Quality Library Services



Each year, the BCHC's library service submits a Library Quality Assurance Framework (LQAF) return to the local library lead in Health Education England West Midlands.

It is a tool to enable a quality assessment of NHS library/knowledge services. The LQAF is designed so that an organisation can assess its level of compliance to national standards and demonstrate the fitness for purpose. There are five domains with a number of criteria to assess the service against. Services can claim to either be fully compliant, partially compliant, non-compliant or not applicable.

It provides a clear focus for action planning across all NHS organisations, driving forward a quality improvement plan, offering clarity of direction for service managers and transparency of development to meet business and client need.

Assessment against the criteria of the standards within the LQAF enables each library/knowledge service to identify any gaps in their service management and provision so that these requirements can be built into their business and service planning.

Once again, Smallwood Library submitted its annual return for the Library Quality Assurance Framework in 2017.

There were five core criteria for 2017 selected largely based on their relevance to the Knowledge for Healthcare programme (see <http://kfh.libraryservices.nhs.uk/about-kfh/> for more information).



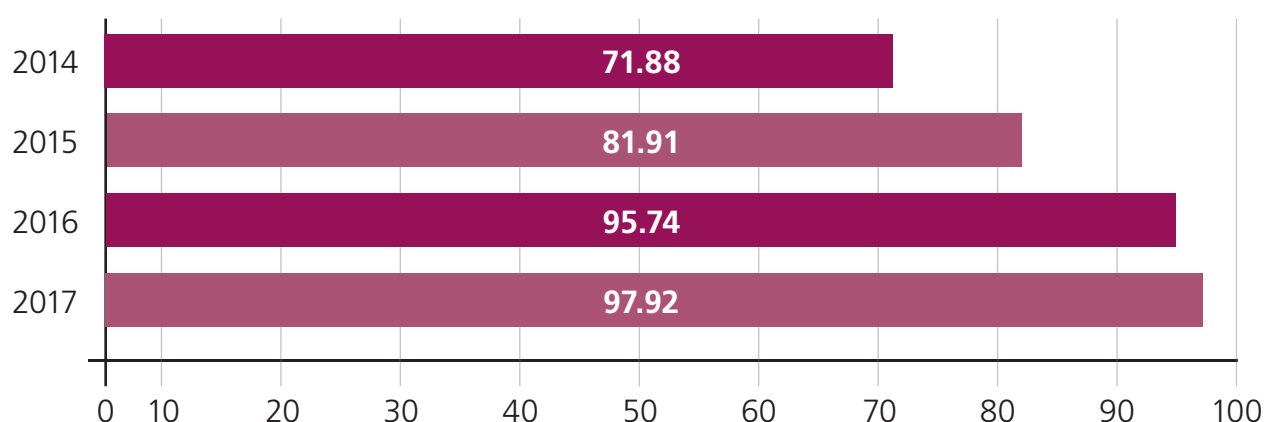
The five core criteria were:

1. The Library and Knowledge Service works with other organisations and agencies across the local health community to modernise and develop services to meet customer needs, expectations, and choice.
2. The positive impact of Library and Knowledge Service can be demonstrated.
3. Library and Knowledge Service support clinical and management decision making.
4. Library and Knowledge Service are developed to support information provision for patients and/or the public
5. Members of the Library and Knowledge Service team are actively involved in the creation, capture, sharing, utilisation, or reuse of knowledge in the organisations served.

Smallwood Library demonstrated full compliance with all core criteria receiving a score of 97.92%, an increase of 2.18% from the previous year- showing year on year improvement over the last four years of assessment.

Smallwood Library Service is pleased to have reached this level of achievement over the last four years. It puts the service on a par with other library services both regionally and nationally. The library team have worked hard to increase and improve the services it provides to Trust staff.

Library Quality Assurance Framework score (%)



Next steps for improvement...

- greater use of impact assessment
- support for knowledge management
- support for patients as well as collaborative working with other organisations both inside and outside the NHS.

The library team look forward to continuing to work in innovative ways to support all Trust staff and to maintaining and improving on the services we offer.

Section 5

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Assurance process

In order to assure ourselves that the information presented is accurate, and that the services described and the priorities for improvement are representative of BCHC, the Trust Board designated the Director of Nursing and Therapies to lead the process of developing the Quality Report for 2017-18.

