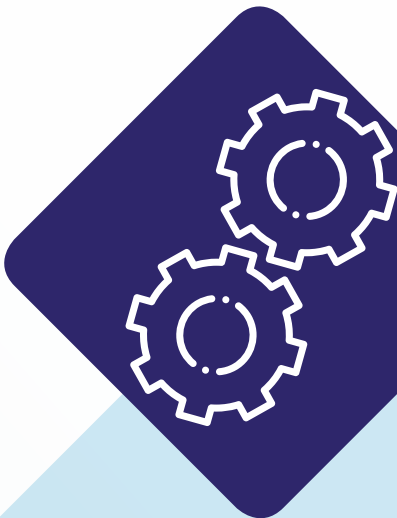
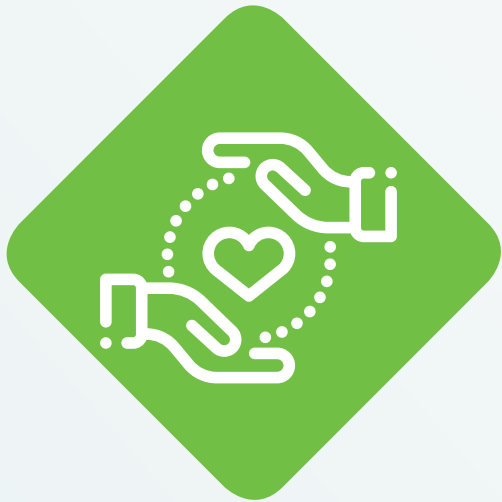


# ANNUAL REPORT

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## 2018-19



**Birmingham Community Healthcare NHS Foundation Trust**

**Annual Report and Accounts 2018/19**

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

If you would like this document in another format including audio, large print, Braille or translated, please contact Communication Team on: 0121 466 7281.

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# MESSAGE FROM TOM STORROW, CHAIR

**Our Annual Report for 2018/19 covers an important year for Birmingham Community Healthcare NHS Foundation Trust (BCHC), in which our dedicated colleagues have delivered more than 2.1 million interactions with patients and service users.**

The high levels of patient satisfaction that we have once again achieved are a tribute to the commitment of our colleagues. I am also very pleased to report that we have maintained our performance well in regard to safety and quality of care whilst also delivering our financial commitments. Delivering this combination of consistently safe, high quality care and achieving challenging financial targets is a huge accomplishment for an NHS organisation such as ours within the current climate. I am also grateful to colleagues for the way in which they have responded so positively to challenges identified by the CQC during the year, with an admirable determination to learn from feedback and seek improvement. I am most grateful to all our colleagues, whatever role they perform, for their contribution through 2018/19.

This has also been an important year in developing our future strategy and ensuring that the organisation is primed and ready to play its full part in the health and social care system in the years to come. Our new strategy, combined with a strong new vision and organisational values, provides the Trust with a strong platform from which to build.

The strategy, vision and values, which have been developed through extensive engagement with our colleagues and other stakeholders, give a clear and strong focus to BCHC's work. Success in our objectives - delivering safe, high quality care and integrated care in communities, from an organisation which is acknowledged as a great place to work and makes good use of resources - will drive success in accomplishing our vision of 'Best Care; Healthy Communities'.

It is also clear that the future direction is very much about partnership, and especially strong partnerships with all those other organisations which deliver different aspects of health and

social care, including NHS, council, third sector and private organisations. I am therefore extremely pleased that Birmingham Community Healthcare continues to play a leading and integral role within the two sustainability and transformation partnerships (STPs) covering our core geographical area, namely Birmingham & Solihull and Black Country & West Birmingham. The STPs are the focal point for partnership working and integration of services, and thus vitally important for the future success of health and social care in this country.

The year in report has also been the first at BCHC for our chief executive, Richard Kirby. I am delighted that Richard has been able to make such a positive impact through his first year, both within our organisation and across our local health economy. His drive and vision for the Trust, and for the people who use our services, is at the heart of our strong and focused leadership and bodes very well for the future.

As chair of both the Council of Governors and the Board of Directors, I would like to thank all those who have provided their commitment and expertise to us through 2018/19. Both bodies are determinedly focused upon putting first the interests of our patients and service users, and it is a commitment which never waivers.

Our non-executive directors perform a key role for the organisation through their terms of office. During 2018/19 Neil Scott stepped down from the role, and my thanks go to him for his contribution through three years of service. I also had the pleasure during the year of welcoming new members onto the Board, and I wish Jenny Belza and Jacynth Ivey every success in the role into the future.

Towards the end of the year we held elections to our Council of Governors. I would like to formally thank, both personally and from the organisation, those Governors who completed their terms of office, whilst also welcoming those newly elected into this important role.

This is my final annual report as Chair of the Trust, as I retire in May 2019 after serving nearly eight years in the role. Chair of BCHC has been the most fulfilling role and one I feel privileged to have been able to perform.

I have been honoured to play my part alongside so many dedicated professionals through these past years – those in clinical and non-clinical roles within the Trust; Board members and Governors; partners and volunteers. I have witnessed the most superb commitment and enjoyed tremendous support, and I would like to offer my sincere thanks to all who have helped me through my time as Chair.

BCHC has achieved so much, establishing itself as a reliable and most effective provider of a range of vital NHS services and caring so well for millions of people when they need us most. There have been many organisational highlights, including the achievement of Foundation Trust status, the building of our superb new Dental Hospital and the development of so many of our community and specialist services, all alongside the daily delivery of safe, high quality care for the people we serve.

I am delighted that I can leave the organisation in such good health and strong hands. In Dr Barry Henley I believe the Governors have made a very positive appointment as my successor, and I wish him all the very best in this most wonderful role.

In introducing our annual report, I thank all who played a part in creating another successful year for the trust. I am sure you can look forward to a positive future for BCHC to the benefit of the individuals and communities we serve.





# MESSAGE FROM RICHARD KIRBY, CHIEF EXECUTIVE OFFICER

**The year 2018/19, my first full year as chief executive of Birmingham Community Healthcare NHS Foundation Trust, has been one of real progress for us, both in the care we deliver for our patients and in developing our organisation.**

I would like to thank all who have been a part of delivering another year of successful service delivery for the trust, and also working hard to create a strong base for our organisation from which to pursue our vision of 'Best Care; Healthy Communities'.

Through my first year I have been privileged to meet many colleagues across many of our services and have been struck by their openness, honesty, and passion for providing great care for our patients and service users.

One of the things most apparent is the extent to which we rely on teams - both inside the Trust and with partners too. We are the glue that joins care together for patients.

Those early conversations galvanised much of the work that followed - creating our new vision - 'Best Care: Healthy Communities' - and our new values (caring, open, respectful, responsible and inclusive) as well as setting out our four strategic objectives: 'safe, high quality care', becoming 'a great place to work'; working with partners to enable 'integrated care in communities' and 'making good use of resources'.

Out of this work, a number of new initiatives have been gaining momentum - the launch of new equality networks, our Listening into Action improvement programme, our employee assistance programme Care First, a new 'supporting attendance' policy, as well as improvement work in children's services and the start of redesign in older adults through neighbourhood teams and early intervention.

Just a couple of months after I joined, the NHS turned 70. This offered a great opportunity to

reflect on what a remarkable institution we are part of, how far we have come and how proud we should all be of what a difference we make to people's lives every day. It was great to be able to join in celebrations across the Trust and to accompany some of our colleagues to the national service at Westminster Abbey.

Last year also brought some big challenges for us, in particular, the CQC inspection report that rated our children's services inadequate was a reminder that we do not always get it right. A review of our approach to equality and diversity and our 2018 staff survey results also highlighted areas for improvement. But I am very pleased with the way in which colleagues have responded to these challenges; using the insight to help shape improvements to make a better place and better service.

Neither are we immune to the wider pressures facing the NHS and social care, with increasing demand for services as more people live longer, with a wider range of long term conditions. Although the new financial settlement for the NHS announced as part of the 70th birthday celebrations is welcome, we still face resource pressures that we will need to work hard to address. Alongside the rest of the NHS, we also face some significant workforce challenges as we seek to recruit and retain the colleagues we need to provide great care to patients and service users.

The good news is that we are on track - I am really pleased with how consistent the new national Long Term Plan for the NHS is with our own vision and values. The actions in our improvement programme are designed to ensure we can bring this vision to life over the next two to three years and ensure that we are properly 'Fit for 2022', the year in which Birmingham finds itself in the spotlight as host of the Commonwealth Games.

Having spent the first year listening to what matters most to patients, service users and

colleagues and working with them to set our direction, our focus in my second year with the trust is about action and delivery - bringing our vision to life through our strategic objectives. For example, we are focusing on creating a culture that makes colleagues feel safe, supported and happy at work, connecting our teams with the communities they serve and using feedback to make better use of digital technology.

At the same time we are also working to enhance effective partnerships across the healthcare economy - in primary care, acute care, mental health, social care, education and the voluntary and community sector.

Collaboration with our partners in our two Sustainability and Transformation Partnerships (STP), in Birmingham & Solihull and Black Country & West Birmingham, is already resulting in a number of exciting initiatives which increase integration and break down barriers between services, improving effectiveness for patients. Planning our integrated neighbourhood teams in line with Primary Care Networks, and also our involvement in the early intervention initiative as part of older people's care, are great illustrations of the direction of our work.

Amid these times of increasing demand and pressured resources, we in community services must make the most of our unique position at the heart of our health and social care system to help drive effective change.

Looking back on the year in review, and my first year with BCHC, I would like to thank all our colleagues and stakeholders for their commitment to each other and to our patients and service users.

I would like to thank Tom Storrow for the enormous contribution and commitment he has made to this organisation through almost eight years as Chair, as well as the invaluable support he has given me personally during my first year. Tom has led the Trust to considerable achievements during his tenure and laid such a strong platform for the future; I know that colleagues from BCHC and our partners will join me in offering Tom the very best wishes for his retirement. I would also like to welcome Dr Barry Henley as our new Chair and look forward to working with him to make the most of the opportunities and challenges ahead.

I would also like to record my thanks for the contribution of executive directors who have left their roles during the past year. Peter Axon, Joanne Thurston, Gareth Howells, Lynne Lainé, Lorraine Thomas and Andrew Dayani have each moved on, either to other challenges or retirement, after making hugely valuable contributions to the Trust's work and its development. In turn I welcome our new directors, who together will be focused on taking BCHC through the next stage of its development. Whilst we are sorry to see such dedicated people move on, it does also provide the opportunity to assemble another high quality team. I am delighted that Marcia Perry, Chris Holt, Suzanne Cleary and Michelle Woodward have each joined us from other organisations, and will work together with David Holmes, Doug Simkiss and Ian Woodall from within BCHC, as our new executive team.

We are always keen to talk more 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 safe, high quality and integrated care.

I look forward to working with all our colleagues and our partners in the months ahead, to together help create 'Best Care; Healthy Communities'.



**Richard Kirby**  
Chief Executive  
Birmingham  
Community  
Healthcare NHS  
Foundation Trust



# PART 1: ANNUAL REPORT

## SECTION 1: PERFORMANCE REPORT

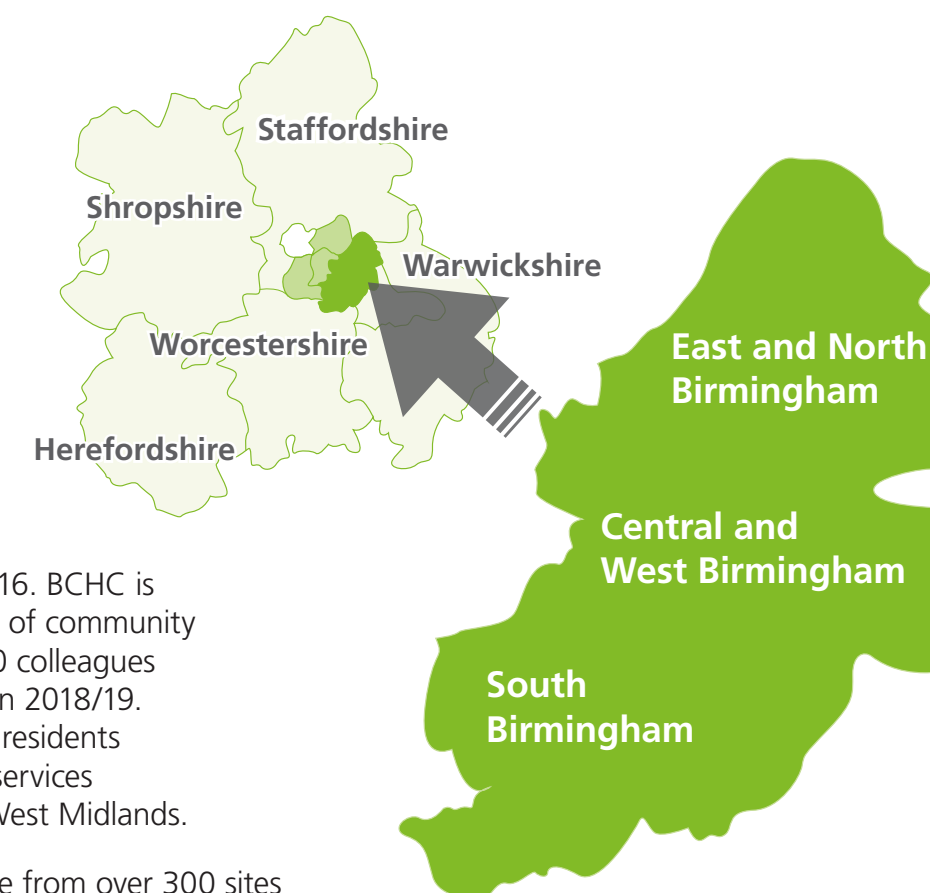
The purpose of the Performance Report is to provide a fair, balanced and understandable analysis of Birmingham Community Healthcare NHS Foundation Trusts' performance during the period April 2018 to March 2019. The Report is prepared in accordance with the requirements of sections 414A, 414C and 414D of the Companies Act 2006.

### 1.1. OVERVIEW

The purpose of the overview is to provide sufficient information to enable an understanding of Birmingham Community Healthcare NHS Foundation Trust (BCHC), its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

BCHC was formally authorised as a Foundation Trust on 1st April 2016. BCHC is one of the largest specialist providers of community health services in the NHS with 4,500 colleagues and an annual turnover of £288.7m in 2018/19. We deliver services to the 1.2 million residents across Birmingham, as well as some services in the Black Country and the wider West Midlands.

Our five main clinical divisions operate from over 300 sites across Birmingham and the West Midlands providing care for people throughout their lives from newborn babies to the frail elderly and their families and carers. Our services are diverse; from healthy lifestyle services that support people to feel 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 to meet the needs of our diverse local communities.



The table below provides an overview of the clinical services provided by each of our clinical divisions.

Division	Example of services provided		Area
Adult Community Services	Core Community Services; District Nursing and Integrated Multidisciplinary Teams, Specialist Community Adult Nursing		City of Birmingham
Learning Disability Services	Birmingham Community Assessment and Treatment Centre, respite and short care breaks, supported living and community forensic services		City of Birmingham
Children and Families Services	Public Health Interventions, e.g. Early Years and School Nursing services for children with additional needs and vulnerabilities, including palliative and end of life care CHIS and Paediatric Sexual Assault Services		City of Birmingham West Midlands Region
Dental Services	Birmingham Dental Hospital	A range of dental services and training for dental students	West Midlands Region Birmingham, Dudley, Sandwell and Walsall
	Community Dental Services	Orthodontics, special care, surgical dentistry and paediatric dental surgery	
Adult and Specialist Rehabilitation Services	Urgent Care	Community Inpatient facilities and offender healthcare, Community Podiatry and Physiotherapy and Rapid Response Teams	City of Birmingham West Midlands Region
	Rehabilitation Services	Inpatient neuro-rehabilitation, brain and spinal injury clinics, wheelchair service, amputee rehabilitation and prosthetics	

We undertook an assessment of our current strengths and weaknesses during the first half of 2018/19 and this was informed by a number of important factors including the Care Quality Commission (CQC) Local System Reviews, the CQC Core Service Inspection (2018), the Independent Equality & Diversity Review we commissioned and the Independent Well-Led Review undertaken by Deloitte. We also carefully considered the views of our system partners, Birmingham and Solihull sustainability and transformation partnership (BSol STP) and Black Country and West Birmingham sustainability and transformation partnership (BC STP) as well as our regulator, NHS Improvement.

BCHC has a track record of delivery and financial stability. In our Pulse Check 66% of our colleagues said that quality was the trust’s top priority and 70% believe we are providing high quality services to our patients/service users. 97% of our patients would recommend the care we provide to their friends and family. Five of our six core services are rated “good” by the CQC. In 2018/19 we delivered a financial surplus of £1.85m (after impairments) and performed well in Lord Carter’s measures of community service productivity, thanks to our Care in Focus programme.

The table below presents our Financial Surplus over the last 2 years.

Financial Metrics	Outturn 2017/18	Outturn 2018/19	Plan 2019/20
Surplus (£000’s)	7,115	4,419	4,229
Surplus Exc STF and Impairm’ts	3,572	2,141	1,875
Surplus % (underlying)	1.3%	0.8%	0.6%
CRES (£000’s)	6,636	6,157	5,966
CRES (%)	2.4%	2.3%	2.1%
Capital programme (£000’s)	6,440	6,189	6,157
Closing cash (£000’s)	34,613	39,432	39,746
Use of resources rating	1	1	1

Based on the performance detailed in these Financial Statements and the Financial Plan 2019/20, 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.

But we know that we face a number of challenges. Following our most recent CQC inspection we are rated “Requires Improvement” and our children’s services are rated “Inadequate” and the report rightly points to the opportunity to improve our approach to risk management, responding to incidents and equality, diversity and inclusion. Our national staff survey results are average with 59% recommending the trust as a place to work, sickness rates at 6.19% are higher than average. Engagement with colleagues highlighted support for staff and our use of technology as areas for improvement.

BCHC’s ratings following our most recent CQC inspection are summarised below.

Ratings for Community Health Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community health services for children and young people	Inadequate ↓↑ Sept 2018	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Requires improvement →← Sept 2018	Inadequate ↓↑ Sept 2018	Inadequate ↓↑ Sept 2018
Community health inpatient services	Requires improvement ↓ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Community end of life care	Good Sept 2014	Good Sept 2014	Out-standing Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community dental services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Learning disability services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Overall*	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

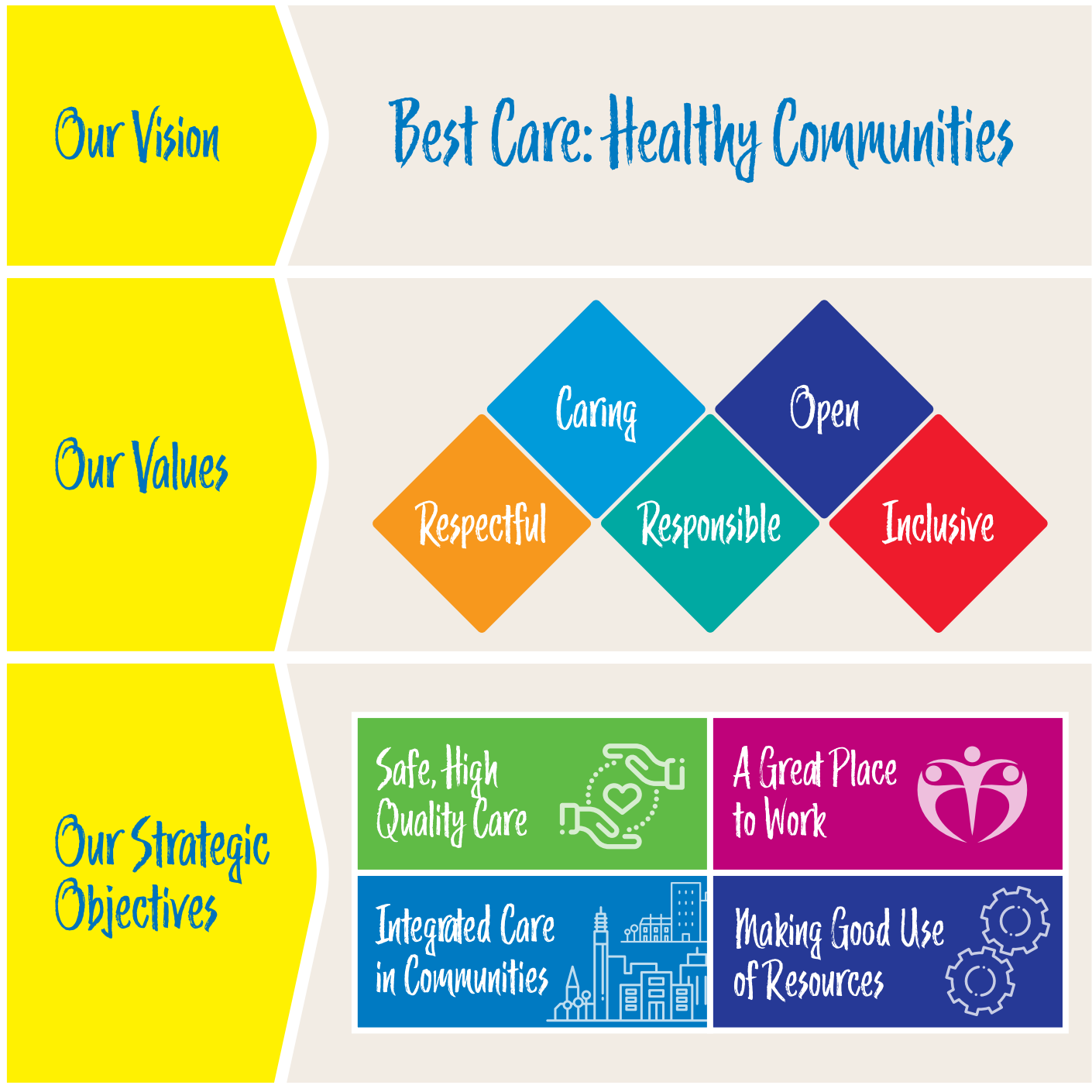
\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to teach fair and balanced ratings.



# OUR VISION AND VALUES AND STRATEGY

During 2018/19, we refreshed our vision, values and strategy to take in to account the national and the local strategic priorities. Our vision and strategy align to the BSol and BC STP priorities for action in order to find the most safe, effective and compassionate ways to manage the health and care needs of the population we serve; to make high quality health and care sustainable now, and for future generations.

The Best Care: Healthy Communities Strategy has been developed to take into account the STP’s intention to place a greater emphasis on the promotion of health and wellbeing to keep people healthy and happy longer, with a particular focus on supporting the most disadvantaged in our communities. We want to work with our system partners to continuously improve the quality and safety of care we provide whilst maximising efficiency in how we use public services.



## OUR VISION Best Care Healthy Communities

Our vision is summed up as “Best Care: Healthy Communities”. BCHC, therefore, exists to provide the Best Care possible to support the people who use our services, many of whom are amongst the most vulnerable in our society, to live healthy in Healthy Communities. This is directly linked to the Birmingham & Solihull STP vision:

### “LIVE HEALTHY: LIVE HAPPY”.

Our strategy for the next 4-5 years, based on this vision, will concentrate on the core community health services in which we have demonstrable expertise and our core catchment of Birmingham and the West Midlands. It is therefore a strategy, which will prioritise the quality of the care, we provide and the depth and strength of our relationships with our partners in the STPs within which we operate.

## OUR VALUES

Our values have been developed through an extensive colleague led engagement process. A stakeholder reference group was established to oversee the refresh of the values with a wide representation from across the organisation including Clinicians, Managers, Administration Forum representation, Staff Side and BME network members.

The Reference Group has overseen the values voting process where 608 colleagues voted for the top 3 themes that they believe would support the achievement of our new vision and strategy.

The values that our colleagues have together chosen are:



## OUR STRATEGIC OBJECTIVES

To ensure that we can make progress towards our vision of Best Care: Healthy Communities, we have identified four strategic objectives that set our strategic direction for the next 4-5 years.

**Safe, High Quality Care:** Working with the people we care for, their families and our partners to deliver the best possible outcomes and experience. Our priorities for the next 4-5 years will include:

- Embedding a strong safety culture within the trust
- Developing and embedding a BCHC improvement methodology building on our existing Listening into Action approach
- Working with partners to improve community services for children;
- Improving end of life care pathways
- Setting a new research strategy to ensure we build on existing strengths and take advantage of future opportunities



**A Great Place to Work:** Creating a great place to work and learn enabling our colleagues to be the best that they can be. Our priorities for the next 4-5 years:

- Building an organisational culture that ensures we live our values
- Supporting colleague health and well-being
- Embedding an inclusive culture that values diversity across the trust;
- Improving opportunities for professional development and succession planning
- Using the Listening in to Action (LiA) methodology to engage colleagues in the delivery of changes outlined in the improvement plan

**Integrated Care in Communities:** Working with our partners to support people to live healthy in their communities. Our priorities for the next 4-5 years will include:

- Establishment of integrated neighbourhood teams working with GPs, social care and mental health services
- Re-development of our intermediate care services to provide alternatives to hospital admission and support for discharge based on 5 localities
- Improved support for residents of nursing care homes
- Delivery of an enhanced community support approach to supporting people with learning disabilities

**Good Use of Resources:** Getting the best from our people, technology, information, estates and money. Our priorities for the next 4-5 years will include:

- Transform our use of technology to support the delivery of safe and productivity care
- Continue to deliver small annual financial surpluses. Our current assessment is that we will need to deliver £24m of savings across 2019/20 - 2021/22 in order to do this. Given our successful track record to date, this level of further savings represents a major challenge
- Development of a workforce plan that seeks to maximum use of new professional roles to address recruitment challenges
- Continue to evolve our estates strategy to focus on greater agile working, greater sharing with partners and alignment to our locality and neighbourhood model.

A Great Place  
to Work



Integrated Care  
in Communities



Making Good Use  
of Resources



## OUR FIT FOR 2022 IMPROVEMENT PROGRAMME

Our vision, values and strategy were approved at the Trust Board in October 2018 and set out what matters most to us as a specialist provider of community healthcare. The Fit for 2022 Improvement Programme is the response we have taken to ensure we can bring our vision to life over the next 3-4 years.

The Fit for 2022 Improvement Programme first phase operates from November 2018 through to March 2020 and therefore sets a framework for our annual plan objectives for 2019/20.

The Improvement Programme includes actions to progress strategic objectives and responds to external reviews and recommendations such as the Equality Diversity and Human Rights Independent Review (September 2018),

the Well-Led Independent Review (August 2018), the CQC Inspection Report (October 2018) and the Board Freedom to Speak Up Self-Review (October 2018). The work we have done to date outlines the action we want to take between now and March 2020.

Further information is available via our internet:

<http://www.bhamcommunity.nhs.uk/about-us/board-of-directors/meetings-and-papers/>



## 1.2. PERFORMANCE ANALYSIS 2018/19

### How We Measure Performance

Performance in the Trust is managed via a series of monthly Balanced Scorecards which report Key Performance Indicators (KPIs) at both Trust and Divisional level. These reports are supported by disaggregated performance and activity information at Team and Business Unit level via the OneVision platform. Each KPI has an allocated Executive Lead and the overall Executive Lead for Performance is the Chief Finance Officer.

Scrutiny of the Balanced Scorecards is underpinned by a robust governance structure comprising meetings and escalation principals to ensure issues are identified and managed at the appropriate level and in a timely manner.

### 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 Team lead this process and review relevant national guidance from NHS Improvement 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 healthcare providers.



Structure of the Balanced Scorecard

Scorecards are comprised of four key domains mirroring the Trust’s Strategic Objectives. These are:

- Safe, High Quality Care
- Integrated Care in Communities
- A Great Place to Work
- Making Good Use of Resources

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

Key Performance Indicators and ‘Cause and Effect’ definitions

Individual indicators are considered as either ‘Cause’ or ‘Effect’ KPIs. ‘Cause’ KPIs are utilised to drive poor outcomes if not addressed and remedied. Breaches of ‘Cause’ KPIs are used to assess the overall performance of a division which defines the frequency with which they attend the Performance and Programme Management Board (PPMB) for scrutiny.

The ‘Cause’ KPIs for the Trust in each domain for 2018/19 are defined in the following table.

Domain	
Safe, High Quality Care	<ul style="list-style-type: none"><li>• Clostridium difficile new cases avoidable (cumulative) 2 months in arrears</li><li>• E. Coli bacteraemia avoidable new cases (cumulative)</li><li>• MRSA bacteraemia new cases (cumulative)</li><li>• Falls with severe injury or death (cumulative)</li><li>• Grade 3 or 4 avoidable Plus community (cumulative) 2 months in arrears</li><li>• Grade 3 or 4 avoidable Plus inpatients (cumulative) 2 months in arrears</li><li>• Number of never events</li><li>• Total Number of Preventable Inpatient Deaths (1 month in arrears)</li><li>• Safe staffing - % fill rate vs. establishment</li><li>• IMT Safe Staffing</li><li>• 18 week pathway consultant led services (incomplete pathways)</li><li>• Zero tolerance RTT waits over 52 weeks</li><li>• Cancer referrals (Urgent 2WW)</li><li>• Customer Experience - % patients reporting very good or excellent</li><li>• Friends and Family test</li></ul>
Integrated Care in Communities	<ul style="list-style-type: none"><li>• Rapid response cases requiring onward admission to acute hospital</li><li>• Patient Safety Thermometer (harm-free - NEW HARMS ONLY)</li><li>• Essential care indicators community (aggregated measure)</li><li>• Essential care indicators inpatients (aggregated measure)</li><li>• Essential Care indicators - Learning Disability community</li><li>• Essential Care indicators - Learning Disability inpatients</li></ul>
A Great Place to Work	<ul style="list-style-type: none"><li>• Mandatory Training Compliance</li><li>• Percentage of Vacancies</li><li>• % sickness absence</li><li>• % staff appraised (12 month rolling average)</li></ul>
Making Good use of Resources	<ul style="list-style-type: none"><li>• DNA (Did Not Attend) rates (clinical appointments)</li><li>• YTD (Year to Date) % CRES/QIPP milestones achievement position</li><li>• Agency spend - YTD Total (cumulative) (£000)</li><li>• Net income and expenditure (£000)</li><li>• CRES - In month (not cumulative) delivery against plan</li></ul>

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. Using a RAG system, Red 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 Cost Improvement Programmes (CIP) 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 Performance and Programmes Management Board (PPMB) on the same basis as Clinical Divisions. These plans are then submitted to the monthly PPMB and presented by Divisional representatives for executive level scrutiny and support with required actions.

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. PPMB also has the authority to establish short life working groups to address performance issues, particularly where these are affecting more than one area of the Trust.

PPMB have an escalation route for persistent breaches and can require a service to attend the Executive Team Meeting (ETM), Finance & Performance and Investment Committee (FPIC) or Quality, Safety and Risk Committee (QSRC) to seek further assurance and input to Divisional plans. In 2019 a further committee for Workforce issues is also being established and this will be utilised in line with the model described above if required.



Quality and Performance Report

A monthly Quality and Performance Report (QPR) is presented to both the assurance sub-committees of the Trust Board and the Trust 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 QPR is published on the Trust’s public website and shared with our Commissioners each month.

Further information regarding the Trust’s performance, including analysis of the performance of the metrics within each domain, is provided in the Annual Quality Report.

Safe, High Quality Care Domain

The Safe, High Quality Care Domain has maintained strong performance throughout 2018/19. In particular we are proud to report:

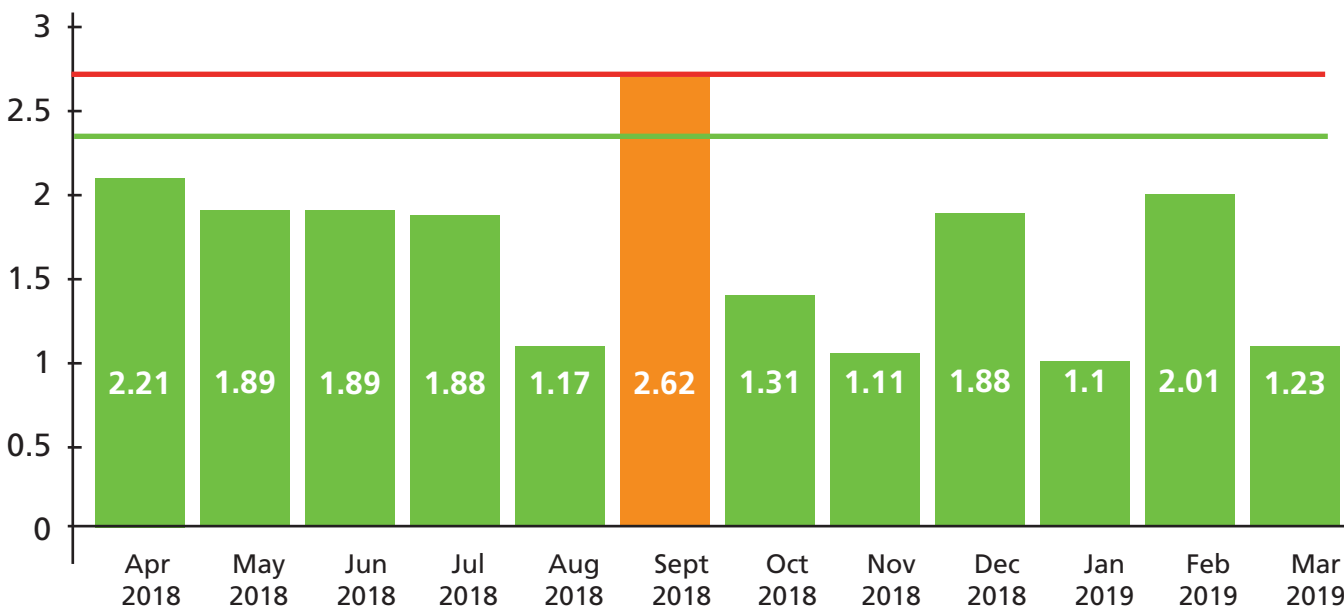
- no new cases of MRSA
- no new cases of E.Coli
- no avoidable cases of hospital acquired Clostridium difficile
- a single patient developing avoidable grade 3 or 4 pressure ulcers whilst admitted to Trust care
- no preventable in-patient deaths identified, following the establishment of new reporting requirements relating to mortality reviews
- only 6 patients having a fall which resulted in severe harm during the year

A key focus for the Trust in this domain has been the rate of falls with harm (which are measured per 1,000 Occupied Bed Days), and the number of falls with severe harm sustained under our care.

The falls rate target for 18/19 was set as a comparison to 17/18’s outturn performance and as shown in the figure below has performed strongly throughout the year with just a single occasion where the rate entered the amber range.

A variety of actions to reduce falls have taken place including a focus on falls by the patient safety team, implementation of safety ‘huddles’ at handovers to a new shift and a review of the contributing factors which are recorded on Datix when a fall does occur.

BCHC Falls with Harm per 1,000 Occupied Bed Days



The NHS Benchmarking Network report monthly data for Community Trusts and we use this information to test our internal targets and give assurance that performance in this area compares favourably to peers.

In February 2019 NHS Benchmarking report a 6 month average Falls with harm rate for Community Trusts of 1.71 per 1,000 Occupied Bed days, against the BCHC average of 1.68. The community trust benchmarking does show an improving position over recent years and so we continue to monitor this area closely.

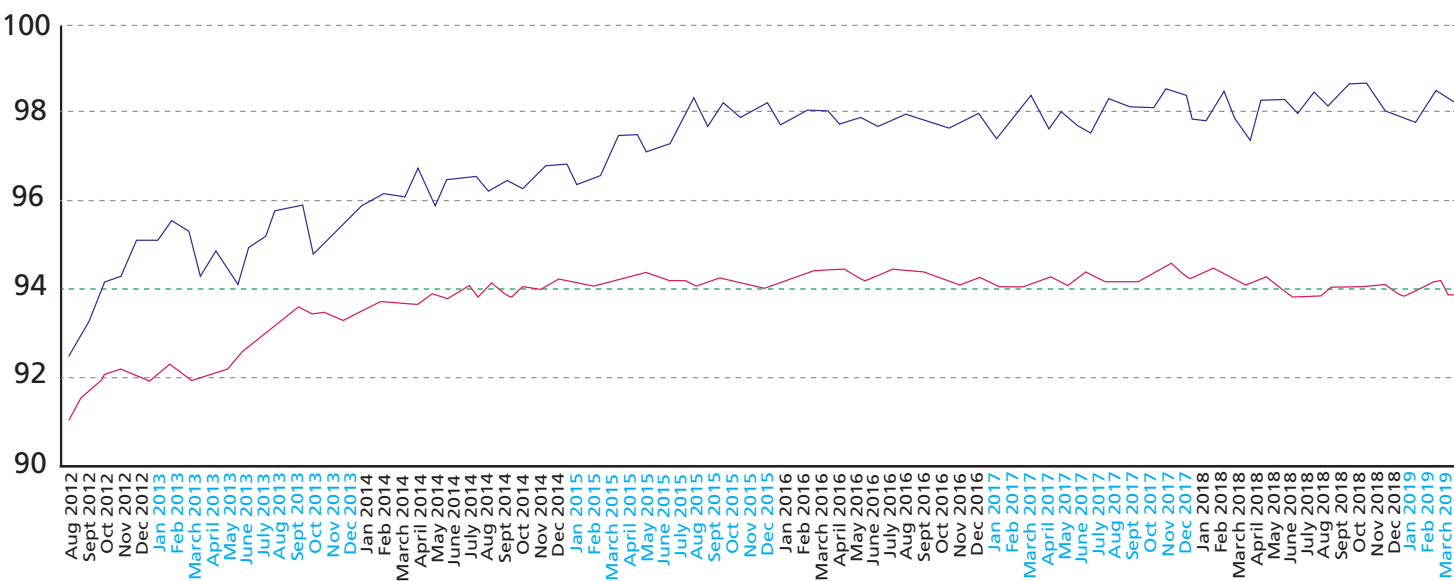
The Trust also counts the absolute number of falls where a severe harm such as a fracture is sustained by the patient. In 18/19 we end the year reporting a total of 6 such falls. This total compares very favourably with 17/18 when 22 falls with severe harm had been reported by the end of the year.

Whilst this positive to report the Trust nevertheless 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. These are Falls with Harm, Pressure Ulcers, Urinary Tract Infections with Catheters and development of CTE. Figure 1.2 demonstrates Trust Performance in this area (shown in blue) against the national average (shown in pink).

The NHS Quality Observatory Benchmarking Data harms in NHS Trusts (<https://www.safetythermometer.nhs.uk/index.php/classic-thermometer/analyse-data-classic/dashboard-classic>)

Harm free care (all harms)



The development of avoidable pressure ulcers remains a key focus of work for inpatient and community nursing teams. As already highlighted the inpatient teams reported the development of a single avoidable grade 3 or 4 pressure ulcers in 2018/19 compared to zero avoidable pressure ulcers reported in 17/18.

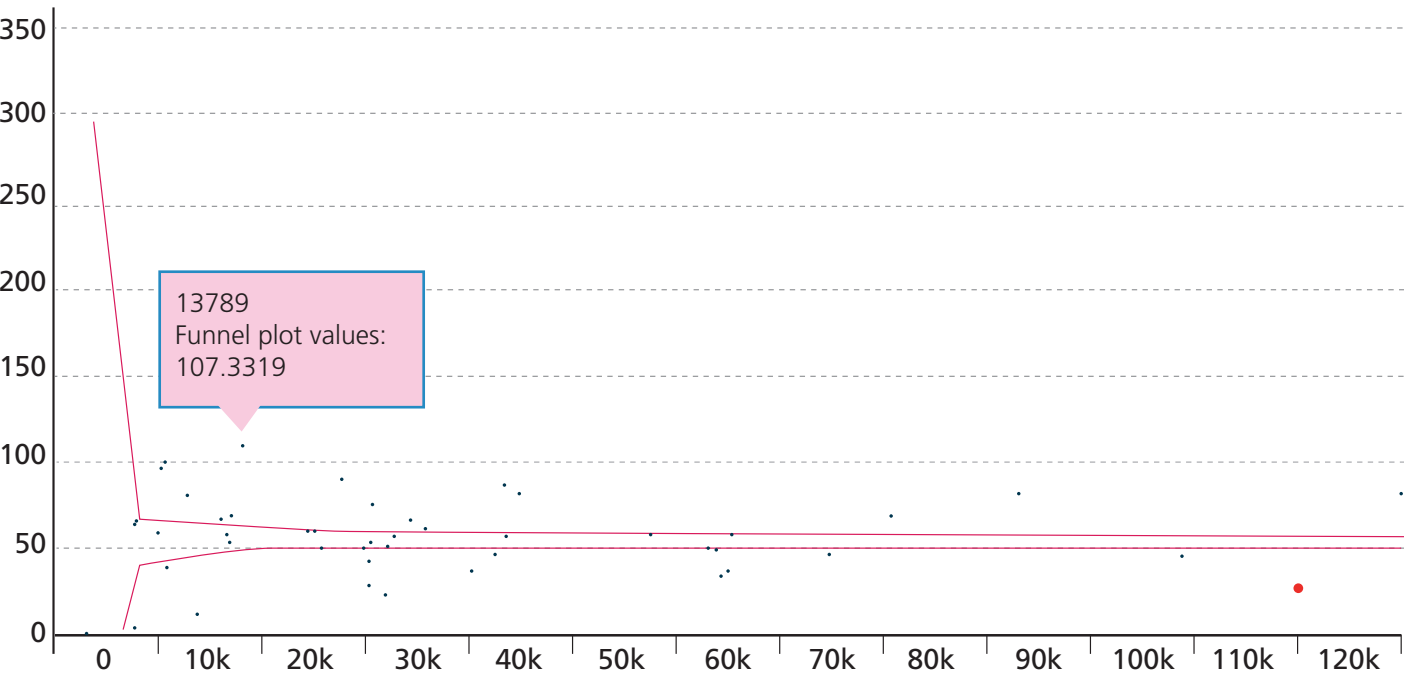
In community nursing the teams report 12 avoidable grade 3 or 4 pressure ulcers for the year compared to 9 the previous year. Whilst we show a slight deterioration on last year’s performance the level of pressure ulcers developed in the Community remains low. This data is also monitored by the Quality Observatory and the strong performance reported throughout the year is supported by a benchmarked prevalence funnel graph below. This shows the Trust (shown as a red dot) having a significantly lower rate of pressure ulcers than the Community average and also carrying out a larger sample size than any other Community Trust.



From April 2019 guidance has changed to remove the distinction between 'avoidable' and 'unavoidable' cases and also to ensure that other cases of tissue damage will be reported which would have been previously excluded. As a result we anticipate a significant increase in the levels of Pressure Ulcers reported nationally and will monitor this area closely over 19/20 to ensure that comparable benchmarks remain available to support target setting and performance management.