The Director of Nursing and Therapies ensured through the Clinical Quality Assurance Programme Manager that BCHC's main stakeholders were given the opportunity to comment and provide an objective view around the content of this Quality Report and the goals it set itself for improvement for the coming year.

External influence has included the Council of Governors, Healthwatch and our Commissioners in order to ensure that the Quality Report presents a balanced view of the quality of care delivered by BCHC.

The Trust has shared a draft Quality Report 2017-18 with our commissioners through NHS Birmingham and Solihull Clinical Commissioning Group (co-ordinating commissioner), Healthwatch Birmingham and Birmingham Health & Social Care Overview and Scrutiny Committee.

Their responses can be found in Annex 1. All of the comments have been considered and changes have been made where appropriate.

Consultation with staff has taken place through BCHC committee structures and staff forums that has included open access 'page turning' sessions whereby attendees were given the space and time to talk through and comment on the content of the Quality Report.

The whole process has been overseen by the Quality Report Editorial Group whose membership includes the Chair of Patient Experience Forum and a patient representative/Governor.

Progress has been reported to a number of executive led committees before its final approval.

External assurance on the was gained through external auditors who have reviewed the content of the quality report against the requirements of NHS Improvements published guidance 2017-18.

Mandated indicators and one indicator chosen by the Council of Governors has been tested for accuracy, validity, reliability, timeliness, relevance and completeness by external auditors whose statement can be found on Annex 3.

Annex 1 - Statements from External bodies/Organisations



Statement from Healthwatch Birmingham on Birmingham Community Healthcare NHS Foundation Trust Quality Account 2017/18

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Community Healthcare NHS Foundation Trust. We are pleased to see that the Trust has taken on board some of our comments regarding the previous Quality Account. For example, the Trust has:

- Given some examples of patient experience and feedback, and how these are used to develop solutions that improve the quality of services.
- Demonstrated how the Trust learns from safety incidents and actions taken based on these lessons.
- Aggregated data to show the response rate, and the positive responders that would recommend the Trust.

Patient and Public Involvement (PPI)

It is positive to see that the Trust continues to engage patients, members of the public, staff, other NHS and local authority partners to develop the Trust's quality priorities. We note that the Trust consulted and engaged with stakeholders between November 2017 and March 2018 using varied methods including online surveys, discussion forums and meetings.

In our response to the 2016-17 Quality Accounts, we asked the Trust to give examples of how patient feedback and experiences have led to particular changes or improvements to services. We are pleased to read about the initiatives that the Trust has implemented over the year.

Firstly, the work with patients, carers and their families to improve harm free care. We note the production of two films on falls that are being used as educational tools. We are pleased to see that these films are based on service user experiences following a fall, and their insight as to the factors to be considered pre and post fall.

Secondly, the goal to hear the voice of the child/young person in shaping how services are delivered. It is positive to read about how the Trust has involved young people, their carer's and parents in developing plans. For example, listening to young people's experiences and insights on their expectations of health respite services, branding of a new service by the early years team, and on the Birmingham Special Schools Nurses Service.

Thirdly, the goal to improve engagement and consultation with patients, carers and the public for any changes to how and where services are delivered. We acknowledge the involvement of patients, carers and the public in the production of information, through the Estates Strategy plans, that support patients to move from Sheldon Unit to the West Heath Hospital site. In addition, we note that patients at Moseley Hospital have been asked to comment on changes to the district nurse contract, new patient leaflets on district nurses and cleanliness and food provision. We note the changes made in response.

We look forward to reading more about the impact of feedback, and we would like to read how the Trust communicates with patients about how they are using their feedback to make changes. At Healthwatch Birmingham, we believe that demonstrating to patients

how their feedback is used to make changes or improvements shows service users and the public that they are valued in the decision-making process. Consequently, this has the potential to increase feedback. We welcome the 'you said, together we did' approach for staff engagement. We believe that a similar approach for patients would encourage them to provide feedback as they will know that their views matter and lead to actual changes/ improvement to services.

In our response to the Trust's 2016-17 Quality Accounts, we welcomed plans to review assessment processes. We indicated that, for the assessment process and care planning to be effective, service users and carers have to be involved. For the 2017-18 Quality Accounts, The Trust has presented evidence of the successes in care planning and assessment. We are pleased with the training that staff have received on care planning in various services and that services, such as Urgent care/INRU have had an improvement of 95.1 per cent. However, it is not clear in the Quality Account how service users, carers and families are involved in this process. We would like to read in the 2018-19 Quality Accounts how service users, carers and patients are involved in the care planning and assessment process.

Regarding the Friends and Family (FFT) Scores, in our response to the 2016-17 Quality Accounts, we asked the Trust to aggregate data to show the response rate and positive responders that would recommend the Trust. We are happy to see that the 2017-18 Quality Account shows how the Trust has performed over the year, and the number of those that are likely or not likely to recommend the Trust to family and friends. We also note that the Trust encourages patients to give qualitative feedback in the survey. Qualitative feedback helps the Trust better understand the reasons for a particular score. We look forward to reading in the 2018-19 Quality Account how the FFT scores have been used to make changes or improve services and practice.

Staff and PPI

We note that the percentage of staff responding to the staff survey remains at 40%, which is below the national average of 50 per cent. However, we acknowledge that in real numbers the response rate has increased. In 2016 the Trust sent the survey to 1250 staff and had a return rate of 490, whereas this year 4713 staff members received the survey and 1868 responded. We note that the staff survey indicates improvement in several areas, such as the 'effective use of patient feedback'. In particular, there has been significant improvement in the 'communication of patient feedback to staff delivering care. We note that 64% of staff say they receive regular updates on patient/service user experience and feedback via line managers or communication teams. Similarly, 54% of staff say that feedback from patients/service users is used to make informed decisions within their department/directorate. We would like to see examples of how staff use this feedback to effect change in the 2018-19 Quality Account.

We welcome the priorities for action that the Trust has put in place in relation to staff. We hope to read on an improvement in these in the 2018-19 Quality Account. In particular: action two on equality and diversity; action three on errors and incidents; and action three on patient care and experience. We are pleased that the focus for action three will be on the percentage of staff who feel their role makes a difference to patients and service users.

We believe that the basic approach of Healthwatch Birmingham's Quality Standard for PPI will help the Trust develop this further. The Quality Standard has a set of questions relating to staff and PPI, which ascertain the following:

- Whether there is a clear strategic approach for PPI that staff understand across the Trust?
- Do staff understand what their responsibilities are in relation to PPI?
- Do they have set objectives for PPI that are regularly monitored?
- Do they understand how PPI informs decision-making in their service area to make improvement and address inequality? and,
- Do they understand that improvements or changes made as a result of feedback should be shared with patients and the public?

As we suggested in the 2016-17 response to the Trust's Quality Accounts, we believe that the Trust could benefit from developing a strategy that clearly outlines how and why patients, the public and carers will be engaged in order to improve health outcomes and reduce health inequality. A strategy will ensure that there is commitment across the Trust to using patient and public insight, experience and involvement. It will also make clear arrangements for collating feedback and experience.

Patient Outcomes

In our response to the Trust's 2016-17 Quality Accounts, we asked the Trust to consider aggregating clinical outcomes according to different patient groups or characteristics. This will enable the Trust to establish barriers different groups face when accessing clinical services and address these appropriately. We note that a majority of services are still recording clinical outcome results on paper. Consequently, it is difficult to collate results at service level and difficult for clinicians to review data and act accordingly. We would like to read in the 2018-19 Quality Accounts considerable improvements in the number of services using electronic recording, reviews by clinicians of this data and improvements or changes made as a result.

We note the use of a smart survey to increase patient responses following a treatment (e.g. dental oral surgery – patient reported outcome). We welcome that this is going to be recommended to other services seeking similar responses. We also note that a draft clinical outcomes framework has been developed to support services who wish to develop outcomes in the future to support existing delivery. We would like to read about the impact of these in the 2018-19 Quality Accounts

Demonstrating Learning

In our response to the Trust's 2016-17 Quality Accounts, we asked to see examples of how the Trust learns from reviews, patient safety incidents (including death) and complaints. It is positive to see examples of how the Trust is learning, in particular from deaths and the key issues identified for action. For example, the findings that care planning is not patient-centred, sepsis tools are not routinely used and diagnostic tests not always completed during admission. We welcome the actions instituted to address these findings. We would like to read more about the impact of the care planning and the documentation quality improvement project in the 2018-19 Quality Account and the patient and bereavement work stream plan. We would also like to read more about learning from the increasing incidents relating to admissions, transfer, discharge, and access to service following contract review.