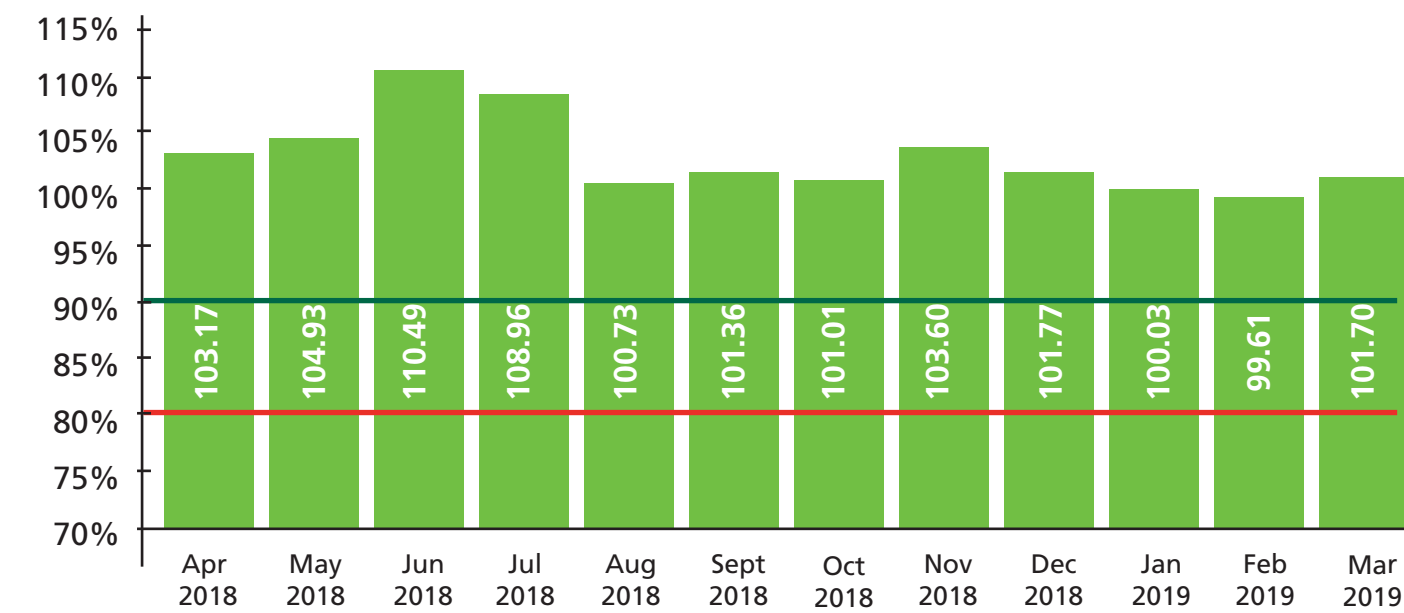
The Quality Observatory prevalence funnel graph for Pressure Ulcer Incidence (<https://www.safetythermometer.nhs.uk/index.php/classic-thermometer/analyse-data-classic/funnel-plots>)

Pressure Ulcers - Prevalence  
Funnel plot for pressure ulcer prevalence



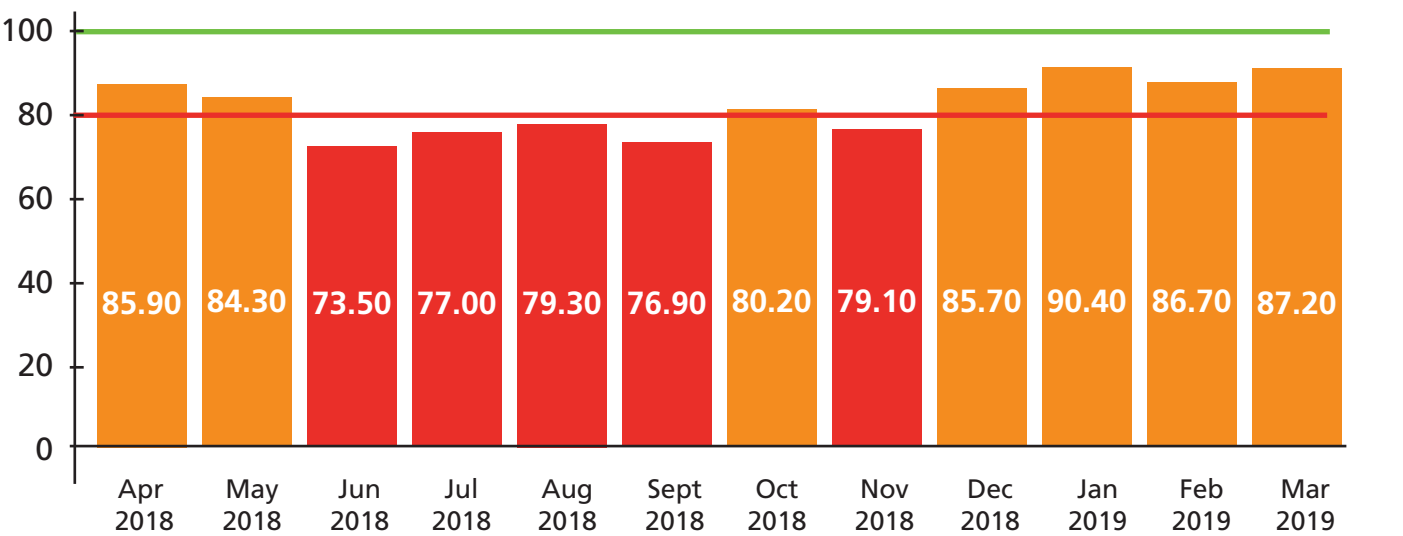
The Trust continues to monitor an inpatient 'Safe Staffing' measure, which reports the level of staffing provided on wards, based on the case mix acuity of admitted patients. The overall picture shown in the graph below gives assurance that the Trust is managing to staff wards safely despite recruitment challenges and the reduction in Agency spend reported during the year. 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.

In-patient safe staffing rate



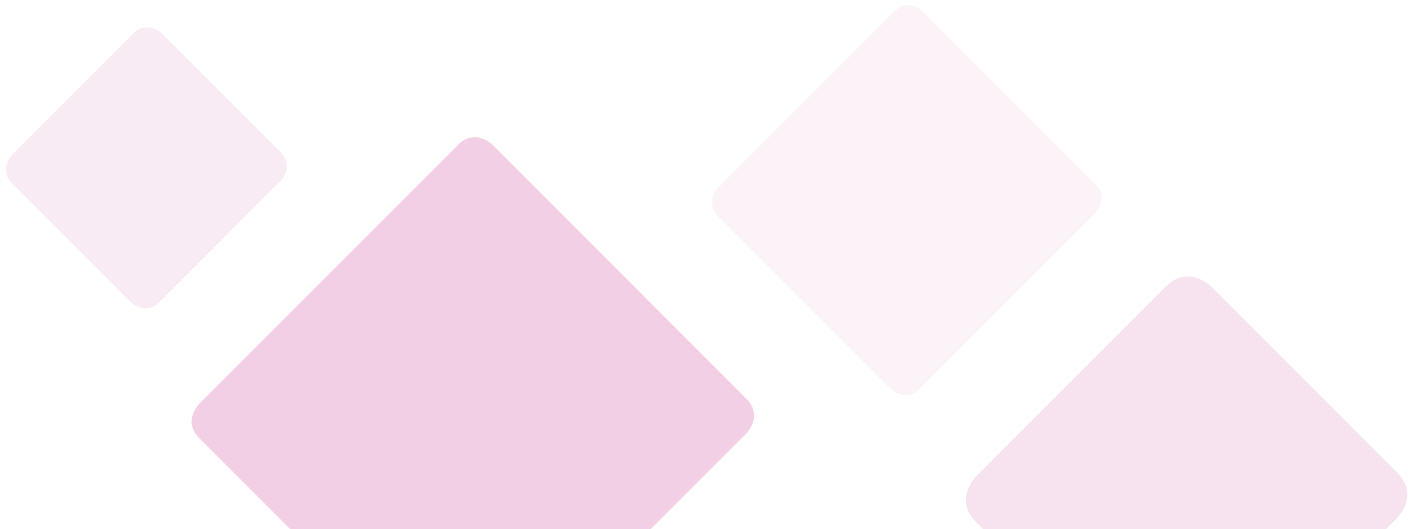
Additionally this year we developed and began reporting against a Community Safe Staffing tool. This helps to highlight the increasing activity in the IMT (District Nursing) teams and gives some assurance that the workload across the teams is being allocated fairly. However the challenge to recruit additional staff and work with commissioners to manage community activity is ongoing. The graph below is based on reporting the percentage of days in a month when a team was at 80% or greater capacity compared to the demand that day. This shows that demand has exceeded capacity every month which results in significant numbers of patients having appointments re-prioritised each month and remains a key area of concern for the Trust.

Community Nursing Safe Staffing Rate (percentage of days in which teams were operating at 80% or greater of demand)

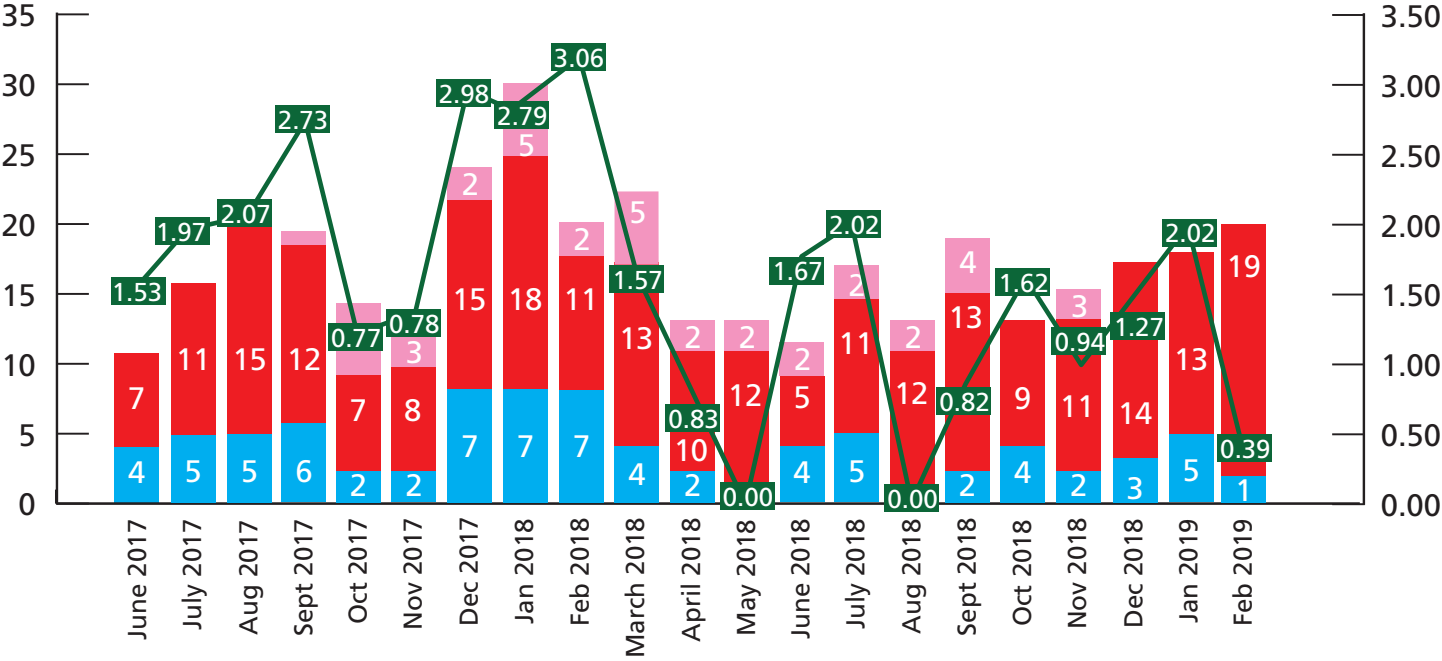


In line with updated national guidance the Trust began reporting against the 'Learning from Deaths' framework for 2018/19.

As shown in the figure 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 any palliative patients on a mainstream 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.



Inpatient Deaths



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

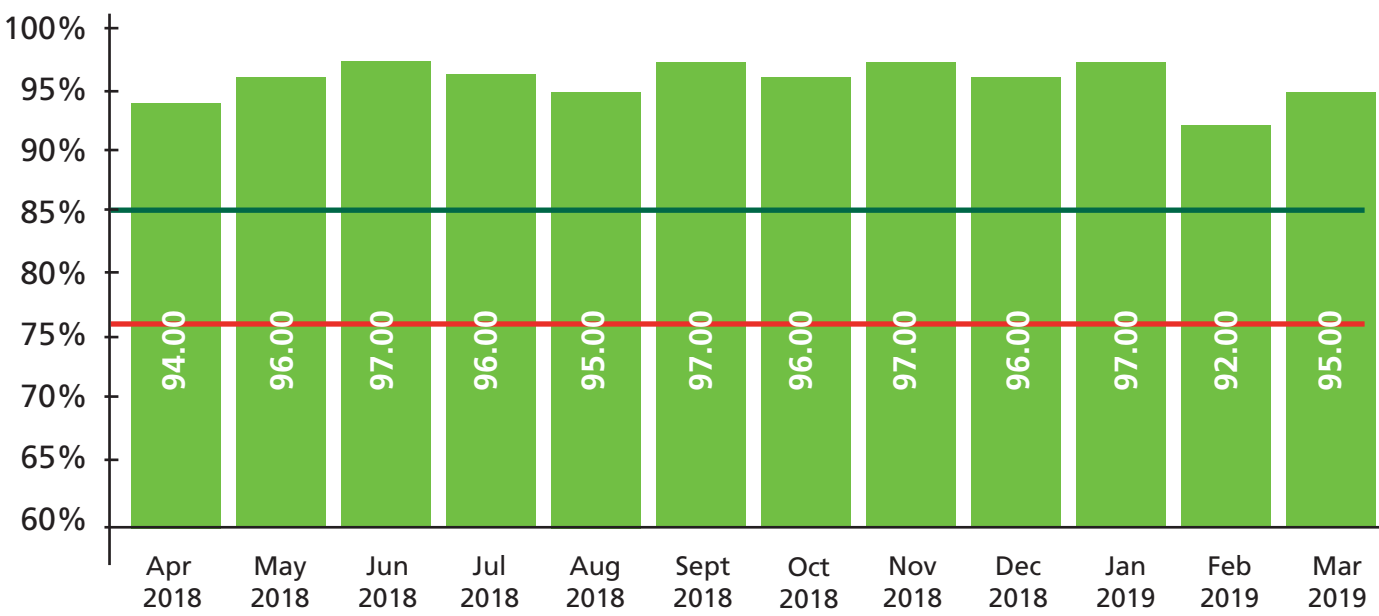
	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Number of case notes reviewed (incl. Palliative)	9	10	10	12	12	10	14	17	14	14
Number of case notes judged 'problems in care'	0	0	0	0	0	0	0	0	0	*0

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19
Number of case notes reviewed (incl. Palliative)	9	7	11	11	7	11	13	10	8	10	6
Number of case notes judged 'problems in care'	0	0	0	0	0	0	0	0	0	0	0

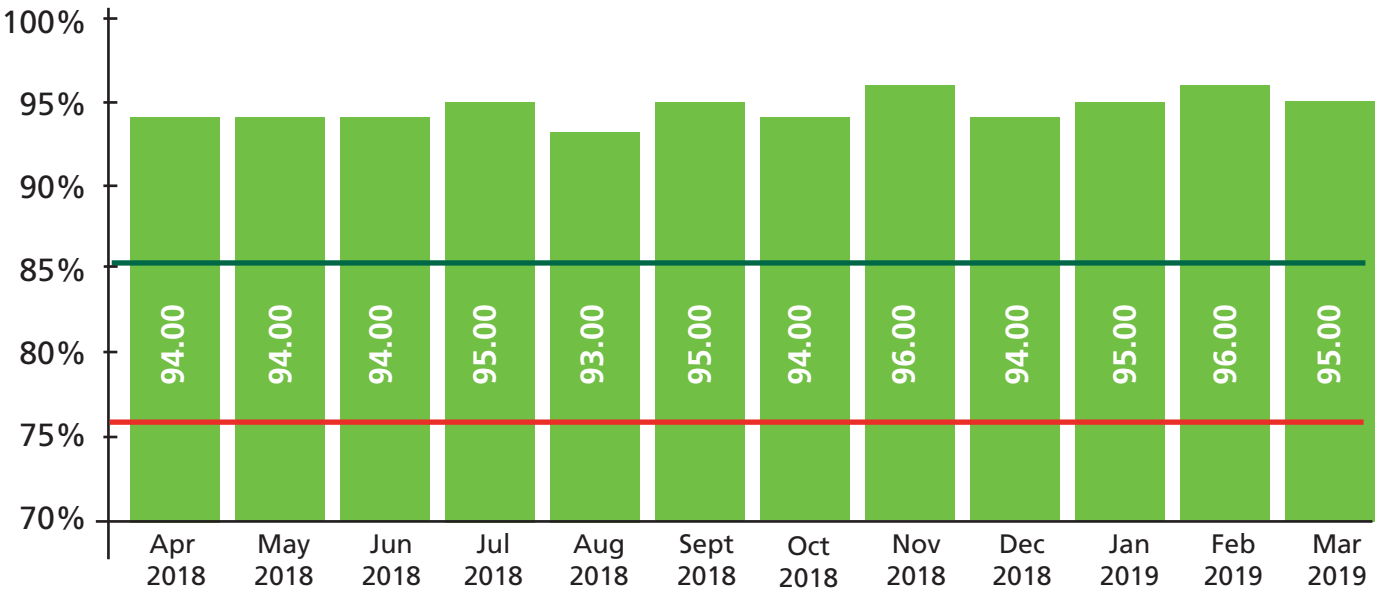
\*Revised from Preventability 1 after a Consultant led review on 19 June 2018.

The Patient Experience domain continues to report excellent performance in 2018/19 with the Trust achieving performance targets every month for both the nationally specified Friends & Family test and for the locally set target that at least 85% of patients surveyed in the month report that their overall experience was either 'Very Good' or 'Excellent'. 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.

Friends and Family Test



Customer Experience, % of patients reporting 'Very Good' or 'Excellent':

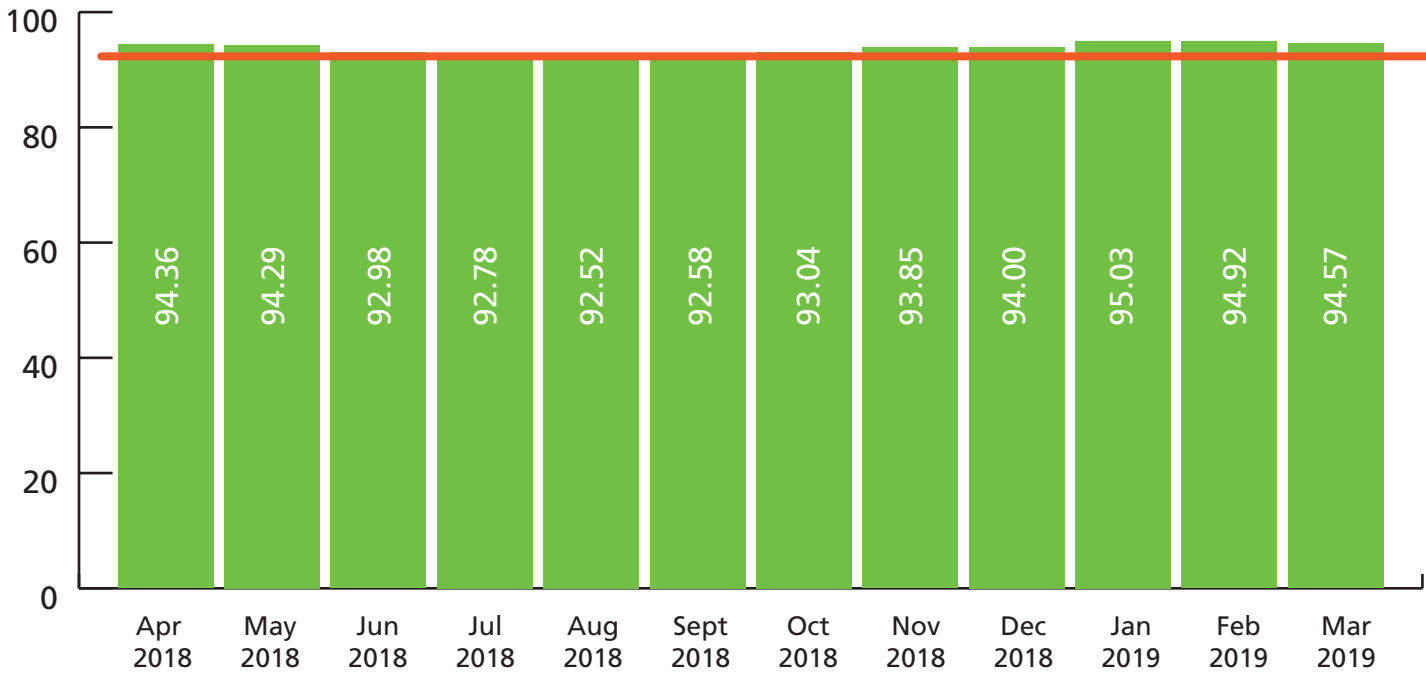


By reporting the national Friends and Family test next to our own internal assessment we are able to confirm good performance is reflected in both surveys and to identify and query any drops in patient satisfaction in order to assess if these are related to teams surveyed or reflect wider issues affecting 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 as does the teams surveyed. During 2018/19 the patient experience team have worked hard to improve the response rates with approaches such as cards for patients and electronic devices to source feedback. It is therefore positive to report and increasing response rate to the previous year with the lowest sample size December 18 with 1233 patients responding and the highest February 19 with 3492 responses.

This gives us assurance that the views reported are representative of a significant number of patients and that patients who do want to raise a concern are supported to do so.

Managing patient waits is also a key challenge for the Trust. The figure below shows the percentage of patients under consultant led pathways who are waiting over 18 weeks from referral to first treatment. We have been able to achieve the national standard of 92% for the year.

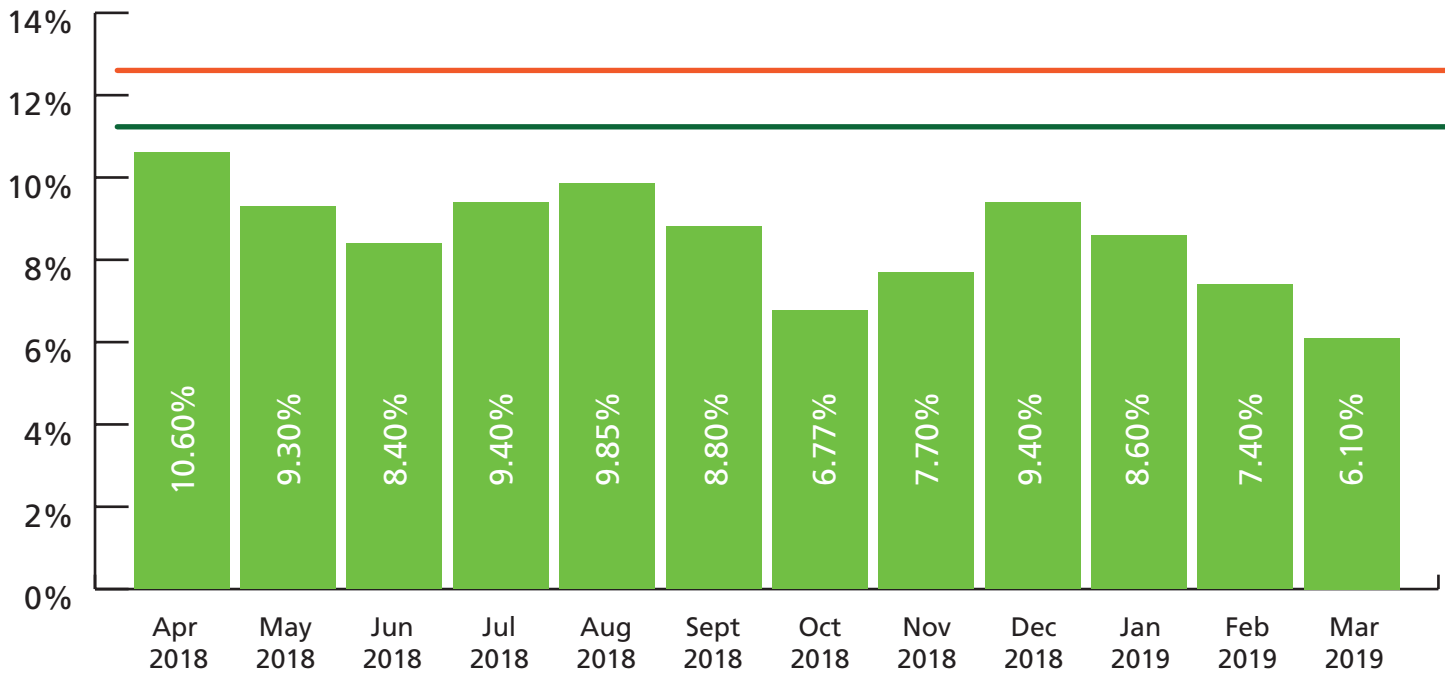


Integrated Care in Communities

This new domain was added to the scorecard in 18/19 in order to report on the way in which the Trust supports community based partnership working to ensure that where possible patients are able to remain in their normal place of residence with appropriate levels of support and are able to be safely discharged from acute care as rapidly as possible.

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 the figure below the service was given a more challenging target this year, moving from 15% to 11%. It is positive therefore to report that the service has managed to stay well within its target that no more than 11% of patients should require further acute admission and has managed to maintain this standard throughout the winter period.

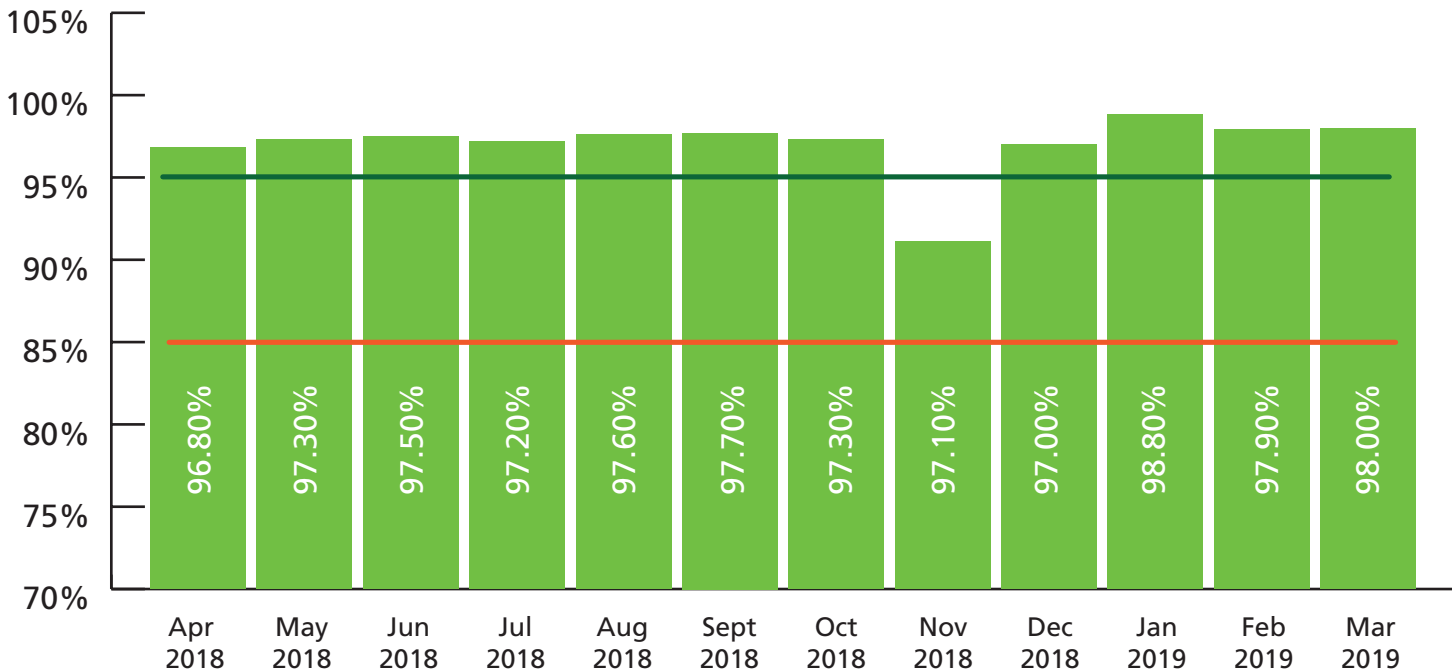
Percentage of Rapid Response Patients requiring onwards admission to Acute Hospital



The Trust monitors a set of ‘Essential Care Indicators’ monthly. These report an aggregated position for Ward, Community and Learning Disability Teams and are 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 & 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 figure below. Performance is rated against a 95% achievement target.

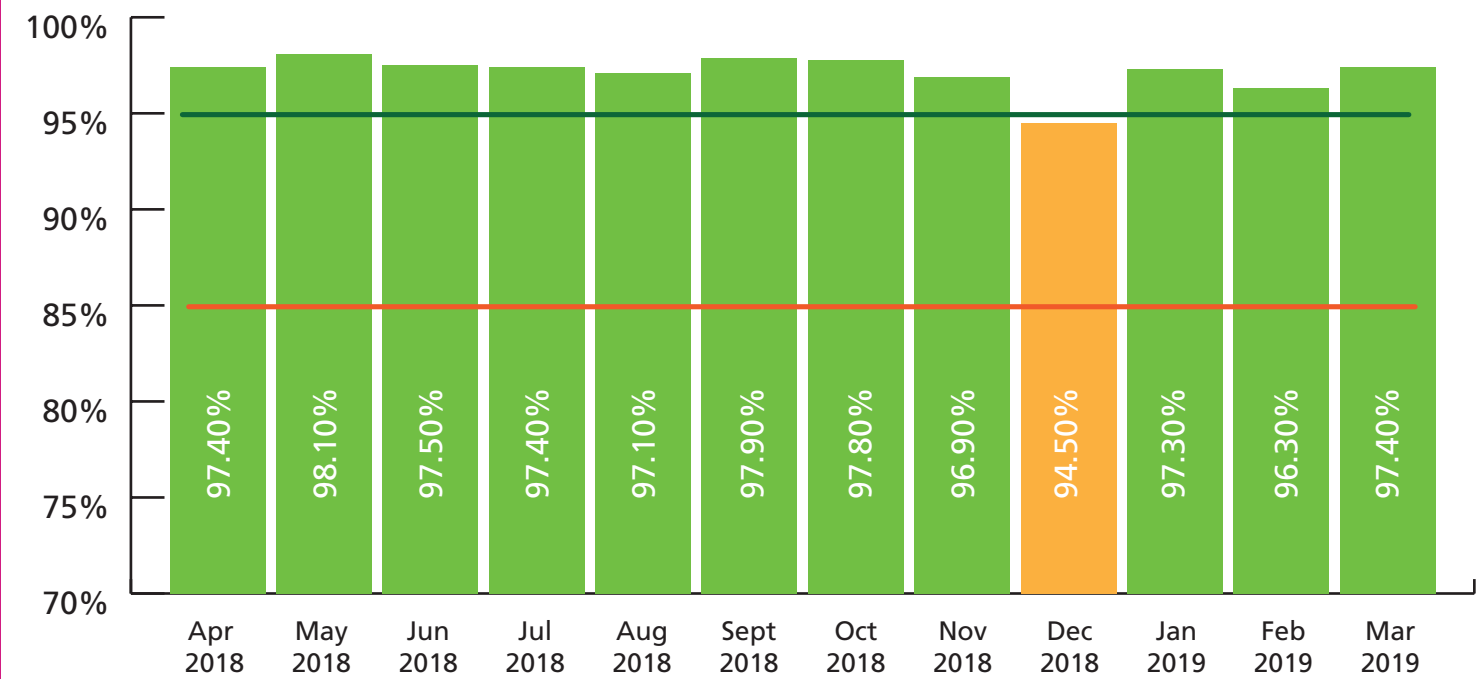
Essential Care Indicators – Community Nursing Teams



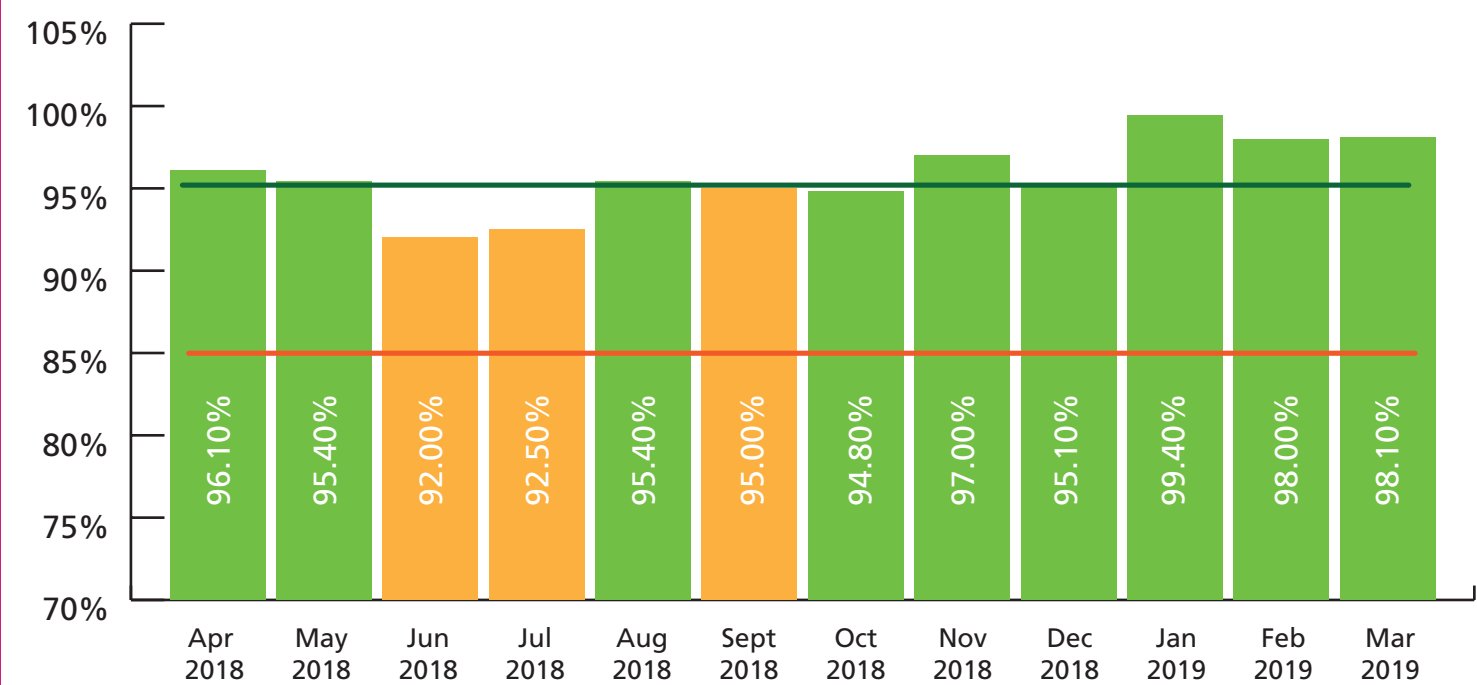
The Community based indicators show strong performance throughout the year and give assurance that teams have the necessary capacity to ensure that the fundamental care assessments are taking place.

The Inpatient Ward Essential Care Indicators show strong performance with targets achieved every month this year with the exception of a marginal breach in December 2018.

Essential Care Indicators – In-patient Wards

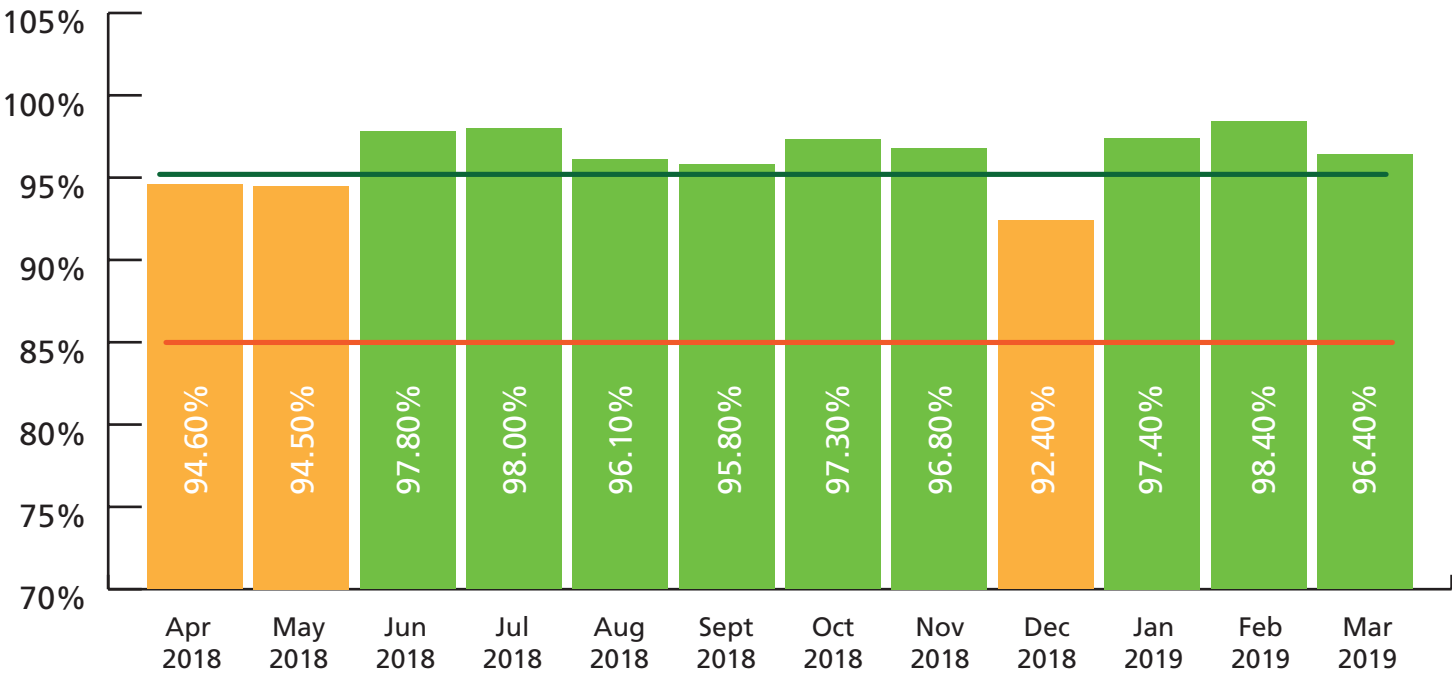


Essential Care Indicators – In-patient Learning Disability Wards



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.

Essential Care Indicators - Community Learning Disability Teams



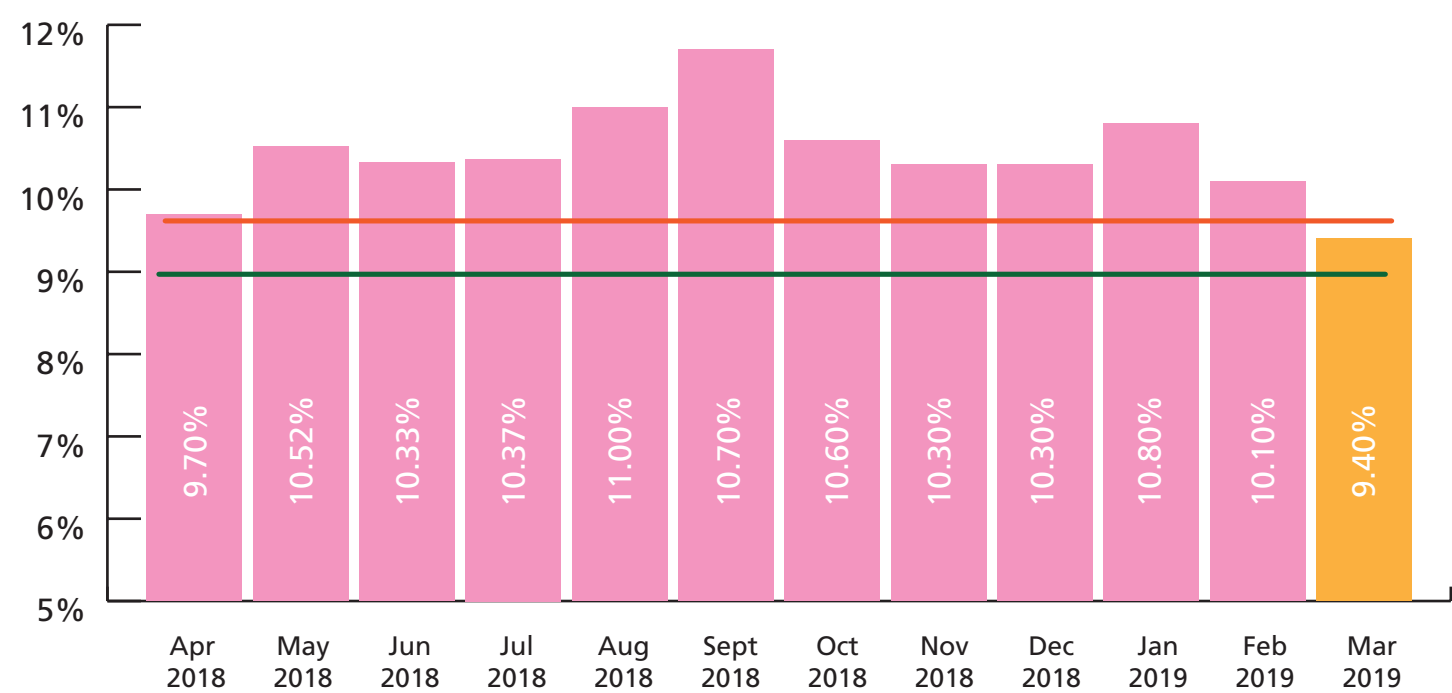
A new Essential Care Indicator was introduced for 2017/18 to report against Community LD team assessments. As shown in the table during 2018/19 performance has been largely satisfactory although dipped into amber on two separate occasions.

For 2019/20 the Trust is planning roll out of further Essential Care Indicators relating to Dental and Children and Families services.

### A Great Place to Work

Some persistent challenges have remained within the new domain of A Great Place to Work particularly relating to Vacancies, Sickness, and compliance with Staff Appraisals.

Vacancy Rate





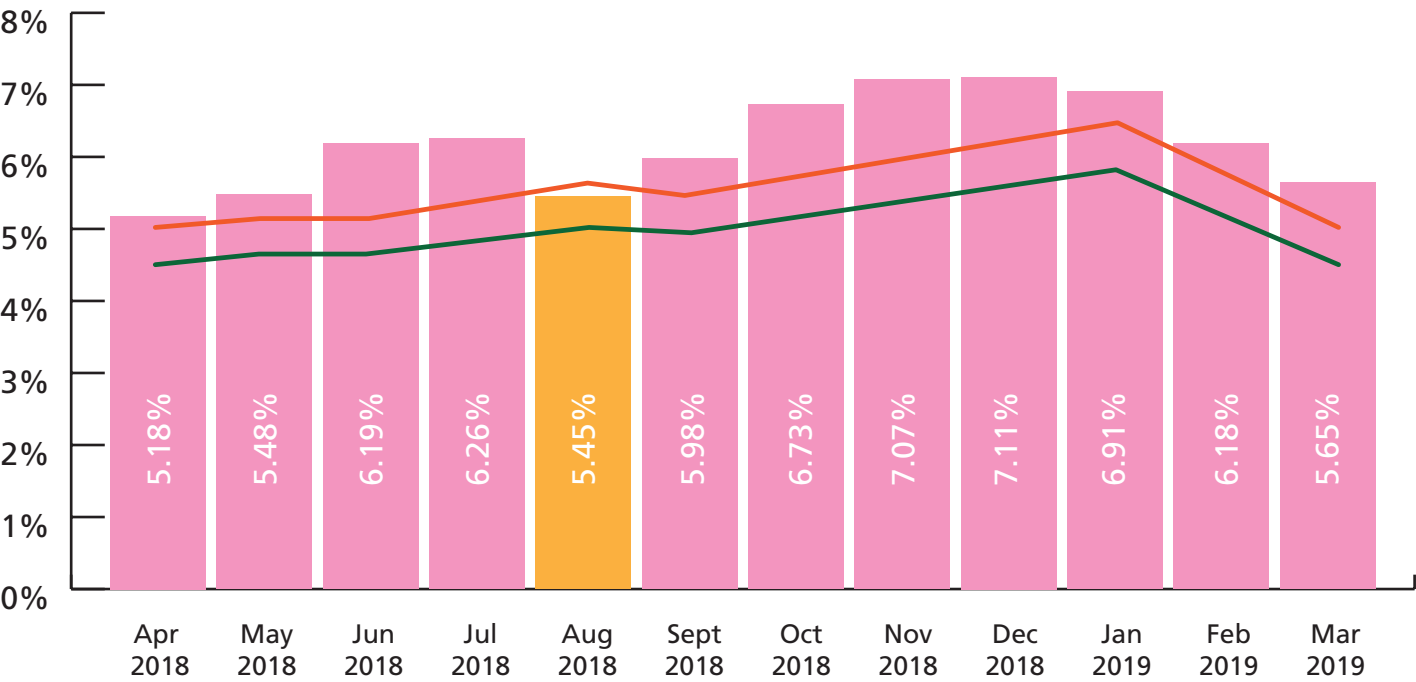
Vacancies have remained higher than the 9% target throughout 2018/19. NHS Community Trust Benchmarking shows a six month average vacancy rate for community trusts of 9.25 in February 2019 suggesting that the Trust is facing a particular challenge in this area.

In some clinical areas such as District Nursing establishment headcount was increased at the start of the year following agreement with commissioners to release additional funds for teams facing significant increases in caseload. These areas have faced challenges throughout the year recruiting to specialist clinical roles and in many areas the twin challenges of increased demand and recruitment shortages remain.

Other areas of the Trust have been reviewing staffing and skill mix patterns as part of service improvement and cost efficiency programmes and in some areas have used temporary staffing to fill vacancies whilst service redesign takes place.

Recruitment remains a key area for the Trust and success with recruitment programmes will continue to be monitored.

Staff Sickness Rate

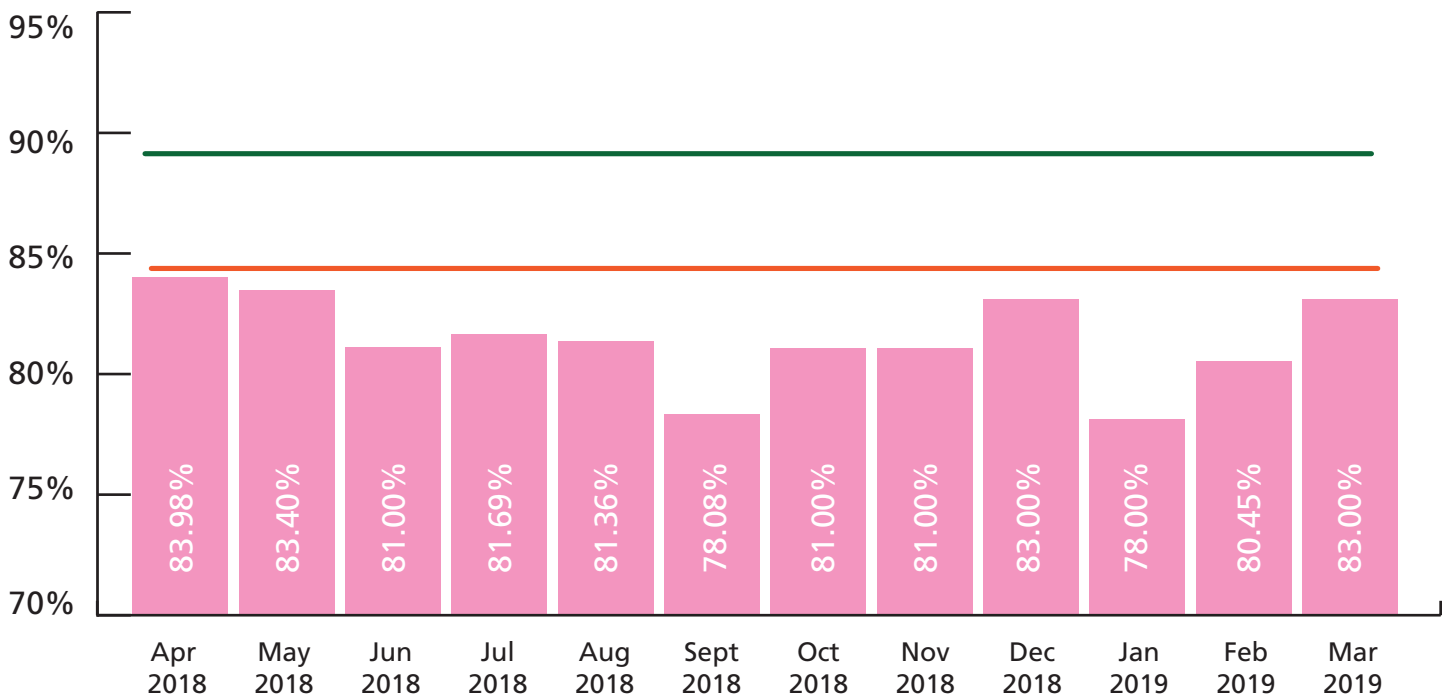


Staff sickness has remained higher than target throughout the year across the Trust, and particular hotspots remain in our Community Nursing and Learning Disability teams. Stress and Depression and Musculo-skeletal problems are the key causes of sickness at present and the impact of increased workload is also believed to be a factor.

NHS Benchmarking against community trusts shows a six month average sickness rate of 5.0% in February 2019 which compares unfavourably to a Trust average of 6.19%.

Divisions continue to receive detailed breakdown of sickness by teams and are supported by Human Resources 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. In April 2019 a new Staff Absence Management policy was launched and the impact of this on sickness rates will be monitored.

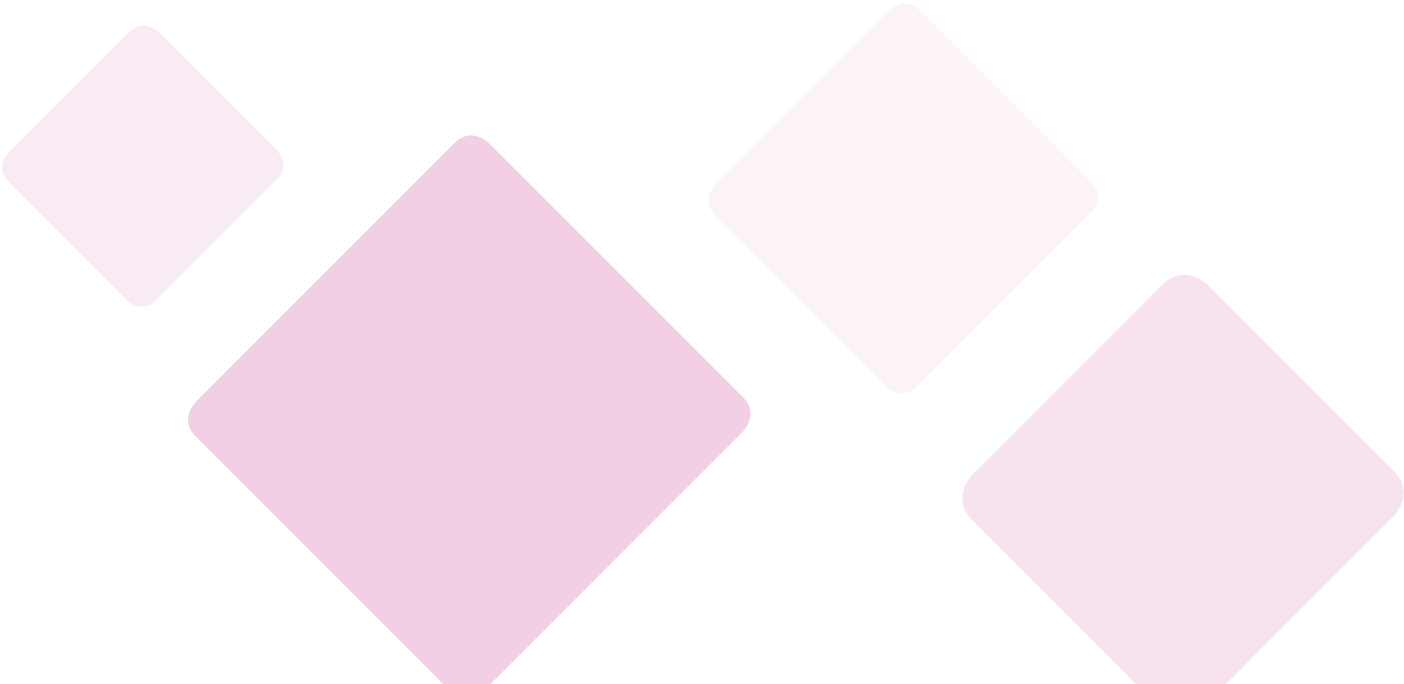
Staff Appraisal (PDR) Rate



Throughout 2018/19 there has been significant underperformance in the delivery of Staff Appraisals or Personal Development Reviews (PDRs) within a 12 month rolling programme with performance deteriorating compared to 2017/18. NHS Community Indicators (February 18) shows the Trust averaging 80.3% of staff with a PDR over the last 6 months compared to a Community Trust average of 85.1%. This suggests that we are slightly underperforming compared to peers, although it is acknowledged that different organisational rules relating to recording of PDRs can make direct comparisons difficult in this area.

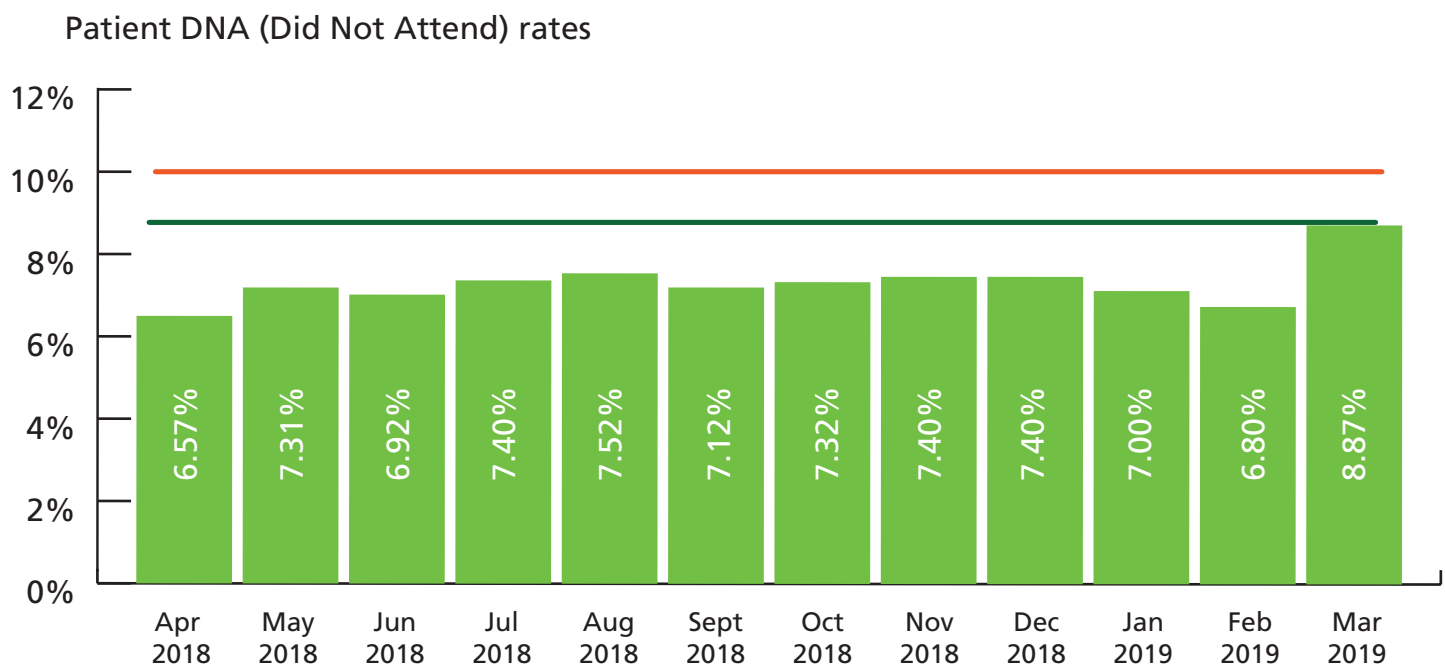
All divisions have reported breaches and many areas have identified increased workload as a causal factor with many examples of clinical PDRs being cancelled in order to address clinical priorities.

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 with a newly created Workforce and Organisational Development board committee looking for ways to support improved compliance with this KPI.



Making Good Use of Resources

Patient DNA (Did Not Attend) rates below have shown improvements on previous performance.



We are pleased to report that the Trust has managed to keep patient DNA (Did Not Attend) rates low throughout the year. DNAs waste clinical capacity and make accurate activity planning difficult. 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 of appointments 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. In 2019/20 we will focus on giving more disaggregated DNA data to services in order to focus on specific areas of improvement.

European Union Exit

The Trust made preparations through 2018/19 for the potential impact of the United Kingdom's exit from the European Union, including planning for the case of a 'no deal' EU exit, including following recommendations in the Department of Health and Social Care's EU Exit Operational Guidance.

In terms of governance, the Chief Finance Officer has been the Trust's EU Exit Senior

Responsible Officer, reporting to the Executive Team and the Trust Board on a regular basis with the Finance and Performance Committees considering issues as relevant through the year. The Trust's Corporate Risk Register includes a risk in respect of the UK's Exit from the EU which has been monitored through the year by the Risk Management Executive, the Finance and Performance Committees and the Trust Board.

Sustainable Development Plan

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 include continued installations of LED lighting across inpatient wards and community sites, along with energy efficient backlog maintenance schemes including high efficiency-low emission heating. Further work to improve Building Energy Management Systems (BEMS) continues and the Trust has joined the West Midlands Waste Consortium which supports more efficient waste management systems.

The Trust has a sustainability development strategy (2015 to 2018) that will require updating to align with the Estates Strategy, which was approved by Trust Board on 1st May

2019. The Estates Strategy has been developed to ensure that sustainability is a key focus in the Trusts future progression plan. The Trust is committed to ensuring carbon reduction is achieved across the estate and in line with providing sustainable environments.

The Trust is employing an Estates Energy Manager with the main focus of updating the sustainability strategy, completing required risk assessments and subsequent action plans and producing the Trusts sustainability policy and procedures.

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.

Equality, Diversity & Human Rights

In response to feedback from colleagues through the Staff Survey, engagement events and the Trusts Black and Minority Ethnic Staff Network the Trust took a decision to undertake an external review of Equality, Diversity and Human Rights (EDHR) within the organisation. This review would assess the Trusts capacity, capability and cultural competence to deliver the requirements for EDHR.

The review made significant recommendations in relationship to embedding EDHR within the Trust and establishing appropriate governance arrangements and to develop EDHR information and performance management systems.

The report presented the lived experience of a number of staff and reiterated the views of staff expressed in the Staff Survey about inequalities in relation to recruitment and career development.

The findings of the review had a significant influence on the development of the Trusts new vision, values and strategic objectives. The recommendations of the review were integrated into the Great Place to Work strategic objective and progress is reported direct to the Trust Board through the Fit for 2022 Implementation Plan on a quarterly basis.

The EDHR Steering Group, chaired by an Executive Director, reports to a newly established Trust Board assurance sub- committee (Workforce and Organisational Development Committee) chaired by a Non-Executive Director which gives a specific focus on implementation of the EDHR priorities.

As an immediate response to the review recommendations the Trust Board made 3 recruitment and career development commitments in relation to selection panels, shortlisting and processes in an effort to address the under-representation at certain levels within the organisation.





Three new Staff Networks have been established in 2018/19 in addition to the well-established BME Network covering LGBT+ Allies, Disability and Neurodiversity and Women's. The EDS2 assessment was undertaken internally in the first instance and then shared with external stakeholders and received favourable feedback.

Progress has also been made in addressing the backlog of EDHRs and reviewing HRM policies.

In the early months of 2019/20 further priority actions will be taken to enhance equality data collection monitoring, launch a new EDHR Policy, embedding the 'Case for Equality' and launching the Talent Management Strategy.

Recruitment equality data was included in the Trust Board scorecard during 2018/19 and has shown that BME staff are recruited than leave per month resulting in the proportion of non-white staff being 33% at March 2019. Whilst this is a favourable result in terms of benchmarking actions will be implemented in 2019/20.

### Modern Slavery Act 2015

Birmingham Community Healthcare NHS Foundation Trust supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses.

Our Modern Slavery and human trafficking statement can be accessed via: <http://www.bhamcommunity.nhs.uk/about-us/corporate-information/equality-diversity-and-human-rights/modern-slavery/>

### Details of Overseas Operations

Birmingham Community Healthcare NHS Foundation Trust has not been engaged in any overseas operations during 2018-19.

Signed on behalf of the Board:



**Richard Kirby**  
Accounting Officer  
Date: 24 May 2019





# SECTION 2: ACCOUNTABILITY REPORT

The Accountability Report has been compiled in accordance with the requirements of sections 415, 416 and 418 of the Companies Act 2006 (section 415(4) and (5) and section 418(5) and (6) do not apply to NHS Foundation Trusts) as inserted by SI 2013(1970) and Regulation 10 and Schedule 7 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008.

All individuals have been informed in advance of the intention to disclose information about them, invited to see what is intended to be published, and notified of their right to object under Article 21 of the General Data Protection Regulation (GDPR).

## 2.1. THE DIRECTORS' REPORT

The purpose of the Board of Directors is to govern effectively and in doing so build patient, public and stakeholder confidence that their health and healthcare is in safe hands. The Board is responsible for effective leadership through undertaking three key roles: formulating strategy for the organisation, ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable and shaping a positive culture for the board and the organisation.

Birmingham Community Healthcare NHS Foundation Trust operates a unitary board whereby all directors are collectively and corporately accountable for organisational performance. A key strength of unitary boards is the opportunity provided for the exchange of views between executives and NEDs, drawing on and pooling their experience and capabilities.

Birmingham Community Healthcare NHS Foundation Trust operates a Fit and Proper Persons Requirement (FPPR) process for all directors on appointment and on an annual basis. The Trust also operates a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility.

In line with our Constitution, the Board of Directors comprises 11 voting members: Six Non-Executive Directors (which includes a Chair, Vice Chair and Senior Independent Director), Chief Executive Officer, Chief Finance Officer, Medical Director, Director of Nursing and Therapies and Chief Operating Officer.

There are also three non-voting members who attend the Board of Directors and include Director of Corporate Governance, Director of Human Resources and Organisational Development and Director of Strategy and Transformation.

The organisation has historically had a stable and established executive team. During 2018/19, there have been a number of promotions, planned retirements and other departures for well-established reasons. This has resulted in a recruitment drive and the employment of a number of experienced and skilled executive directors that will complement the existing Trust Board. The changes to the Board of Directors are detailed as follows:

- Gareth Howells, Director of Nursing and Therapies left the Trust on 28 June 2018.
- Lynne Lainé, Deputy Director of Nursing and Therapies was appointed to as Interim Director of Nursing and Therapies from 29 June 2018 until 7 March 2019 when she took retirement.
- Bev Ingram was appointed to as Interim Director of Nursing and Therapies from 8 to 31st March 2019.
- Marcia Perry was appointed substantively to Director of Nursing and Therapies as of 1 April 2019.
- Michelle Woodward was appointed as Interim Director of Corporate Governance from 3 April 2018 and was appointed substantively as of 1 September 2018.
- Lorraine Thomas, Director of Strategy and Transformation retired from the Trust on 29 March 2019.
- Micky Griffith was appointed as Interim

Director of Strategy and Partnership as of 1 April 2019; he will be succeeded by Suzanne Clearly in quarter 1 of 2019/20.

- Peter Axon, Chief Finance Officer was released from the Trust on 31 March 2019 to take a secondment as Chief Executive Officer in another NHS Trust.
- Ian Woodall has been appointed to Chief Finance Officer on a secondment basis as of 1 April 2019.
- Dr Andrew Dayani, Medical Director left the Trust on 5 February 2019.
- Dr Doug Simkiss has been appointed to the role of Interim Medical Director as of 6 February 2019.
- Joanne Thurston, Chief Operating Officer left the Trust on 12 April 2019.
- Angie Wallace was appointed as Interim Chief Operating Officer as of 1 April 2019; she will be succeeded by Chris Holt in quarter 1 of 2019/20.
- Tom Storrow, Chair has retired and will leave the Trust on 31 May 2019.
- Dr Barry Henley will take up the position as Non-Executive Director and Chair on 1 June 2019.
- Neil Scott, Non-Executive Director stood down from the role on 31 December 2018 in order to focus on a recent promotion.
- The terms of office for Professor David Sallah and Sukhbinder Heer (Non-Executive Directors) expired during 2018/19; both non-executive directors were reappointed until 2021 following a recommendation to the Council of Governors.
- Two new Non-Executive Directors, Jenny Belza and Jacynth Ivey were appointed following a recommendation to the Council of Governors.





# BOARD OF DIRECTORS' PROFILES FOR 2018/19

Board Member	Role	Key Skills/experience	Commencement date	Notice period/ Term of office
Non-Executive Directors				
Tom Storrow	<ul style="list-style-type: none"> <li>Chair of the Trust</li> <li>Chair of Nomination and Remuneration Committee (Executives)</li> <li>Chair of Council of Governors</li> </ul>	<ul style="list-style-type: none"> <li>Strategy</li> <li>Governance</li> <li>Board and Organisational development</li> <li>Merger and Acquisitions</li> <li>Finance</li> <li>NHS management and FT Authorisation</li> <li>Private sector experience</li> <li>Board level consultant/mentor/visiting tutor</li> <li>Former Chief Executive - NHS Trust</li> </ul>	November 2011	19 April 2019 - Extended to 31 May 2019
Jerry Gould	<ul style="list-style-type: none"> <li>Vice Chair of Board of Directors</li> <li>Chair of Finance, Performance and Investment Committee</li> <li>Member of Audit Committee</li> <li>Member of Workforce &amp; Organisational Development Committee</li> <li>Member of Nomination and Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>Local Government</li> <li>Public sector efficiency and effectiveness</li> <li>Alternative service delivery models in procurement</li> <li>PFI</li> <li>Public sector services contracting and outsourcing</li> <li>Former Partner - Deloitte</li> </ul>	July 2012	31 March 2019 - Extended to 30 September 2019
Sukhbinder Singh Heer	<ul style="list-style-type: none"> <li>Chair of Audit Committee</li> <li>Vice Chair Charitable Funds Committee</li> <li>Member of Nomination and Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>Substantial experience across Corporate Finance and Assurance advisory services</li> </ul>	October 2015 (Non-Voting) November 2015 (Voting)	31 March 2021
David Sallah	<ul style="list-style-type: none"> <li>Senior Independent Director (from 1st July 2017)</li> <li>Chair of Quality, Safety and Risk Committee</li> <li>Member of Audit Committee</li> <li>Member of Nomination and Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>Substantial NHS, UK Government, higher education and private sector experience</li> <li>Consultant - Leadership Academy (West Midlands)</li> <li>Emeritus professor of mental health, University of Wolverhampton</li> </ul>	July 2015 (Non-Voting) October 2015 (Voting)	31 March 2021
Neil Scott	<ul style="list-style-type: none"> <li>Vice Chair of Audit Committee</li> <li>Vice Chair of Finance, Performance and Investment Committee</li> <li>Member of Audit Committee</li> <li>Member of Nomination and Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>Higher Education and private sector Chief Finance Officer experience</li> <li>Finance Director - Aston University</li> </ul>	September 2015	Left the Trust 31 December 2018
Jenny Belza	<ul style="list-style-type: none"> <li>Vice Chair of Workforce &amp; Organisational Development Committee</li> <li>Member of Finance, Performance and Investment Committee</li> <li>Vice Chair of Quality, Safety and Risk Committee</li> <li>Member of Nomination and Remuneration Committee</li> <li>Chair of Charitable Funds Committee</li> </ul>	<ul style="list-style-type: none"> <li>Registered nurse, specialising in neuro surgery with over 40 years' experience in the NHS</li> <li>Chief Nurse for the Clinical Commissioning Group</li> <li>Extensive experience in Quality, Safeguarding and Improving health services</li> </ul>	1 June 2018	31 May 2021
Jacynth Ivey	<ul style="list-style-type: none"> <li>Chair of Workforce &amp; Organisational Development Committee</li> <li>Member of Nomination and Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>Nurse, midwife and health visitor with over 25 years' experience in the NHS</li> <li>Executive Director of clinical leadership within a primary care trust</li> <li>Acting Director of Nursing in a Strategic Health Authority</li> <li>Active member of the Royal College of Nursing</li> <li>CQC Specialist Advisor</li> </ul>	11 March 2019	10 March 2022

Board Member	Role	Key Skills/experience	Commencement date	Notice period/ Term of office
Executive Directors				
Richard Kirby	Chief Executive Officer <b>Responsibilities:</b> <ul style="list-style-type: none"> <li>Leads the organisation in the development and delivery of the strategy</li> <li>Establishes effective performance management arrangements and controls</li> <li>Acts as Accountable Officer</li> <li>Provides visible leadership in developing a healthy culture</li> <li>Plays key leadership role in effective communication and building strong partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Strategy</li> <li>Performance Management</li> <li>Organisational Development</li> <li>Change Management</li> <li>Operational Management</li> <li>Governance</li> </ul>	1 March 2018	Full time
Peter Axon	Chief Finance Officer / Deputy Chief Executive <b>Responsibilities:</b> <ul style="list-style-type: none"> <li>Finance</li> <li>Performance</li> <li>Contracting</li> <li>Procurement</li> <li>Senior Information Risk Owner</li> <li>Local Security Management Specialist</li> </ul>	<ul style="list-style-type: none"> <li>Financial expertise</li> <li>Qualified accountant</li> </ul>	1 October 2010	Left the Trust on Secondment on 31 March 2019
Dr Andrew Dayani	Medical Director <b>Responsibilities:</b> <ul style="list-style-type: none"> <li>Safety &amp; quality of care</li> <li>Medical professional leadership</li> <li>Clinical Effectiveness</li> <li>Clinical quality improvement</li> <li>Medicines Management</li> <li>Research &amp; Innovation</li> <li>Caldicott Guardian</li> </ul>	<ul style="list-style-type: none"> <li>NHS FT Board member for 6 years</li> <li>Medical Manager with clinical engagement and merger/ acquisition experience</li> <li>Integration of physical and mental health with social care</li> <li>Committed to ensuring that services are clinically led, patient centred and outcome focussed</li> </ul>	1 July 2017	Left the Trust on 5 February 2019
Dr Doug Simkiss	Interim Medical Director <b>Responsibilities:</b> <ul style="list-style-type: none"> <li>Safety &amp; quality of care</li> <li>Medical professional leadership</li> <li>Clinical Effectiveness</li> <li>Clinical quality improvement</li> <li>Medicines Management</li> <li>Research &amp; Innovation</li> <li>Caldicott Guardian</li> </ul>	<ul style="list-style-type: none"> <li>Paediatric Consultant with substantial NHS experience</li> <li>Specialist in Children Services</li> </ul>	6 February 2019	Full time
Gareth Howells	Director of Nursing and Therapies <b>Responsibilities:</b> <ul style="list-style-type: none"> <li>Safety &amp; quality of care</li> <li>Nursing &amp; therapies prof. leadership</li> <li>Patient experience</li> <li>Safeguarding</li> <li>Infection Prevention &amp; Control</li> <li>Nursing &amp; therapies workforce strategy</li> </ul>	<ul style="list-style-type: none"> <li>Registered General Nurse</li> </ul>	1 April 2016	Left the Trust on 28 June 2018

Lynne Lainé	<p>Interim Director of Nursing and Therapies <b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Safety &amp; quality of care</li> <li>• Nursing &amp; therapies prof. leadership</li> <li>• Patient experience</li> <li>• Safeguarding</li> <li>• Infection Prevention &amp; Control</li> <li>• Nursing &amp; therapies workforce strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Registered General Nurse and Registered Health Visitor</li> <li>• Variety of senior clinical roles including Professional lead for Health Visiting, Nurse Consultant in Public Health, Associate Director of Safeguarding and Deputy Director of Nursing</li> </ul>	29 June 2018	Left the Trust on 7 March 2019
Beverly Ingram	<p>Interim Director of Nursing and Therapies <b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Safety &amp; quality of care</li> <li>• Nursing &amp; therapies prof. leadership</li> <li>• Patient experience</li> <li>• Safeguarding</li> <li>• Infection Prevention &amp; Control</li> <li>• Nursing &amp; therapies workforce strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Patient Safety and patient Experience</li> <li>• Operational Management</li> <li>• Clinical governance</li> <li>• Service transformation</li> <li>• Safeguarding</li> </ul>	8 March 2019	31 March 2019
Joanne Thurston	<p>Chief Operating Officer <b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Divisions</li> <li>• Operational delivery</li> <li>• Estates</li> <li>• Digital</li> </ul>	<ul style="list-style-type: none"> <li>• Human Resource &amp; Learning Management Contracts/ procurement experience Operational and performance management</li> <li>• Organisational Development</li> <li>• Risk management &amp; integrated governance</li> </ul>	1 April 2016	Left the Trust 12 April 2019
Lorraine Thomas	<p>Director of Strategy and Transformation (Non-voting) <b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Strategy / Planning</li> <li>• Service Improvement</li> <li>• Partnerships</li> <li>• Equality (service)</li> <li>• Commercial</li> <li>• Community &amp; public engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Registered General Nurse</li> <li>• Clinical and managerial roles in both operational and corporate areas</li> <li>• Operational and strategic Transformation</li> <li>• Customer relationship management</li> </ul>	1 March 2017	Left the Trust 29 March 2019
David Holmes	<p>Director Human of Resources (Non-voting) <b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Organisation Development</li> <li>• Health &amp; Well being</li> <li>• HR</li> <li>• Learning &amp; development</li> <li>• Workforce planning</li> <li>• Equality (workforce)</li> <li>• Temporary staffing</li> <li>• Communications</li> </ul>	<ul style="list-style-type: none"> <li>• Operational Human Resource Services</li> <li>• Workforce Planning and Workforce Development,</li> <li>• Learning and Organisational Development Experience</li> </ul>	1 March 2012	Full time
Michelle Woodward	<p>Director of Corporate Governance (Non-voting) <b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Corporate Governance</li> <li>• FT - Governors and members</li> <li>• Trust Secretary</li> <li>• Risk Management</li> <li>• Freedom to Speak Up</li> <li>• Legal Services</li> <li>• Health &amp; Safety</li> <li>• Information Governance</li> </ul>	<ul style="list-style-type: none"> <li>• Experienced Director of Quality - patient safety, patient experience, clinical effectiveness</li> <li>• Senior NHS and private Sector Leadership Experience</li> <li>• Care Quality Commission</li> <li>• SIRO/Information Governance</li> <li>• Corporate Governance/Company Secretary</li> <li>• Legal and Inquests</li> <li>• Service and Quality Improvement</li> <li>• Safeguarding/Mental Capacity Act</li> <li>• Governance</li> <li>• Private Sector Experience</li> </ul>	3 April 2018 - 30 August 2018 (Fixed Term Contract) 1 September 2018	Full time

## Attendance at the Board and Assurance Sub-Committees of the Board

The following table details the number of planned meetings and attendance rates of individual directors. Whereby directors were only eligible to attend some of the planned meetings due to appointment or leaving dates falling within the financial year, the number of eligible planned meetings is displayed in a bracket adjacent to the number of meetings attended.

Name/Committee	Board Meetings	Audit Committee	Quality, Safety and Risk Committee	Finance Performance and Investment Committee	Workforce and Organisational Development Committee Established January 2019	Charitable Funds Committee	Nomination and Remuneration Committee
Meetings in period	11	5	12	11	2	3	6
<b>Non-Executive Directors</b>							
Tom Storrow	9	1(1)	-	-	1(1)	-	6
Jerry Gould	9	5	2(2)	10	-	-	5
Prof. David Sallah	11	3	11	-	1	-	5
Sukhbinder Heer	9	3	-	-	-	2	5
Neil Scott	4(8)	0(3)	0(8)	3(8)	-	-	4(4)
Jenny Belza	9(9)	-	9(10)	9(9)	-	3	5(5)
Jacynth Ivey	0(1)	-	-	-	1(1)	-	-
<b>Executive Directors</b>							
Richard Kirby	11	-	8	11	2	-	6
Peter Axon	11	4	-	9	-	-	-
Andrew Dayani	9(9)	-	9(10)	7(9)	-	2(3)	-
Doug Simkiss	2(2)	-	1(2)	0(2)	-	-	-
Gareth Howells	3(3)	-	3(3)	-	1(1)	1(1)	-
Lynne Lainé	6(8)	-	8(8)	-	1(1)	0(2)	-
Bev Ingram	2(2)	-	1(1)	-	0(1)	-	-
Joanne Thurston	9	2	9	9	1	-	-
David Holmes	11	-	6	-	2	-	5
Lorraine Thomas	11	-	-	10	-	3	-
Michelle Woodward	11	4	9	-	-	-	-



Board of Directors and Council of Governors: Declaration of Interest

Birmingham Community Healthcare NHS Foundation Trust is required to maintain a record of the details of company directorships and other significant interests held by directors and governors which may conflict with their management responsibilities. The Trustful maintains a Register of Interests of Directors and Governors, which is available for inspection on application to the Company Secretary or via <http://www.bhamcommunity.nhs.uk/about-us/board-of-directors/meetings-and-papers/>

HM Treasury Compliance

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

Details of Political Donations

Birmingham Community Healthcare NHS Foundation Trust has not made any political donations during 2018/19.

Better Payment 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 2018/19.

Compliance with Better Payment Practice Code during 2018/19

Better Payment Practice Code - Measure of Compliance	2018/19	
	Number	£000
Total Non-NHS trade invoices paid in the year	61,222	135,509
Total Non-NHS trade invoices paid within target	56,535	124,493
Percentage of Non-NHS trade invoices paid within target	92.3%	93.2%
Total NHS trade invoices paid in the year	1,570	24,428
Total NHS trade invoices paid within target	1,124	14,497
Percentage of NHS trade invoices paid within target	71.6%	59.3%
The Better Payment Practice Code requires all Trusts to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.		

Prompt Payment Code

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

Disclosures relating to NHS Improvement's Well Led Framework

Following a formal procurement process, Deloitte were commissioned to undertake a development review of leadership and governance using the NHSI well-led framework (2017). The approach included a desktop review, a survey tool issued to all Board members, Board member interviews, interviews with Divisional Clinical and Non-Clinical Leaders and observations of both corporate committees and divisional meetings.

The Independent Well Led Review Report identified a total of 38 recommendations. Feedback was provided through a number of facilitated workshops and sessions; responses were captured during the course of these workshops/sessions and have informed the development of the Fit for 2022 Improvement Programme for Well Led.

The Fit for 2022 Improvement Programme was first presented to the Trust Board in November 2018 and is the mechanism by which achievements against the recommendations are measured. Further information in relation to the recommendations and the response taken by the Trust can be viewed in our public board papers via <http://www.bhamcommunity.nhs.uk/about-us/board-of-directors/meetings-and-papers/>

Statement as to Disclosure to Auditors

Each individual who is a director at the time at which this report was prepared and subsequently approved can declare so far as they are aware, there is no relevant audit information of which the NHS Foundation Trust's auditors are unaware.

The Director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trusts' auditor is aware of that information.

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

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 2018/19 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.

Signed on behalf of the Board:

**Richard Kirby**  
Accounting Officer  
Date: 24 May 2019



2.2. REMUNERATION REPORT

The Remuneration Report has been compiled in accordance with Section 420 to 422 of the Companies Act 2006, Regulation 11, Parts 3 and 5 of Schedule 8 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410), Parts 2 and 4 of Schedule 8 of the Regulations and the NHS Foundation Trust Code of Governance. All individuals have been informed in advance of the intention to disclose information about them, invited to see what is intended to be published, and notified of their right to object under Article 21 of the General Data Protection Regulation (GDPR).

Annual Statement on Remuneration

Nomination and Remuneration Committee

The Nomination and Remuneration Committee comprises all Non-Executive Directors including the Chair; the Chief Executive and Director of Human Resources are also in attendance. The purpose of the Nomination and Remuneration Committee is to make 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. Furthermore the Committee reviews and makes recommendations in regard to the Board’s skill mix and balance; 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 has met on six occasions during the year to agree and discuss Executive Contract changes and salaries and the appointments to the following posts:
- Interim Director of Nursing and Therapies
  - Director of Nursing and Therapies
  - Medical Director
  - Interim Medical Director
  - Chief Operating Officer
  - Chief Finance Officer (Secondment)
  - Chief Finance Officer
  - Interim Chief Finance Officer
  - Director of Strategy and Partnerships
  - Interim Director of Strategy and Partnerships
  - Director of Corporate Governance
- Signed



Audit Committee

The purpose of the Committee is to focus upon monitoring and reviewing the effectiveness of over-arching 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 Safety and Risk Committee and the Finance Performance and Investment Committee on a regular basis. The Audit Committee is supported by Coventry and Warwickshire Audit Services who were re-appointed as Internal Auditors commencing April 2017 for a period of three years and who also provide anti-fraud services to the Trust.

The Committee recommended the appointment of Deloitte LLP to provide External Audit services to the Trust to the Council of Governors and this recommendation was approved. The Trust engaged legal services support in making the External Auditor appointment decision but did not engage the services of any other external expertise 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
- Signed



Senior Manager 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 2018/19 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 2018/19, the Council of Governors considered the remuneration and terms and conditions of the Trust Board Chair and Non-Executive Directors.



Remuneration Report Tables

Board Members Remuneration during 2018/19 respective to their terms of office

Name and job title	Salary (bands of £5k)	Expense payments (taxable) total 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/Deputy CEO	130-135	200	-	-	155-157.5	-	285-290
Jenny Belza - Non-Executive Director	10-15	1,500	-	-	-	-	10-15
Andrew Dayani - Medical Director	235-240	100	-	-	-	-	235-240
Jerry Gould - Non-Executive Director	10-15	2,600	-	-	-	-	10-15
Sukhbinder Heer - Non-Executive Director	10-15	-	-	-	-	-	10-15
David Holmes - Director of Workforce & OD	100-105	700	-	-	57.5-60	-	160-165
Gareth Howells - Director of Nursing and Therapies	25-30	-	-	-	190-192.5	-	215-220
Richard Kirby - Chief Executive	165-170	-	-	-	62.5-65	-	230-235
Lynne Lainé Interim - Director of Nursing & Therapies	95-100	100	-	-	150-152.5	-	245-250
David Sallah - Non-Executive Director	10-15	-	-	-	-	-	10-15
Neil Scott - Non-Executive Director	5-10	-	-	-	-	-	5-10
Tom Storrow - Chair	40-45	1900	-	-	-	-	40-45
Lorraine Thomas - Director of Strategy & Transformation	100-105	300	-	-	65-67.5	-	165-170
Joanne Thurston - Chief Operating Officer	110-115	200	-	-	-	-	110-115
Michelle Woodward - Director of Corporate Governance	100-105	500	-	-	22.5-25	-	120-125

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

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.



Remuneration Report Tables

Board Members Remuneration during 2017/18 respective to their terms of office

Name and job title	Salary (bands of £5k)	Expense payments (taxable) total 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/Deputy CEO	150-155	200	-	-	75.0-77.5	-	225-230
Andrew Dayani - Medical Director	120-125	-	-	-	-	-	120-125
Jerry Gould - Non-Executive Director	10-15	2500	-	-	-	-	10-15
Sukhbinder Heer - Non-Executive Director	10-15	-	-	-	-	-	10-15
David Holmes - Director of Workforce & OD	95-100	500	-	-	87.5-90.0	-	180-185
Gareth Howells - Director of Nursing and Therapies	105-110	300	-	-	15.0-17.5	-	120-125
Richard Kirby - Chief Executive	10-15	-	-	-	-	-	10-15
Simon Murphy Non-Executive Director	5-10	-	-	-	-	-	5-10
Michelle Rogan Corporate Governance Director	100-105	500	-	-	52.5-55.0	-	150-155
David Sallah - Non-Executive Director	10-15	600	-	-	-	-	10-15
Neil Scott - Non-Executive Director	10-15	-	-	-	-	-	10-15
Tom Storrow - Chair	40-45	3400	-	-	-	-	40-45
Tracy Taylor - Chief Executive Officer	105-110	900	-	-	-	-	105-110
Lorraine Thomas - Director of Strategy & Transformation	100-105	1000	-	-	105.0-107.5	-	205-210
Joanne Thurston - Chief Operating Officer	110-115	400	-	-	*	-	110-115
Ian Woodall - Director Of Finance/Acting CFO	100-105	300	-	-	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.



## Fair 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 2018/19 was £175,000.00 (£183,314.60 in 2017/18). This was 6.2 times (6.6 times in 2017/18) the median remuneration of the workforce, which was £28,050 (£27,635 in 2017/18).

In 2018/19, none of our employees received remuneration in excess of the highest-paid director; this was the same in 2017/18.

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 2018/19 the number of staff in the sample was 4,739 compared with 4,929 in 2017/18.

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.

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.

## Payments to Past Directors

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

This statement has been audited.





Annual report on Remuneration  
Salary and Pension Benefits of Senior Managers

Pension Benefits for Senior Managers during 2018/19

Name and job title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
Peter Axon - Chief Finance Officer/Deputy CEO	7.5-10.0	12.5-15.0	45-50	110-115	763	562	201	0
Gareth Howells - Director of Nursing and Therapies	7.5-10.0	25.0-27.5	50-55	160-165	1194	909	285	0
Richard Kirby - Chief Executive	2.5-5.0	2.5-5.0	50-55	125-130	883	718	164	0
Lynne Lainé - Interim Director of Nursing & Therapies	5.0-7.5	20.0-22.5	30-35	95-100	791	568	223	0
Lorraine Thomas - Director of Strategy & Transformation	2.5-5.0	10-12.5	45-50	135-140	1034	868	167	0
Michelle Woodward - Director of Corporate Governance	0.0-2.5	0-0	0-5	0-0	50	28	22	0
David Holmes - Director of Human Resources	2.5-5.0	2.5-5.0	40-45	65-70	715	592	124	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.

Director Expenses

Directors expenses for 2018/19 in comparison to 2017/18 can be viewed in the tables featured on page 50-51 and 51-52.

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 2018/19, 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.

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

Signed:  
**Richard Kirby**  
Chief Executive Officer  
Date: 24 May 2019





2.3. STAFF REPORT

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

Numbers and the Composition of all staff and senior managers employed at the end of 2018/19

Number of employees	All staff*			Senior Managers*		
	Female	Male	Grand Total	Female	Male	Grand Total
820 Adult and Specialist Rehabilitation Services	915	198	1113	6	1	7
820 Adults Community Services	872	84	956	1	-	1
820 Children & Families Division	1079	51	1130	5	3	8
820 Corporate Division	410	185	595	24	34	58
820 Dental Services	511	107	618	3	2	5
820 Learning Disabilities Division	200	53	253	1	-	1

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 2018/19 by category is set out below:

Average staff numbers by category employed during 2018/19

Staff category	Permanently employed number	Other number (FTC and Bank/ agency)	2018/19 Total Number	2017/18 Total Number	2016/17 Total Number
Medical and dental	112	86	198	248	174
Ambulance Staff	-	-	-	-	-
Administration and estates	952	256	1206	1169	1029
Healthcare assistants and other support staff	785	199	984	1072	986
Nursing, midwifery and health visiting staff	1244	183	1427	1439	1363
Nursing, midwifery and health visiting learners	18	17	35	24	24
Scientific, therapeutic and technical staff	681	73	754	703	697
Healthcare Science staff	4	2	6	6	6

Social Care staff	-	-	-	-	-
Other	-	1	1	-	-
Total Average Numbers	3796	815	4612	4661	4279
Of which Number of Employees (WTE) engaged on Capital Projects	0	0	0	5	11

These figures have been subject to audit.

Permanent and Other Staff Costs during 2018/19

	Permanently employed number	Other number	2018/19 Total r	2017/18 Total	2016/17 Total
				£000	£000
Salaries and wages	143,546	-	143,546	143,105	141,660
Social security costs	13,505	-	13,505	14,118	13,201
Apprenticeship Levy	688	-	688	683	-
Employers contribution to NHS Pension	14,449	-	14,449	16,798	17,167
Pension cost - other	15	-	15	-	-
Other post-employment benefits	-	-	-	-	-
Other employment benefits	-	-	-	-	-
Termination Benefits	-	-	-	-	-
Temporary staff - agency/ contract staff	-	9,399	9,399	8,517	12,857
Total Gross Staff costs	175,203	9,399	184,602	183,221	184,885
Recoveries in respect of seconded staff	-111	-	-	(324)	-
Total Staff Costs	175,092	9399	184,491	182,897	184,885
Costs Capitalised as part of assets	42	-	-	-	51



Disabled Persons

The Trust’s Recruitment policy and guidelines sets out the Trust’s commitment to ensuring that all staff, including those who are disabled are treated fairly and equitably in relation to all recruitment and selection processes. This includes internal and external employment opportunities as well as secondments and acting up opportunities. The Trust is fully accredited as a ‘Disability Confident’ Employer which is a nationally accredited scheme to support employers to employ and retain disabled people and those with health conditions. This accreditation is recognised as offering additional assurances to those with disabilities and health conditions over and above the level one accreditation of ‘Disability Committed’ and ensures that all applicants for roles who meet the essential criteria outlined in the person specification, are guaranteed an interview with appropriate reasonable adjustments/support put into place.

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.

Sickness Absence

The Trust Board has continued to have a focus on the Management of Sickness Absence during 2018/19. 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. Health and Wellbeing is a key aspect of the Trusts’ Great Place to Work Strategic Objective and as part of this workstream the Trust has introduced a 24/7 Employee Assistance Programme and developed a new Supporting Attendance Policy.

‘Average days lost’ through sickness was 6.19% during the year.

Staff sickness absence for the calendar year of January-December 2018

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by HSCIC from ESR Data Warehouse		
Average FTE 2018	Adjusted FTE days lost to Cabinet Office definitions*	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE**
4082.19	56,811.90	1,490,000	92162	13.92

\* calculated assuming 225 working days in the year  
\*\* Average working days based on 225 per year.





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.

Reporting of other Compensation Schemes - Exit Packages 2018-19

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	-	-	-	-	-	-	-	-
£10,000 - £25,000	3	£49,077					-	-
£25,001 - £50,000	1	£29,648					-	-
£50,001 - £100,000	1	£77,472					-	-
£100,001 - £150,000	1	£149,417					-	-
£150,001 - £200,000	-	-	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-	-	-
Total	6	£305,613	4	£92,387	10	£398,000	-	-

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 pension’s scheme. Ill-health retirement costs are met by the NHS pension’s scheme and are not included in the table.

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 6th April 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 following table outlines all off-payroll engagements as at 31 March 2019 for more than £245 per day and that last for longer than six months.

Number of existing engagements as at 31 March 2019	6
Of which, the number that have existed are:	
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 below outlines all new off-payroll engagements, or those that reached six months in duration, between 1st April 2018 and 31st March 2019, for more than £245 per day and that last for longer than six months.

Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	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 1 April 2018 and 31 March 2019.

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0	Circumstances leading to these engagements	-
		Length of time each engagement lasted	-
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.	0		

Policies Applied and Actions Taken During the Year

As part of the Fit for 2022 Strategy and the review of the Trusts Vision, Values and strategic objectives the Trust has established a Great Place to Work strategic objective.

The workstream has been developed on the basis of feedback from staff through the National Staff Survey, Pulse Surveys and large scale engagement events.

The key priority objectives are:

- Support colleagues to be at work, make healthy choices, remain resilient in a demanding work environment through the implementation of our Health and Wellbeing Plan
- Create a leadership style that is empowered, engaging and open delivered through leadership development across the organisation
- Create opportunities for colleagues to grow and develop their careers with us through the delivery of our succession planning and talent management strategy
- Embed an inclusive culture reflecting our communities where colleagues feel that diversity is valued and there is equal opportunity to grow and progress
- Develop a working environment that nurtures, educates and trains

- Maximise the impact of our initiatives through partnership working across the STP
- Improve the quality and consistency of our annual appraisals
- Implementation of a measures to improve Retention within Band 5 Nursing and AHPs
- Ensure there are robust Freedom to Speak Up (FTSU) arrangements in place which promote the organisation's values of caring, open, respectful, responsible and inclusive

During 2018/19 the Great Place to Work objective has been founded upon a significant Staff Engagement Programme called Listening into Action, which has involved colleagues from across the Trust in Trustwide (Crowdfixing) events and local Improvement Programmes.

In addition to the progress made in relation to supporting health and wellbeing as described above, great work has been undertaken in relation to Mandatory Training, development of a Leadership Framework and Talent Management Strategy for launch in 2019.

The Trust has launched a campaign to tackle bullying and harassment led by a Non-Executive Director to respond to Staff Survey findings.

Working in collaboration with Staff Side and Trade Unions has continued to be positive, with good progress made in the review and development of employment policies. Positive steps have also been taken to increase Staff Side capacity to support employee relations and effectively deal with HR casework.



Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) Regulations implement the requirement introduced by the Trade Union ACT 2016 for specified public sector employers to report annually on paid time off provided to trade union representatives for trade union duties and activities. Information can be found on our website via:

https://www.bhamcommunity.nhs.uk/

Expenditure on Consultancy

The Trust spent £2,371k on Consultancy during 2018/19.

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.