We were particularly interested to read about the involvement and engagement of services users, carers and families in care planning and developing end of life plans. We would like to know how the Trust will put into action NHS England's guidance on 'learning from death'. Especially, how the Trust listens to families and carers; informs them of their rights and how they can access support or advocacy; and involves them in various stages of case reviews and investigations. In addition, how the Trust weights families and patients views, compared with how they weight the views of clinical staff.

We note that for the 2016-17 period, the Trust had two never events at Birmingham Dental Hospital. These were both wrong site surgery relating to anaesthesia administered on wrong site prior to a scheduled tooth extraction. We are concerned that the same thing happened twice (October, 2017 and January, 2018), and wonder about the timings of reviews following an incident and sharing of lessons. We would like to read in the 2018-19 Quality Account how soon reviews into incidents are carried out, and the lessons/actions shared within a service and across the Trust.

The Trusts Priorities for 2018-19

Healthwatch Birmingham has taken note of the Trust's priorities for 2018-2019. We believe that a continued focus on patient experience, patient safety, and clinical effectiveness are important. In particular, engaging patients in service design (e.g. develop and implement the plans for engagement and co-design projects for the year); embedding learning from clinical complaints; bereavement support and end of life care; and support for children and families (e.g. develop methodology for listening to feedback from bereaved relatives; develop methodology and approach for increasing feedback; develop staff pack to share with bereaved relatives); and working with individuals, patients, carers and families to improve harm free care.

To conclude, Healthwatch Birmingham would like to commend the Trust for taking action in response to some of our comments on the 2016-17 Quality Accounts. It is positive to see examples of learning from death and actions taken in response. However, the Trust has not clearly demonstrated in the Quality Accounts how it uses feedback to understand and address issues of health inequality. As well as how it communicates with services users and the public on how their feedback has been used and the changes made. It is our wish that there will be further improvements in these area in the 2018-19 Quality Account.

As per our role, Healthwatch Birmingham is running various projects to support providers in Birmingham to meet their statutory role of consulting/engaging with patients and the public. Consequently, ensuring that Trusts are using public and patient feedback to inform changes to services, improve the quality of services and understand inequality in access to services and health outcomes. We have worked with some Trusts to review their patient and public involvement process (PPI), identify areas of good PPI practice and recommend how PPI practice can be made more effective. We would welcome the opportunity to explore how we can support the Trust to improve in the year ahead.

"Health and Social Care Overview and Scrutiny Committee will not be in a position to comment on the draft BCHC 2017/18 Quality Report".

22nd Feb 2018



Statement for Quality Account 2017-18 Birmingham Community Healthcare NHS Trust

Birmingham & Solihull Clinical Commissioning Group (CCG), as coordinating commissioner for Birmingham Community Healthcare NHS Trust (BCHC), welcomes the opportunity to provide this statement for inclusion in the trusts 2017-18 Quality Account.

A draft copy of the Quality Account was received by the CCG on the 19th April 2018 and the statement has been developed from the information presented to date in accordance with Department of Health guidance. The draft account has been shared across the CCG and NHS West Midlands to provide an opportunity to comment.

The information provided within this account presents a balanced report of the healthcare services that BCHC provides. There are some gaps in the account relating to numbers of Venous thromboembolism (VTE) and incomplete pathways that will need to be populated in the final document, however the range of services described and priorities for improvement are representative based on the information that is available to us. The report demonstrates the progress made within the Trust. It identifies what the organisation has done well, where further improvement is required and what actions are needed to achieve these goals and the priorities set for 2018-19.

The CCG recognises that the Trust has consulted widely and worked with patients, members of the public, staff and other NHS and local authority partner stakeholders to determine the focus of the quality priorities for the coming year. These are clinically driven and support the three quality domains of Patient Safety, Clinical Effectiveness and Patient Experience.

We acknowledge that the priorities have evolved over time and that the emphasis is on continual sustainable improvement through clinical engagement and leadership.

The account demonstrates achievement against the majority of the 2016-17 priorities and work undertaken to ensure quality improvement initiatives are embedded in practice. The Trust continues to work with patients, carers and their families to improve harm free care supported by the Safety Express programme, and a positive and a transparent safety culture is delivered through Patient Safety Ambassadors.