Modern Slavery Act 2015

Birmingham Community Healthcare NHS Foundation Trust supports the Government’s objectives to eradicate modern slavery and

human trafficking and recognises the significant role the NHS has to play in both combating it, and supporting victims. In particular, we are committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses.

Our Modern Slavery and human trafficking statement can be accessed via: <http://www.bhamcommunity.nhs.uk/about-us/corporate-information/equality-diversity-and-human-rights/modern-slavery/>

Staff Survey Results 2018

The Staff Survey for 2018 was conducted between 1st October and 31st November 2018 and it was pleasing to note a 4% improvement in the response rate. 1,900 colleagues responded to the survey equating to 44% of the workforce.

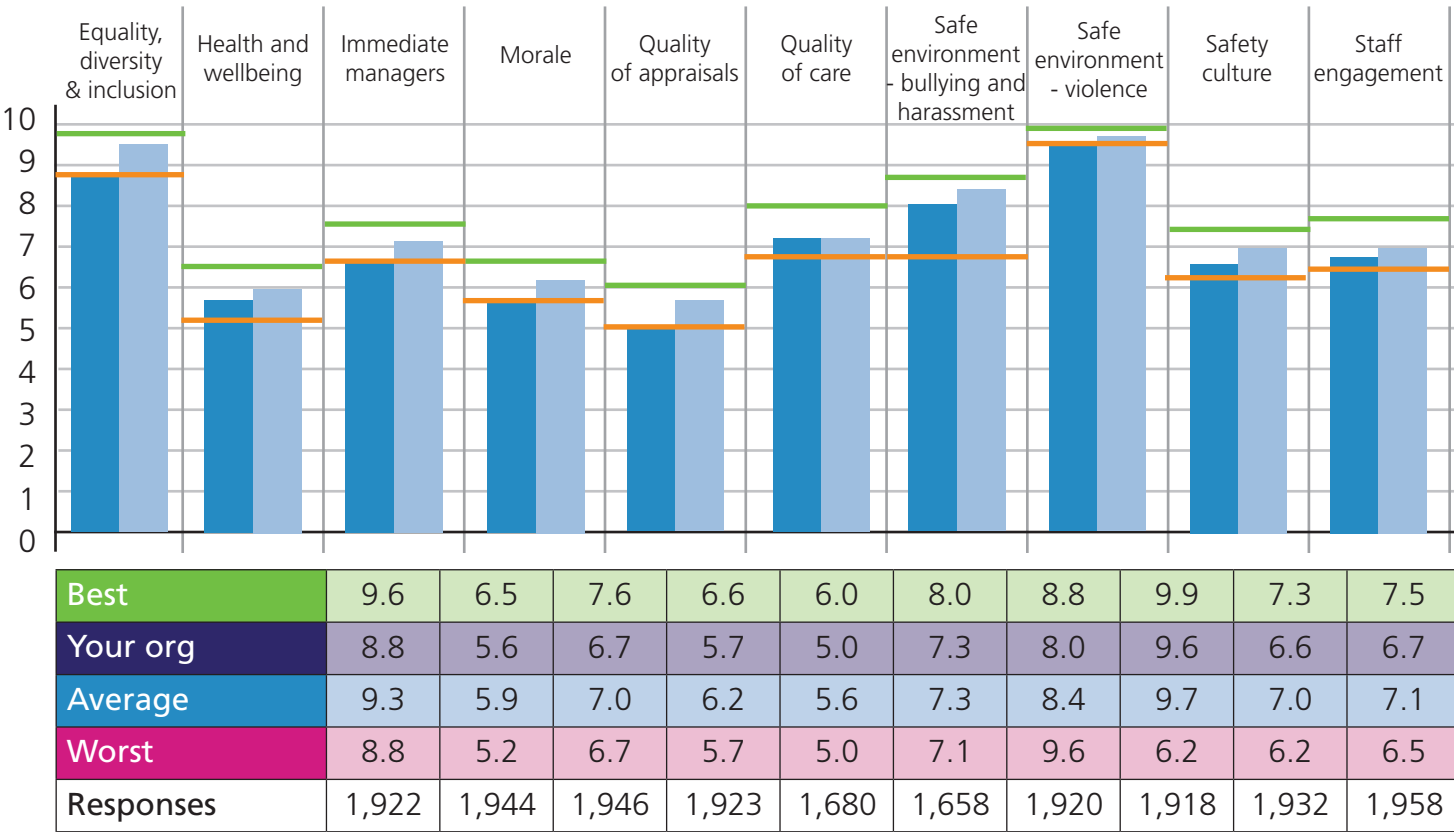
However, it is disappointing that the 2018 results have not seen a significant improvement since 2017 both in terms of actual scores and benchmarked scores with the Community Trust comparator group.

The Staff Survey results are presented against 10 themes and are shown below:

The table highlights that in the areas of Health and Wellbeing, Quality of Appraisals, Quality of Care and Staff Engagement 2018 scores had significantly deteriorated from 2017, with only ‘Safe Environment- Violence’ showing an improvement.

The table below describes that the Trust score was below the comparator average across all themes and in five of the themes, was the worst score of the sector.

2018 NHS Staff Survey Results - theme results - overview



2018 NHS Staff Survey Results - Significance testing - 2017 v 2018 theme results

The table below presents the results of significance testing conducted on this year’s theme scores and those from last year\*. It details the organisation’s theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2018 score is significantly higher than last year’s. Whereas ↓ indicates that the 2018 score is significantly lower. If there is no statistically significant difference, you will see ‘not significant’. When there is no comparable data from the past survey year, you will see ‘NA’

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity and inclusion	8.9	1827	8.8	1922	Not significant
Health and wellbeing	5.8	1849	5.6	1944	↓
Immediate managers	6.8	1851	6.7	1946	Not significant
Morale		0	5.7	1923	N/A
Quality of appraisals	5.2	1591	5.0	1680	↓
Quality of care	7.6	1598	7.3	1658	↓
Safe environment - Bullying and harassment	8.1	1816	8.0	1920	Not significant
Safe environment - violence	9.5	1827	9.6	1918	↑
Safety culture	6.7	1841	6.6	1932	Not significant
Staff engagement	6.9	1862	6.7	1958	↓

It is acknowledged that the 2018 results are consistent with the messages heard from the range of engagement work undertaken in Quarter two of the year.

The feedback informed the design of the Trusts revised Vision, Values and Strategic Objectives. The results are felt to reinforce the direction of travel that was set out in the Fit for 2022 Programme.

A key response to the survey findings has been the development of the new organisational values. Further work to embed these values will be undertaken in 2019/20 through the development of a set of behaviours; revision of appraisal processes and implementation of values based recruitment.

In addition to this, the Trust has identified four key priority areas for addition:

- Improving the quality and consistency of our annual appraisals
- Delivering on our commitment to address equality and diversity better
- Supporting colleagues health and wellbeing, especially tackling stress at work
- Supporting our line managers to engage their teams in local improvement

The Divisional specific Staff Survey results have been shared with Divisional leadership teams and action plans are developed to contribute to addressing the 4 priorities identified above but to also respond to the Divisional themes.



Signed:  
**Richard Kirby**  
Chief Executive Officer  
Date: 24 May 2019



Signed:  
**Ian Woodall**  
Chief Finance Officer  
Date: 24 May 2019

## 2.4. 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 community 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.

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

## 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 2.1 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 2.1 and 2.2 of the Annual Report respectively.

## 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 within this section of the Annual Report.

## Information and Evaluation

The Board of Directors has in place a programme of patient stories at each meeting of the Board of Directors in which it regularly receives direct feedback from patients, service users and carers.

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.

## 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.

## Information Governance (IG)

BCHC's Information Governance Assessment Report from the Data Security and Protection Toolkit overall score for 2018/2019 was 96 of the 100 mandatory evidence items were satisfied by the deadline of March 31st 2019.

An action plan, approved by NHS Digital, has been accepted and is in progress to ensure compliance with the remaining 4 evidence items by September 2019.

## 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 that 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.

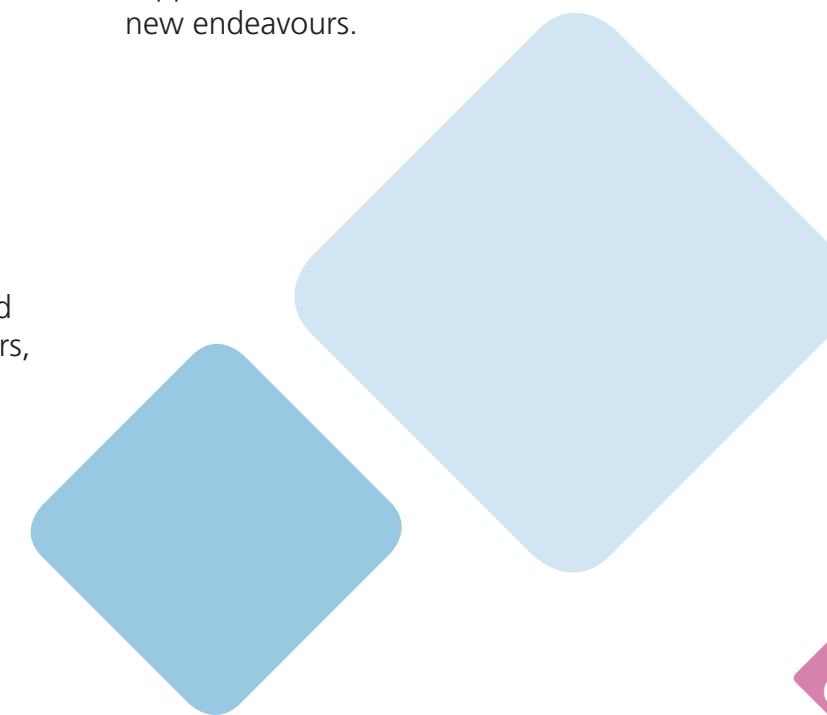
The principal role of the Council of Governors is to hold the Board of Directors to account for the performance of the Trust through the Non-Executive Directors and to represent the interests of our members and the communities we serve.

The terms of office of our elected governors concluded at the end of 2018/19. In January 2019, we opened our election process to offer our members the opportunity to stand for election for each of our public and staff governor roles; with voting undertaken in March and results declared on 25th March 2019.

Our newly elected Governors formally commenced on 1st April 2019 by undertaking an induction programme that has been shaped by current governors. In addition to the new perspective, which our six newly elected governors will bring, we also have had eleven former governors re-elected. One vacancy remains for our Centre and West Birmingham public constituency; where we will hold a by-election in Autumn 2019.

Elected governors are joined by our four partner governors. In year, Stephanie Bloxham replaced Brian Carr, as our new partner governor for Birmingham Voluntary Services Council. John Denley will replace Claire Bell as our partner governor representing West Midlands Police. Josh Jones also sought re-appointed for a further tenure of three years to continue to represent Birmingham City Council.

We wish to express our gratitude to those governors who are leaving us at the end of their term of office for their commitment and support to BCHC. We wish them well in their new endeavours.





## The Governors of BCHC during 2018/19

Governor Name	Date Appointed/Finished	Duration of Appointment	Role Title	Constituency Representing
Graham Green	31.01.13*/ 31.03.19 Re-elected 01.04.19	3 years	Public Governor	Centre & West Birmingham
Sue Durrant	31.01.13*/ 13.02.2019 Re-elected 01.04.19 to represent WM	3 years	Public Governor	Centre & West Birmingham
Christopher Vaughan	7.10.16/ 31.03.19 Re-elected 01.04.19	3 years 2 years	Public Governor Vice Chair of Nominations and Remuneration Committee for Non-Executive Directors	Centre & West Birmingham
Jill Jesson	15.12.16/ 31.03.19 Re-elected 01.04.19	3 years	Public Governor	Centre & West Birmingham
Joanne Benjamin-Lewis	07.10.16 Re-elected 01.04.19	3 years	Public Governor	North & East Birmingham
Christopher Barber	0.16 / 31.03.19	3 years	Public Governor	North & East Birmingham
Roger Leek	31.01.13*/ 31.03.19 Re-elected 01.04.19	3 years 2 years	Public Governor	North & East Birmingham
Sheila Try	21.11.14*/ 31.03.19 Re-elected 01.04.19	3 years	Public Governor Vice Chair of Patient Experience Forum from 05.09.18	North & East Birmingham
Frances Young	31.01.13*/ 31.03.19 Re-elected 01.04.19	3 years	Public Governor Chair of Patient Experience Forum	South Birmingham
Jane Hill	31.01.13*/ 31.03.19 Re-elected 01.04.19	3 years	Public Governor	South Birmingham
Vacancy			Public Governor	South Birmingham
Peter Mayer	31.01.13*/ 31.03.19 Re-elected 01.04.19	3 years 2 years	Lead & Public Governor Chair of Nominations & Remuneration Committee for Non-Executive Directors	South Birmingham
Victor Cracroft	31.01.13*/ 31.03.19	3 years	Public Governor Vice Chair of Patient Experience Forum until 04.09.18	West Midlands
Alison Kirton	31.01.13* */ 31.03.19	3 years	Staff Governor	Other Staff
Jean Dipple	21.11.14* */ 31.03.19 Re-elected 01.04.19	3 years	Staff Governor	Healthcare Assistant & Support Staff
Sammy Sherlock	31.01.13* */ 31.03.19	3 years	Staff Governor	Healthcare Assistant & Support Staff
Vancancy	-	-	Staff Governor	Scientific, Therapeutic & Technical Staff / Allied Health Professional (AHP) & Healthcare Scientists
Zarida Riaz	21.11.14 (commenced in post 01.04.15*) */ 31.03.19	3 years	Staff Governor	Medical, Dental & Nursing Staff
Elisha Mack	07.10.16 */ 31.03.19	3 years	Staff Governor	Medical, Dental & Nursing Staff
Claire Bell (Successor John Denley appointed 01.04.19)	01.09.15/ 31.01.19 (Successor John Denley appointed 01.04.19)	3 years	Partner Governor	West Midlands Police
Ronnie Meechan-Rogers	Interim 13.12.16 Partner Governor appointment confirmed 29.1.2018	3 years	Partner Governor	University of Birmingham
Josh Jones	31.01.13* Re-appointment Date: 01.04.19	3 years	Partner Governor	Birmingham City Council
Stephanie Bloxham from 01.11.18	01.11.18	3 years	Partner Governor	Birmingham Voluntary Services Council (BVSC)

The Council of Governors has been active in their role during 2018/19 and has formally met five times during 2018/19 in public; receiving appropriate information to enable them to discharge their statutory responsibilities. Governors maintained a focus on the development of our strategy, vision and values and the progress towards addressing the findings of the Trust's 2018 CQC report.

An informal Governor led discussion group, chaired by the Lead Governor, has met six 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, development of a consensus of views and identify additional development needs.

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.

The Council of Governors have utilised the Nominations and Remuneration Committee for Non-Executive Directors sub-committee, chaired by Peter Mayer, to led three recruitment processes in year.

In March 2019, the Council of Governors approved the appointment of Barry Henley as the successor for our Chairman, Tom Storrow, who will be retiring at the end of May. Barry will commence on the 1st June 2019.

A further two Non-Executive Director appointments were also led and approved by the Council of Governors in year. Jenny Belza joined the Board on the 1st June 2018 and Jacynth Ivey commenced on the 11th March 2019.

During 2018/19, the Council of Governors approved the re-appointment of David Sallah and Sukhbinder Heer as Non-Executive Directors for a further three years, with effect from 1st April 2019. It was also agreed to extend Non-Executive Director, Jerry Gould, from the 1st April to 30th September 2019 to support the commencement of a new Chair.

In addition, Governors took the opportunity to participate in the stakeholder carousels for the Executive Director Recruitment processes during 2018/19.

Our annual governor development programme, in line with our governor competencies framework, is informed by the Council of Governors' annual evaluation of their effectiveness. Their development plan, which is supported by the Trust, supports Governors to have the knowledge and skills to deliver their role.

The 2018/19 development programme delivered opportunities for individual development as well as collective training with particular focus on effective listening and questioning skills, recruitment practices, safeguarding, best practice around engaging with patients on their experiences and learning from another sector to inform governor engagement with members. A priority for 2019/20 will be to support the effective integration of our new additions into the Council of Governors to ensure the continuation of an effective body.

During 2018/19, the Board and the Council of Governors approved amendments to the Trust

Constitution to align the electoral wards within our public constituencies with the boundary changes implemented by Birmingham City Council in May 2018 and to re-introduce the ability to stagger governor terms of office during our 2018 elections.

In year, we continued to offer the opportunity to become a member to ensure we maintain a representative membership. The Trust is not seeking to grow its membership; although every opportunity will be taken to embed membership into Trust activities to ensure membership remains reflective of the communities we serve.

Overview of Public Membership (as of 31st March 2019)

Public Constituency	Electoral Wards*	Number of Governors	Membership size
South Birmingham	Allens Cross, Bartley Green, Billesley, Bournbrook & Selly Park, Bournville & Cotteridge, Brandwood & King's Heath, Druids Heath & Monyhull, Edgbaston, Frankley Great Park, Hall Green North, Hall Green South, Harborne, Highters Heath, King's Norton North, King's Norton South, Longbridge & West Heath, Moseley, Northfield, Quinton, Rubery & Rednal, Stirchley, Weoley & Selly Oak	4	2286
Centre & West Birmingham	Aston, Balsall Heath West, Bordesley Green, Bordesley & Highgate, Birchfield, Handsworth, Handsworth Wood, Holyhead, Kingstanding, Newtown, Ladywood, Lozell, Nechells, North Edgbaston, Oscott, Perry Bar, Small Heath, Soho & Jewellery Quarter, Sparkbrook & Balsall Heath East, Sparkhill	4	1968
Birmingham East & Northa	Acocks Green, Alum Rock, Bromford & Hodge Hill, Castle Vale, Erdington, Garretts Green, Glebe Farm & Tile Cross, Gravelly Hill, Heartlands, Perry Common, Pype Hayes, Shard End, Sheldon, South Yardley, Stockland Green, Sutton Four Oaks, Sutton Mere Green, Sutton Reddicap, Sutton Roughley, Sutton Trinity, Sutton Vesey, Sutton Walmley & Minworth, Sutton Wylde Green, Tyseley & Hay Mills, Ward End, Yardley East, Yardley West & Stechford	4	2867
West Midlands Region	Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire, West Midlands (excluding Birmingham)	1	1916

\*Electoral wards reflective of the boundary changes implemented by Birmingham City Council in May 2018.







Our Governors have utilised opportunities, such as community events, personal networks and staff engagement activities, to listen to the views of the members and public they represent.

During 2018/19, we continued to utilise our membership emails to offer members their say and provide opportunities to engage with us; shaping our patient information leaflets, strategies and research.

In 2018/19, the Annual Members Meeting was utilised as an opportunity for engagement with members and the public shaping our vision, values and ambitions for 2022. The format evaluated positively as an opportunity for meaningful interaction between governors and members.

A number of members regularly attend and annually review and shape our governor led Patient Experience Group, chaired by our Public Governor Frances Young. In this Group members work with us to improve the experience patients have of our services and actively comment on our Quality Account.

In year, governor patient experience visits were introduced to build on our existing patient experience group and strengthen our public governors connect with those who use our services. Staff governor delivered an active programme of engagement throughout the year; building on existing opportunities where staff came together.

During 2019/20, membership engagement will focus on promoting our new governors and seeking opportunities to align their engagement around the development of local service delivery. We will be seeking the support of members in our Centre and West Birmingham Public Constituency to identify and elect a governor to our vacancy in Autumn 2019.

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. 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 or email [ft@bhamcommunity.nhs.uk](mailto:ft@bhamcommunity.nhs.uk)

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.

Area	Metric	2018/19 scores				2017/18 scores			
		At 30 June 2018	At 30 Sept 2018	At 31 Dec 2018	At 31 March 2019	At 30 June 2017	At 30 Sept 2017	At 31 Dec 2017	At 31 March 2018
Financial sustainability	Capital service capacity	1	1	1	1	1	1	1	1
	Liquidity	1	1	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	1	1	1
	Agency spend	2	2	2	2	1	1	1	1
Overall scoring		1	1	1	1	1	1	1	1

Single Oversight Framework

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

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

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.



## Segmentation

As part of their oversight of providers, NHSI monitors and gathers information about the performance of provider organisations across these five themes. On attainment of Foundation Trust status, the trust's Single Oversight Framework (SOF) rating was segment 1. However, In September 2018, the Trust were advised of a change of SOF rating to segment 2. The reason for the change in SOF rating is because the trust has triggered a number of concerns, summarised below, and NHSI needed to obtain further assurance about the effectiveness of the trust's recovery actions:

- Findings of the Care Quality Commission (CQC) inspection in June 2018 where a number of concerns were highlighted. These were care plans for young people requiring ventilation, provision and fulfilment of the antenatal visits programme, compliance with lone working policies and infection control compliance in some clinical areas.
- Issue of a Section 29a warning notice by the CQC on 16th August 2018 in relation to children and young people (CYP) and family services that highlighted the need to make significant improvements in relation to governance and oversight including health visitor caseload, transition planning, adherence to infection control prevention policies and implementation of safeguarding practices.

- Findings from the CQC inspection of special educational needs service in June 2018.
- The number of never events in dental services.
- Anticipated 'requires improvement' rating overall and in the Well Led domain following the recent CQC inspection.
- Pending independent well led review.
- The change in SOF rating meant that NHSI enhanced the level of oversight and support provided to the Trust which is targeted to complement the Trust's internal improvement programme. Support available includes the following:
  - An invitation to participate in the "Moving to good and beyond" learning and collaborative programme
  - Access to other service improvement support and practical help to address key improvement priorities

At this time, NHSI will maintain the current frequency of progress review meetings (quarterly) but complemented by regular contact with the Chief Executive and members of the Executive team.

The Trust will remain at segment 2 until such time NHSI is confident about the actions being taken by the Trust. NHSI website will be updated in due course to reflect this change.

## 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 and Social Care 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 and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis.

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

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

Signed:

  
**Richard Kirby**  
Chief Executive Officer  
Date: 24 May 2019





# ANNUAL GOVERNANCE STATEMENT 2018/19

## Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 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 Trust Accountable Officer Memorandum.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 Foundation NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

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 Director of Corporate Governance, who supports both a dedicated central Risk Management Team and delivery of the Risk Management Strategy and organisational objectives at a service level.

In April 2018, the Trust commissioned Deloitte LLP to undertake an independent Well Led CQC domain review within the Trust primarily

focussing on Governance and assurance. During the period 15 May 2018 to 21 June 2018, the Care Quality Commission (CQC) undertook an inspection of the Trust. In the Final CQC report published on 15 October 2018, the CQC highlighted key areas of concern linked to the 'Well Led' domain and the Trust was rated as 'Requires Improvement'.

The CQC highlighted the following key areas of concern linked to the 'Well Led' domain.

- Ensure the effectiveness of governance arrangements and that the Board is consistently informed and sighted of risks.
- The Board Assurance Framework (BAF) was not dynamic. Whilst the framework clearly set six strategic objectives (purpose, people, price, promotion, place and partnership) and seven aligned quality priorities, the Board did not assess and review progress and priorities regularly.
- There was a governance structure in place. However, this did not always provide accurate or reliable assurance to the Board. Information did not flow effectively between the tiers of the governance structure.
- Leaders were therefore not always aware of the risks across the organisation.

In addition to the initial work requested to be undertaken by Deloitte in April 2018, as a result of initial feedback from the CQC, the Trust further commissioned Deloitte to provide additional expertise and guidance to strengthen and develop risk management arrangements in conjunction with the executive lead. This review recommended the following actions:

- The Trust should revisit and revise the format and content of the BAF to bring it into line with good practice.
- The Trust should adopt an approach to the BAF which allocates certain BAF risks to committees to seek assurance, in order to support the Board's work-load in this area.
- The Board, rather than Quality, Safety and Risk Committee (QSRC), should routinely receive a condensed paper on high level risks setting out where these sit and what the key changes to the Corporate Risk Register (CRR) -

high level risks rated 15+.

- The Risk Management Committee exhibits many aspects of good practice, however we recommend that this be elevated to an executive level committee chaired by the CEO.
- The Trust should review its risk management policy and strategy, both in relation to the training for senior staff in risk management and more specifically how the Trust identified and manages service level risks.

As a result of the recommendations a number of actions were initiated.

- Introduction of a Corporate Risk Register (CRR) to replace the 'High Level Risk Register' and refresh of the complete CRR.
- New model of phrasing risk introducing the X, Y, Z - Problem, Reason, Outcome structure.
- Introduction of a Risk Management Board Chaired by the Deputy Chief Executive to replace the Risk Management Committee.
- Refresh of the strategic risks following

ratification of the new Fit for 2022 Strategy, including a revision of the board assurance framework template and associated report format.

- The Trust adopted an approach to the BAF which allocates certain BAF risks to committees to seek assurance, in order to support the Board's work-load in this area.
- Training/awareness workshops/seminars across all levels of the Trust.
- Development of a new risk management strategy aligned to the Trusts' new Strategic objectives.

A number of BAF development seminars were delivered, which included training to the Trust Board in January 2019 and Divisional Senior Leadership Teams and Directorate Teams in February 2019.

A comprehensive review of the Trust Risk Management Strategy has been undertaken which includes a review of the methodology, techniques, toolkits and training required to deliver the Strategy. The Strategy is due to be approved by the Trust Board in June 2019.





During Quarter 3, 2018/19, the Trust Strategic Objectives, together with draft risks for the 2019/2020 Board Assurance Framework were developed.

Following approval of the updated Trust Strategic Objectives at Trust Board in October 2018, a review was undertaken of the current templates, processes and structures linked to management of the BAF. A number of BAF assurance reports were reviewed and new reports developed including a front page 'index' and the introduction of a strategic risk 'on a page'.

In December 2018, a number of draft BAF risks were discussed and agreed at a Board Seminar. These BAF risks align with the Trust's new Strategic Objectives:

- Safe, High Quality Care
- A Great Place to Work
- Making Good Use of Resources
- Integrated Care in the Community



At a Board seminar in December 2018, the Organisation's top strategic risks were agreed. Since January 2019, all sub-committees of the Board have received details of the Corporate Risk Register risks which relate to the relevant Strategic Objective for assurance.

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. Management of Risk, and Management of Incidents. 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 would nevertheless benefit from supporting coverage of risk.

This 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 will seek 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 will enable colleagues to access the information and support that they need, where and when it 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.

## The risk and control framework

The Birmingham Community Healthcare NHS Foundation Trust Risk Management Strategy has been revised and is due to be approved by the Trust Board in June 2019. Following the CQC inspection and Deloitte LLP recommendations, the Trust Board was not assured that the 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.

Following a number of actions, 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 Director of Corporate Governance, Head of Risk Management and Emergency Planning, the Risk Management Team and Divisional/Service Governance Leads
- A number of key forums with specific responsibilities for relevant aspects of risk, which include the Trust Board and the Sub-Board Committees.

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

Risk assessments are proactively encouraged as a normal function of day to day activity, as we believe that risk should influence 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 assessed in terms of the controls and assurances that are in place to manage them, and actions are developed to manage any gaps in these. For some areas of risk, the mitigating action reduces the consequence and likelihood of risk; however some residual risk may still remain that requires managing.

In line with our Risk Management Strategy, identified risks are scored using the NPSA 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 as the Trust 'Risk appetite'. It 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 review this in line with national and organisational change and the Orange Book: Management of Risk - Principles and Concepts (HM Treasury, 2013).

Divisions within BCHCFT have Quality Safety and Risk Committees that oversee the performance information. Issues are escalated to Divisional Management Boards for assurance on quality, safety and risk issues and mitigation. A quarterly Quality and Governance report is presented by each division to the Trust Clinical Safety Committee for assurance.

The Trust Clinical Safety Committee is the senior clinical oversight committee in the Trust and is chaired by the Medical Director. It receives reports from 14 Trust committees concerning different aspects of safety and oversees the legislative requirements of the Trust that have a clinical bearing and the clinical requirements of the Care Quality Commission. The reporting committees are Safeguarding Children's Committee, Safeguarding Adult's Committee, Infection Prevention and Control Committee, Mortality Review and Deteriorating Patient Committee, Serious Incident Panel, Clinical Effectiveness Committee, Medicines Management Committee, Resuscitation Committee, Medical Device Management Committee, Health and Safety Committee, Emergency Planning Committee, Safety Express Committee, Falls Steering Group and Research Steering Group. The committee is starting to use the 'thinking environment' method from the Time to Think organisation to make the committee time as effective as possible.

The Trust Quality Safety and Risk Committee is a Board sub-committee chaired by a Non-Executive Director where the Executive team, primarily the Medical Director and Director of Nursing and Therapies, provide assurance on issues of quality governance included in the Safe, High Quality Care strategic objective of BCHC, this relates closely to the work of the Clinical Safety Committee and the Safe, High Quality care elements of the Risk Management Committee. This committee also conducts deep dives into the work of the clinical divisions and corporate services with a clinical function seeking assurance on quality and safety issues, the clinical risks in that division and the mitigations in place.

Alongside these committees, a Quality Review Panel meets with Divisions to confirm and challenge a self assessment of quality governance processes within each part of the organisation.

In January 2019, the Trust Board seminar agreed the following risk appetite descriptors and rating for each of the Trust Strategic Objectives.

#### **Safe, High Quality Care**

Risk Appetite level - Averse (3)

Preference for ultra-safe delivery options that have a low degree of inherent risk and only limited reward potential.

Prepared to expend significant time and resource to mitigate risks in this area to a minimal level.

#### **A Great Place to Work, Integrated Care in communities and Making Good Use of Resources**

Risk Appetite level - Moderate (8)

Willing to consider all potential delivery options and choose based on delivering an acceptable level of reward (and VfM). Prepared to accept that risks are likely to occur in the pursuit of our objectives in this area and that we will need to tolerate risks up to a rating of 'high' to realise potential rewards.

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.



BAF19/13: If we do not recruit and retain staff and develop a workforce with the right skills to deliver our strategy due to inadequate workforce planning and an ineffective recruitment and retention strategy we may fail to attract and retain the most capable and ambitious staff and deliver our Fit for 2022 strategy (20)

BAF19/3: A failure to deliver the improvements required by CQC and OFSTED in Children's services could result in poor outcomes for children and young people (16)

BAF19/4: Failure to promote and embed an inclusive culture and comply with EDHR recommendations due to a lack of sustained investment in and focussed leadership on the EDHR agenda may result in missed opportunities to utilise the talents of our diverse workforce in leadership positions, low morale in the workforce and reputational damage (16)

BAF19/8: If we are unable to transform our digital capability due to the cost and difficulty of effectively implementing change, we risk impacting on patient care and foregoing efficiency opportunities (15)

BAF19/18: If we fail to engage with the new primary care network model we will lose the contracts that make up the core of our community services and will as a result be unable to implement and successfully deliver on our strategy related to integrated community services (15)

BAF19/18: If we fail to engage with the new primary care network model we will lose the contracts that make up the core of our community services and will as a result be unable to implement and successfully deliver on our strategy related to integrated community services (15)

BAF19/5: If we do not improve staff health and wellbeing due to a failure of leadership at all levels to fully recognise and respond to the impact that mental and physical wellbeing can have on staff and a lack of investment, may result in higher sickness absence, poor staff moral and higher turnover which will have an adverse effect on the delivery of our strategic objectives

BAF19/2: If we do not deliver safe high quality care we will not meet stakeholders including regulators requirements. This could lead to poor clinical care, potential loss of reputation and income (12)

BAF19/14: If Commissioners reduce funding for services or fail to increase funding to meet increasing demands, we may be unable to provide a safe, high quality service and/or to meet services demands (12)

BAF19/19: If we do not change and redesign our services quickly enough to demonstrate the effectiveness of our model to partners and stakeholder we will be unable to retain key contracts which will results in us being unable to deliver our older people model (12)

BAF19/16: If we fail to engage with and build strong partnerships externally or to foster relationships and failure to align our priorities to those of our partners and the wider system due to a lack of leadership capability, may result in us being unable to secure contracts, sustain our services over the longer term an ultimately deliver integrated services for our community (12)

BAF19/15: If we fail to implement a clear strategic direction for research and innovation due to lack of commitment and / or resources, we will lose and/ or fail to attract research activity and income and the ability to contribute to evidence based care (12)

BAF19/12: If we are unable to ensure an estate that complements our clinical and enabling strategies due to technical and commercial constraints, we risk impacting on delivery of our strategic work programme (9)

BAF19/17: If we are unable to provide equity of access and/or quality across the entire geography and population we serve or fail to successfully implement our locality model due to recruit challenges in some areas this may result in inequality of provision (9)

BAF19/11: If we are not able to mitigate emerging risks relating to EU exit due to lack of viability of the true risk and/ or availability of mitigations , we risk impacting on accessibility of services and quality of patient care 98)

BAF19/21: A failure to develop a strong partnership with BSMHT will reduce the changes to bring together mental and physical community health services affecting our ability to provide the best care to our patients and service users (8)

BAF19/6: If we do not embed our vision and values in behaviours and leadership style we will not deliver our objective of Making a Great Place to Work, nor delivering a high quality service (8)

BAF19/1: Failure to implement and embed an effective Trust wide improvement methodology programme due to lack of engagement with all colleagues and a systematic approach to improve culture modelled by our leaders may result in the quality of our services not improving to support delivery of our 2022 strategic plan (9)

BAF19/20: If we don;t have sufficient commissioning expertise in earning disability services, we may be unable to demonstrate our system leadership model and consequently may be unable to realise the benefits of being a commissioner of other LD services (6)



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, Safety and Risk Committee, the Workforce and Organisational Development Committee and the Finance, Performance and Investment Committee, all of which are sub-committees of the Board and have delegated responsibility for ensuring that effective risk management and assurance processes exist throughout the Trust on behalf of the Board.

The Committees do this at every meeting to govern the performance of the Risk Management Board and Clinical Safety Committee through a process of receiving escalation reports and reviewing performance against key indicators.

Board Sub-committees provide monthly reports to the Board relating to achievements and areas of concern and also provide an annual assurance report to the Audit Committee. The Committee reviews, approves and scrutinises quality indicators associated with delivery of the CRES programme on behalf of the Board in order to monitor impact of the programme on quality and user experience.

Detailed scrutiny of compliance with CQC standards is undertaken by the Clinical Safety Committee. Additionally, a programme of internal inspection is operated and routinely reports to the Quality, Safety and Risk Committee providing assurance of ongoing compliance.

The Risk Management Board (RMB) ensures that all risk management activity is co-ordinated across the Trust. The RMB provides support to Divisional and Corporate Service Directors and advises the sub-committees of the Trust Board of the on-going risk profile of the Trust, the trends in risks and priorities for action.

All High Level Risks graded 15 and above are reviewed at every Board meeting.

The Trust Risk Management Operational Development Group reviews all risks rated below 15 at each meeting. The Chair is responsible for analysing trends/hotspots to identify mechanisms which can reduce the level of reported risks/incidents. Assurance is obtained from local governance groups that they are effectively managing and investigating risks/incidents.

The Board of Directors reviews and approves a Corporate Governance Statement on an annual basis, as required under 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.

Patients, carers, members, public (and other stakeholders including staff) help to identify risks that may be impacting on them through patient feedback channels such as 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 Safety Committee, Patient Experience Forum, Research and Innovation which review relevant risks and their management.

### Incident Data

During the period 1 April 2018 and 31 March 2019 a total of 8343 incidents have been reported. This figure includes 76 Serious Incidents (SIs), of which 11 were subsequently reclassified as not being SIs, leaving an overall total of 65.

Of these 65 serious incidents, 40 related to the development of pressure ulcers and 6 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, Safety and Risk Committee at each meeting.

Two Never Events were reported at the Birmingham Dental Hospital, which related to 'Wrong Site Surgery', where the wrong tooth was extracted.

The Trust has developed a workforce plan as part of its operational planning for 2019/20 which identified staffing projections, challenges and risks. This plan has been approved and will be monitored by the Trust Board.

Short, Medium and Long Term Workforce Strategies and Staffing Systems

Safe Staffing Reports are produced on a monthly basis and are reported to the Trust Board Sub Committee for Quality and Safety.

Excellent work has been undertaken to develop safe staffing reports for Inpatient Nursing, Community IMTs and Health Visitors- this work is being extended to all the clinical workforce.

A longer term workforce plan for 2022 has been developed and a newly established Trust Board Sub Committee overseeing Workforce and OD has been established to give a higher priority to the workforce challenges. Workforce KPIs are a core element of the performance scorecard and are therefore monitored at Service, Divisional and Trust Board level.

An assessment against the Workforce Development Safeguards requirements was produced for the Trust Board and a plan to roll out e-rostering and e-job planning, particularly in relation to the AHP workforce was supported. The self-assessment recognised the current arrangements in place to ensure all workforce transformation proposals as part of service change or CRES are subject to a workforce impact assessment as part of the Gateway assurance process.







## Safe Staffing Process Overview

### Inpatients

All in-patient units within the Adult and Specialist Rehabilitation (ASR) Division and Learning Disabilities Division use the Allocate E-Roster system, this ensures any staffing shortfalls are recognised and appropriate support is arranged in a timely manner. The support may be from within the Division, where occupancy and dependency permit, or by the use of Bank and Agency staff. Within the ASR division there is a daily conference call, chaired by one of the Matrons to review the day's staffing and to look ahead at the next couple of days for any potential hotspots. Available support can be efficiently utilised and any unresolved issues can be escalated within the division for the attention of the Divisional Director of Nursing and Therapy. A daily assessment of patient dependency is completed, where clinically appropriate the Shelford Safer Nursing Care Tool (SNCT) is used alongside clinical judgement. Where use of the SNCT is not appropriate the wards rely on clinical judgement alone but are looking at developing other measures. Safe staffing reporting is also triangulated with quality measures including incidents, complaints and essential care indicators (ECIs) and other metrics e.g. vacancies.

### Community (District Nursing)

The Adult Community Services (ACS) division's nursing teams patients' schedules (advanced planned visits) are built in RiO. Each day this information is exported from RiO into the Care in Focus electronic capacity and allocation (CIF tool). Each day the CIF tool will calculate the available clinical F2F hours following all of the deductions for handover, banding and any planned MDT's etc. Each day matrons assess the capacity levels reported in the tool and determine with the team manager what support is required. Each day there is an escalation management process in place overseen by Matrons who assist the teams to resolve their issues locally or escalate further on their behalf. This escalation process continues to be effective in supporting the services to manage on a day to day basis. The Matrons

complete a daily assessment of how the teams are managing and whether teams have required assistance. As previously detailed there are many factors that influence a safe caseload – Matron Intervention does not just rely on data – but also an immediate assessment and dialogue with the lead nurse for the team on that day. This process is supported by a combination of face to face meetings and conference calls for the matrons over the course of a week. The safe staffing information is also viewed alongside quality measures such as ECIs, safety thermometer and Early Warning Alerts.

### Birmingham Forward Steps (Health Visiting)

Within Health visiting there is an allocation tool which provides team leaders and managers with an indication of the work allocated and the resource available to complete it. There is weekly monitoring, by team, of overall caseload which includes monitoring of universal and partnership plus care plans (open care plans). Teams have a weekly safety huddle as a minimum and this is increased where there are concerns regarding safe staffing and increasing workloads. Issues are escalated to managers and oversight of the information allows bank staff to be moved across districts and in the worst case scenario HV staff to be temporarily moved across district bases. The Children and Families Division has guidelines for safe nursing staffing which includes escalation flowcharts. The monthly monitoring also includes a review of the impact of staffing levels on quality and performance data.

The trust is fully compliant with the registration requirements of the Care Quality Commission.

The trust was inspected by the CQC between May and June 2018 and the outcome letter was received on 16 August 2018. It was pleasing to receive a 'good rating in the caring, responsive and effective domains. We were disappointed to receive an overall rating of 'requires improvement' and in the well led and responsive domains.

The August letter contained a number of warning notices. The initial action plan and response was sent to the CQC in September 2018 and a further letter was sent in May 2019 relating to the last three elements of the warning notices.



The trust took immediate action to address the issues raised in relation to children's services and continues to deliver the agreed improvement plan. The trust continues to work to deliver the agreed improvements in the action plan and continues to make progress.

This work is overseen by an improvement group chaired by the chief executive and reporting to trust Board through the Quality, Risk and Safety Committee.

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

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

The Trust ensures that all obligations under the NHS Pension Scheme are complied with; pension and payroll functions are managed through a specific service level agreement with an external

provider which is managed through contractual and service review meetings. The provider meets all pensions' regulator requirements on our behalf and reports this to us.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The compliance with obligations under equality, diversity and human rights legislation are overseen by the Workforce and Organisational Development assurance sub-committee of the Trust Board. A senior Equality, Diversity & Human Rights (EDHR) Strategy Group chaired by an Executive Director is also well established to develop and monitor the workstreams and actions. An equality report, EDS 2 assessment and workforce equality report including obligations under Workforce Race Equality Scheme (WRES), Workforce Disability Equality Scheme (WDES) and gender pay are reported to the Trust Board.

Following feedback from staff regarding their perception of the Trusts response to EDHR, an external review was completed in 2018 which made several recommendations for improvement. These recommendations are incorporated into the Trusts strategic objectives and plans for the year and are closely monitored by Trust Board and its relevant sub-committee.

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust has a sustainability development strategy (2015 to 2018) that will require updating to align with the Estates Strategy, approved by Trust Board on 1st May 2019. The Estates Strategy has been developed to ensure that sustainability is a key focus in the Trusts future progression plan.

The Trust is employing an Estates Energy Manager with the main focus of updating the sustainability strategy, completing required risk assessments and subsequent action plans and producing the Trusts sustainability policy and procedures.

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

The Trust's 2018-19 Financial Plan was approved by the Board of Directors in March 2018. The plan set out a requirement for a surplus of £4.4m in line with the control total that the trust agreed with NHS improvement. The achievement of this control total was dependent upon the delivery of £6.2m in efficiency savings. The plan also included £2.3m from the Provider Sustainability Fund (PSF).

In 2018-19 NHS Improvement allocated Trusts additional PSF income at the year end, redistributing funds that were not allocated to some providers during the year, due to non-delivery of targets. This resulted in additional funding for BCHC of £2.3m, giving a revised surplus of £6.7m. Finally, at the year end the Trust, in line with usual practice, commissioned an independent valuer to assess the value of land and buildings. Following this exercise there was an impairment of £4.9m, which reduces the reported year end surplus to £1.8m.

CRES schemes 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 financial year. In 2018/19 the savings requirement as a percentage of total income was 2.1%.

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, Performance and Investment Committee. Through a suite of standard reports all key financial metrics are reviewed, including those in relation to the NHSI single oversight framework, and where variances from plan exist they are scrutinised and challenged appropriately.

The Trust's reported position is also submitted on a monthly basis to NHSI, which monitors in-year performance against plans submitted at the start of the year and will seek assurances on any variances from the reported income, expenditure, and cash position.

In addition to the annual agreed CRES plan, further efficiencies are released throughout 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 effectiveness is applied across all audit areas. In 2018-19 the NHS Counter Fraud Authority made procurement fraud a strategic priority area and this will continue in to 2019-20 across the whole NHS with the aim of increasing economy, efficiency and effectiveness through a national fraud prevention exercise.

Internal audit findings are reviewed by the Executive Team and then 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 through a standard escalation report.

### European Union Exit

The Trust made preparations through 2018/19 for the potential impact of the United Kingdom's exit from the European Union, including planning for the case of a 'no deal' EU exit, including following recommendations in the Department of Health and Social Care's EU Exit Operational Guidance.

In terms of governance, the Chief Finance Officer has been the Trust's EU Exit Senior Responsible Officer, reporting to the Executive



Team and the Trust Board on a regular basis with the Finance and Performance Committees considering issues as relevant through the year. The Trust's Corporate Risk Register includes a risk in respect of the UK's Exit from the EU which has been monitored through the year by the Risk Management Executive, the Finance and Performance Committees and the Trust Board.

#### Information Governance

The Trust has not encountered any serious data breaches in 2018/19. However, following the introduction of the new Data Security and Protection Toolkit and revised guidance on incident reporting issued by NHS Digital, the Trust has reported 16 incidents to the ICO via the Toolkit since April 2018 (two of these reports related to incidents which occurred prior to April 2018). Broadly, these cases can be categorised as follows:

1. Loss or theft of patient information held in staff diaries or other item in the course of carrying out patient visits – 5 cases;
2. Personal details and/or records being sent out or issued to the wrong recipient – 8 cases

3. Patient records identified as having been lost, either within Trust premises or from having been sent out by post, and not recovered - 2

4. Inappropriate disclosure of personal information being made by Trust staff – 1 case

No substantive enforcement action has been taken by the ICO in relation to any of these incidents, although informal advice has been given concerning retraining of staff and ensuring that staff are aware of how personal data should be secured to comply with GDPR. The Trust has put in place measures including the introduction of an updated data security protection policy and individual retraining and advice given on data protection to the staff members concerned. Where a number of similar incidents have occurred within a particular Trust division, formal notice in writing has been issued to all divisional employees advising of the potential for formal disciplinary action and highlighting the importance of securing personal data appropriately in line with GDPR requirements.

## Annual Quality Account

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 2018/19, 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 2018/19 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 2018/19. 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.

Birmingham Community Healthcare Foundation Trust has identified waiting time data in all clinical services for first appointments and for further appointments. The Trust meets its 18 week waiting time target for Consultant appointments.

However, the data from the Patient Administration system shows a large number of open referrals.

These are thought to be due to administrative issues rather than patients actually waiting. With support and guidance from NHS Improvement, a plan to validate and assure clinical rules to allow these open cases to be safely closed have been developed and are being clinically assured.