Falls prevention is a key priority for the Trust who exceeded their internal target for falls resulting in severe injury or death during 2017-18. The CCG welcomes the on-going focus on further development of the extensive falls prevention work programme that includes the production of two falls films to be used as educational packages. Patient experience has been sought to develop an understanding of the factors to be considered pre and post fall.

There is a positive work programme across the Divisions to ensure the effective use of systems and rostering tools to provide assurance on safe nurse staffing levels. It is pleasing to note the development and implementation of the electronic management system to support safe staffing analysis in district nursing teams, and the bespoke clinical training and competency framework to support skills development of nursing staff in Urgent Care services.

Patient Experience is embedded throughout the document and it is clear that this is important to the organisation. The CCG is pleased to note the progress made in relation to public engagement. The views of children and young people are incorporated into service delivery initiatives, and patients, carers and the public are consulted on plans for service development. School ambassadors and the Early Years Services Partnership have been actively engaged in holding events throughout the year.

Plans to develop a Lessons Learnt group are positive, and demonstrate the Trust's commitment to embedding learning from clinical complaints. The Trust continues to encourage incident reporting and implement initiatives to ensure that quality of services remains high and that learning from incidents is embedded. The ethos of continuous improvement is also captured in the planned schedule of work relating to the development and monitoring of patient outcome measures.

The Trust reports that there is further work to do to achieve its aims of introducing information technology to improve patient care and has plans to improve and develop network connectivity, cyber security and the core telephony platform during 2018-19. Over 5000 appointment reminders are currently sent to patients every 48 hours, as a result Adult & Community and Dental services report a reduction of 4.5% missed appointments.

There has been significant progress with development of care planning and assessment to ensure that these are person centred and focus on a holistic approach. Care plan completion is continually monitored through Essential Care Indicators across all areas. Care planning training and clinical supervision sessions are available for staff. It is pleasing to note the planned introduction of a clinical record keeping group to drive further improvements in clinical records, root cause analysis and Essential Care Indicators documentation.

There is a comprehensive section on trust engagement with national clinical audits and confidential enquiries. A review of local clinical audits throughout the year has generated some key actions the Trust plan to take during 2018-19 to improve the quality of healthcare provision. These include improving the quality of the Malnutrition Universal Screening Tool documentation and embedding the VTE risk assessment process across intermediate care. The CCG welcome and support the recommendations made for improvement of VTE assessment which are clearly identified and focus on initial assessment, review of risk assessment, clear documentation and sharing of best practice.

Quality priorities for action in 2018-19 reflect areas where improvement is required and we will continue to work with the Trust to support achievement of these goals. The CCG is supportive of the plans to improve the uptake and quality of staff appraisals, increasing the percentage of staff reporting errors, near misses or incidents and undertaking a staff cultural temperature check to facilitate on-going staff engagement in the improvement of patient care and experience. The Trust recognises that whilst improvements in response rates to the 2017 staff survey have been achieved, they remain below the national average for community trusts. Plans for 2018 have been made to take a targeted approach at divisional and corporate service level to promote the importance and value of completing the staff survey.

There has been an increase in the number of patient safety incidents reported during 2017-18 resulting in severe harm or death. The trust has stated that this is related to the introduction of reporting unstageable pressure ulcers, and the development of the mortality review process which has been extended to include all patient deaths notified to or noted by BCHC. The CCG will continue to work with the trust to support on-going review of these areas over the coming year.

We have made some specific comments to the Trust in relation to their report which we hope will be considered as part of the final document. These include points regarding accuracy of data, use of abbreviations without explanation of full meaning and inclusion of outcomes to demonstrate utilisation of patient feedback.

Through this Quality Account and the on-going quality assurance process, BCHC have demonstrated their commitment to continually improve the quality of services provided. As commissioners, we look forward to continuing to work in partnership with the Trust during 2018-19 and supporting them to deliver these quality priorities.