A Clinical Harms policy has been ratified and a Standard Operating Procedure for identifying and responding to clinical harms associated with waiting has been developed initially in the Children and Families Division. This includes a triaging tool to identify urgent cases, information to families on waiting lists, the creation of service specific templates describing types of clinical harm and the creation of a clinical harms review group. A similar system will be developed in the other divisions.

## Review of effectiveness

As Accountable 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 trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in 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 risk/clinical governance/ quality committee, if appropriate and a plan to address weaknesses and ensure continuous improvement of the system is in place.

## Conclusion

- We have continued to maintain our track record of delivery on finance and performance;





- We have used the year to engage with staff to refresh our vision and values and strengthen areas of our governance as a result for example new risk management arrangements, a new governance structure and new Board appointments;
- We are successfully managing the change in the executive and non-executive teams to ensure Board stability;
- We face some significant challenges that we are setting out to tackle in 2019/20 including:
  - Improving children's services in response to the CQC inspection
  - Creating an inclusive culture in response to the Independent Review into EDHR and the subsequent recommendations
  - Review of long waiting times
  - Wider work on building an inclusive engaged and supportive organisational culture in light of staff survey

No significant internal control issues have been identified.

Signed:

**Richard Kirby**  
Chief Executive Officer  
Date: 24 May 2019

# PART 2: QUALITY REPORT



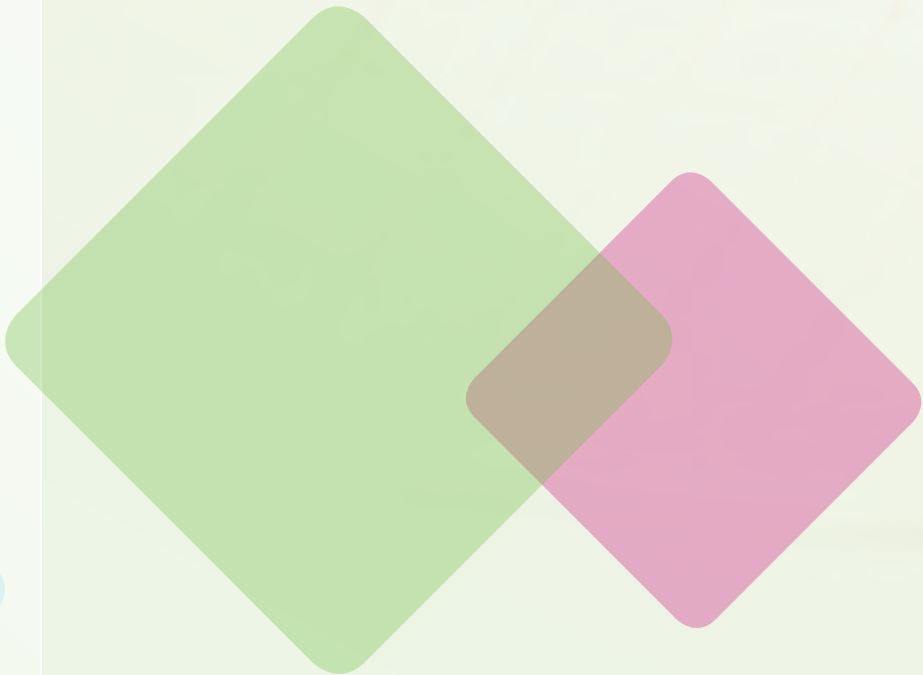
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# STATEMENT OF QUALITY FROM THE CHIEF EXECUTIVE

I am delighted to present to you the Birmingham Community Healthcare NHS Foundation Trust (BCHC) Quality Report for 2018-19. The report is an important way for us to report on the quality of care our patients and service users receive and show improvements in the services we deliver to our community. The Quality Report provides a valuable opportunity to share our journey so far.

At BCHC, we are committed to fostering a culture of continuous improvements in everything we do. The report outlines details of our performance from the previous year, this includes improvement projects aligned to our seven quality priorities agreed by our Trust Board last year. It also highlights where we will focus our efforts for quality improvements in the coming year based on our previous performance.

Our starting point is the people we care for. Birmingham is one of the youngest cities in the country, it is also one of the most diverse and over the next few years, as people live longer, will see rapid growth in the numbers of older people living with long-term conditions. The past year has been challenging, especially as we operate in a fast paced, ever changing environment, where demand is increasing as the population continues to grow. There is a lot we do well for our patients, and we have made some good progress against the areas we know we needed improvements. For example the last 12 months have seen:

- A variety of actions to reduce falls including the implementation of safety 'huddles' at handovers to a new shift and a review of the contributing factors which are recorded on Datix when a fall does occur.
- no new cases of MRSA
- no new cases of E.Coli
- no avoidable cases of hospital acquired Clostridium difficile
- no preventable in-patient deaths identified, following the establishment of new reporting requirements relating to mortality reviews

In May 2018 we welcomed the CQC to inspect our services. We were pleased that following the inspection 83% of our rating are "Good" or "Outstanding" and that we are rated "Good" overall in their caring domain. The pressures facing our Children's services however resulted in an "Inadequate" rating for these services and a "Requires Improvement" for the trust overall. We have learnt important lessons about listening to and working with our colleagues from this part of the inspection. You can read more about the CQC findings on page 33/34.

“IN MAY 2018 WE WELCOMED THE CQC TO INSPECT OUR SERVICES. WE WERE PLEASED THAT FOLLOWING THE INSPECTION 85% OF OUR RATING ARE “GOOD” OR “OUTSTANDING”

Our national Staff Survey results for 2018 also highlighted the pressures facing a number of our services with results that were below average for trusts of our type. However, I would like to state how proud the Trust is of the commitment, creativity and resilience shown by staff who continue to put patients and service users first all that they do.

To respond to these pressures, in 2018-19 we decided to take a different approach by actively engaging and listening to stakeholders and colleagues in great numbers, supporting the development of our new strategy, vision and values. This has provided meaningful and valuable feedback to support the development of the Fit for 2022 Improvement Programme, which is the response BCHC has taken to ensure it can bring its vision to life over the next 2-3 years in time for the year in which the city finds itself in the spotlight as host of the Commonwealth Games.

It is from this extensive piece of work that we have chosen to focus our efforts on our four quality priorities for 2019-20:

- Embedding an inclusive culture reflecting our communities where colleagues feel that diversity is valued and there is equal opportunity to grow and progress
- Establishing and sustaining a strong safety culture supported by a robust approach to clinical governance and quality assurance
- Designing and embedding a BCHC improvement approach to create an organisation capable of continuously improving
- Ensuring that community children's services demonstrate the healthiest and happiest start in life for the children of Birmingham.

We launched our "Best Care: Healthy Communities" vision, our new organisational values - Caring, Open, Respectful, Responsible, Inclusive - and four strategic objectives, including our commitment to provide Safe, High Quality care.

This report is available on the Birmingham Community Healthcare NHS Foundation Trust website: [www.bhamcommunity.nhs.uk](http://www.bhamcommunity.nhs.uk).

An 'easy read' version of this Quality Report has been made available via the Trust's website. It is our intention, for this document to be as informative as possible.

We are welcoming 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 to the best of my knowledge and belief, the information contained in the Quality Report is accurate and represents our performance in 2018-19 and our commitment to quality improvements.

Finally, I would like to thank all of our colleagues for their commitment and dedication to providing safe, high quality care for our patients and service users and I look forward to 2019-20 as the year in which we will begin to bring our new vision and values to life.

  
**Richard Kirby**  
Chief Executive  
Birmingham  
Community  
Healthcare NHS  
Foundation Trust





# ABOUT OUR SERVICES



Birmingham Community Healthcare provides community-based healthcare services to the 1.1 million residents of Birmingham and specialist services to the 5.5 million population of the wider West Midlands region.

At the end of 2018-19 BCHC employed 4706 staff (4043 Full Time Equivalents) and operate from more than 300 sites in every community, caring for people throughout their lives - from the new-born and their families to the frail elderly and their carers.

With well over 100 different clinical services, our delivery portfolio is diverse - from healthy lifestyle support to the most complex care for those with highly specialist needs.

We strive every day to realise the BCHC vision of delivering the best care in order to develop and sustain the healthiest communities, collectively driven by our shared values of being caring, open, responsible, respectful and inclusive in everything that we do.

## Our Values



*...treating people with kindness, respect and compassion...*



*... it's about having integrity, with staff allowed the space to be honest with each other and the people who use our services.*



*... respect for autonomy, dignity, feelings, choices and preferences forms the basis for any successful clinical and working relationship...*



*... thinking about how our actions affect others, being dependable and honouring our commitments...*



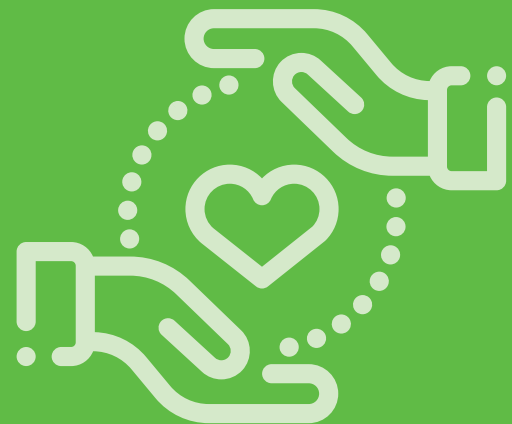
*... it's about a sense of belonging – feeling valued for who we are...listening to one another and trying hard to understand the other person's point of view.*





# Our Objectives

Safe, High  
Quality Care



A Great Place  
to Work



Making Good Use  
of Resources



Integrated Care  
in Communities



WE SUCCESSFULLY APPLIED TO INCREASE THE NUMBER OF TRAINEE DOCTORS AND WE HAVE BEEN GRANTED 3 ADDITIONAL TRAINING POSTS BY THE DEANERY. THIS ACKNOWLEDGES THE TO CALIBRE AND QUALITY OF THE TRAINING WE OFFER. WE HAVE ALSO MADE A DECISION TO EMPLOY MORE ADVANCED NURSE PRACTITIONERS/ ADVANCED CLINICAL PRACTITIONERS TO SUPPORT THE INTERMEDIATE CARE UNITS AND WEST HEATH HOSPITAL. //

# 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 quality 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	Board members receive a range of qualitative and quantitative quality information in order to enable them to triangulate the messages contained in board papers with observations and interactions with patients, staff and stakeholders. Patients are also invited to share their stories directly to the Board.
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 DIRECTOR OF NURSING AND THERAPIES

**I am very pleased to write my first statement as Director of Nursing and Therapies for Birmingham Community Healthcare NHS Foundation Trust.**

I am committed to ensuring we provide the very best quality of care for all our patients and communities that we serve and that we work collaboratively with their carers. This requires on-going, focused commitment from us as an organisation on all the components of quality. I believe our services must provide a positive experience, be safe, caring, and responsive, effective, well led and that through a quality focus efficiency and sustainability can be achieved

During 2018-2019 we engaged on a major journey through 'Listening Into Action' and through this developed our 'Fit for 2022' strategy as our Chief Executive has set out in his introduction. This work has shaped our Best Care, Healthy Communities vision and strategy. This together with our five 'CORRI' values supports a culture that will reinforce the quality of care.

I am proud to have been appointed as Director of Nursing and Therapies and given the opportunity to lead a team of committed and caring staff who have helped to achieve so much in the last year. These accounts capture many examples of quality improvements during the year. Partnerships are crucial to all areas of our work and through the year we have continued to develop partnership working with patients, staff, BCHC volunteers, third sector, Birmingham City Council, Birmingham and the Black Country STP and Primary Care. It is essential that our journey along the quality continuum continues and that we deliver improvements across organisational boundaries. This work will continue to develop and gain momentum through 2019-2020.

Ensuring we are delivering and have systems to monitor safe, caring, effective, responsive, well led care is essential, and that is why our Quality Account is so important. The CQC's comprehensive inspection took place between May and June 2018 with the report being published in October 2018. Whilst we were very pleased to have been rated 'good' in relation to Caring, Responsive and Effective we were very much saddened to have moved to 'requires improvement' overall and 'requires improvement' in the Safe and Well Led domains. We took immediate action to address the identified

areas and are acting with urgency to put in place systems and assurances to prevent any reoccurrence. In line with our values of being open, inclusive and responsible we will continue to review and learn through our improvement journey. Our clinicians and service managers are leading the work to ensure that all services speedily achieve the quality of service our patients and service users rightly expect

Patient/Service User safety remains of paramount importance to the Trust. Throughout the year, the Board has heard directly from patients and received reports on a variety of patient safety metrics, several of which are included in this report. We also learn from experience when things go wrong and we have strong governance, patient safety, incident reporting and patient experience systems that highlight areas for learning and improvement. In addition our values reinforce openness and when things go wrong (the Duty of Candour). We also have an even more systematic and detailed method for logging information on incidents and investigating whistleblowing concerns (Freedom to Speak Up). Clinical audit and research has allowed us to measure our care against best practice leading to improvements in our services. Involvement in research has helped us to develop future treatment and improve our management of patients and their conditions.

We also recognise that each of our services and quality is driven by a dedicated and skilled workforce. Work will continue to be developed through 2019-2020 in relation to training, recruitment and retention of staff. This will include participation in both local and national programmes of work.

This Quality report highlights the many achievements and successes of the past year and sets out clearly the areas we need to improve upon. The quality plans for 2019-2020 reflect our commitment to making improvements and the delivery of high quality care.





# STATEMENT FROM GOVERNORS

**The Trust’s determination to learn from things that have not gone well is impressive, along with its affirmation of new ideas for improving services and efforts to spread the learning across different sections and disciplines. It is, however, a big ask in such a large and diverse organisation, and there is always yet more room for improvement.**

As the Chair of the Patient Experience Group and a Lay Member of the Clinical Safety Committee I have access to data and reports from across the Trust, and I appreciate the fact that attempts to act as a critical friend are welcomed. It is only by ongoing challenge that levels of quality care can be maintained.

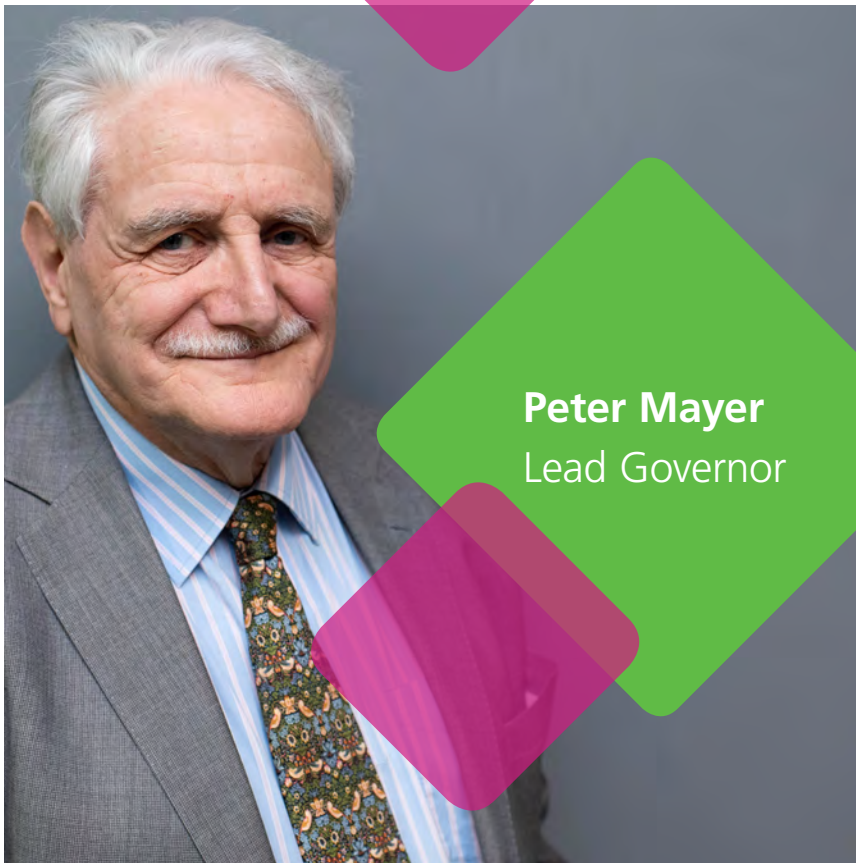


**Frances Young**  
Chair of Patient Experience Group

**It has been a very challenging year for the Trust, and the governors can only congratulate the staff for maintaining our excellent services within resources despite the issues highlighted in the CQC report.**

I congratulate Richard our new CEO and executive team on delivering a new strategy despite the continuing economic and service challenges. The Trust is also on track in meeting the operational changes needed.

The governors have been very active in appointing a new chair and non-executive directors, and have also faced re election with a new council in place since April 1st. There are still some “old hands” so our organisational memory will still be there to support us in meeting our statutory duty to hold the NEDs, and so the board, to account, while representing members’ views and ensuring that our services are addressing our patient and population needs.



**Peter Mayer**  
Lead Governor

Lastly I express my profound gratitude to Tom Storrow, our outgoing chair, for his continued support and friendship as Chair of the Council of Governors, and in ensuring that we have been an effective voice in the Trust.



**THE TRUST’S DETERMINATION TO LEARN FROM THINGS THAT HAVE NOT GONE WELL IS IMPRESSIVE, ALONG WITH ITS AFFIRMATION OF NEW IDEAS FOR IMPROVING SERVICES AND EFFORTS TO SPREAD THE LEARNING ACROSS DIFFERENT SECTIONS AND DISCIPLINES.**



# HIGHLIGHTS OF THE YEAR

**APRIL**

New Council of Governors following re-election

**MAY**

CQC inspection page 33

**Q**Care Quality Commission

'Big Conversations'



**JUNE**

PLACE assessment completed page 85

**JULY**

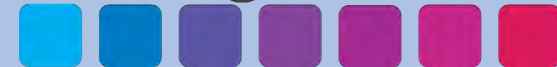
Launch of new strategy and values



**SEPTEMBER**

Launch of Listening into Action page 99

Listening into Action



**MARCH**

'Pass It On' event page 99

**OCTOBER**

WMQRS Pulmonary Rehabilitation Services Peer Review page 75



**NOVEMBER**

Perry Trees celebrates a decade of care page 95



# LOOKING FORWARD... 2019-20

## OUR PRIORITIES FOR QUALITY IMPROVEMENT

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, 2019-20, 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

During 2018, BCHC engaged and listened to stakeholders and colleagues to support the development of its new strategy, vision and values, which has provided meaningful and valuable feedback to make sure that our priorities address their thoughts, concerns and aspirations for community health care.

Those who we worked collaboratively with and/or actively engaged included:

- Council of Governors
- Commissioners
- Population, residents

- Service Users
- BCHC Staff
- Local Members of Parliament/Local Councillors
- Health & Wellbeing Board
- NHS Improvement
- Birmingham Voluntary Sector Council
- Primary Care
- Birmingham Universities
- Safeguarding Boards

The 'Fit for 2022 Improvement Programme' is the response BCHC has taken to ensure it can bring its vision Best Care Healthy Communities to life over the next 3-4 years. The Improvement Programme includes actions to progress strategic objectives and responds to external reviews and recommendations such as the Equality Diversity and Human Rights Independent Review (September 2018), the Well-Led Independent Review (August 2018), the CQC Inspection Report (October 2018) and the Board Freedom to Speak Up Self-Review (October 2018).

The quality priorities for 2019-20 has been taken from the Fit for 2022 Improvement Programme and link to our new BCHC strategic objectives.

They are:

Quality priority	Goal	Monitoring and reporting responsibilities
Quality Priority 1	Embedding an inclusive culture reflecting our communities where colleagues feel that diversity is valued and there is equal opportunity to grow and progress	Director of Workforce and Organisational Development  Director of Strategy and Transformation
Quality Priority 2	Establishing and sustaining a strong safety culture supported by a robust approach to clinical governance and quality assurance	Director of Nursing and Therapies  Medical Director
Quality priority 3	Designing and embedding a BCHC improvement approach building on Listening into Action engagement methodology, patient safety ambassadors and service transformation, to create an organisation capable of continuously improving	Director of Workforce and Organisational Development  Director of Strategy and Transformation
Quality Priority 4	Ensuring that Community children's services demonstrate the healthiest and happiest start in life for the children of Birmingham.	Director of Workforce and Organisational Development  Director of Strategy and Transformation

The Board approved our quality priorities for the coming year and progress of all will be monitored and reported to Trust Board through the Trust Quality Safety and Risk Committee.





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*i*

**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.

## LOOKING BACK... 2018-19



Review of our quality priorities for 2018-19

These priorities were identified and developed in consultation 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 healthcare.

Page 18 to 32 provides an update of the Trust’s quality priority performance.

Whilst we recognise we have not met all the goals that we had set out to achieve this year, we are committed to delivering the best care to our patients and so will continue to monitor and report the progress made in each of the areas through the appropriate groups and committees.

### Quality priority 1 - Protecting staff from violence, harassment and bullying

Goals	Progress
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	

### Achievements

#### Agree training needs analysis for staff requiring training

Birmingham Community Healthcare NHS Foundation Trust believes that violence, harassment and bullying towards staff is unacceptable.

The Trust will take all reasonable steps to protect and support its staff. Management of Actual or Potential Aggression (MAPA®) training is an important step to improve the management of incidents involving violence, harassment and bullying.

With a focus on prevention, the MAPA® programme teaches management and intervention techniques to help staff cope with escalating behaviour in a professional and safe manner.



MAPA® training is available as follows:-

- MAPA® Foundation 1 day programme
- MAPA® Foundation 2 day programme
- MAPA® Advanced 3 day programme
- MAPA® Foundation: Certified Instructor Programme 5 day programme

The Trust requires all staff to recognise that their own safety must be a priority and that they should withdraw from any situation in which they do not feel safe. However, in certain circumstances it may be appropriate for the member of staff to deal with the situation by using skills and techniques acquired through MAPA® training.

A training needs analysis has been completed to identify the type of MAPA® training programme for inpatient services and the number of staff to be trained.

The Learning and Development Team have met with the training provider to discuss training requirements. The training provider has provided details on MAPA® training which have been discussed with inpatient services to identify the appropriate level of training and training dates have been agreed.

The first cohort of staff working in inpatient services have attended the planned MAPA® training sessions.

Following the delivery of the training to the workforce, BCHC plan to evaluate the effectiveness of the MAPA® training in line with the number of violence, harassment and bullying reported incidents.

Positive feedback on the MAPA® training has been received from staff members who have attended the training. There are plans to formally evaluate the training when sufficient number of staff have attended the training. This will be monitored and reported at the Health and Safety Committee.



## Quality priority 2 - Patient safety programme

Goals	Progress
To 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.	👍

### Achievements

#### Improving harm free care and reducing avoidable harm

This year we have launched a Falls Quality Improvement Team of Patient Safety Ambassadors working with clinicians to support improvement projects in falls prevention. Initiatives include:

- a training video on the use of call bells,
- improved lighting,
- the use of night sensor lights,
- different types of chairs,
- walking and mobility aids,
- reducing clutter,
- better signage,
- making the environment safer with contrast between flooring,
- walls and doorways and patient footwear advice leaflets.

The impact on inpatient falls has been extremely positive with a reduction of 78% in falls resulting in fracture/serious harm.

To support this, a new Falls Risk assessment document, falls training and a much improved Falls Policy is in place and we want to continue this improvement next year for individuals in our hospitals, intermediate care units and in their own homes.

290 district nursing staff have had hydration awareness and resources have been developed for patients, families, carers and staff. Patient leaflets, a reminder sticker for patient notes of the importance of keeping patients hydrated, a tool for clinical staff to use to estimate fluid intake and identifiers of dehydration, a learner workbook with scenarios has also been developed and is used to raise hydration awareness.





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## Measuring and monitoring of safety at all levels and responding, learning and sharing improvement

Inpatients, intermediate care units and Learning Disabilities have implemented safety huddles. Nurses AHPS, care support workers, housekeepers, pharmacists, and doctors have used the framework "How Safe is Our Care" to measure and monitor safety on a day to day basis, keeping abreast of safety issues as well as celebrating what they are doing well.

## Safety Ambassador Campaign

78 staff are Patient Safety Ambassadors and have undertaken Quality Improvement projects to address their "pebbles in their shoes". As well as celebrating within the Trust, Patient Safety Ambassadors have presented their improvement work to the HSJ and the Nursing Times, a fantastic achievement.

Ambassadors showcase their QI work in the divisions, shared in a campaign DVD, on the intranet, in the Trust newsletter 'Archway' and also the West Midlands Patient Safety Collaborative newsletter.

## Learning from Excellence (LfE) and Appreciative Inquiry (AI) techniques

Learning from Excellence (LfE) is a concept that BCHC has embraced looking at "where did it go right" instead of where did it go wrong to improve patient safety and the quality of care. We have set up a simple process using a form on the Intranet for staff to complete nominations.

There have been 373 nominations during 2018/19 and the feedback has been very positive. Staff feel recognised for the great work they do and recognising that improvement is a continuous journey of learning. A steering group is established to build on the framework as part of the QI programme.

“THE PATIENT SAFETY AMBASSADORS PROGRAMME PROVIDED US WITH AN OPPORTUNITY TO RAISE A CLINICAL ISSUE THAT WE HAD WITH THE QUALITY OF OUR PATIENT MOVING AND HANDLING DOCUMENTATION. THE COURSE ENABLED US TO FOCUS OUR TIME ON MEASURING THE SCALE OF THE PROBLEM. NOW WE ARE WORKING WITH THE TRUST MANUAL HANDLING ADVISOR AND MANUAL HANDLING TRAINING TEAM TO FIND SOLUTIONS.”

## Emotional labour and the importance of compassionate leadership

The impact of emotional labour on care has been raised with the divisions as part of the Patient Safety programme. Working with the divisions the Trust Board has agreed to implement Schwartz Rounds, a multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the non-clinical aspects of caring for patients - that is, the emotional and social challenges associated with their jobs. Staff have a better understanding of Human Factors and the clear links between staff health and wellbeing and the levels and quality of both patient care and patient satisfaction.








## Trigger Tool case note review

The Trust has embraced the national "Learning from Deaths programme" started in 2017. The Policy is available to the public on the internet and a quarterly report is presented to the Board. This year Structured Judgement Reviews conducted by one of the doctors has developed the process further. Trigger Tool case note reviews completed to review acute transfers and a selection of discharges and the Learning from Deaths programme has seen the development of more improvement work streams, including; End of Life, Sepsis, Hospital Acquired Pneumonia, Diabetes Care, and Hydration. The Trust has successfully implemented the National Early Warning Score process (NEWS2) that provides a common language for staff and patients across the healthcare system to detect and grade the severity of acute illness, including Sepsis. Through Safety Express and the Mortality and Deteriorating Patients work, inpatients, community, children's, adults and Learning Disabilities has worked together on QI projects. The Patient Safety Programme will continue to be monitored through the Safety Express Group and reported at the Clinical Safety Committee.





Quality priority 3 - Improving documentation

Goals	Progress
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 services	
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	

Achievements

Children and families Services

- A revised care plan template is in use that meets all record keeping standards. Audit tool revised and audit completed in March 2019.
- The electronic patient record summary continues to be rolled out across the Children and Families division with full electronic patient record anticipated to be in place by the end of December 2019
- The record keeping audit action plans for 2017/18 and the 2018/19 record keeping audit has closed. Action plans in are in development. There has been evidence of some areas of improvement seen since the last audit.

- New documentation on trial within Sheldon Unit-End of Life Care
- As part of LiA a new Multidisciplinary team admission document is currently being trialled within Intermediate Care
- New in depth Essential Care Indicator tool developed by Lead Matron
- The division have refreshed the education plan to incorporate additional training on the use of Advance Care Planning and completion of ReSPECT forms
- The documentation will now also include a new syringe driver information leaflet for patients and their families/carers

Learning Disability services

Further to an audit tool developed by University of Wolverhampton and Health Education England, it was decided to pilot the tool within the bedded area services of the Learning Disability Division. The tool looked at standards of primarily nursing care plans and risk assessments.





Following an introduction of the tool the previous year it was rolled out to further services areas, with an introduction to the tool for the unit managers. Due to service and personnel changes over the year, the progress has been slower than desired initially. However all services have now completed the audit tool within their area and gained a baseline against the standards.

End of year ECI results have indicated consistent compliance in the completion, and review of nursing care plans and risk assessments, for those records audited over the three month period, which is a positive increase in compliance noted from quarter one of the same year – showing less variance in the completion and review of all healthcare, communication care plans and risk assessment.

Further work is now planned for developments in the evaluation of care plans, and risk assessments, and greater co-design and accessible information; as a consequence of the findings; however partially met has been identified as outcome - as we continue to embed these changes before we are able to comfortably assess the service as having fully met the objective.



Quality priority 4 - Measuring patient outcomes

Goals	Progress
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	

Achievements

The Clinical Outcomes Framework was ratified in April 2018, circulated to the divisions through the Clinical Outcomes Group. The framework has since been used to support those services developing measures such as Cardiac Rehabilitation, and others modifying or changing their measures such as Paediatric Therapies. The latter responded to a national initiative to introduce a consistent Therapy Outcome Measure (TOM), and have begun using the assessment for paediatric patients using Physiotherapy, Occupational, and Speech and Language therapies. The framework has also been shared with a number of other organisations who are keen to introduce the use of outcomes as part of their clinical effectiveness programme.

The Informatics team have not been able to prioritise this work, but currently have 5 teams where data is produced and presented on 1Vision.

The 2018/19 PLICS objective was delayed by Finance and Performance Information Committee on the recommendation of the PLICS/Service Line Reporting Technical Working Group, due to urgent priorities elsewhere in the organisation (e.g. CQC, waiting lists).

The Clinical Effectiveness Committee and Clinical Safety Committee receive an update on clinical outcomes on a monthly basis and progress towards electronic collection

Divisions report on clinical outcomes as part of their quarterly Quality Governance report to the Clinical Effectiveness Committee and Clinical Safety Committee including details of outcomes in development and being reported.

The community diabetes service presented data on improvements in a disease marker as part of their work with primary care to extend the use of virtual clinics to improve access and treatment to patients.

The Specialist Rehabilitation team continue to report on a series of outcomes for their services to their commissioners as part of their contract, such as PARM (Post Acute Rehabilitation Measure) which looks at 5 elements of recovery (self-care, speech, emotion, cognition, movement and access).

Division	Clinical Outcome	Progress
Learning Disabilities:	Health of the Nation Outcome Score	On-going reporting
Adult Specialist Rehabilitation	Dietetic Gastroenterology	On-going reporting
Adult Community Services	Continence	First tranche reported
Adult Community Services	Lymphoedema	Format developed
Children and Families	Paediatric Physiotherapy	Format developed

A number of lessons have been learnt this year which will improve the configuration of forms on RiO and data recording practices. Now that the process is established it will make it easier for Informatics to extract data when other services begin using RiO to record their outcomes. The RiO configuration team have been developing the recording templates for Specialist Rehabilitation services, who will then go live when all the formats are ready.

- The Musculoskeletal Physiotherapy services are now able to extract their data automatically from the electronic RiO system.
- Paediatric Occupational Therapy presented two posters on clinical outcomes at their national conference in Belfast in June 2018 regarding support for nursery aged children requiring extra support on basic life skills.



MOVING FORWARD






- PLICS delivery now forms part of the new Data and Information Strategy recently approved by Trust Board and is due for implementation in 2020/21. Included in that will be ensuring that clinical outcomes are reported and presented in a clear accessible framework.
- A set of Patient Reported Outcomes Experience Measure questions have been developed by the Birmingham, Solihull and the Black Country Oral Surgery Managed Clinical Network as part of a CQUIN.

Although clinical outcomes is no longer a quality priority for 2019-20, the Clinical Effectiveness Committee will continue to receive monthly updates on the outcomes measured and those still in development.

The Trust will be working with a public health consultant to align outcomes to commissioner and public requirements




Quality priority 5 - Enhancing patient experience

Goals	Progress
Engaging patients in service design	
Embedding learning from clinical complaints <ul style="list-style-type: none"><li>Develop terms of reference, work plan and standing agenda items re outcomes and learning from complaints for Lessons Learned group</li></ul>	
Develop methodology for listening to feedback from bereaved relatives re: a) care of the dying person b) support for bereaved relative	
Develop and evaluate resource pack for staff to provide to bereaved relatives	
Develop and evaluate methodology and approach to increasing the level of feedback received from patients and carers for end of life services	

Achievements

- Co-design approaches were used for development of service plans and service information. These were reported in Patient Experience reports.
- Terms of Reference were developed, and meetings held at the start of the year. The lessons learned group was then discontinued during the year by the Director of Nursing & Therapies (with divisional activity continuing) and Patient Experience and Risk Management departments commenced a review how this could be better achieved.
- National audit tool utilised to obtain feedback from bereaved relatives.
- Resource pack developed, currently with the design/ print team
- Methodology developed and implemented.








**MOVING FORWARD**

There are plans for an improvement workshop in 2019/20. The Patient experience agenda will continue to be monitored and reported at the Clinical Safety Committee.





Quality priority 6 - Using information technology to improve patient care

Goals	Progress
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 or paper-light	
Mobile Working: Total Mobile to be deployed to all identified Health Visiting and Integrated Multidisciplinary teams during 2018-19.	
HSCN to have replaced the existing N3 COIN (wide area network) during 2018-19.	
Patient and Public Wi-Fi to be available in all identified BCHC sites.	

Achievements

Ensure all staff are trained and competency assessed prior to RiO access being granted

All staff with RiO access are granted it on the basis they have had full training in the product and also any prerequisites (e.g. basic IT skills training). Staff are then assessed to ensure they have reached the level of competency required to enable access to the live system to be granted. This rigour ensures correct system usage, improved data quality and contributes to on-going patient safety.

The Digital Skills Training Team are focusing on marketing NHS Digital’s IT Skills pathway and also on the delivery of short courses on digital skills for trust staff to facilitate enhancement of general IT skills.

Electronic patient record: Uptake of RiO usage in areas previously paper-based or paper-light

A number of areas have moved either to a paper-light or a paperless status during the period. In parallel, detailed planning has taken place regarding the migration of all remaining Services to full electronic paper record (EPR) status, with associated costs for training and third party software solutions identified (e.g. electronic prescribing).

A “bronze / silver / gold” approach to the delivery of EPR across the Trust has been adopted, where all remaining areas are initially brought up to a bronze level before further electronic solutions are deployed raising them to silver and ultimately to gold. The benefits of this approach are realised once every Service is able to access clinical information in an electronic rather than a paper format, making the availability of that clinical information universal across the Trust for all clinical staff authorised to view it.

Total Mobile to be deployed to all identified Health Visiting and Integrated Multidisciplinary teams during 2018-19.

Progress on this deliverable has been frustratingly slow, due to the Total Mobile supplier re-developing the interface between its product and the RiO electronic patient record (EPR) solution. This progress was further compounded by the very specific requirements of the Trust’s Health Visiting teams, however this bespoke development is now complete and the new integration with RiO is also complete therefore we are now moving forward at pace.

Refresher training has taken place and pilots have now commenced with a view to beginning the full deployment to Integrated Multidisciplinary Teams (IMTs) in May followed by Health Visiting (HV) shortly afterwards. In preparation for the HV deployments where a blended approach has been taken regarding the devices Total Mobile will be run on, approximately 260 new smartphones have been deployed. In total we plan to deploy Total Mobile to approximately 800 Trust clinicians as part of the first phase (IMTs and HVs), utilising a mixture of laptops, tablets and smartphones.

HSCN to have replaced the existing wide area network during 2018-19

Excellent progress was initially made on the replacement of the Trust’s existing “N3 COIN” wide area network with the new Health and Social Care Network (HSCN) however two key issues were subsequently raised by BT and NHS Digital that have required additional work by all parties and this has impeded subsequent progress somewhat.

As part of this replacement programme, all Trust-based infrastructure works are complete, including new network communications equipment (cabinets, cabling and wireless access points) being deployed at all 71 identified sites, enabling faster and more reliable network communications and more Wi-Fi at those locations.

The aforementioned issues raised by BT and NHS Digital have impacted on the delivery timescales with sites starting to receive their new HSCN network connections from June onwards, with the very last sites being completed by BT at the end of quarter 3.


Patient and Public Wi-Fi to be available in all identified BCHC sites

Unfortunately the deployment of Patient and Public Wi-Fi (via the NHS Wi-Fi programme) has suffered significant delay following the introduction of the General Data Protection Regulations (GDPR), as the third party supplier identified as part of the original procurement exercise was unable to meet the stringent GDPR requirements overseen by the Trust’s Information Governance Team. Despite numerous meetings and very detailed, legally-based discussions, a mutually agreeable position could not be reached and so the Trust has had to run another procurement exercise for the Wi-Fi service based on a mini competition.

All of the wireless networking equipment required to run the Patient & Public Wi-Fi has been deployed and we simply await the implementation of the alternate Wi-Fi supplier’s solution.

**MOVING FORWARD**







The on going work to implement information technology will continue to be reported and monitored to the Information Board which is a sub committee to the Digital Transformation Executive.







Quality priority 7 - Improving staff engagement

Goals	Progress
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	

Achievements

From May 2018, BCHC embarked on a different method to engage all its colleagues. Over 400 colleagues joined a series of ‘big conversations’ staff engagement events which included a dedicated BME conversation; to share experiences on their working life and contribute to the refresh of our vision, values and strategy which were then launched in December 2018.

As a result of the big conversations and staff survey results; BCHC invested in Listening into Action (LiA) in Summer 2018. LiA is about colleague engagement and making improvements. Recognising that as well as listening to our patients, it is also important that we listen to our colleagues and involve them when we try to identify where improvements could and should be made. It’s empowering teams to make improvements in their areas of work and ensuring mangers and senior leaders unblock the way and allow colleagues to make these changes.

To date 11 clinical teams have undertaken a process to make changes and improvements within their own services, likewise over 200 colleagues joined 3 large crowd fixing events to shape, prioritise and contribute to the delivery of services which were celebrated in March 2019

New communications initiatives have enabled colleagues to have a voice and be heard. From activities such as the big conversations, CEO visits, Listening into Action events, monthly team talk and email the Chief Executive.



SOME OF THE  
ACHIEVMENTS CAN BE  
FOUND ON PAGE 53

To increase the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age

	2014	2015	2016	2017	2018
Best org	95.2%	94.8%	92.3%	92.4%	93.8%
BCHC	86.5%	85.5%	83.7%	80.0%	73.7%
Average org	91.2%	90.0%	89.8%	88.5%	89.2%
Worst org	82.1%	82.6%	81.6%	80.0%	73.7%

To reduce the percentage of staff experiencing discrimination at work in the last 12 months

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

	2014	2015	2016	2017	2018
Best org	10.9%	8.8%	8.0%	8.7%	9.3%
BCHC	8.7%	8.8%	6.5%	8.3%	9.3%
Average org	6.1%	5.4%	5.8%	6.3%	5.7%
Worst org	3.7%	3.6%	3.5%	3.4%	3.6%

More detail on page 89

MOVING FORWARD

- The Trust have agreed 4 organisational staff survey priorities which include focussing on Equality and Inclusion and supporting line managers to engage and support their teams.
  - Year 2 of Listening into Action (LiA) will inclusively enable the whole organisation to drive change and improvements which impact on their service.
  - A Leadership offer available to all BCHC colleagues is due to be launched from May 2019 which incorporates focussed anti-discriminatory practice development.
  - A further inclusion network will be launched in addition to the 4 newly formed networks.
- All feedback from staff (including the staff survey) will continue to be reported and monitored through the Workforce and Organisational Development Executive.



# RESPONDING TO OUR CQC INSPECTION

The Children and Families Division have reviewed the feedback from the inspection and the warning notices which followed. Action plans and dedicated leads were promptly put in place to support the improvements identified by the division. The individual plans resulted from the recommendations and are owned by identified senior members of staff. Progress is also reported monthly via highlight reports submitted to a number of high level committees. There is also a dedicated group chaired by the Chief Executive to review the compliance and progress against the action plans.

Some of the key areas which required focus were safeguarding, governance, caseloads and infection prevention and control (for further details you can access the full report via the following link <https://www.cqc.org.uk/provider/RYW>).

To provide an insight of the progress made, please see below a high level summary around some of these areas:

**Safeguarding:** all medical and dental staff are on track to complete appropriate levels 3-5 training across the Trust. There is also increased availability of integrated Level 2 and 3 training.

**Governance:** Governance structures and processes have been reviewed and actions put in place to ensure a comprehensive cycle of governance that provides clear structures for reporting and escalating. Terms of reference have been rewritten or are being reviewed to ensure membership of committees, roles, responsibilities and accountabilities are clearly defined.

**Infection prevention and control:** monthly audits are undertaken and results are reviewed and monitored through the relevant divisional and Trust committees, where progress and improvements have continued to be made. A monthly electronic tool to support the undertaking of the audit is now embedded as part of business as usual within the Division to support continuous monitoring of infection control. A full review of the cleaning and decontamination practices in the division have been undertaken, which resulted in changes to the cleaning policy. The division have improved compliance with IPC requirements by reviewing the facilities and practices, this has been supported by a programme of education for staff.

**Health visitor caseloads:** Health visitor caseloads remain a challenge due to the shortage of available, suitably qualified staff. The Trust continues to recruit staff through the monthly trust recruitment days. Further work is being explored to ensure the division capitalise all staff with a specialist community practitioner qualification

The division continues to review and develop its risk assessment and review mitigation to underpin safe care. This includes strategies such as:

- Mutual aid across teams
- Reviewing the proportion of clinical time available to team leaders
- Ensuring we are maximising the capacity and capability of specialist community practitioners
- Ensuring that all staff are clear on their role in the Birmingham Forward Steps partnership and pathways are being used effectively and efficiently.

## Special Educational Needs or Disabilities inspection

In May 2016, the two inspectorates, Ofsted and the Care Quality Commission (CQC), started a new type of joint inspection. The aim is to hold local areas to account and champion the rights of children and young people. They are called special educational needs or disabilities (SEND) inspections.

Birmingham priorities for children and young people with SEND are shaped by the Children and Families Act 2014 and SEND Code of Practice 2015. The Act sets out the responsibility to improve services, life chances and choices for vulnerable children and to support families. The Act extends the SEND system from birth to 25 years, giving children, young people and their parents/carers greater control and choice in making decisions and ensuring needs are properly met.

Birmingham was inspected by Ofsted/CQC SEND in June 2018 to assess how well the local area has implemented the SEND reforms. The inspection highlighted many areas of weakness and areas for improvement and development. These findings were echoed by the parental/carer survey completed by Birmingham Voluntary Service Council in the

summer of 2018. Birmingham submitted a Written Statement of Action which outlined in detail our plans to address these areas, which included:

- The lack of overarching approach or joined up strategy for improving provision and outcomes for children and young people with SEN and/or disabilities across Birmingham
- The effectiveness of interagency working
- The coordination of assessments of children and young people's needs between agencies
- Co-production and engaging with parents/carers and young people
- Satisfaction of parents/carers/young people
- The accessibility and currency of the local offer
- The quality of Education Health and Care Plans
- Waiting times and access to therapies and neurodevelopmental assessments
- Academic progress when compared to all pupils nationally
- Absence and exclusions
- Employment opportunities

Since the SEND inspection, there has been a major cultural change in all partner organisations' approaches to SEND and we now share a strategic vision, underpinned by delivery plan.

## BCHC has identified key areas for delivery working with partners including:

1. Supporting transition - we are implementing Ready, Steady, Go, Hello transition tool and have delivered training to a multiagency group on transition. We are working on ensuring all those with special needs/disability have a transition plan.
2. Addressing waiting times to access assessments and therapies and we are working with clinical commissioners to find solutions, new models of service delivery and have submitted cases for change for additional investment.
3. SEND training – BCHC have been involved in delivering SEND specific training to staff and in developing multiagency SEND training packages
4. BCHC have updated our website pages with links to the local offer with better signposting for families

5. Audit of response rate and assessment to improve the response rate
6. Reporting on quality of service offer and Education Health Care Planning processes and plans

## LOCAL SYSTEM REVIEW UPDATE

In January 2018, the Care Quality Commission (CQC) carried out a Local System Review in Birmingham at the request of the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government.

The review found there was a system-wide commitment to serving the people of Birmingham but that services had not always worked effectively together. It highlighted a number of areas where improvements are needed to ensure those responsible for providing health and social care services work better together. In addition it also highlighted that the use of community and primary care services was not being maximised through the system, but doing so could prevent people having to spend time in hospitals.

In response to their recommendations from this review a system wide Action Plan involving all partners was created and submitted to the Secretary of State for Health and Social Care; progress against which was initially monitored by the Department of Health and Social Care. CQC wrote to system leaders in October 2018 advising that they had been asked to monitor the improvement made since the review. Their monitoring consisted of reviewing performance data, reviewing progress against the Action Plan, and telephone interviews with key system leaders. Their draft report concludes that there is confidence that the Birmingham system will deliver its Action Plan in full with the commitment of local leaders.

Much of the work being undertaken to improve the care and experience of people in Birmingham forms part of the remit of the Birmingham Older Peoples Partnership Board, which is leading the system wide change involving the full range of health and social care partners within the city. BCHC continues to play a full and active key role within this partnership, leading on many of these changes.



# 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.

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 2018-19 and our commitment to quality improvement.

## REVIEW OF SERVICES

During 2018/19 the Birmingham Community Healthcare NHS Foundation Trust provided and/or subcontracted 108 relevant health services.

Birmingham Community Healthcare NHS Foundation Trust has reviewed all of the data available to them on the quality of care in 108 of these relevant health services. The income generated by the relevant health services reviewed in 2018/19 represents 90.7% of the total income generated from the provision of relevant health services by the Birmingham Community Healthcare NHS Foundation Trust for 2018/19.



**DURING 2018/19  
BCHC PROVIDED  
108 HEALTH  
SERVICES.**

# PARTICIPATION IN CLINICAL AUDIT

**During 2018-19 6 national clinical audits and 1 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 percent national clinical audits and 100 per cent 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 2018-19 are as follows:

- Child Health Clinical Outcome Review Programme Long-term ventilation in children, young people and young adults
- Falls and Fragility Fractures Audit Programme (FFFAP)
- Learning Disability Mortality Review
- National audit of care at the end of life (NACEL)
- National Audit of Intermediate Care (NAIC)
- National Diabetes Audit – Adults National Foot-care Audit
- Sentinel Stroke National Audit programme (SSNAP)

The national clinical audits and national confidential enquiries that Birmingham Community Healthcare NHS Foundation Trust participated in during 2018-19 are as follows:

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- National Diabetes Audit – Adults National Foot-care Audit
- Sentinel Stroke National Audit programme (SSNAP)

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 2018-19, 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	*%
Child Health Clinical Outcome Review Programme Long-term ventilation in children, young people and young adults.	Yes	100%
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	N/A See Appendix 1
Learning Disability Mortality Review	Yes	N/A See Appendix 1
National Audit of Care at the End of Life (NACEL)	Yes	100% (36 cases submitted)
National Audit of Intermediate Care (NAIC)	Yes	See Appendix 1
National Diabetes Audit – Adults National Foot-care Audit	Yes	N/A Rolling data collection No min case ascertainment required for this audit.
Sentinel Stroke National Audit programme (SSNAP)	Yes	Ward 8 and CST Band A ESD Band B

A full list of clinical audits and confidential enquiries can be found in Appendix 1.

The reports of 38 national clinical audits were reviewed by the provider in 2018-19 and Birmingham Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Examples

AUDIT	<b>NATIONAL INTERMEDIATE CARE AUDIT (NAIC)</b>
ACTION TAKEN	<p>The National Audit of Intermediate Care was published in December 2018 and a copy of the bespoke report has been placed on the Trust Intranet site.</p> <p>The report has been shared at Divisional Management Boards for the services involved before being presented at Trust Clinical Effectiveness Committee in February 2019.</p> <p>The report highlights differences in acuity between Geriatric Medicine and Intermediate Care Beds in the Trust, with the Intermediate Care beds showing higher referrals from acute wards, higher average length of stay and higher levels of discharge into acute care potentially associated with differences in patient acuity levels.</p> <p>Areas where BCHC reports significantly different performance from the benchmark may require a further response from services and could indicate areas where additional work needs to be done to improve data collection and reporting processes.</p> <p><b>Key Successes</b></p> <p>Geriatric Medicine services show particularly good improvement on Modified Barthel Index based on 33 service users who returned information to the audit.</p> <p><b>Key Concerns</b></p> <p>Staff sickness</p> <p>Establishment is around average per bed with higher than average nursing staff suggesting higher acuity of patients. This pattern is associated with high staffing costs</p>

AUDIT

**SENTINEL STROKE NATIONAL AUDIT PROGRAMME (SSNAP)**

- Reports reviewed:
- Publication of 2017-18 national report awaited.
  - Internally team specific reports are reviewed upon publication.

**WARD 8 INPATIENT SERVICES**

- Review of fluctuating scores for mood and cognition screening identified these as areas for further work for this cohort of patients.
- We have implemented a Patient Safety Ambassador programme project to look at ways to improve mood assessment.
- Reviewed fluctuating scores for continence assessment which is now the subject of a junior doctors clinical audit.
- Continue to seek opportunities to maximise access to therapies to make best use of resources.

**Key Successes**

The ward have maintained or improved therapy input scores .

On review of regional data for this audit for inpatient services are currently performing highly.

**Key Concerns**

Resource required to maintain case ascertainment and contribute to this audit.

**COMMUNITY STROKE TEAM**

- Continuous review of access to therapies to maximise resources

**Key Successes**

Above average psychology input.

**Key concerns**

Lack of comparable like for like benchmarking data to fully inform analysis of results.

**EARLY SUPPORTED DISCHARGE**

- Review of therapy input to maximise access and use of resources

**Key Successes**

Above national average minutes of therapy treatment for therapies (Physio, O.T., SLT and Psychology).

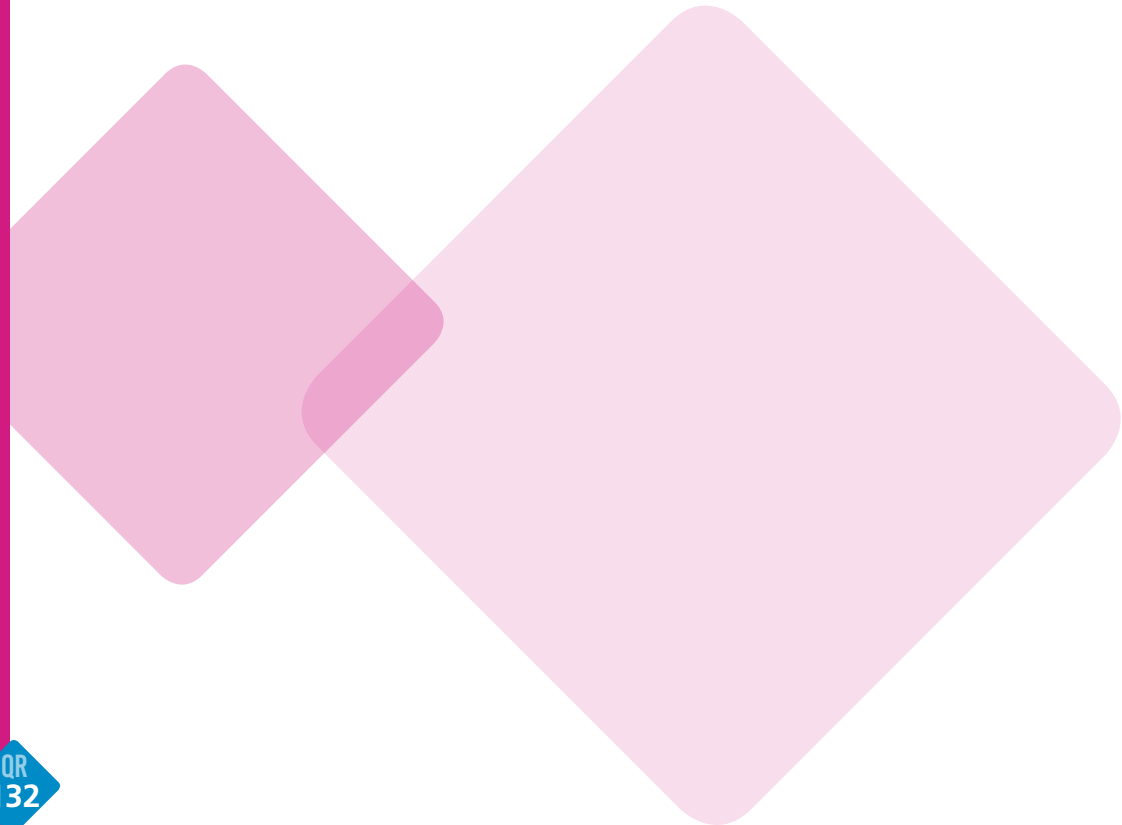
**Key Concerns**

Need to review administrative processes to ensure case ascertainment levels reach Band A.

**Overall Concern**

Influence of referring Trust on audit scores is outside BCHC control.

ACTION TAKEN





AUDIT	UK PARKINSONS AUDIT NATIONAL PARKINSONS DISEASE AUDIT 2017 NATIONAL REPORT
ACTION TAKEN	<ul style="list-style-type: none"> <li>The service has taken part in two data collection rounds for this audit in 2015 and 2017. The findings and key actions taken have been reviewed and shared with the service and Trust Clinical Effectiveness Committee by the audit lead.</li> </ul> <p><b>Actions taken:</b></p> <ul style="list-style-type: none"> <li>The service introduced and has continued routine weighing of all patients on their initial appointment.</li> <li>Staff routinely ask patients about speech and language therapy needs</li> <li>Staff consider the importance of having discussions relating to end of life, it was identified this needs to be undertaken in a way which supports individual personalised care and may not always be appropriate at first appointment.</li> </ul>

AUDIT	NATIONAL AUDIT OF CARE AT END OF LIFE
ACTION TAKEN	<p>BCHC took part in the first data collection round for this audit during 2017-18 which involved the Trusts inpatient services within Adult and Specialist Rehabilitation division.</p> <p>Service level results and the accompanying national report have been reviewed by the Trust. Audit results have been presented to the division at their Quality, Governance and Risk Committee and a further presentation will take place on 29th April for staff at the Sheldon Unit.</p> <p><b>Key Successes</b></p> <p>Positive feedback was noted from carers and families in the NACEL Quality Survey.</p> <p><b>Key outcomes from the case note audit will be used to:</b></p> <ul style="list-style-type: none"> <li>inform the content of a revised palliative care education and training programme for staff</li> <li>inform the requirements for End of Life Care Plan documentation for inpatients</li> </ul>



## LOCAL CLINICAL AUDITS

The reports of 156 local clinical audits were reviewed by the provider in 2018-19 and Birmingham Community Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided:

### Examples:

**Audit Aim:** Review of physiotherapy practice for patients post fall.

Audit undertaken by inpatient physiotherapist reviewing patients who have had a fall at Ann Marie Howes or Perry Tree intermediate care units.

### Overall identified:

Out of the 35 patients who had sustained a fall 74.29% (n=29) had been seen by a physiotherapist after the fall.

Physiotherapy engagement was evident in more than 70% of patients indicating that patients were mobilised, increasing their confidence and safety maintained at all times.

### Key Successes

Out of the 35 patients who had sustained a fall 74.29% (n=29) had been seen by a physiotherapist after the fall.

74 % of patients had their next of kin informed of the fall, demonstrating compliance with duty of candour and engagement of relatives in falls prevention.

There was evidence of gait training, mobility practice and other physiotherapy interventions for 83% 30 out of 35 patients.

### Key Concerns

Input from the physiotherapists mostly included completion of a post-fall multidisciplinary tool, and not the key balance and strengthening interventions.

25.71% (n=9) had not been acknowledged as having had a fall, and therefore no Physiotherapy intervention had been suggested for this group of patients.

For one patient, there was no physiotherapy input or follow up despite patient sustaining two falls in the unit.

For one patient, there was no follow up despite patient sustaining two falls in the unit.

### Key actions following the audit

Feedback to inpatient physiotherapists during in-service training.

Quality improvement methodology (Fish bone cause and effect diagram) to be carried out to establish reasons for non-compliance with guidelines on muscle strengthening and balance exercises.

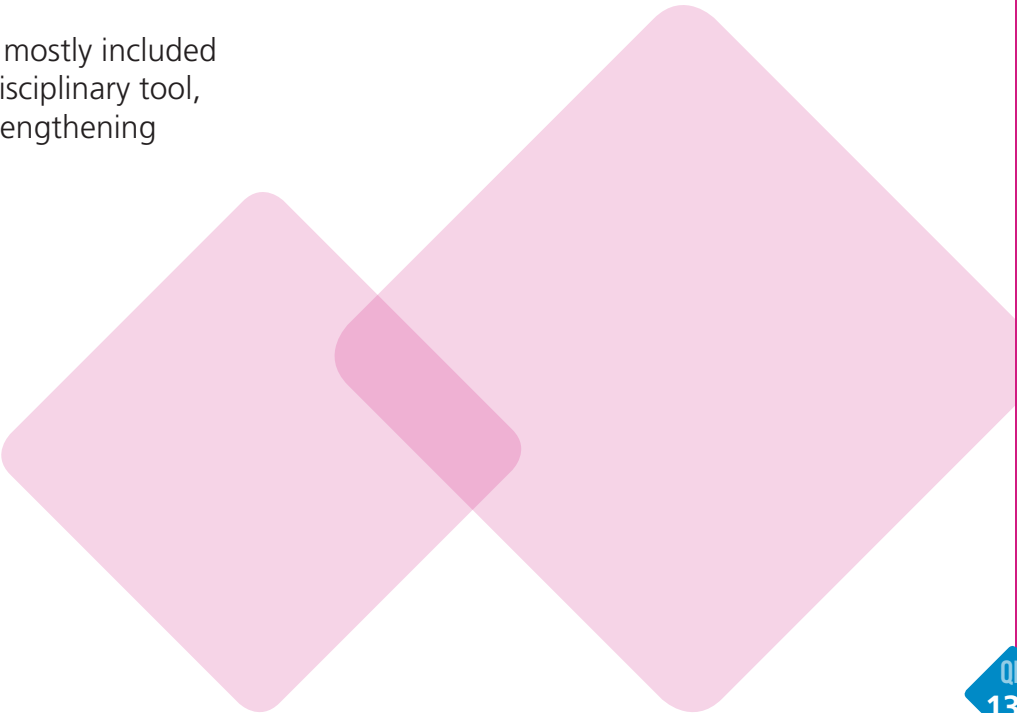
Plan, Do, Study, Act cycle to be used to implement and test impact of changes made.

### Changes to Practice:

New physiotherapy specific paperwork post falls.

### Future Plans:

- Implement changes and test in one unit
- Roll out to other units





**Title: Quality and effectiveness of information sharing practice  
(Health Visiting/Midwifery)**

**Audit Aim:**

The purpose of the Audit was to quality assure communication between Midwifery (MW) and Health Visiting (HV) Services, where a known cause for concern exists. Working in partnership with midwifery services and other children’s services is vital throughout pregnancy and beyond.

Effective communication between Health Visiting and Midwifery services supports safe and effective outcomes for child both in the antenatal and postnatal period. The audit was to include Birmingham Community Healthcare NHS Foundation Trust (BCHC), Birmingham Women’s and Children’s NHS Foundation Trust (BWCH), Heart of England NHS Foundation Trust (HEFT) and Sandwell and West Birmingham Hospitals NHS Trust (SWBH) (City Hospital).

**Overall identified:**

Improved results in comparison to Q1 Audit.

- Number of antenatal contacts made by HV’s has increased significantly for Birmingham Womens Hospital and Heart of England Foundation Trust, albeit there has been a slight decrease for the Sandwell and West Birmingham Hospital cases.
- Liaison between the HV and GP still requires further improvement but has increased across all of the samples. Liaison between the Midwife and GP is good and has often been achieved by them copying the GP into the cause for concern form.
- It is considered best practice for the MW to send the cause for concern form electronically to the HV team. This was evident tin 70% of BWH cases, 100% of HEFT cases. For SWBH there was variance between use of email, paper hard copy and other means of sharing the information.
- Increase in evidence of additional liaison (other than the cause for concern form) between the MW and HV, across all 3 trusts.
- The HV being aware of the cause for concern prior to undertaking the new birth visit has either stayed the same or increased, which is again encouraging.

**Actions taken following the audit:**

- Results were shared at the BCHC Safeguarding Children Sub Committee.
- Results were shared with BCHC Health Visiting Service Leads and Safeguarding Leads at the Midwifery Trusts and also discussed at the Midwifery/Health Visiting Safeguarding Group.
- BCHC and all three maternity Trusts will be reviewing the current guidance to staff in relation to communication where there is a cause for concern. This is planned for April 2019.

**Changes to Practice:**

In terms of changes to practice, the audit has identified that ultimately the most effective way to further improve the communication between the two services, would be through the use of a centralised email address by the Health Visiting service, through which all midwifery communications can be sent. This would make information sharing simpler and timelier.

**Future Plans:**

The audit supports the on-going monitoring and assurance around effectiveness of communication between Health Visitors and midwifery, to support improvements to safeguard and support children and families. The audit continues to be carried out twice yearly as part of the Safeguarding Children audit plan.





**Title: Audit of frequency of use of positioning/standing equipment by classroom staff**

**Audit Aim:**

The aim was to get factual information as to how frequently children are using their equipment as compared to the recommended frequency in their physiotherapy programme. When children use their equipment they experience many benefits including improving motor skills, maintaining bone density and improved participation in class activities.

There appeared to be a discrepancy between the frequency of use of children’s standers and equipment and that recommended by the children’s physiotherapists.

It was hoped the audit would identify barriers to use, enable the staff to understand why and how the equipment should be used and identify how to target training of classroom staff more effectively to increase the usage of equipment.

It was hoped the results of the audit would enable the physiotherapy team to work more effectively with classroom staff for the benefit of the children.

**Overall identified:**

Before the standard was rolled out, classes were asked to estimate how frequently each child stood. Data recording frequency of standing was audited in the first half of the summer term of 2018.

The audit results showed that overall approximately 20% of the expected number of stands took place over the 6 week period.

**Key Successes:**

3 out of the 6 classes had started to show an increase in recorded stands by the end of the audit period.

Classes reported some of the reasons for children not using their standers, which included:

- Staffing shortages in the classrooms
- Time constraints
- Storage of standers
- Standers need to be safe and easy to use for teaching staff

This information will enable more effective interaction with classroom staff to enable the barriers to be overcome.

**Key Concerns:**

20% of expected standing was a very low result. One class didn’t record any standing episodes and one class’s numbers decreased over the recording period.

**Actions taken following the audit:**

Training of primary, secondary and sixth form classes, and new staff. Incentives for classes e.g. certificates for best class.

**Changes to Practice:**

Physiotherapy staff to respond promptly to issues with standers.  
Ensure good and effective communication between teachers and physios

**Future Plans:**

Repeat audit to see if there has been an improvement in the frequency of use of standing equipment and to identify further actions to continue improvement..

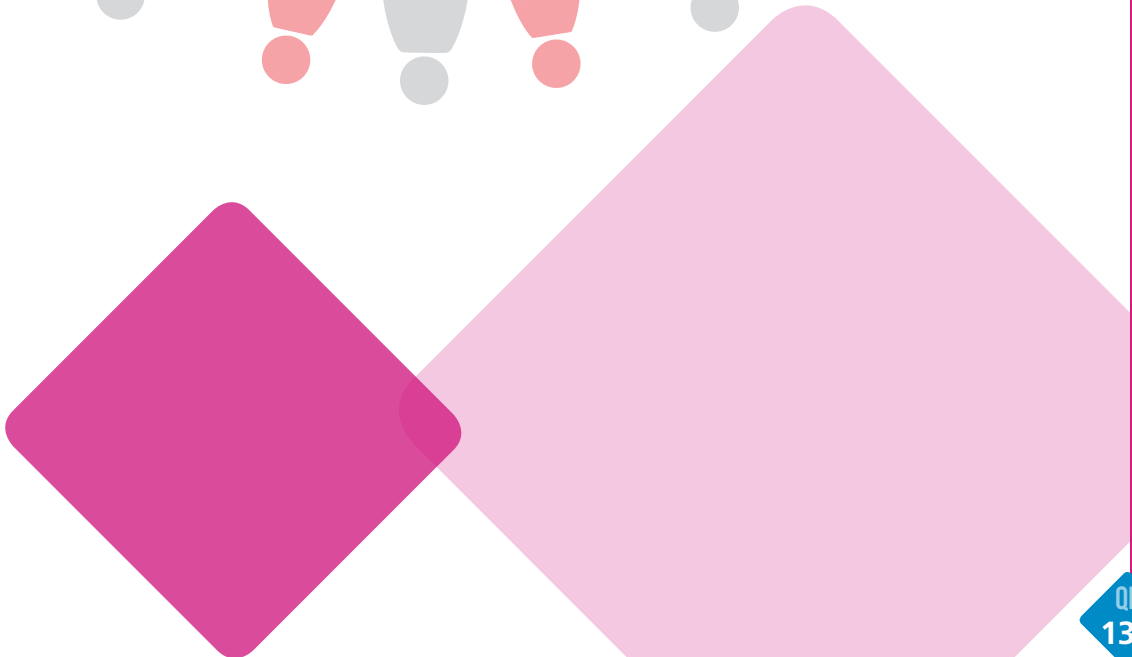
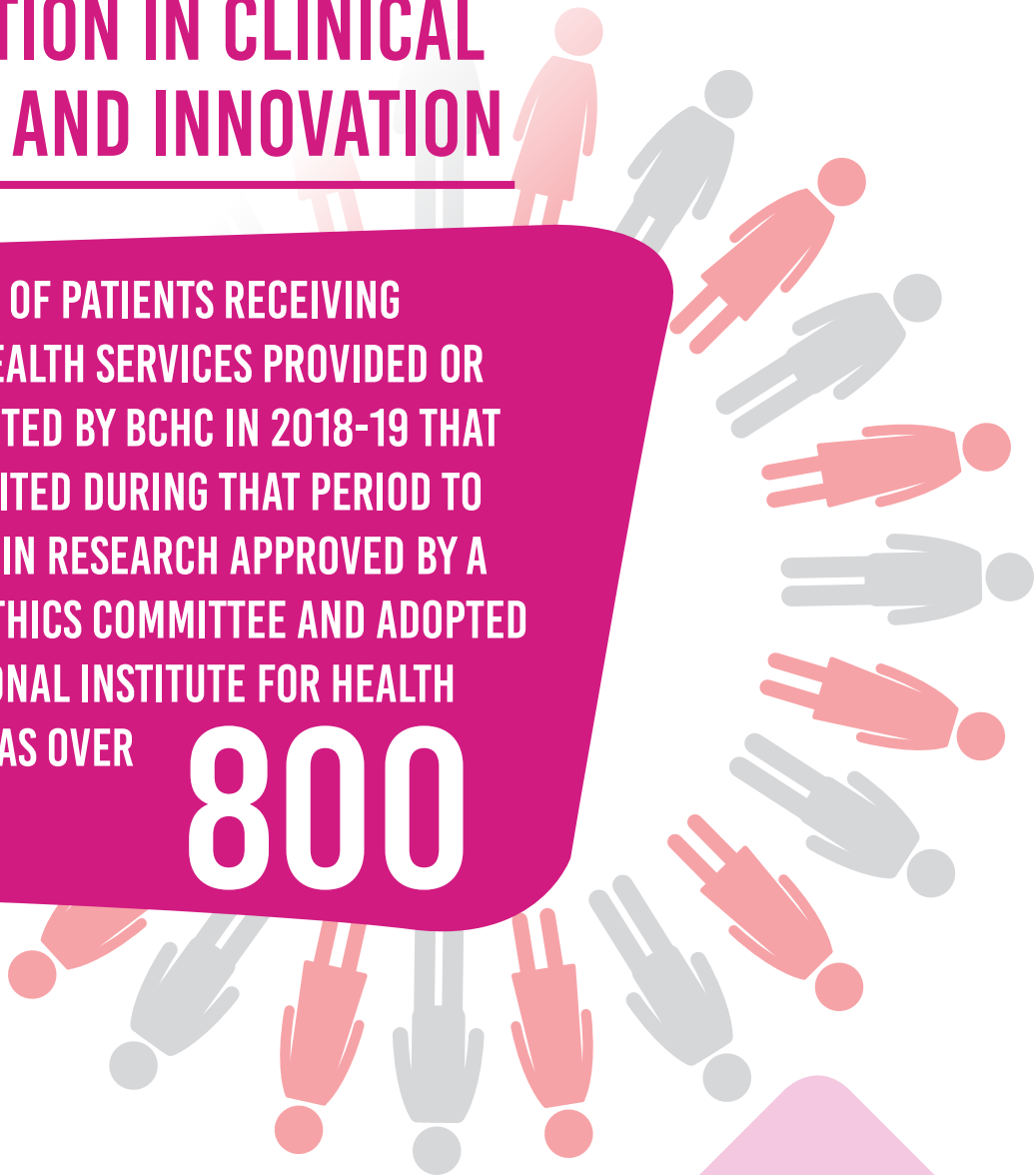
Please note a number of local clinical audits for the 2018-19 reporting period had data collection which spanned quarter 4 (Jan-March 2019) and quarter 1 of the 2019-20 reporting period (Apr - June 2019). The Trust anticipates the reports associated with these audits will be completed during Quarter 1 2019-20 following data verification and analysis.

Examples of further audits completed in 2018-19 are included in the Quality Report and will also be detailed in the Trust’s clinical audit annual report (anticipated completion date July 2019). To request a copy of the report please contact [clinical.audit@bhamcommunity.nhs.uk](mailto:clinical.audit@bhamcommunity.nhs.uk)

**PARTICIPATION IN CLINICAL RESEARCH AND INNOVATION**

THE NUMBER OF PATIENTS RECEIVING RELEVANT HEALTH SERVICES PROVIDED OR SUBCONTRACTED BY BCHC IN 2018-19 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 WAS OVER

800



# COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN): 2018-19












## 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 between 1% and 2.5% of the contractual value. The projects are set to improve quality standards in key areas.**

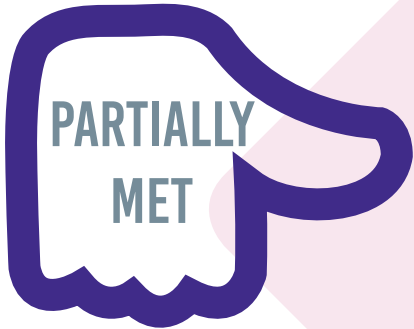
A proportion of Birmingham Community Healthcare NHS Foundation Trust’s income in 2018-19 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body it entered into a contract, agreement, or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018-19 are available from our website.

[www.bhamcommunity.nhs.uk/about-us/publications/cquin](http://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%	£127,774		£127,774
	Healthy food for NHS Staff visitors and patients	0.10%	£127,774		£0
	Improving uptake of flu vaccinations for frontline clinical staff	0.10%	£127,774		£63,887
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	0.02%	£19,166		£14,375
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	0.06%	£76,664		£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	0.08%	£95,830		£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	0.08%	£95,830		£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	0.08%	£95,830		£0
	Improving the assessment of wounds	0.30%	£383,322		£0
	Nutrition and Hydration in the community	0.30%	£383,322		£0
	Personalised care and support planning	0.30%	£383,322		£0
	<b>CCGs sub total</b>	<b>1.5%</b>	<b>£1,916,608</b>		<b>£206,036</b>

Commissioner	CQUIN Scheme	CQUIN Weighting	Value of CQUIN	Projected Year End Performance	Projected Lost Income
NHSE	Alcohol sign-posting	0.50%	£192,288		£0
	Dental Electronic Referral Management Service (DERMs) – maximising use of the system’s functionality.	0.50%	£192,288		£0
<b>NHSE sub total</b>		<b>1.00%</b>	<b>£384,575</b>		<b>£0</b>
NHSE Specialised Services	Demonstrating quality in ACT	0.50%	£204,406		£0
	Neuro-Rehabilitation Reporting	0.50%	£204,406		£0
<b>NHSE Specialised Services sub total</b>		<b>1.00%</b>	<b>£408,811</b>		<b>£0</b>
CCGs and BCC	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	0.04%	£5,746		£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	0.15%	£22,984		£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	0.19%	£28,730		£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	0.19%	£28,730		£0
	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	0.19%	£28,730		£0
	Personalised care and support planning	0.75%	£114,920		£0
<b>CCGs and BCC sub total</b>		<b>1.50%</b>	<b>£229,841</b>		<b>£0</b>
<b>Grand Total</b>			<b>£2,732,975</b>		<b>£206,036</b>





# REGISTRATION AND EXTERNAL REVIEW

Birmingham Community Healthcare NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional.

## CQC INSPECTIONS

The Care Quality Commission has taken enforcement action against Birmingham Community Healthcare NHS Foundation Trust during 2018-19 in the form of 5 warning notices issued during their 2018 inspection. The pressures on our Childrens' services resulted in an 'Inadequate' rating resulting in a 'Requires Improvement' rating for the Trust. Since that time our colleagues within Childrens' Services have worked tirelessly with passion and enthusiasm to respond to the challenges described in our CQC report and their progress has been monitored through our Trust governance processes. We are pleased however that following the 2018 inspection, 83% of our rating is 'Good' or 'Outstanding'."

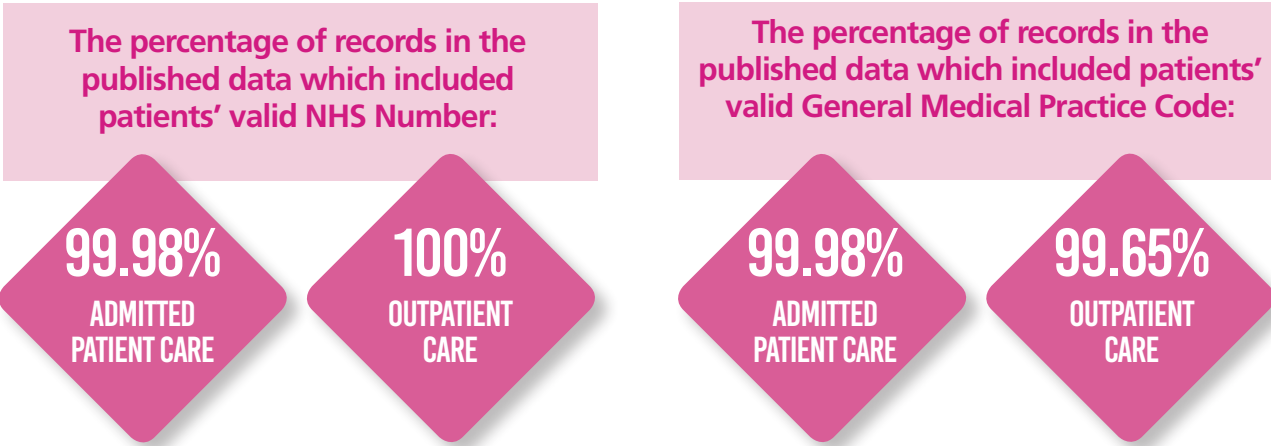
## CQC INSPECTION RATINGS

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community health services for children and young people	Inadequate ↓↑ Sept 2018	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Requires improvement →← Sept 2018	Inadequate ↓↑ Sept 2018	Inadequate ↓↑ Sept 2018
Community health inpatient services	Requires improvement ↓ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Community end of life care	Good Sept 2014	Good Sept 2014	Out-standing Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community dental services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Learning disability services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Overall*	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

All reports can be reviewed on the CQC website: [www.cqc.org.uk](http://www.cqc.org.uk)

# NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

Birmingham Community Healthcare NHS Foundation Trust submitted records During 2018-19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.



## INFORMATION GOVERNANCE (IG)

BCHC's Information Governance Assessment Report from the Data Security and Protection Toolkit overall score for 2018/2019 was 96 of the 100 mandatory evidence items were satisfied by the deadline of March 31st 2019. An action plan, approved by NHS Digital, has been accepted and is in progress to ensure compliance with the reaming 4 evidence items by September 2019.





# 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 2018-19.

## DATA QUALITY

**Data quality is the assessment the data’s fitness to serve its intended purpose in a given context and is typically quantified by factors such as accuracy, completeness, reliability, relevance and how up to date it is. Good quality 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. 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.

Birmingham Community Healthcare NHS Foundation Trust will be taking the following actions to improve data quality:

- We will increase the focus on standardisation across the Trust through the use of technology and process redesign.

- Implementing an online system that enables all required validation to take place, leading to accurate reporting and full audit quality improvement requirements.
- Ensuring that every item of data has a named owner, leading to data owners being held to account for the quality of their data and be responsible for providing assurance and undertaking corrective activities to improve data quality.
- Ensuring all Trust systems has adequate and readily available training that promote standards and meet user requirements, leading to a more consistent user knowledge and behaviour, resulting in an overall improvement in data quality.
- Automation of all possible manual tasks through technology, leading to reduction in manual data entry errors, resulting in an overall improvement in Data Quality.

These actions are underpinned by the Data and Information Strategy 2019-2022.



“ **GOOD QUALITY  
INFORMATION IS A FUNDAMENTAL  
REQUIREMENT FOR THE TRUST TO  
CONDUCT ITS BUSINESS EFFICIENTLY  
AND EFFECTIVELY.** ”





# REPORTING AGAINST CORE INDICATORS

Where comparative data provided by NHS Digital is not received by the time the Quality Report goes to print, the data will be published on the BCHC website as soon as it becomes available.

## CARE PROGRAMME APPROACH

Indicator: the percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period.

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.

Month	April 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	March 2019
Percentage	100	100	100	100	100	66.67	100	100	100	100	100	100

The September breach relates a single patient who had taken a fortnight's leave from a secure facility immediately prior to discharge. The patient was reviewed following this period of leave and was then given a follow-up review 18 days later.

Since the discharge date following leave was the same date as the first review the 18 day wait for a second assessment has been reported as a breach. There were no adverse consequences following on from this individual case.

## EMERGENCY READMISSIONS WITHIN 28 DAYS OF DISCHARGE

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.

This report looks at all (live) discharges from BCHC in month and, for each discharge, it then measures the rate of patients admitted as an emergency admission to our Trust again within 28 days of the discharge date. 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.

Detail : The data comes from the Trust's electronic patient administration system RiO:

- All live\* discharges across all inpatient units in the Trust for the relevant period are extracted - *\*i.e. only discharges where the patient was discharged alive are included*
- For each discharge above, we check if there was a subsequent emergency readmission to any inpatient unit in the Trust and, if so;  
- We calculate the days between discharge and readmission date. If within 28 days, that readmission is included

The 28 day emergency readmission rate is then calculated using the above (as of 11th April 2019)

	Number of patients readmitted within 28 days (emergency readmission)	28 day emergency readmission rate
Total year	67	1.78%

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

Indicator: The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

The Trust exceeds the mandated requirements for the staff friends and family Staff (FFT) completion.

Year	Recommend the treatment to friends and family	Average score sector	Recommend the organisation as a place to work	Average score sector
2018	68%	75%	53%	59%
2017	73%	73%	59%	60%

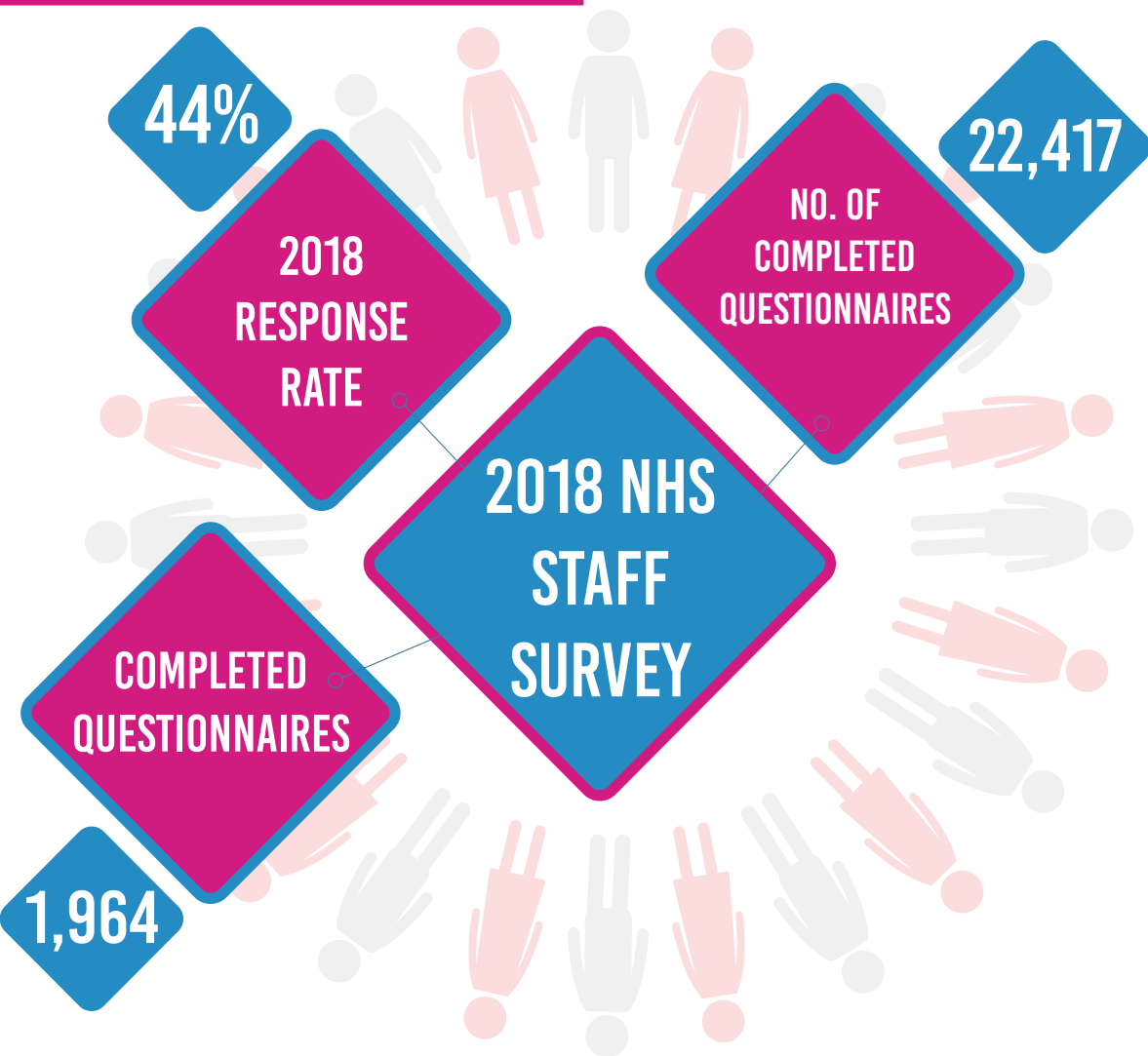
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

	2014	2015	2016	2017	2018
Best org	83.3%	82.8%	86.1%	82.6%	82.8%
BCHC	70.2%	66.5%	64.8%	72.8%	67.4%
Average org	69.8%	73.8%	73.1%	73.0%	74.8%
Worst org	60.7%	66.5%	64.8%	66.0%	36.8%

I would recommend my organisation as a place to work

	2014	2015	2016	2017	2018
Best org	73.2%	67.1%	70.5%	67.2%	72.0%
BCHC	55.8%	50.1%	54.8%	58.8%	53.0%
Average org	54.2%	57.2%	54.8%	57.4%	59.4%
Worst org	41.0%	47.9%	44.3%	45.0%	35.8%

# 2018 NHS STAFF SURVEY



Colleague response rate to the 2018 Staff Survey increased to 44%, which accounted for the most respondents to date. Across the 10 themes, the 2018 Staff Survey results are slightly worse than in 2017 and are also worse than the average for our sector. Birmingham Community Healthcare NHS Trust considers that this data is as described for the following reasons: the data available is collected from the 2018 staff survey and provided by Quality Health.

Overall our results reinforce the messages we heard from the extensive colleague engagement undertaken last year when developing our “Best Care: Healthy Communities” vision and our new values.

Across the 10 themes, we have scored the worst against our comparator group in the following themes:

- Quality of Appraisals
- Equality and Diversity
- Health and Wellbeing
- Immediate Managers

The results reinforce the importance of our “Great Place to Work” ambition as part of our fit for Fit for 2022 Improvement Programme. As there is evidence to show that the experiences of staff, and staff engagement, are associated with the quality of care provided to patients, BCHC intends to take the following actions to improve these scores:

**By delivering on 4 key priorities :**

- improving the quality of appraisals;
- delivering on our commitment to address equality and diversity;
- supporting colleague health and wellbeing - especially by tackling stress at work; and
- supporting line managers to engage and support their teams.

These will be monitored through the Workforce and Organisational Development Committee

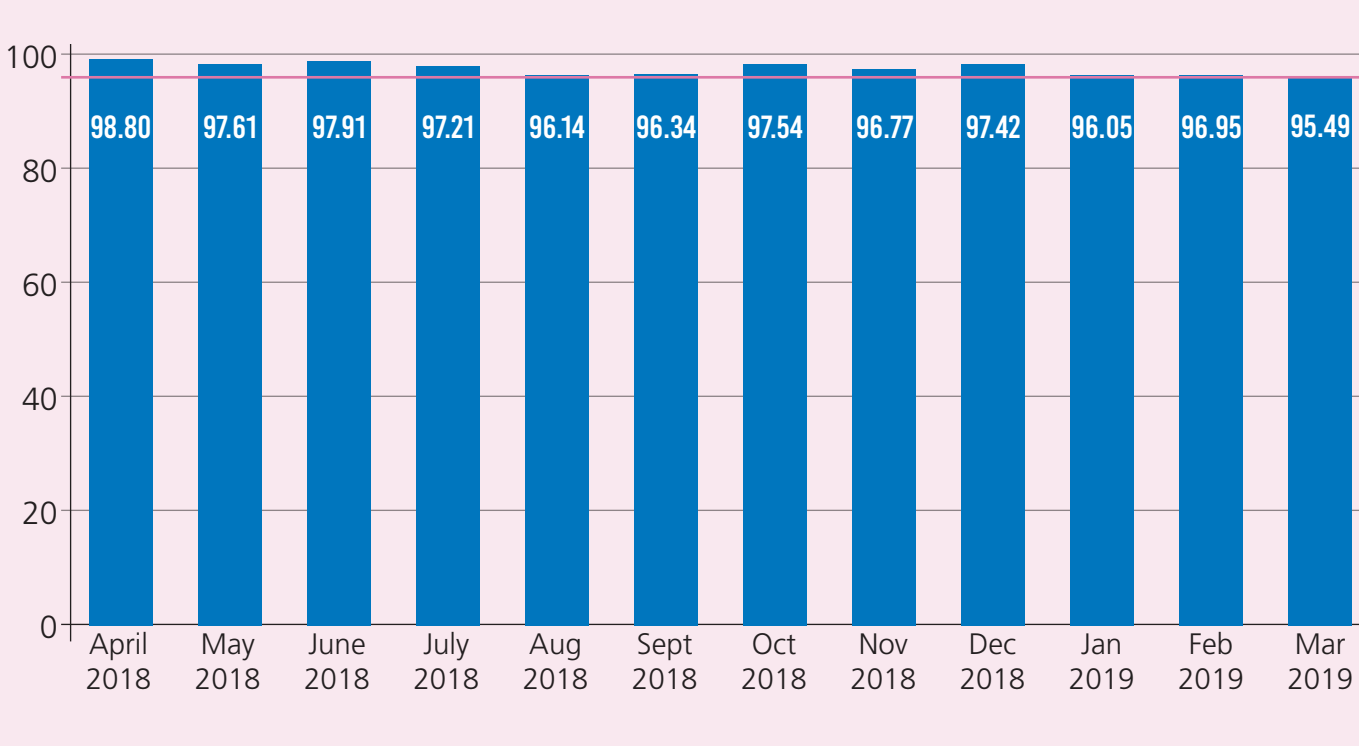
[www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com) provides full data that can be filtered in varying formats

# 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.



**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 who were risk assessed for venous thromboembolism.

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:

- Continuing to monitor and report despite on-going compliance
- Completion of Root Cause Analyses where any VTE cases are reported to identify learning
- Processes to ensure that patients who are admitted out of hours are flagged and all required admission checks completed within required timeframes



# 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 3 cases of Clostridium difficile infections in 2018-2019. All cases have a detailed route cause analysis completed which is reviewed by the commissioners all cases reviewed in 2018-2019 have been classed as unavoidable. This means that there was nothing the Trust could have done to prevent these cases. One cases has not yet been reviewed this is due to take place in May 2019.

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 the control of Infection in the unit.

BCHC considers that this data is as described for the following reasons:

- Regular external audits of RTT data, which audit services data validation processes to help improve data quality
- Internal audits of RTT data which have given BCHC significant assurance on data and RTT rules possessing from the Trust's data warehouse
- Monitoring via internal RTT group of unusual activity patterns and levels of manual validation
- Reporting and scrutiny at Trust and Divisional level via monthly performance reporting and governance

BCHC is taking the following actions to improve this indicator, and so the quality of its services, by:

- Reviewing levels of manual validation each month and improving processes for recording the reasons for any manual validation which is required

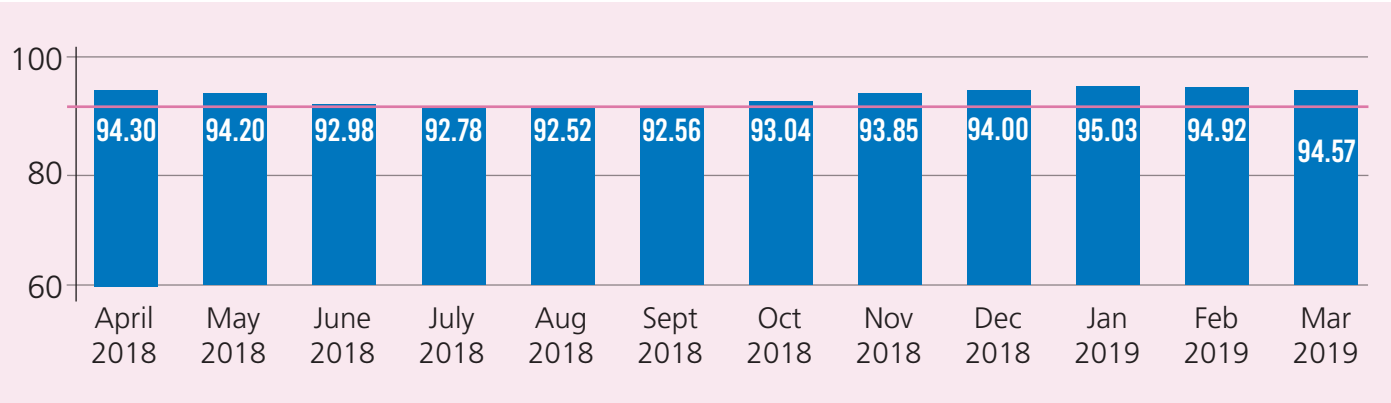
- Reviewing and establishing Standard Operating Procedures at a service level to ensure that processes for recording referrals and activity and managing DNAs and Cancellations are appropriate the to the individual service and in line with Trust Policies
- Improving access to live waiting list information and rolling out RTT forecasting tools which have been piloted in Children and Families dept
- Using text message reminders to reduce DNAs and improve patient contacts
- Establishing clinically safe rules for closing down legacy data in systems which can distort performance

# 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 2018-19 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.



The Trust continues to monitor this data and in particular carries out the following actions:

- Access to Patient Wait lists at a service level via 1Vision portal, with patients at risk of breach clearly highlighted
- Monthly validation meetings with senior divisional colleagues to approve performance

- Waiting Times group which meets monthly to review performance by service and appropriateness of support systems
- Development of Patient Access Policies in order to ensure consistent approach to recording patient pathways and managing DNAs / Cancellations etc



**AN INCOMPLETE PATHWAY DESCRIBES A PATIENT WHO IS WAITING FOR TREATMENT FOLLOWING REFERRAL TO ONE OF OUR SERVICES.**

# 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 2018/19, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Year	Total incidents	Severe harm / death	Percent
2015/16	7647	27	0.5
2016/17	7044	26	0.4
2017/18	7450	86 (45 Severe Harm / 41 Death)	1.15
2018/19	8343	74 (25 Severe Harm / 49 Death)	0.88

The Trust continues 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 older adults who were visited by the Adult Community Services District Nursing teams, or children under the caseload of the Children and Families Division, 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 26 April 2018.