Paul Jennings
Chief Executive Officer

Annex 2 - Statement of Directors responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017-18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2017 to May 2018
 - papers relating to quality reported to the board over the period April 2017 to May 2018
 - feedback from commissioners dated 17/05/18
 - feedback from governors dated May 2018
 - feedback from local Healthwatch organisations dated 14/05/2018
 - feedback from Overview and Scrutiny Committee dated 22/02/2018
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018
- the 2017 national staff survey February 2018
- the Head of Internal Audit's annual opinion of the trust's control environment dated May 2018
- CQC inspection report dated September 2014
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts 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:

Chairman
Date 24/05/18



Chief Executive
Date 24/05/18



Annex 3 - Limited assurance report on the content of the quality reports and mandated performance indicators

Independent auditor's report to the council of governors of Birmingham Community Healthcare NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Birmingham Community Healthcare NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of Birmingham Community Healthcare NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

This report is made solely to the Trust's Council of Governors, as a body, in accordance with our engagement letter dated 16 May 2018. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018 to enable the Council of Governors to demonstrate that 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 Trust and the Trust's Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period (page 58 of the Quality Report); and
- emergency re-admissions within 28 days of discharge from hospital (page 51 of the Quality Report).

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and Ernst & Young LLP

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 2017/18' 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 2017/18', which is supported by NHS Improvement's Detailed Requirements for quality reports 2017/18;
- the quality report is not consistent in all material respects with the sources specified in detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18' and
- 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 2017/18' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' 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 other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18'. These are:

- Board minutes for the period April 2017 to March 2018
- Papers relating to quality reported to the Board over the period April 2017 to March 2018
- feedback from commissioners, dated 17 May 2018
- feedback from governors
- feedback from local Healthwatch organisations, dated 14 May 2018
- feedback from Overview and Scrutiny Committee dated 22 February 2018
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q4 of 2017/18
- the latest national staff survey, dated 2017
- Care Quality Commission inspection, dated 30 September 2014; and
- the Head of Internal Audit's annual opinion over the trust's control environment, dated May 2018

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, 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.

This report, including the conclusion, has been prepared solely for the Council of Governors of Birmingham Community Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting Birmingham Community Healthcare NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council 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 Council of Governors as a body and Birmingham Community Healthcare NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

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, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- 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 2017/18' to the categories reported in the Quality Report.
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is

substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent 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 2017/18' and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Birmingham Community Healthcare 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 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement
- the Quality Report is not consistent in all material respects with the sources specified in:
 - Board minutes for the period April 2017 to March 2018
 - Papers relating to quality reported to the Board over the period April 2017 to March 2018
 - feedback from commissioners, dated 17 May 2018
 - feedback from governors
 - feedback from local Healthwatch organisations, dated 14 May 2018
 - feedback from Overview and Scrutiny Committee dated 22 February 2018
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated Q4 of 2017/18
 - the latest national staff survey, dated 2017
 - Care Quality Commission inspection, dated 30 September 2014; and
 - the Head of Internal Audit's annual opinion over the trust's control environment, dated May 2018
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement .

Ernst and Young LLP

Ernst & Young LLP
Birmingham
24 May 2018

Notes:

1. The maintenance and integrity of the Birmingham Community Healthcare NHS Foundation Trust web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.
2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Appendix 1: Clinical audits and Confidential enquiries 2017-18

Audit Title	Participated	*%
Audits BCHC completed data collection for in 2017-18		
Head and Neck Cancer Audit Host: Saving Faces – The Facial Surgery Research Foundation	Yes	N/A
Learning Disability Mortality Review Hosted by: University of Bristol	Yes	N/A
National Audit of Intermediate Care (NAIC) Hosted by: NHS Benchmarking Network	Yes	Geriatric Med Bed Based 53/86 61.60%
		Intermediate Care Units Bed based 56/86 65.10%
		Rapid Response Crises Response 51/78 65.40%
		Virtual Ward Home Based 45/85 52.90%
National Chronic Obstructive Pulmonary Disease Audit Programme (COPD) Hosted by: Royal College of Physicians	Yes	18 cases submitted
National Diabetes Audit – Adults National Footcare Audit Hosted by: HSCIC	Yes	No min ascertainment required for this audit
Sentinel Stroke National Audit Programme (SSNAP) Hosted by: Royal College of Physicians	Yes	Band B
UK Parkinsons Audit Hosted by: Parkinsons UK	Yes	100%
Audits BCHC was not eligible to participate in		
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP) Hosted by NICOR	No	N/A
Adult cardiac surgery Hosted by NICOR	No	N/A
BAUS Urology Audits: Cystectomy	No	N/A
BAUS Urology Audits:Nephrectomy	No	N/A
BAUS Urology Audits:Percutaneous nephrolithotomy	No	N/A
BAUS Urology Audits:Radical prostatectomy	No	N/A
BAUS Urology Audits: Urethroplasty	No	N/A
BAUS Urology Audits:Female stress urinary incontinence	No	N/A
Bowel Cancer (NBOCAP) Hosted by Royal College of Surgeons in England	No	N/A