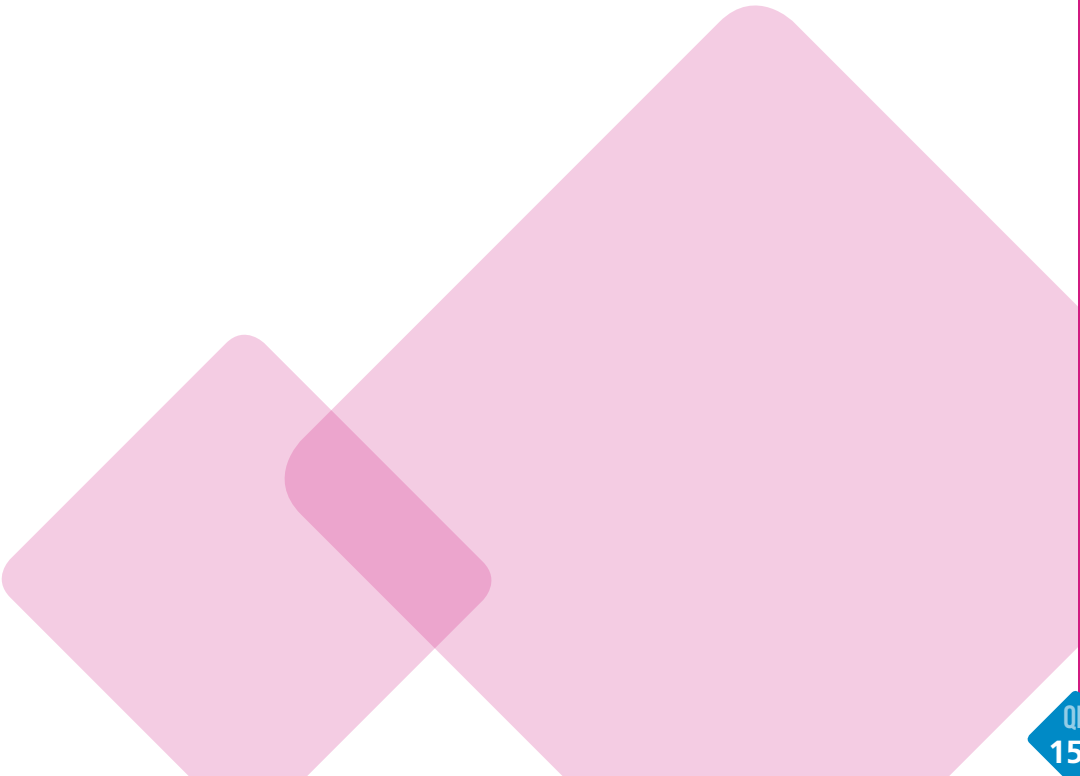
During the period 1 April 2018 and 31 March 2019 a total of 8343 incidents have been reported.

## INCIDENT BY TYPE

Incident Type	Total 2018/19	Total 2017/18
Information Governance	315	292
Fire Safety	28	36
Infrastructure	320	308
Medication, Medical Gas, Medication Delivery System	776	617
Patient Incident	5357	4669
Security	365	310
Staff, Visitor, Contractor Incident	1182	1218
Total	8343	7450

## TOP 3 INCIDENTS

Top 3 Incidents	Incident by type	2018/19 total	2017/18 total
Patient Incident	Care delivery (inc. pressure ulcers)	2115	1606
	Slips, trips, falls	751	730
	Admission, transfer, discharge, access to services	649	822
Staff, visitor, contractor incident	Violence, abuse, assault	411	500
	Staffing issues	330	277
	Contact injury	82	70
Medication	Administration	383	288
	Prescribing	119	86
	Preparation/dispensing	83	83





SERIOUS INCIDENTS

The Trust reported 76 Serious Incidents in 2018/19, of which a total of 11 were reclassified, leaving a total number of 65. This compares to a total of 93 Serious Incidents being reported during 2017/18. The reported Serious Incidents for 2018/19 have been summarised below:

Type	Total
Accident Meeting SI Criteria	1
Confidential information leak/information governance breach meeting SI criteria	2
Grade 3 Pressure Ulcer	15
Grade 4 Pressure Ulcer	25
HCAI/Infection Control	2
Medical equipment/ devices/disposables incident meeting SI criteria	3
Medication incident meeting SI criteria	2
Never Event - Wrong site surgery	2
Slip, Trip, Fall	6
Sub-optimal care of the deteriorating patient meeting SI criteria	2
Surgical/invasive procedure incident meeting SI criteria	1
Unauthorised absence meeting SI criteria	1
Unexpected death	2
Wrong site surgery	1
Total	65

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 2018/19, the Trust had two Never Events reported at the Birmingham Dental Hospital. The incidents were classified as ‘Wrong site surgery’ and both related to an incorrect tooth being extracted. The incidents took place in April and July 2018.



LEARNING FROM DEATHS

Division	Adult and Specialist Rehab	HMP Birmingham	Adult Community Services	Learning Disabilities	Children and Families
No. of deaths	191	5	11	21	1

**During 2018-19, 229 of Birmingham Community Healthcare NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:**

- 52 in the first quarter;
- 62 in the second quarter;
- 50 in the third quarter;
- 65 in the fourth quarter.

By 31/03/2019, 148 case record reviews/ investigations have been carried out in relation to 149 of the 229 deaths.

In 148 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:

- 40 in the first quarter;
- 48 in the second quarter;
- 35 in the third quarter;
- 25 in the fourth quarter.

1 representing 0.44% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

0 representing 0% for the first quarter; 1 representing 1.6% for the second quarter; 0 representing 0% for the third quarter; 0 representing 0% for the fourth quarter. These numbers are exact using the Trigger Tool Case Note Review method applying the Hogan and Black scale.

LEARNING

The learning is identified from the screening and case record reviews undertaken of the deaths “in scope” in accordance with the Trust policy on identifying, reporting, investigating and learning from deaths in care. Reports are presented every quarter to the Trust Board.

For 2018 -19 Adults Specialist and Rehabilitation Division, Learning Disabilities and Adults Community have identified key themes for learning where there are gaps in practice and also including good practice. Some of the key learning is presented, below.

- Patients being cared for in Her Majesties Prison (HMP) Birmingham to improve the early identification, response and escalation of atypical chest pain and early identification and treatment of sepsis.
- Across all areas the recognising and managing the deteriorating patient including identifying sepsis and prompt escalation with the consistent use of the sepsis screening tool;
- Trust wide review of End of Life care, including the early recognition of the dying patient, end of life planning and the decision making process to commence the end of life care plan. One of the issues is that the Supportive Care Plan (SCP) is not fit for purpose;
- Supporting relatives and carers in the end of life and bereavement care and supporting staff with Team Prevent referrals for those involved in unexpected deaths;
- The accuracy of death certification and cause of death;



# ACTIONS TAKEN

In response to the learning identified from case record reviews the divisions address actions that are very specific to each individual case at their team meetings and specific themes are implemented in their improvement work streams and a number of them are shared below:

Staff working on the Sheldon unit participated in a "Patient Centred Care Summit" to agree the Quality Improvement work programme identified from the thematic review of the deaths. They are working together to take forward actions on improving the documentation for patient admission and End of Life; improving the prescribing and administration of medication with the adoption of standardised guidelines and effective documentation of symptom control; establishing regular multidisciplinary team meetings; The End of Life documentation replaces the out of date Supportive Care Plan with a focus on recognising the dying patient.

There is a Bereavement working group improving the information leaflet given to families and carers when the death certificate is collected and developing

a bereavement package. Families and carers are given the opportunity to feedback any issues or concerns and also takes into account Duty of Candour. The information leaflet provided to families and carers explains the mortality review process.

Death Certification and the cause of death have been discussed at the consultants and junior doctors' forum and improvements made by raising awareness and the introduction of revised guidance.

It was agreed that the measuring and monitoring of the Supportive Care Plan (SCP) to be added to the Essential Care Indicators (ECIs) and compliance reviewed every month;

A process has been implemented to improve communication and handover between the evening service and the day service;

Preparing families and carers for end of life care for palliative patients to ensure that the Supportive Care Plan (SCP), anticipatory medication and DNACPR/RESPECT documentation are in place;

# IMPACT

Themes from case note reviews, good practice and areas for improvement are reported at divisional clinical meetings and monitored through the divisions.

The learning is shared cross the divisions at the corporate governance committees and their sub committees. This helps to reduce silo working and brings together the divisions and specialists to lead the delivery of key programmes of work and continuous improvement.

Some examples of where the impact/work streams is monitored

- Use of the sepsis screening tool - Sepsis group and plan
- Review of prescribing and administration of insulin use of insulin prescription chart - Diabetes group and plan
- Use of the fluid balance chart - Hydration Plan at Safety Express
- Monitoring of Lying and Standing Blood Pressure - Falls plan to Safety Express
- Recognition of the Dying Patients; End of life planning of care: decision making around commencing SCP – End of Life Committee.

14 case record reviews and 14 investigations completed after 31/03/2018 which related to deaths which took place before 31/03/2018. These reviews were undertaken in the month of April 2018 and wholly related to patient deaths that occurred in March 2018.

0 representing 0% of the patient deaths before 31/03/2018, 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.

0 representing 0% of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

(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).





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## QUALITY INDICATORS

Indicator	18-19 target	End of year position 18-19	End of year position 17-18
Number of Meticillin-resistant Staphylococcus aureus (MRSA) new bacteraemia cases†	4	0	0
Number of Clostridium difficile avoidable cases†	4	0	0
Number of falls resulting in severe injury or death	18	6	22
Number of Grade 3 or 4 avoidable pressure ulcers (PUs) Community *	20	12	9
Number of Grade 3 or 4 avoidable PUs Inpatients *	0	1	0
Number of Serious Incidents (cumulative) †	n/a	73	104
Number of Never Events† (see page 61)	0	2	2
Patient NHS Safety Thermometer (Harm FREE Care - new and old harms)†	95%	98.64%	97.33%
Patient NHS Safety Thermometer (HarmFREE Care - New Harms only)	95%	99.64%	99.46%
Essential Care Indicators - Inpatients (aggregated measure)	95%	97.4%	96.70%
Essential Care Indicators - community (aggregated measure)	95%	98.0%	97.50%
Essential Care Indicators – Learning Disability Inpatients	95%	98.1%	97.20%
Essential Care Indicators – Learning Disability Community	95%	96.4%	90.10%
Percentage of Venous Thromboembolism (VTE) risk assessment on admission†	95%	95.49%	95.49%
Friends and Family Test †	85%	95%	93%
Customer Experience - % patients reporting very good or excellent	85%	95%	91%
Number of complaints	n/a	194	178
Percentage of staff appraised (within 12 months)	90%	83%	83.48
Medical revalidation	100%	94.4%	100%
Percentage of sickness absence	4.60%	5.65%	6.09%
Safe staffing†	100%	101.70%	107.85
Mandatory Training Compliance	85.00%	91.00%	91.78%
Environmental Cleanliness	95%	95.6%	-

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/](http://www.bhamcommunity.nhs.uk/about-us/board-of-directors/meetings-and-papers/)

\* Data 2 month is arrears  
† Nationally defined

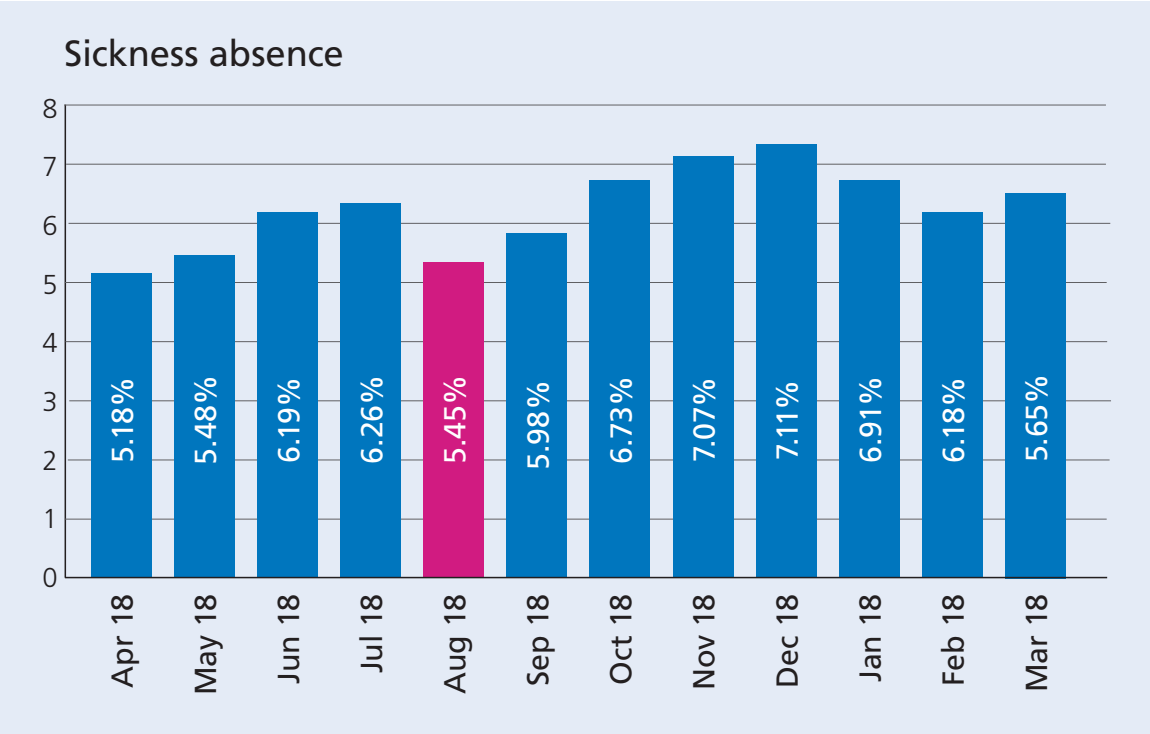
# IMPROVING SICKNESS ABSENCE LEVELS

Staff sickness has remained higher than target throughout the year across the Trust, and particular hotspots remain in our Community Nursing, Children and Families and Learning Disability teams. Anxiety and Stress and Musculo-skeletal problems are the key causes of sickness.

The last two months of the year have seen incremental improvement in all Clinical Divisions and the March position is better than the previous years.

Divisions continue to receive detailed breakdown of sickness by teams and are

supported by Human Resource 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. The Trust has introduced an Employee Assistance Programme, Attendance Case Conferences and in April 2019, a new Staff Absence Management policy. It is anticipated that these various initiatives will contribute to improved absence rates in 2019/20.



# QUALITY LIBRARY SERVICES

Smallwood Library submitted its annual return for the Library Quality Assurance Framework (LQAF) in 2018.

This framework helps library services to assess themselves against national standards

developed for health libraries. 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.

## 2018 Core Criteria

There were five core criteria for 2018 selected largely based on their relevance to the Knowledge for Healthcare programme (see <http://kfh.libraryservices.nhs.uk/> for more information)

### THE FIVE CORE CRITERIA WERE:

1. The LKS 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 LKS can be demonstrated.
3. LKS support clinical and management decision making.
4. LKS are developed to support information provision for patients and/or the public
5. Members of the LKS 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%**, maintaining the level achieved in 2017



Year	Score
2014	71.88
2015	81.91
2016	95.74
2017	97.92
2018	97.92

The 2018 return is the last one to be submitted under the current standards.

Later in 2019, new set of standards will be published to replace the LQAF, called Library Improvement Standards. These were trialled with a small number of libraries in 2018, and are being modified as a result. They are due to be published end of March 2019. This will be followed by training and support.

Returns against the new standards will be submitted during the summer of 2020.

## Moving forward for 2019, the library service will be:

- Installing a self-issue system
- Working on a new library strategy to ensure that we are Fit for 2022
- Planning and preparing for the new quality improvement standards
- Continuing to support the Trust in providing efficient and effective services to support patient care, service delivery, and education and training.



# SAFETY THERMOMETER

It has been seven 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 has continued to work well this year as one of the Trust's patient safety objectives and a 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 0.33% of patients surveyed over the course of the year experienced a new harm, as 99.67 per cent of our patients were HarmFREE compared with the national figure of 97.88% and is an improvement on our own figure of 99.50 per cent last year.

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.

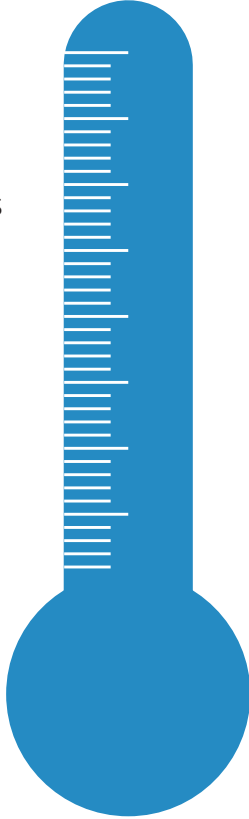


TABLE 1

2018/19	Apr	May	Jun	Jul	Aug	Sep	
All Patient Harms - HarmFREE Care	98.29	98.26	98.04	98.35	98.28	98.80	
New Patient Harms - HarmFREE Care	99.54	99.53	99.72	99.62	99.72	100.00	

Oct	Nov	Dec	Jan	Feb	Mar	Trust Overall	National Overall
98.92	98.33	98.15	97.97	98.78	98.64	98.40	93.97%
99.82	99.40	99.53	99.54	100.00	99.64	99.67	97.88%

Table 2 shows the sample size for 2018-19 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 98.40 per cent HarmFREE compared with the national figure of 93.97 per cent.

For the Children and Families Division the sample is restricted to the community nursing teams and the inpatient respite beds.

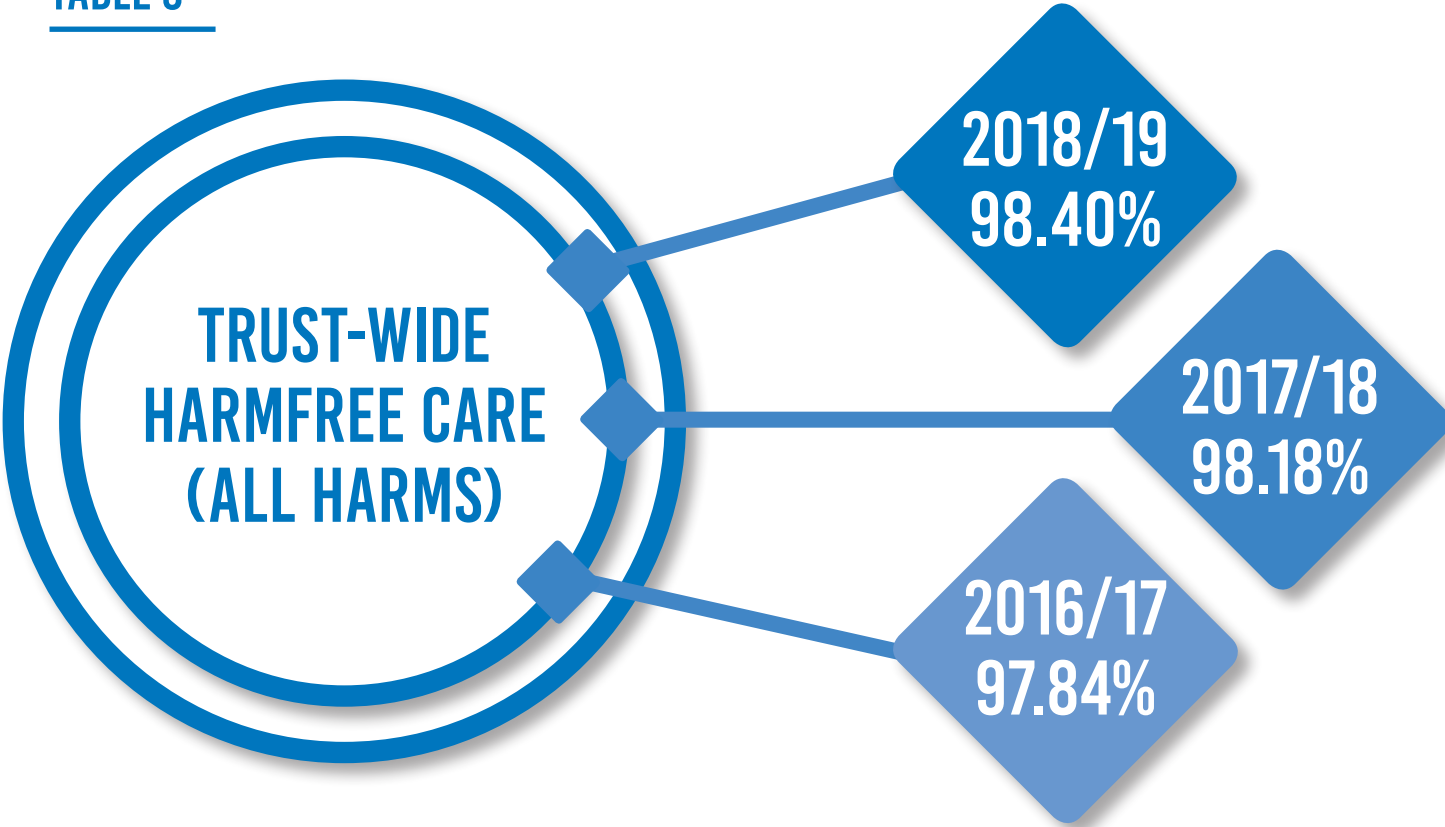
TABLE 2

2018/19	HarmFREE Care	Number Sampled	% HarmFREE Care (All)
Trust-wide	25530	25944	98.40
Adult Community Services	21722	22013	98.68
Adult Specialist Rehabilitation division (total)	3274	3396	96.41
- Inpatients	2761	2882	95.80
- Prison	513	514	99.81
Children and Families	535	535	100.00

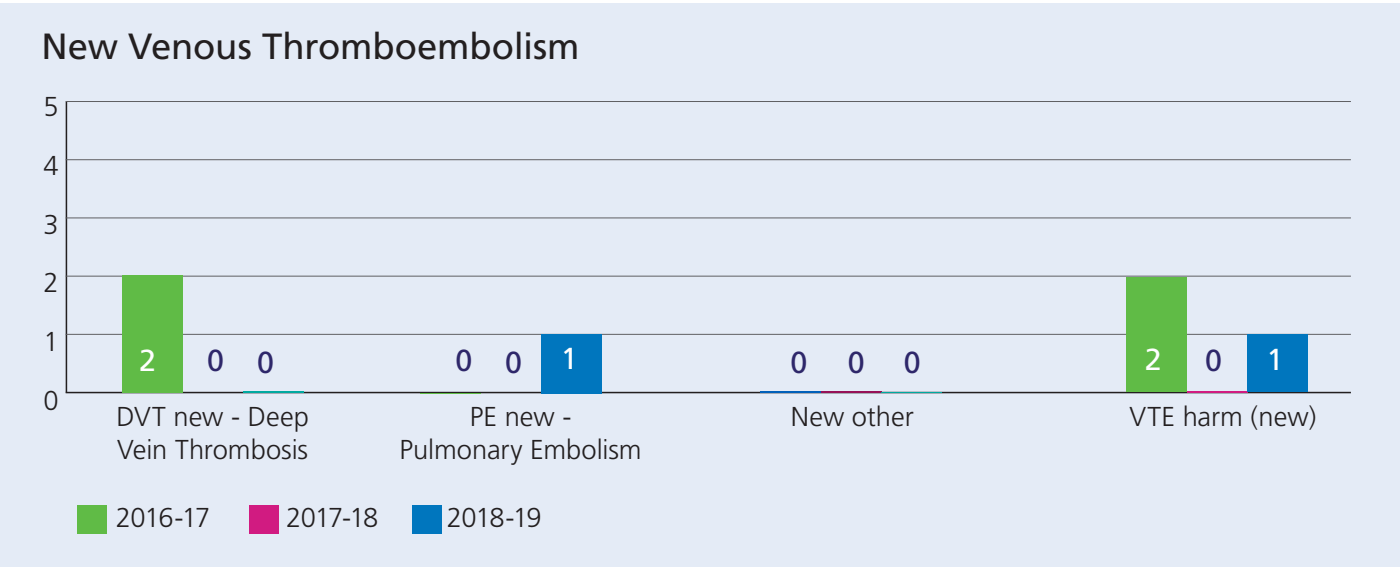
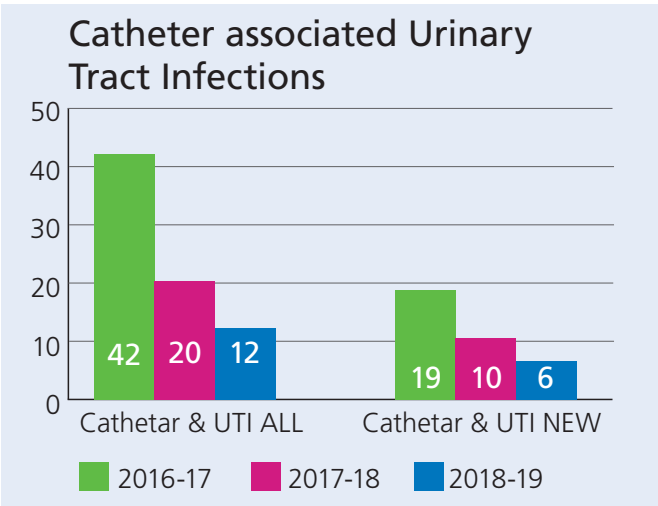
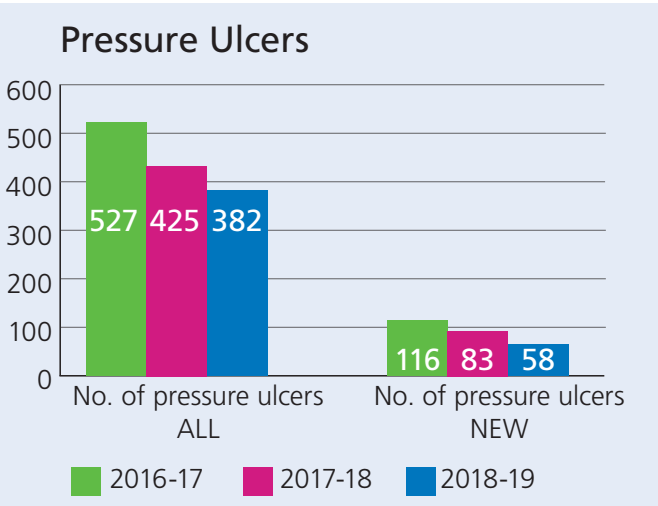
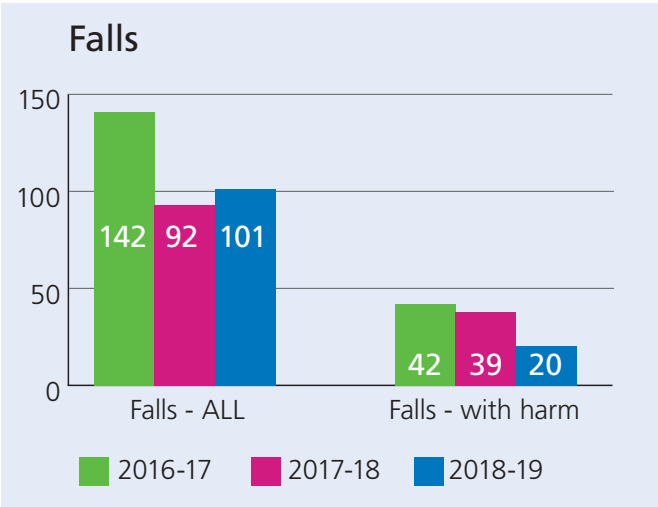
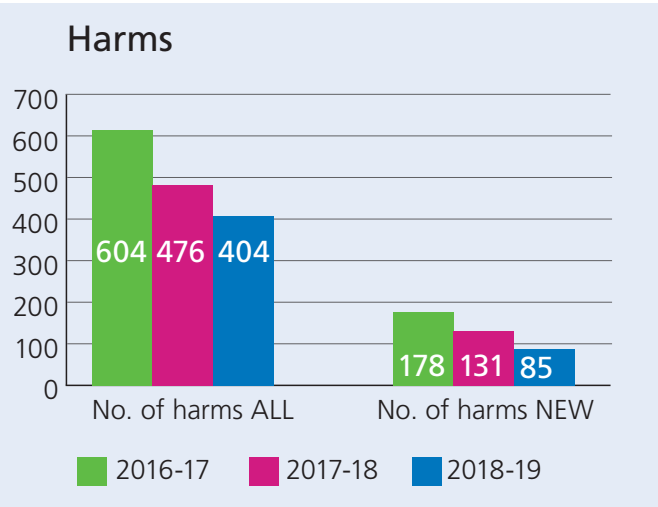
Although no longer a CQUIN, the requirements to complete the NHS Classic Safety Thermometer survey remain the same. The NHS Safety Thermometer Programme Manager supports teams to ensure that we achieve 100 per cent compliance and this year the Trust has sampled 25,944 patients and 25,530 were free of the four common harms.

Table 3 below demonstrates NHS Classic Safety Thermometer annual Trust results for the last three years

TABLE 3



Over the last seven 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 NICE RECOMMENDATIONS FOR CARE QUALITY

**The Trust NICE Implementation programme has supported services across the Trust to provide assurance of the quality of care and clinical effectiveness utilising the guidance and standards provided by National Institute for Health and Care Excellence (NICE).**

This is achieved through the Trust NICE Review Group (sub-group to Trust Clinical Effectiveness Committee) which represents and supports trust wide consultation of new and updated NICE guidelines.

During April 2018- March 2019 the NICE Review Group (NRG) reviewed a total of 221 clinical guidance or standards for relevance, as well as co-ordinating feedback and advising on existing work to evidence care locally within their areas of expertise/Division. The guidance and standards reviewed were identified by the NRG 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.

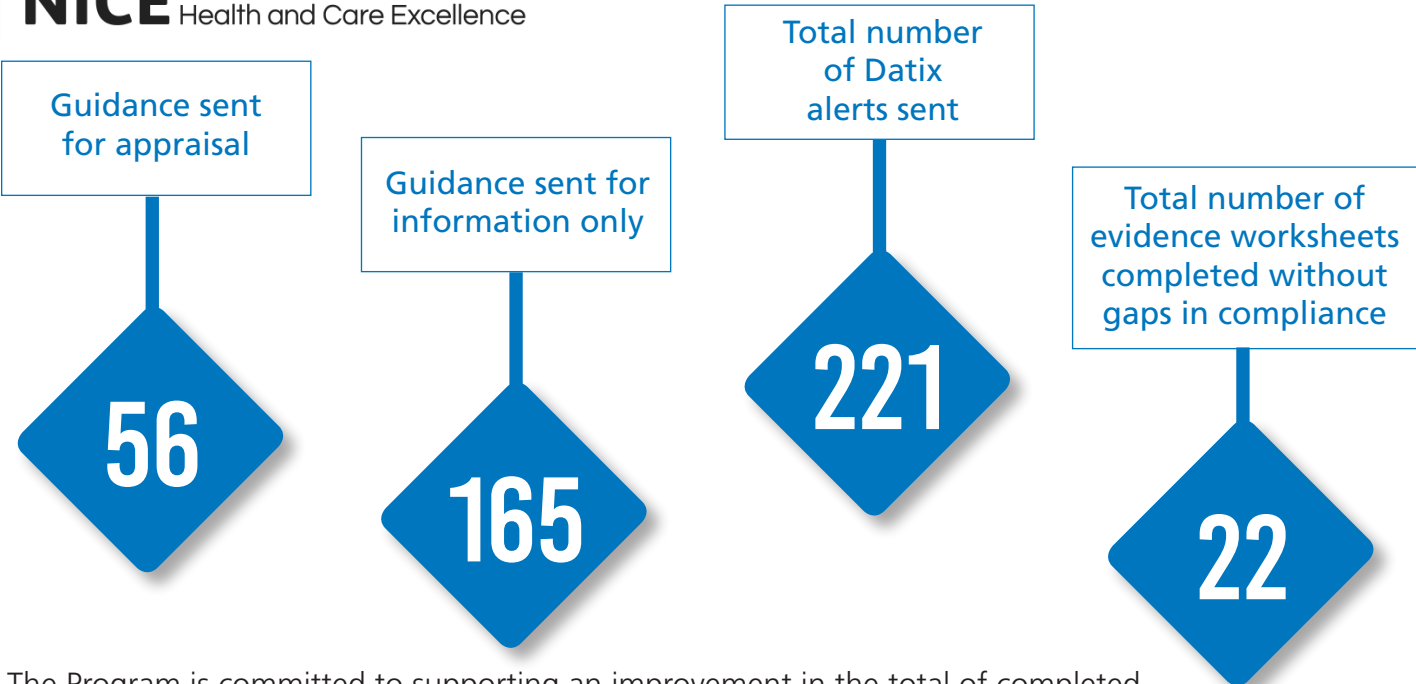
Evidence of compliance with NICE recommendations and standard statements

must ultimately provide Trust assurance and can therefore be a very lengthy process.

The NICE Review Group provided evidence of Trust compliance in the form of completed evidence worksheets and these were agreed and approved through the Trust committee process. Key pieces of work have also been identified as action plans and are currently being undertaken to ensure care provision is optimised and care outcomes maximised. This supports all services and clinicians to participate in quality improvement and assurance work by participating within the NICE Implementation Programme.

Divisional restructure, defining of new/ amalgamation of Divisions together has led to considerable increase in workload for the NRG and NICE Implementation Programme. This has had significant impact and reflects the reduction in the number of completed evidence worksheets in comparison with last year. Despite this, there have been positive and meaningful changes to process to support continuing improvements in the provision of assurance going forward and we have welcomed new members to the NRG.

**NICE** National Institute for Health and Care Excellence



The Program is committed to supporting an improvement in the total of completed evidence worksheets agreed and approved by 3% during the year 2019-2020.



# SAME SEX ACCOMMODATION

**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 2018-19. The review of compliance forms part of our annual audit programme. All bedded units admissions are facilitated according to the standards for same sex accommodation.

This audit has confirmed overall compliance and there were no breaches of the standards in 2018-19.



# SAFEGUARDING TRAINING

During 2018/19 the Safeguarding Team have revised the way in which we deliver mandatory training to trust staff in line with the standards from the new national Intercollegiate Guidance issued by the Royal Colleges, and the Care Quality Commission regulatory requirements.

### Our key aims are:

1. To integrate the training for safeguarding adults and children in order to avoid barriers in knowledge and understanding within the workforce.
2. To ensure that trust training was in line with the new national professional and regulatory standards whilst ensuring it meets “Think Family” safeguarding approach and learning outcomes are aligned with the Safeguarding Adult and Children’s Intercollegiate Documents.
3. To support effective use of practitioners’ time by merging the separate adult and child training sessions and the specific training associated with the messages and learning from serious case reviews.
4. To deliver training within a newly designed interactive scenario based learning approach and develop a new e-learning and digital resource to support a blended approach for learners.

## DEVELOPMENT

Subject Leads for training have been identified within the team to review packages every six months (or as legislation/mandates arise), and present any changes to the quality group.

Training packages are developed with a relevant and up to date justification and rationale as to why the subject is required /why it is relevant to current safeguarding practice and how it will benefit practitioners’ practice and professional development.

## OUTCOMES

The new training needs analysis is in line with national standards and resulted in a significant change in some staff’s training requirements at level 2.

	Training delivered	
	Number of staff trained	Compliance %
Level 2	2139	77%
Level 3	619	94%

All new starters being inducted into the trust now have a face to face adult and child safeguarding component which meets Level 2 standards, avoiding attendance at further sessions once in post.

A new level 3 menu addresses specific issues such as: Contextual Safeguarding including Exploitation and trafficking, Parental vulnerabilities, Section 42 enquiries, Self-Neglect, Domestic Abuse, Mental Capacity Act and Reflective Supervision. All Safeguarding Training contains core principles taking into account national guidance and local safeguarding strategies.

## EMOTIONAL IMPACT OF THE TRAINING SESSION

It was identified that nature of the training can be disturbing and emotional to delegates. Safeguarding trainers provide emotional support to delegates and as always are available via the safeguarding duty line to support any staff wanting safeguarding advice and support.

A new e-learning course goes live in 2019/20 to offer a blended approach and increased access for staff.



# THE FREEDOM TO SPEAK UP

**Speaking up about concerns staff have at work can save lives. It is a valuable early alert system which helps us ensure we provide safe high quality care and compassion, along with staff and patient wellbeing. No matter what the issue is, it is important it is dealt with promptly and effectively.**

The Freedom to Speak Up Guardian offers a safe point of contact for staff to raise concerns

Staff can raise a concern about risk, malpractice or wrong doing if they think it is harming the services we deliver. Just a few examples of this might include:

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud, which can also be reported to our local counter-fraud team
- A bullying culture (across a team or service rather than individual instances of bullying).

The Freedom to Speak Up Guardian does not replace the other ways colleagues can raise a concern, and we actively encourage everyone to raise any concern formally or informally with their line manager (or lead clinician or tutor) and follow the incident reporting procedures within the Trust. There are other channels for staff such as to speak up champions, risk management, security management specialist, anti-fraud officer, anti-bullying and harassment advisors, governors, staff side / union representatives, through exit interviews or emailing a dedicated internal email address.

**“ I take all concerns seriously and am committed to developing a climate of openness and free expression in which staff can raise concerns ”**

**CEO Richard Kirby**

Feedback will either be in person, by email, or by phone which would be on the request of the person concerned.

As part of our ambition to be 'Fit for 2022' we are passionate about ensuring that speaking up is business as usual. BCHC chief executive Richard Kirby in 2018-19 launched a series of informal drop-in sessions where staff can come and discuss anything from a request for new workplace amenities to an innovative idea to improve patient care. When meeting staff, Richard Kirby encourages everyone to speak up about their worries in the workplace.

A staff forum for administration staff was also launched, enabling colleagues to discuss topics which matter to them and make suggestions on how to improve their working environments. When there are obstacles to speaking up, patients, staff and the Trust itself can suffer because the right actions and learning are not put into place.

The Speak Up Guardian reports to Board every 6 months, including a staff experience story.

We report quarterly to the National Guardian's office so the data is made available to the public via the national office <https://www.cqc.org.uk/national-guardians-office/content/speaking-data>.



**speak up**

**we are listening**



# WORKING IN COLLABORATION WITH WEST MIDLANDS QUALITY REVIEW SERVICE (WMQRS)

**WMQRS was asked by NHS Birmingham and Solihull Clinical Commissioning Group to undertake a review of the pulmonary rehabilitation services provided by Birmingham Community Healthcare NHS Foundation Trust and South Doc Services Ltd.**

WMQRS undertook a review of Pulmonary Rehabilitation Services Peer Review visit on 24th October 2018. The purpose of the review was to understand the quality of pulmonary rehabilitation services provided across Birmingham.

The Trust undertook a review of compliance with the national pulmonary rehabilitation standards from the British Thoracic Society to support us to improve the quality of these services across the health economy.

The review programme aims to:

- Assist providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services.
- Provide external assurance of the care, which can be used as part of organisations' Quality Report.
- Provide commissioners with assurance of the quality of services commissioned
- Identify areas where developments may be needed.

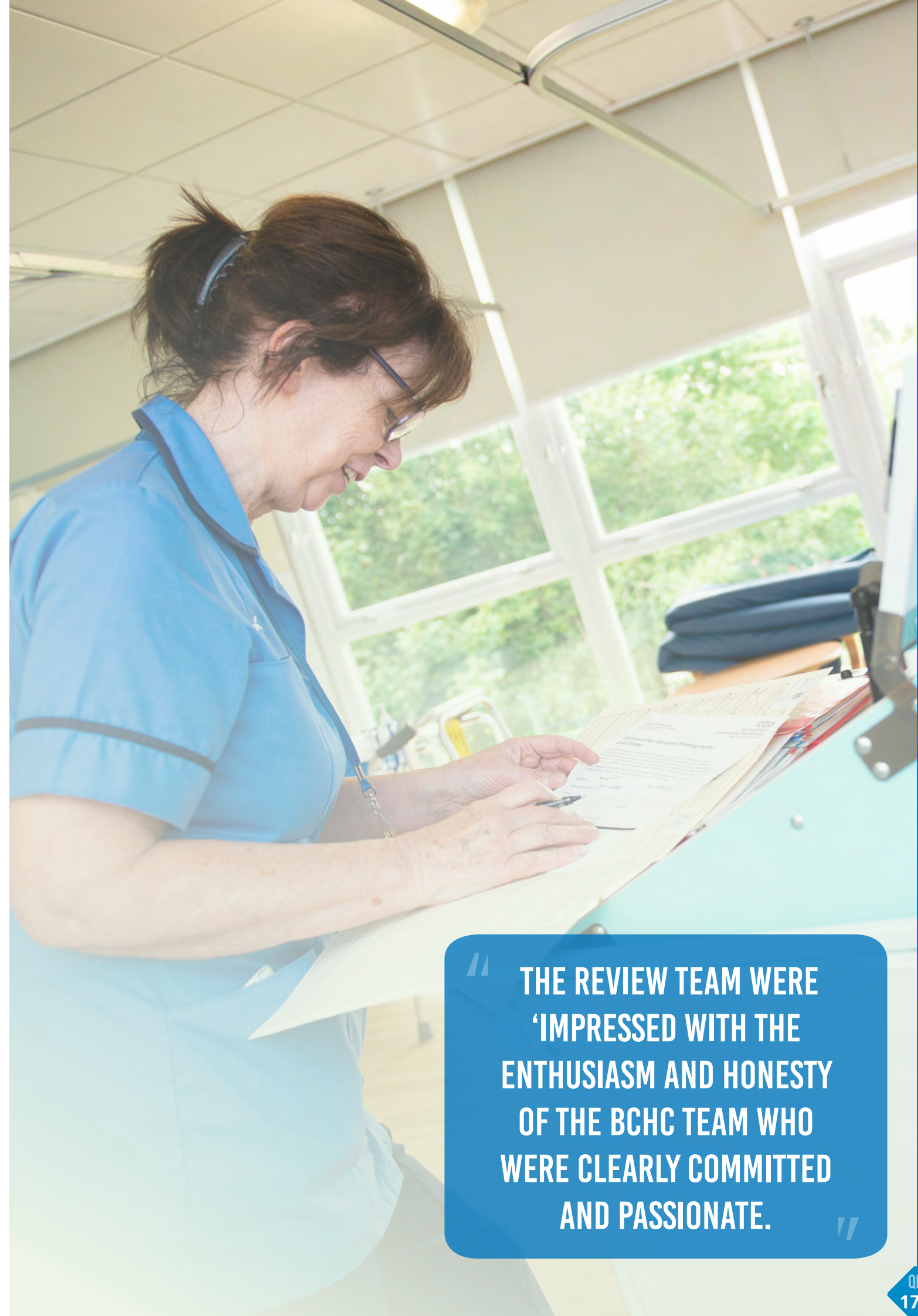
## GOOD PRACTICE IDENTIFIED

1. Clinical support for the programme was very good. Staff had access to a respiratory multidisciplinary team if they needed more advice or wished to discuss patients who had become unwell after starting the programme, prior to them restarting. Patient group directives (PGDs) were also in place, and staff had competences for inhaler provision and the delivery of oxygen.
2. Patients who were resident in the Birmingham City Council area were eligible for free gym membership on completion of the programme. Patients were also given exercise resistant bands to help with home exercises.
3. Staff were proactive in ensuring that the multicultural and language needs of those attending were assessed and met. Reviewers were impressed with the range of languages in which pulmonary rehabilitation information was available. Staff would assess needs prior to the patient attending the first assessment, and interpreters were arranged to attend all the sessions with patients.

It is noted that the review team were 'impressed with the enthusiasm and honesty of the BCHC team who were clearly committed and passionate about providing the best possible care for their patients, and were keen to use the review process to further improve the care for patients attending pulmonary rehabilitation programmes'.

The reviewers identified some areas of concerns around the individually prescribed and progressive aerobic exercise programmes but identified no areas of immediate risk. The Adult Communities Division has developed an action plan to address concerns which will be monitored through the Divisional Quality Safety and Risk Committee.

For the full report, you can access it at [www.wmqrs.nhs.uk](http://www.wmqrs.nhs.uk)



**“ THE REVIEW TEAM WERE  
‘IMPRESSED WITH THE  
ENTHUSIASM AND HONESTY  
OF THE BCHC TEAM WHO  
WERE CLEARLY COMMITTED  
AND PASSIONATE. ”**



# ESSENTIAL CARE INDICATORS (ECI)

The ECIs are a set of metrics for assessing the quality of the completion 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 available on our internal website for staff to access.