Audit Title	Participated	*%
Cardiac Rhythm Management (CRM) Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A
Case Mix Programme (CMP) Hosted by: Intensive Care National Audit Research Centre	No	N/A
Child Health Clinical Outcome Review Programme Chronic Hosted by: The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	No	N/A
Congenital Heart Disease (CHD) Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI) Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A
Diabetes (Paediatric) NPDA Hosted by: Royal College of Paediatrics and Child Health	No	N/A
Elective Surgery (National PROMS Programme) Hosted by: NHS Digital	No	N/A
Endocrine and Thyroid National Audit Hosted by: British Association of Endocrine and Thyroid Surgeons	No	N/A
Falls and Fragility Fractures Audit Programme (FFFAP) Hosted by: Royal College of Physicians	No	N/A
Fractured Neck of Femur Hosted by: Royal College of Emergency Medicine	No	N/A
Inflammatory Bowel Disease (IBD) programme	No	N/A
Major Trauma Audit Hosted by: The Trauma Audit & Research Network (TARN)	No	N/A
Maternal, Newborn and Infant Clinical Outcome Review Programme Hosted by: MBRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	No	N/A
Mental Health Clinical Outcome Review Programme Hosted by: National Confidential Inquiry into Suicide and Homicide (NCISH)	No	N/A
National Audit of Anxiety and Depression	No	N/A
National Audit of Breast Cancer in Older Patients (NABCOP) Hosted by: Clinical Effectiveness Unit, The Royal College of Surgeons of England	No	N/A
National Audit of Dementia Hosted by: Royal College of Psychiatrists	No	N/A
National Audit of Psychosis	No	N/A
National Audit of Rheumatoid and Early Inflammatory Arthritis	No	N/A
National Audit of Seizures and Epilepsies in Children and Young People	No	N/A
National Bariatric Surgery Registry (NBSR) Hosted by: British Obesity and Metabolic Surgery Society (BOMSS)	No	N/A

Audit Title	Participated	*%
National Cardiac Arrest Audit (NCAA) Hosted by: Intensive Care National Audit & Research Centre (ICNARC)	No	N/A
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI) Hosted by: London North West Healthcare NHS Trust	No	N/A
National Comparative Audit of Blood Transfusion Programme Hosted by: NHS Blood and Transplant	No	N/A
National Emergency Laparotomy Audit (NELA) Hosted by: Royal College of Anaesthetists	No	N/A
National End of Life care audit	No	N/A
National Heart Failure Audit Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A
National Joint Registry (NJR) Hosted by: Health Quality Improvement Partnership	No	N/A
National Lung Cancer Audit (NLCA) Hosted by: Royal College of Physicians	No	N/A
National Maternity and Perinatal Audit Hosted by: Royal College of Obstetricians and Gynaecologists	No	N/A
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care) Hosted by: Royal College of Paediatrics and Child Health	No	N/A
National Ophthalmology Audit Hosted by: The Royal College of Ophthalmologists	No	N/A
National Vascular Registry Hosted by: Royal College of Surgeons of England	No	N/A
Neurosurgical National Audit Programme Hosted by: Society of British Neurological Surgeons	No	N/A
Oesophago-gastric cancer (NAOGC) Hosted by: Royal College of Surgeons of England	No	N/A
Paediatric Intensive Care (PICANet) Hosted by: University of Leeds	No	N/A
Pain in Children Hosted by: Royal College of Emergency Medicine	No	N/A
Prescribing Observatory for Mental Health (POMH-UK) Hosted by: Royal College of Psychiatrists	No	N/A
Procedural sedation in adults (care in emergency departments) Hosted by: Royal College of Emergency Medicine	No	N/A
Prostate Cancer Hosted by: Royal College of Surgeons of England	No	N/A
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme Hosted by: Serious Hazards of Transfusion	No	N/A

² Ascertainment rate would apply to participating acute Trust, please see corresponding Trust Quality Report for University Hospital Birmingham NHS Trust for this information.

Acknowledgements

We would like to thank Clinical Photography and Graphic Design and all members of staff, public members and users of our services who have contributed towards this Quality Report.

Quality Report Editorial Group consisted of:

Salsabil Abdulkadir - Business and Administration Apprentice

Janette Bigford - Patient Experience Manager

Victor Cracroft - Patient Representative and Governor

David Disley-Jones - Communications Manager

Colin Graham - Associate Director of Clinical Governance (Chair)


Carol Herbert - Clinical Quality Assurance Programme Manager (Project Lead)

Anne Pemberton - Patient Experience Lead

Frances Young - Chair of Patient Experience Forum and Governor

Membership application

Please fill in your details below to become a member of Birmingham Community Healthcare NHS Foundation Trust. We are collecting information to ensure we contact you in the best way for you. The information you provide will also help us to ensure our membership is representative of the communities we serve.

The minimum age to become a member is 16 years. If you are younger than this and wish to be involved, please email: ft@bhamcommunity.nhs.uk 

Contact details (please use CAPITAL LETTERS). Fields marked with * are mandatory.

Title First name*
 Last name* Date of birth*
 Address*
 Postcode*
 Telephone (home) Telephone (mobile)
 Email Gender ☐ Male ☐ Female

How would you describe your ethnic origin? (please tick as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> White/British | <input type="checkbox"/> Black or Black British/African |
| <input type="checkbox"/> White/Irish | <input type="checkbox"/> Black or Black British/
Any other Black background |
| <input type="checkbox"/> White/Other | <input type="checkbox"/> Mixed White/Black African |
| <input type="checkbox"/> Asian or Asian British/Pakistani | <input type="checkbox"/> Mixed White/Black Caribbean |
| <input type="checkbox"/> Asian or Asian British/Indian | <input type="checkbox"/> Mixed White and Asian |
| <input type="checkbox"/> Asian or Asian British/Bangladeshi | <input type="checkbox"/> Mixed Any other mixed background |
| <input type="checkbox"/> Asian or Asian British/
Any other Asian background | <input type="checkbox"/> Chinese |
| | <input type="checkbox"/> Any other ethnic group (please specify) |
| <input type="checkbox"/> Black or black British/Caribbean | |

How would you prefer to be contacted? (please tick as appropriate)

- ☐ Email  ☐ Post  ☐ Telephone 

Do you have a disability? (please tick as appropriate)

☐ No ☐ Yes (please give details of any special requirement below):

How would you like to be involved at the current time? (please tick as appropriate)

☐ Level 1 membership (limited involvement). Receive information and keep up to date

Level 2 membership (active involvement). Participate in surveys and attend meetings

- Level 3 membership (full involvement). *Get involved with an interest in becoming a governor*

Did a staff member recommend that you become a member?

☐ Yes☐ No

Please give their name and job title:

Please specify other:

☐ Please tick here if you do **NOT** want your name and constituency to be available to the public through the Foundation Trust Register of Members.

The data you supply will be used only to contact you about the Trust, membership or other related issues and will be stored in accordance with the Data Protection Act. Please see our website at www.bhamcommunity.nhs.uk/ft for more details.

I apply to become a member of Birmingham Community Healthcare NHS Foundation Trust and agree to the processing of my information:

Signature _____ Date _____

Please return completed forms to:

**Freepost RSUJ-TESZ-BHSH, Membership,
Birmingham Community Healthcare NHS Foundation Trust,
3 Priestley Wharf, 20 Holt Street, Birmingham B7 4BN**

If you would like to request a copy of this document in an alternative format, or have any other queries about its content, please contact the Birmingham Community Healthcare NHS Foundation Trust Communications team at:



Communications team:
3 Priestley Wharf
20 Holt Street
Birmingham Science Park
Aston, Birmingham
B7 4BN



Tel: 0121 466 7281



Email info@bhamcommunity.nhs.uk



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The report is also available at www.bhamcommunity.nhs.uk



Or you can speak to a Patient Experience Officer in our Customer Services team on tel: 0800 917 2855

How to provide feedback

If you would like to provide feedback on the Quality Report you can do this by:

Tel 0121 466 7069

Email clinical.governance@bhamcommunity.nhs.uk

Address Quality Report, Clinical Governance Department
3 Priestley Wharf
20 Holt Street
Birmingham Science Park
Aston, Birmingham, B7 4BN

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Section 5



Produced by Clinical Photography and Graphic Design, Birmingham Dental Hospital
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