The target for all ECIS is 95%.

## INPATIENTS

Patient observations	97%
Falls assessment	97%
Tissue viability	98%
Nutritional criteria	97%
Admission documentation	96%
Medicines management	97%
Environment	99%
Hydration Criteria	95%

## DISTRICT NURSING TEAMS

Patient observations	96%
Pressure Ulcer Prevention	99%
Pain management	99%
Falls assessment	96%
Wound management	97%
Nutritional criteria	97%
Medicines management	99%
Palliative care*	98%

\*data only recorded from December 2018

## LEARNING DISABILITY SERVICES - IN-PATIENTS

Safety	96%
Promotion of health	92%
Communication	99%
Nutritional criteria	94%
Patient observations	96%
Falls assessment	95%
Environment	100%
Tissue viability	92%
Mental health	94%
Medicines management	99%
Record keeping	98%

## LEARNING DISABILITIES (COMMUNITY)

Communication criteria	99%
Core assessment	97%
Promotion of health	91%
Nutritional criteria	98%
Pathway indicator	93%
Medicines management	99%

Whilst overall the compliance has improved in all areas of the LD ECI's over the year, following monthly audits of patient records, areas for improvement have been noted.

In our Learning Disability bedded-area services that include short breaks, new systems have been introduced to ensure all health admission screening occurs for all service users who access the service within 24hrs of attending respite. This has supported improvements as a direct consequence of deficits noted within the audit result.

Our community service ECI's were redesigned to shape service improvement in the approaches adopted within the multi-disciplinary integrated teams. We are now able to use the data from our random selected electronic records of all our service users to identify the clinically agreed processes are being consistently applied. Where we are still seeking to improve, for example the recording of allergies on all records, systems development such as the access to Your Care Connected is helping to glean this information accurately, directly from GP information, which will enable consistent compliance and ensuring the relevant information is available to enable safer care delivery.



### MOVING FORWARD

For 19/20 the Trust is planning roll out of further Essential Care Indicators relating to Dental and Children and Families services.



# PATIENT AND SERVICE USER EXPERIENCE

Patient and service user experience continues to report excellent performance in 2018/19 with the Trust achieving performance targets every month for both the nationally specified Friends & Family test and for the locally set target that at least 85% of patients surveyed in the month report that their overall experience was either 'Very Good' or 'Excellent'. 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.

## FRIENDS AND FAMILY TEST

Month	April 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	March 2019
%	94	96	97	96	95	97	96	97	96	97	92	95

## PATIENT EXPERIENCE, % OF PATIENTS REPORTING 'VERY GOOD' OR 'EXCELLENT':

Month	April 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	March 2019
%	94	94	94	95	93	95	94	96	94	95	96	95

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 as does the teams surveyed. During 2018/19 the patient experience team have worked hard to improve the response rates with approaches such as cards for patients and electronic devices to source feedback. It is therefore positive to report and increasing response rate to the previous year with the lowest sample size December 2018 with 1233 patients responding and the highest February 2019 with 3492 responses. This gives us assurance that the views reported are representative of a significant number of patients and that patients who do want to raise a concern are supported to do so.

# 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 2018-19	Total 2017-18
Adult community Services	206	191	227	213	837	880
Adult and specialist Rehabilitation Division (former Urgent care and Rehabilitation Services)	88	143	136	122	489	511
Children's and Families	166	126	113	153	558	608
Dental Services	104	75	119	150	448	416
Learning Disability services	11	5	3	3	22	86
Other	78	82	85	98	343	579
Totals	653	622	683	739	2697	3080

## RESPONDING TO OUR CALLERS AND CLINICAL SERVICES

- We have continued to work with services to gain better understanding of their provision and challenges This has worked well and helped to resolve callers issues in a more timely manner, support clinical services and in turn improve working relationship and understanding with Community Paediatric Doctors, Dental services, District nurses
- Customer service team continue to give advice and support to clinical services and provide training to staff teams when requested in particular on how best to respond to and support patients and relatives queries and concerns

## CONTACT CUSTOMER SERVICE TEAM



**Telephone:** Freephone 0800 917 2855

**Text:** 07540702477



**Email:** [contact.bchc@nhs.net](mailto:contact.bchc@nhs.net)



**You can write to us at:**  
Moseley Hall Hospital,  
Alcester Road,  
Moseley,  
Birmingham,  
B13 8JLA





# 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 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 90%. The Trust has achieved compliance each month during 2018-2019 with the exception of March 2019. 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.

The overall score for the Trust is 87% against a trajectory of 90%. One unit did not meet the standard in the monthly audit and was supported by the team who carried out some ward based training for the staff which has raised awareness around good practice. The ward was re-audited in April 2019 and achieved the standard. During this year hand hygiene auditing has been rolled out to children’s and families services.

Month	Compliance Score
April 2018	94%
May 2018	95%
June 2018	95%
July 2018	92%
August 2018	97%
September 2018	99%
October 2018	97%
November 2018	100%
December 2018	99%
January 2019	100%
February 2019	100%
March 2019	87%

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 bench marking against other departments and organisations.

In 2018-2019 clinical practice observational audits were carried out by ward based link workers, these audits are designed to highlighted 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. During the year these audits have been extended to Learning Disability services and Prison healthcare.

Additionally all children’s and families teams submit audits monthly on environment and practice standards to provide assurance of best practice.

Front-line 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 forms 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 8.4% compared to the 2017-18 uptake for clinical staff and equates to an additional 542 vaccines overall administered. The Trust has utilised 43 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.

Info requirement	Frequency of reporting	Threshold	2018/19											
			Q1			Q2			Q3			Q4		
Trust agreed care bundles / saving lives	Monthly	95%	Apr 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
• PVC			98%	100%	99%	99%	100%	98%	99%	100%	100%	99%	100%	100%
Trust agreed care bundles / saving lives	Monthly	95%	99%	99%	99%	99%	100%	100%	100%	98%	100%	99%	99%	100%
• Urinary catheters														





# COMPLAINTS 2018-2019

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. Delay in treatment
2. Manner and attitude
3. Poor quality of care
4. Poor communication
5. Appointment delayed/cancelled

Division	Number of Complaints
Adult Specialist Rehabilitation	45
Adult Community Services	44
Children and Families	45
Dental	47
Learning Disability	8
Corporate	5
Trust total	194

### Total Activity by per 100 WTE staff

2018-2019	
Total WTE	48,587.26
Number of complaints	194
Complaints per 100 WTE staff	0.40

## ACTIONS AND LESSONS LEARNED FROM COMPLAINTS:

1.

**Delay in treatment:**  
Concerns were raised in regard to the length of waiting times within one of the Trust's services.

**ACTION**  
Confirmation was provided of the actions implemented in order to address the issue, including; appointment to consultant posts, development of a capacity and demand tool and a widespread review via a service transformation programme. This is work in progress, in liaison with the commissioners of the service.

2.

**Manner and Attitude:**  
Complaint raised in regard to the manner and attitude of an administrator during a telephone conversation to report the rescheduling of an appointment.

**ACTION**  
The member of staff recognised that the conversation in question had been challenging and that it could have been handled in a more sensitive and empathetic manner. In response to the concerns raised, the member of staff embarked on a programme of training, including conflict resolution and customer service. There is also a wider review underway within the Service, to establish whether there are any team training needs in areas including communication and customer care.

3.

**Poor quality of care:**  
On investigation of a complaint regarding diabetes care, it was identified that the team's recording and escalation of related symptoms and overall diabetes care management required improvement.

**ACTION**  
This matter was raised with the Community Matron and, in response, the team are in the process of receiving a diabetes care update. The Clinical Team Manager also undertook further clinical reviews, with all staff, to ensure that expected standards are maintained.

4.

**Poor communication:**  
A complaint was made in respect of a referral to a service, with the complainant expressing concern in regard to the lack of communication around the progress of the referral and the fact that it was subsequently rejected on the grounds of insufficient information.

**ACTION**  
During the course of the investigation it was identified that, due to the high volume of referrals received by the service, it was not customary to write to the patient during this process. This has since been reviewed and a new process introduced, whereby, the patient or their next of kin, as appropriate, is copied into all correspondence pertaining to the care and treatment, including any occasion where the referral is rejected.

5.

**Appointment delayed or cancelled:**  
Concerns were raised in regard to waiting times for a review appointment within a Trust service.

**ACTION**  
The Service acknowledged the concerns raised by the family and confirmed the measures introduced in order to address this situation, including: the introduction of 'nurse led' clinics, with the focus on appointing additional nursing staff to the role. Additionally, the Service developed a 'demand and capacity tool', to enable staff to see more clearly the gaps between the number of appointments required and the number of appointments available. The Service expressed commitment to continually monitor the position, seeking all appropriate means to effectively manage demand and, in doing so, reduce waiting times further.



# PATIENT-LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE)

The Patient-Led Assessment of the Care Environment (PLACE) is annual self-assessments of the non-clinical aspects of the patient environment, how it supports patients’ privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia.

The PLACE assessment tool provides a framework for assessing quality against common guidelines and standards.

The environment is assessed using a number of questions on the following areas:

- Cleanliness
- Food and Hydration
- Privacy
- Dignity and Wellbeing
- Condition and Appearance
- Dementia
- Disability

The PLACE assessments can be viewed on the following link;  
<http://content.digital.nhs.uk/PLACE>.

PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers, by putting patients first, and ensuring that services are provided are clean, safe and fit for purpose. PLACE encourages the involvement of patients and the public therefore their participation of assessments are paramount on the day and their views and opinions are recorded for the scoring process.

All assessments within Birmingham Community Healthcare Foundation NHS Trust included 2 patient assessors, making 50% of the team.

PLACE cover the following areas by asking specific questions in:

- Communal areas
- External areas
- Ward Assessment
- Outpatient Department (Not covered in this Trust)
- Organisation and Assessment Summary
- Organisational Questions on Facilities

The assessment does not cover clinical care provision or how well clinical staff are doing their job.

The 2018 assessments period was between March and June.

### Areas assessed in 2018:

- CU27- (Good Hope Hospital site)
- Ann Marie Howes (AMH)
- Perry Tree Centre (PTC)
- Moseley Hall Hospital (MHH)
- West Heath Hospital (WHH)
- Organisational Questions on Food

### Summary findings

BCHC is above the national average for:

- Cleanliness
- Food and Hydration
- Organisational Food
- Dementia
- Disability

BCHC is below the national average for:

- Ward Food
- Privacy Dignity and Wellbeing
- Condition Appearance and Maintenance

National Total Average 2018	98.53%	88.61%	86.69%	90.15%	85.79%	93.90%	75.81%	81.10%
Organisation Average 2018	99.58%	90.75%	92.18%	89.10%	84.41%	90.62%	85.79%	85.72%
Areas assessed	Cleanliness	Food and hydration	Organisation food	Ward food	Privacy, Dignity and Wellbeing	Condition appearance and maintenance	Dementia	Disability
CU27 (Good Hope Hospital site)	99.87%	83.94%	76.97%	89.27%	76.82%	82.59%	82.69%	78.79%
Ann Marie	99.55%	93.21%	86.69%	100%	85.19%	90.54%	89.53%	89.94%
Perry Trees	99.55%	91.85%	94.18%	89.08%	85.77%	85.77%	86.92%	85.14%
Moseley Hall Hospital	99.58%	90.07%	94.16%	86.38%	88.10%	95.74%	87.59%	89.43%
West Heath Hospital	100%	93.87%	97.41%	89.31%	79.64%	85.64%	80.56%	78.73%

(green values show where standard has met or exceeded national average)

## ACHIEVEMENTS IN 2018-19

To develop a Facilities Services Strategy for Birmingham Community Healthcare NHS Foundation Trust

- The Facilities team have been undertaking a strategic review and transformation of Services to;
- Review and redesign services to ensure we facilitate care effectively and place the patient at the centre of everything we do, working closely with our Clinical Services to understand their current and future requirements.
- To provide the resource to support the clinical services to manage the catering and cleaning services currently provided by external providers.
- Continue to deliver these critical services in house, so our staff know their jobs, our patients and our Services; they will be central to improving and redesigning our services.
- To work with the Estates team to ensure that investment is undertaken in properties to improve the environment and enhance the patient experience.





## MOVING FORWARD

The Trust continues to recognise that good environment and facilities matter to every NHS patient and that they should be cared with compassion and dignity in a clean, safe environment.

NHS Digital are reviewing the PLACE process nationally, however the Trust will continue to involve local people (known as Patient Assessors) going into hospitals 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, the environment is able to support the care of those with dementia and disabilities. A PLACE Steering group will be organised to review the process and conduct MOCK assessments and expanding into learning disabilities and children's divisions.

### Further Actions to address items which are under the national averages

- A number of premises audited are not directly owned by BCHC and as such the direct responsibility for cleaning and maintenance sits with the landlord. BCHC Estates and Facilities Department have requested more frequent meetings with our partners / landlord's representatives in order to manage these issues more closely.
- The facilities team are recruiting a Facilities Manager who will be concentrating on our community premises, such as the ones listed in the PLACE report.
- BCHC have recently instigated improvement works at a number of leased properties (Perry Trees and Ann Marie Howes) that will improve the environment and infection prevention concerns. This includes replacement floor coverings at both buildings.
- BCHC have recently changed food suppliers [31st March 2019] at Moseley Hall and West Heath Hospitals and will be monitoring the new contract with a clear view on improving a number of facets, including quality and nutritional values etc.





# COMPLIANCE TO EXCELLENCE - EQUALITY, DIVERSITY & HUMAN RIGHTS (EDHR)

In the last 12 months, the Trust have made significant strides with regard to unearthing the challenges which hinders our potential to become a high performing Trust in the area of Equality, Diversity & Human Rights (EDHR).

The Equality Review, which was carried out over a number of months engaged staff in meaningful conversations about how they experienced equality in the Trust. It also measured our performance against legal and contractual requirements and reported that the Trust was not compliant with the Equality Act 2010.

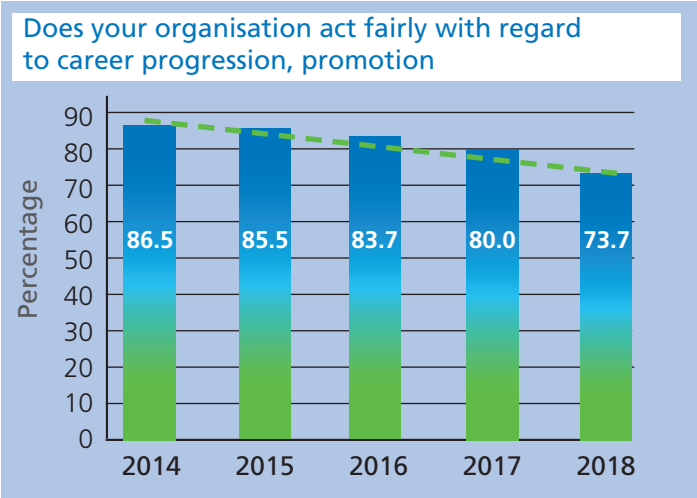
The Equality review reported simultaneously with the Well Led Review which was carried out by Deloitte and the CQC inspection and the combined findings and recommendations have been adopted without exception and form the Equality Implementation Plan.

Delivery of this important area of work has been framed within 10 high level equality commitments and is driven at Executive level and assurance is given at Non Executive level via the newly formed Workforce & Organisational Development Committee.

This tighter governance framework will sit around an increase in the capacity of EDHR specialist workforce and the task of making EDHR business as usual will be distributed throughout the Trust via individual and collective objectives and formal reporting lines.

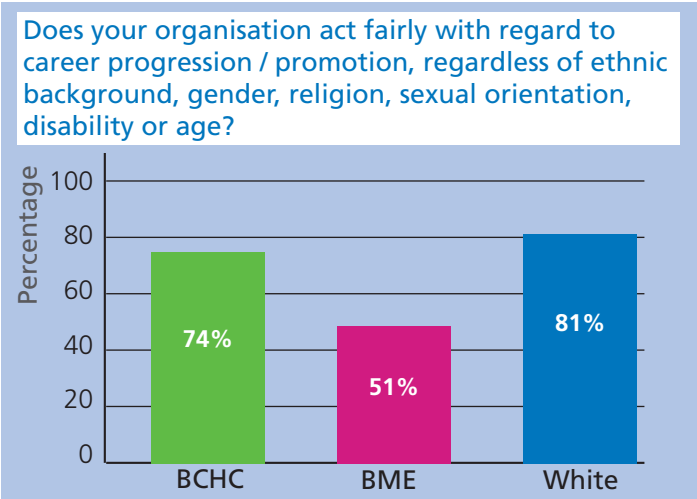
The Staff Survey 2018 again demonstrated little progress against the Workforce Equality Standard indicators and this signals a requirement to pick up the scale and pace of change towards a more equitable workforce experience for all our staff.

## RECRUITMENT AND PROGRESSION



When it comes to the confidence of staff in the fairness of actions taken regarding recruitment and promotion, BCHC returned the lowest score of its comparator organisations this year.

A review of the trends across the previous 5 years shows that performance in this area has fallen significantly and addressing this widely held perception will be a key focus for the Trust this year.



When the data is further broken down across all the protected characteristics, it demonstrates a disparity on the basis of ethnic origin as only 51% of BME staff felt that the Trust acted fairly with regard to career progression or promotion which highlights a differential of 30 percent with their White colleagues. This knowledge must inform a culturally competent approach to making BCHC a great place to work for all our staff and action will be taken in the coming year to open up the bottlenecks which our workforce data tells us, exists for BME staff.

## PAY EQUALITY

The Gender Pay Equality report began in 2018 and highlighted a pay gap of 15% between men and women in the Trust.

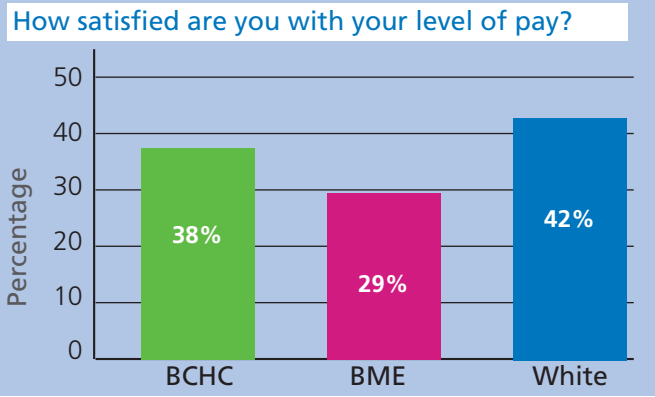
	Avg. hourly rate (£)		Median hourly rate (£)	
	March 17	March 18	March 17	March 18
Male	17.04	18.05	13.45	14.44
Female	14.80	15.06	13.45	13.98
Difference	2.24	2.99	0.00	0.46
Pay gap %	13.15	16.56	0.00	3.20

Further work suggests that this is concentrated amongst medical staff that are not paid on the Agenda for Change AfC payscale, however, the Trust took a proportionate response to these findings and committed to no single gender or single ethnicity recruitment panels.

During a period where there were several recruitment campaigns at Trust Board level, several Executives undertook a cultural intelligence test and were supported to identify any conscious or unconscious biases which may limit diversity of the Trust Board.

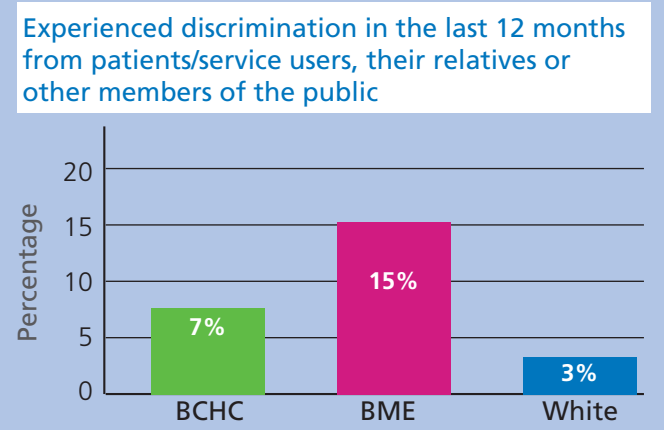
The Trust has recently launched a Women's Network which has executive sponsorship and has committed to developing a policy to support women with menopause in the workplace.

The Trust has also launched a LGBT+ Network and Disability & Neurodiversity Network and plans are in place to launch a Faith Network in the early summer.

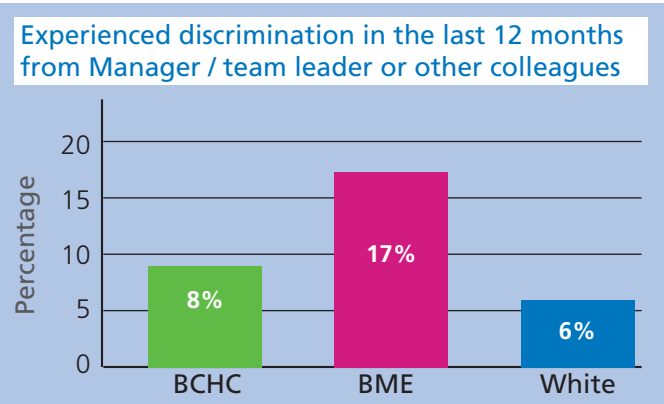


BME staff report being far less satisfied with their level of pay than white staff and this corresponds with a disproportionate concentration of BME staff in the lower AfC bands.

## DISCRIMINATION



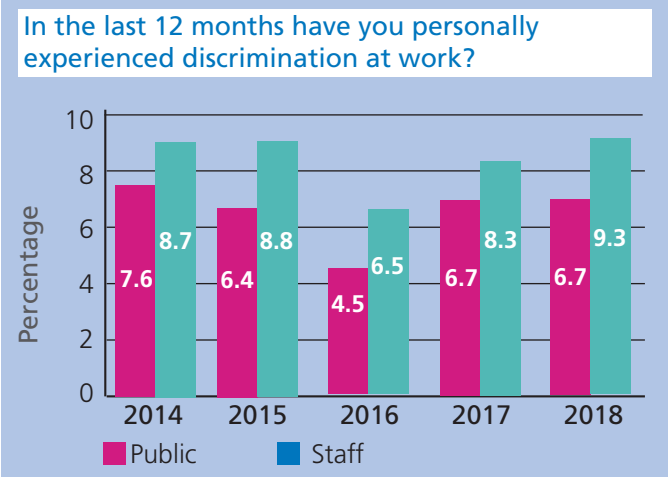
BME staff report experiencing significantly more discrimination than white staff both externally, from patients and the public, and internally from managers and colleagues. The level of reported discrimination from internal sources is higher than that reported from external sources.





Ethnic background continues to represent 46 percent of the reports of discrimination from the staff survey and the breakdown of discrimination from staff suggests that BME staff are nearly 3 times as likely to experience discrimination from their manager/team leader or colleagues.

Further analysis of the trends for discrimination over the previous 5 years demonstrates that discrimination at work is at its highest point in the last 5 years and will be a priority area for action in the coming years.



THE EQUALITY DELIVERY SYSTEM 2

The Trust has for the first time this year carried out the entire The Equality Delivery System 2 (EDS2) process by undertaking an internal and external assessment.

EDS2 is a an assessment which the Trust is required to carry out on an annual basis to gather evidence about its equality performance against 4 outcomes.

The EDS2 outcomes are:

- 1. Better Health outcomes For All
- 2. Improves patient Access and Experience
- 3. Empowered, Engaged and Well Supported Staff
- 4. Inclusive Leadership At All Levels

The table below demonstrates the agreed view of both internal and external assessments regarding our performance as a Trust in these four areas.

	Outcomes	Grading
1	Better Health Outcomes For All	Under developed
2	Improved Patient Access and Experienced	Under developed
3	Empowered, Engaged and Well Supported Staff	Developing
4	Inclusive Leadership at all Levels	Developing

Engagement with the communities we serve is an important part of the EDS2 process and we were very pleased to welcome strategic partners and communities as part of the external EDS2 assessment process. Our external partners agreed that we had arrived at a very honest assessment of the current position.

Our intention is to build deeper relationships with our communities and move towards a co-productive approach to developing and reviewing services in the future.

The Trust has been assessed as being underdeveloped in the outcomes relating to patients/service users and developing in the areas relating to staff.

The exercise highlights how just focusing on overall performance against outcomes does not reveal the unwarranted variance between groups which may conceal pockets of inequality and poorer outcomes. Our external partners agreed that we had arrived at a very honest assessment of the current position

The intelligence from this exercise will continue to inform the equality improvement priorities and enable us to measure our performance in the future.

“OUR INTENTION IS TO BUILD DEEPER RELATIONSHIPS WITH OUR COMMUNITIES AND MOVE TOWARDS A CO-PRODUCTIVE APPROACH TO DEVELOPING AND REVIEWING SERVICES IN THE FUTURE.”





# SECTION 4

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**BCHC HELD A NUMBER OF SUCCESSFUL EVENTS TO HIGHLIGHT THE QUALITY OF SERVICE PROVIDED, INCLUDING ONE FOR END OF LIFE CARE**

## DEMONSTRATING QUALITY

**This has been a challenging year for the Trust with regards to the quality of service we provide, and we have worked with clinical staff, governors, patients and the public to question our own views on what we deliver. A review is being undertaken to consider how information is being shared up and down the organisation to make more efficient use of the evidence that we have to improve practice and provide assurance around quality.**

Sarah Francis has been a lay member of the Trust Clinical Governance (Safety) Committee since the organisation was formed in December 2010. She has provided a consistent and challenging reminder within the committee of the need to keep the patient at the centre of everything we consider. She chose to stand down in March 2019, and the committee thanked her and acknowledged how much they will miss her attention to detail, and her breadth of knowledge.

The Trust appointed a Clinical Lead for Palliative Care in October 2018 to ensure that our services are fit for 2022 and align with the Birmingham and Solihull Sustainability and Transformation Partnership vision of creating a better experience at the end of life. She has already undertaken a review of the delivery of palliative and end of life care which is provided, has reported back to the Transforming End of Life Group which is leading the review of the BCHC End of Life Strategy which will take place by June 2019. The Divisional Director of Nursing and Therapies for Adult Community Services the Trust has been working with the STP group to promote co-ordinated seamless care for our patients' final days.

A report by Public Health England on diabetic foot disease showed that fewer patients in Birmingham (supported by the BCHC podiatry service) had fewer episodes of hospital admission, shorter lengths of stay and fewer amputations than national rates.

Following participation in a national audit in 2017-18, a team from BCHC presented at a nationwide conference the work they done to reduce the risk to patients with tracheostomies.

BCHC held a number of successful events to highlight the quality of service provided, including one for End of Life Care which was held during Dying Matters week, and a trust wide Clinical Effectiveness day to celebrate both innovation and change as well as deliver assurance. In addition each of the divisions held an event to commend the work of their own teams in improving patient care.

**COLIN GRAHAM -  
ASSOCIATE DIRECTOR  
OF CLINICAL GOVERNANCE**





# BEST CARE, HEALTHY COMMUNITIES



## HAPPY AND HEALTHY

At Learning Disability sites Jaffray Resource Centre and Greenfields, service users and carers had an opportunity to take part in the BCHC charity funded 'happy and healthy' photography project.

The aim of the project was to engage service users to create positive images of people with learning disabilities and physical disabilities that would then feature in clinical waiting areas.

Lisa Morris, Clinical Psychologist who contacted the charity team to make this project a reality received positive feedback from those that attended; "The service users who took part really were the stars of the show, they enjoyed every minute".

## CENTRE CELEBRATES DECADE OF CARE

**Lord Mayor Yvonne Mosquito was guest of honour as BCHC and Birmingham City Council colleagues celebrated the 10th anniversary of the Perry Tree Centre in Kingstanding.**

The 32-bed facility was opened in 2008 by HRH the Princess Royal as part of an initiative to provide purpose-built centres bringing together health and social care services under one roof. Associate director of adult and community services Sally Plant said Perry Tree has been a big part of her life personally and professionally, having seen her mother, now 94, benefit with two inpatient stays.

"I was privileged to be involved in the concept of both Perry Tree and its sister unit, Anne Marie Howes but, more importantly, the philosophy of what the building was to be in the community where it sits", said Sally. "I was honoured to be at the opening as part of the welcoming party meeting Princess Anne, and I'm honoured to be at its 10th anniversary".



## FOCUSSING ON FRAILTY AND DEMENTIA

**With a larger proportion of people living longer lives, the number of people living with frailty is also expected to rise.**

Transforming services for older and younger frail people demands a shift towards care that is co-ordinated around the full range of an individual's needs, prioritising prevention and support for maintaining independence. In simple terms, it is a condition that means people living with frailty cannot bounce back quickly after unexpected events such as an illness, an accident or other stressful event, putting them at risk of losing their independence and unplanned hospital admission.

To meet this challenge, BCHC colleagues have come together to develop a Trust-wide frailty strategy to raise awareness and promote active and healthy ageing to help ensure we continue to meet the expected health and social care needs of an ageing population. Our Frailty Focus campaign will help some of the Trust's most vulnerable patients, including those already living with frailty, people at risk of becoming frail, and their family and friends.

In BCHC we are keen to tap into the passion, commitment and experience of colleagues to help drive this fundamental shift. By putting the patient's individual needs and wishes at the heart of our care delivery, we support them to live as independently as possible.

To help achieve best practice, a new document has been launched across BCHC inpatient facilities to help capture information about a person's life, interests, likes and dislikes. Ward staff will help newly admitted patients complete their 'My Life Passport' soon after they are admitted to an inpatient ward.

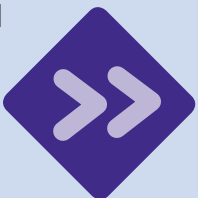
The simple document captures personal information such as a patient's place of birth; the language they speak; family members' names; and hobbies they enjoy or have enjoyed in the past.

## THE 'MY LIFE PASSPORT' IS A REALLY SIMPLE IDEA.

- It acts as a prompt for conversations during the patients inpatient stay; assists staff to provide meaningful activities and interaction by focusing on the individual
- it keeps their minds active and focussed on their life outside the hospital; and, above all,
- it demonstrates that we want to know them as a person, not just as another NHS patient, and have the professional flexibility and skill to provide the care and support they as an individual need.

## MOVING FORWARD FOR 2019-20

- The new Enhanced Care Team will continue to support the Adult Specialist Rehabilitation Division by providing enhanced care, support and activities to patients on wards who have cognitive impairment. The team also offer support to carers and relatives by supporting the discharge process and referring to other services within the trust or signposting to services externally.
- Our goal is to implement a Frailty Toolkit and Pathway across the Trust which includes a screening tool, an assessment for severity of frailty and a Personalised Care and Support Plan to include referral pathways to appropriate services to monitor and support the patient to live well.







## MEMORY BOXES AT SHELDON UNIT

The Sheldon Unit, based at West Heath Hospital provides end of life care for patients who meet the continuing care criteria and who have highly complex needs, requiring skilled healthcare interventions on a 24-hour basis.

The Unit has started to provide memory boxes which can be used to hold sentimental items of loved ones.

At this difficult time, people can sometimes find comfort in the creation of a memory box, either made by them to leave for loved ones to remember them by or together with their loved ones.

Although creating a memory box can be an emotional experience, patients and family often find it a satisfying and uplifting experience looking back on many happy memories.

PEOPLE CAN SOMETIMES FIND COMFORT IN THE CREATION OF A MEMORY BOX, EITHER MADE BY THEM TO LEAVE FOR LOVED ONES TO REMEMBER THEM

## IN THE FRAME FOR NATIONAL ACCLAIM



Laura Abbatiello's silver award

**Clinical illustration team scoop awards at national awards!**

**Congratulations to BCHC's clinical illustration team, who have been recognised for their work at the annual Institute of Medical Illustrators (IMI) awards.**

The awards recognise excellence in clinical photography, healthcare design and clinical video by giving gold, silver, bronze and platinum awards to deserving entries.

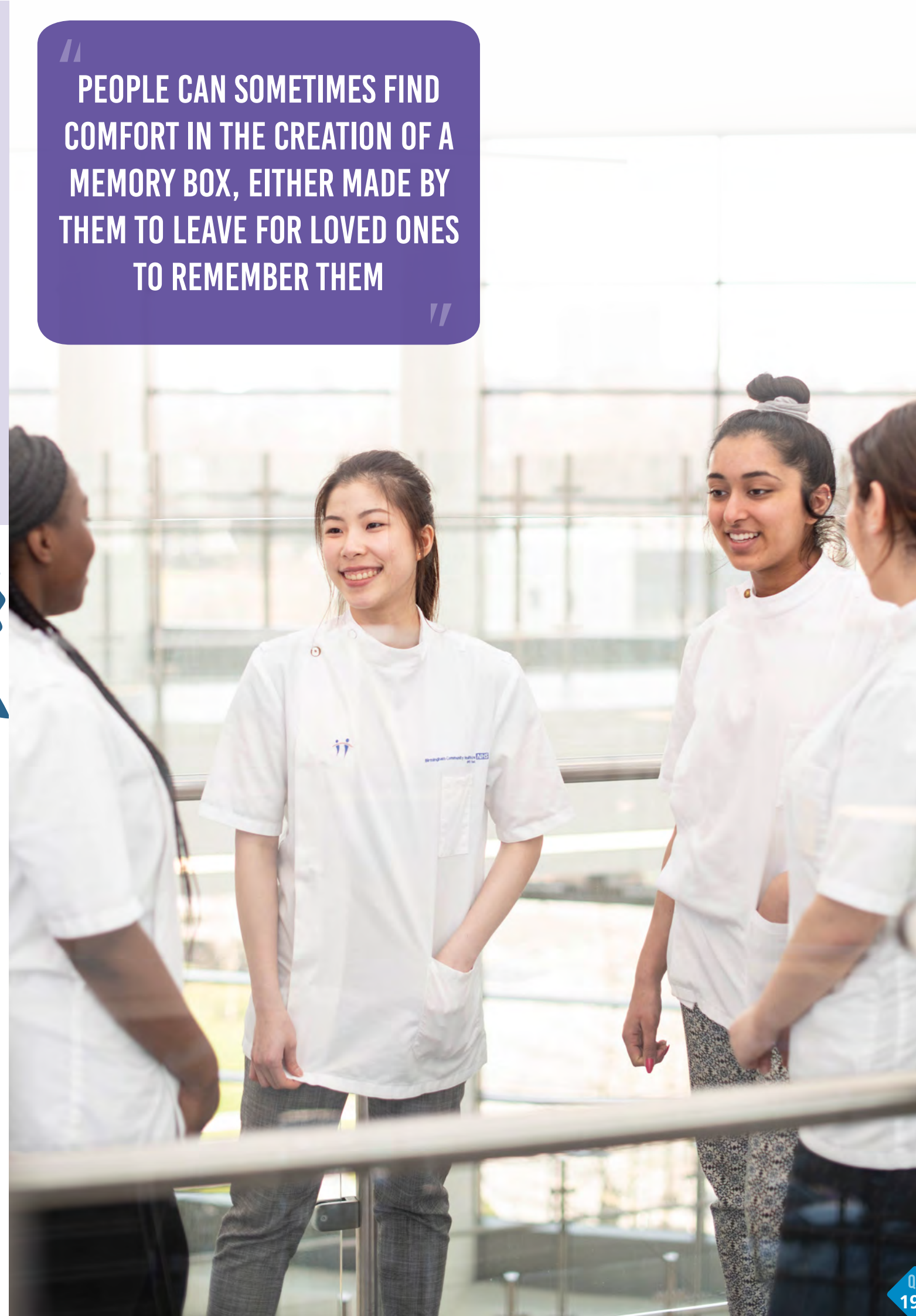
There are additional special recognition categories, including the prestigious Peter Kilshaw award for the best entry from a student on a recognised course - won by our own Paul Larkins. Congratulations, Paul!



Paul Larkins' bronze award



Paul Larkins' silver award





# Listening in to Action (LiA)

Listening in to Action (LiA) is about engaging and empowering teams to make improvements in their areas of work and ensuring managers and senior leaders unblock the way and allow colleagues to make these changes. At BCHC, we recognise that as well as listening to our patients, it is also important that we listen to our colleagues and involve them when we try to identify where improvements could and should be made. That's why we've invested in the LiA programme.

We launched LiA in summer 2018. Its aim was to put clinicians and staff at the centre of making changes for the benefit of our patients, our colleagues and the trust as a whole.

Initially, we asked colleagues to generate improvement ideas of which over 3000 colleagues contributed over 3400 ideas. As a result colleagues across the organisations have started to implement over 200 of those ideas.

Specific 'hot topic' themes were drawn out of the results and subsequently 3 large scale crowd fixing events covering - Information Technology, Health and wellbeing, Mandatory Training were undertaken each having 5 priority actions to implement; such as the introduction of a new employee assistance programme and digital services drop in clinics.

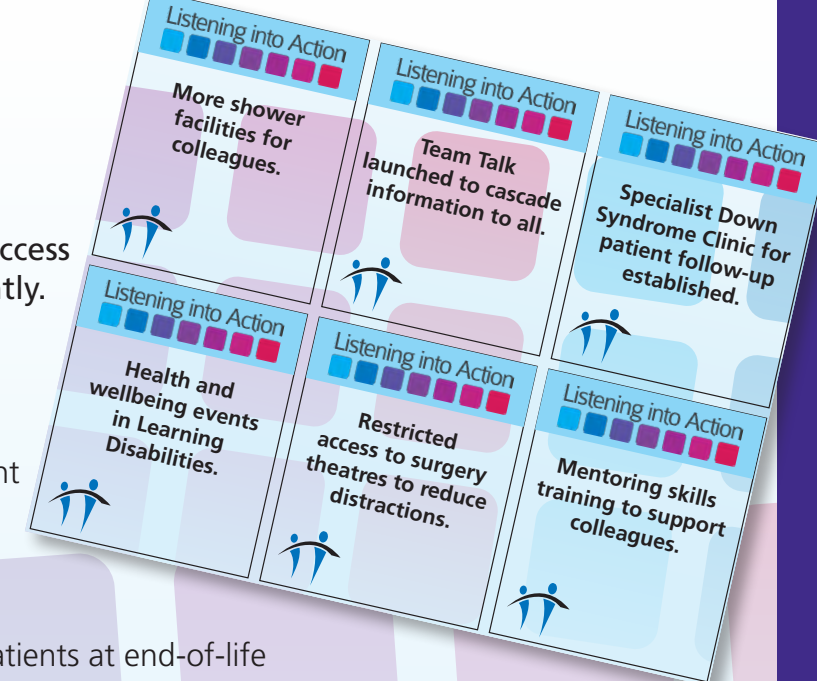
11 clinical pioneering teams embarked on a 20 week '7 step improvement journey' and have made measurable improvements to the way they work and for patient care. They set their own mission, introduced their changes and improvements and then during the 'pass it on event' these improvements were shared and celebrated.



## What have the success been?

Each week we continue to share 'quick win' success and the list of improvements increases constantly. To name a few success:-

- Reduction of patient numbers on dental General Anaesthetic lists
- Replaced all current paediatric dental assessment forms with one single assessment
- Increased person centred approach to care planning in Learning Disabilities day services
- Mouth Care Matters training programme for patients at end-of-life
- Staff Mindfulness sessions in North and Central Hubs
- Temporary posts in corporate areas now substantive to support resilience
- BCHC Twitter and Facebook to promote knowledge/advice on cycling to work
- IT Clinics for staff at sites across Trust
- Annual networking event for bank temporary staff in Autumn 2019
- Sickness policy review with changes emphasising support for wellbeing
- Big Top Mandatory training sessions established



## What are the future plans?

As we continue into Year 2 of LiA 40 teams have already expressed an interest to commence their LiA improvement journey. We plan to hold further large scale crowd fixing events with the first being on 'Appraisals' set for June 2019. Once we have re-done the pulse check we shall have a new range of ideas and hot topics to focus on that we shall encourage and enable all teams to make changes and improvements in their areas of work.



Listening into Action





# RESEARCH AND INNOVATION AT BCHC

BCHC have received 3 awards. Two for research performance and one for innovation:

- ✓ **Newly Emerging Team Award 2018**
- ✓ **Highly Commended Best Overall Performance Award 2018**
- ✓ **'Step Right Buddy' receives a 'MidTECH Award for 'Best NHS-Developed Medical Technology Innovation**

BCHC strives to be the best research active community organisation that provides opportunities for better care and health outcomes for patients and a great place for BCHC staff to work. We keep patients at the heart of what we do and to keep us accountable we have appointed a Patient Research Ambassador. Roger Leek (also a BCHC Public Governor) has joined the R&I team to help set up and support a patient-centred researcher culture within BCHC.

## WHAT WE HAVE BEEN UP TO IN 2018-19

### IMPROVING PATIENT CARE

The BOOST Study was set up in 2017 and compares group class physiotherapy with one to one physiotherapy in people with lumbar spinal stenosis and neurogenic claudication, a painful problem that limits people's ability to walk long distances. Perry Smythe, who suffered for many years with lower back pain, (pictured with his dog Rosie) took part in this research and said:



**"Taking part in this research has changed my life totally - I wish I'd done it 40 years ago". I was in lots of pain and had been for some time. As part of the research study I attended the hospital for 12 weeks, twice weekly for exercises and sessions on dealing with pain, which I found very informative. There was also a very useful booklet which I found helpful to remind me of the exercises. Taking part has brought me pain relief after all this time and I'd like to thank everyone involved. I thought I was going to have a miserable retirement but now I'm doing Nordic walking and Pilates, and I can push my wife's wheelchair, which I never thought I'd do.**



Better Outcomes for Older people with Spinal Trouble

## WE HAVE OFFICIALLY LAUNCHED

- The BabyCheck App - launched at the House of Commons, supported by TV presenter Dr Ellie and MP's Diana Johnson and Sharon Hodgson. BCHC and the Lullaby Trust jointly developed this app which helps parents to make decisions, based on a wide range of symptoms, whether their baby needs urgent medical attention.



- Clinical Handbook App is available to BCHC staff on any device and is a single port of call for clinicians in Children & Families division. This has replaced the need for paper copies; it can be updated once and is pushed out to all devices when needed.
- The Community Healthcare Alliance of Research Trust (CHART) is led by BCHC and is an alliance that allows Community Trusts to share and learn from each other, foster collaboration and develop research that improves care for patients in the community.

## OFFERING PATIENTS RESEARCH OPPORTUNITIES

This year R&I identified 18 research studies to support the wide range of services we provide to all age groups and to people with specific conditions for example.

- Research for our Parkinson's patients and their families - Our Nurses and Research Nurses have been informing our patients about the UK wide "Parkinson's Family Project" where the UCL are looking to find new Parkinson's genes that can better inform the causes of the disease and develop new treatments.
- Research for our younger patients and their families - Researchers have been working in partnership with Sussex Community Trust and MIRA Rehab to increase physical activity in children with long term physical disabilities using a personalised gaming system based on feedback provided by children with disabilities and their families (The I-PLAY Project).
- Research to help our patients when they need a tooth removed - We are researching why patients choose a specific type of anaesthetic and how dentists can better inform patients of their options.



## WHAT'S NEW FOR 2019/20?



- "Snackactivity" - this research will see if people can introduce short amounts of exercise into their daily routines.
- "Trauma Aid" - this study will see if an adaptation of Eye Movement Desensitisation and Reprocessing (EMDR) therapy can help people with an intellectual disability suffering from post-traumatic stress disorder.



# 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 2018-19.

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 2018-19 with our commissioners through NHS Birmingham and Solihull Clinical Commissioning Group (co-ordinating commissioner), Healthwatch Birmingham and Birmingham Health and 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, and some Public Governors 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 Safety and Risk Committee.

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 2018-19. 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.



# ANNEXE 1 - STATEMENTS FROM EXTERNAL BODIES/ORGANISATIONS



## Statement from Healthwatch Birmingham on Birmingham Community Healthcare NHS Foundation Trust Quality Account 2018/19

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Community Healthcare NHS Foundation Trust. We recognise that the Trust has gone through a period of restructurising, leading to the production of a new strategy, vision and values to support the development of the Fit for 2022 Improvement Programme. We are happy to have seen the active engagement of stakeholders, including patients and members of the public, in this process.

### Patient and Public Involvement

The Quality Account does demonstrate that the Trust uses different methods to engage with patients, service users and carers. We are particularly pleased that quality performance monitoring includes patients being invited to share their stories to the board, and patient safety walkabouts/visits where Executive and non-executive teams engage with patients, service users and staff by visiting the wards and clinical areas. We welcome that a wide range of stakeholders, including service users and Birmingham residents, have been involved in developing the Trust's priorities for quality improvement 2019/20.

Regarding performance on the 2017/18 'enhancing patient experience priority', we note the work that has been carried out; especially the use of co-design approaches to develop service plans and service information.

As per our comments on the 2017/18 Quality Accounts, we believe patients and the public would benefit from reading about the impact of these initiatives on decision-making and service improvement in the Quality Account. 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. Therefore, we would like to see the inclusion of:

- Examples of the use and impact of patient experience reports;
- The next steps for the 'Lessons Learned Group' following the review by the Director of Nursing and Therapies, The Patient Experience, and Risk Management Departments;
- Specific details (i.e. aims, expected benefit, who will be engaged, how and why they will be engaged) on the plans to hold an improvement workshop in 2019/20.

Regarding the Friends and Family (FFT) Scores, we note that the Trust has used varied approaches such as cards for patients and electronic devices to increase the FFT response rate. This has seen an increase from 1233 in December 2018 to 3492 responses in February 2019. Although this demonstrates that a significant number of patient's views are reflected in the feedback, it does not tell us whether this is representative of the different groups in Birmingham.

Our key concern is that, although various methods are used by the Trust to engage with patients, it is not clear 'who' the Trust is engaging and listening to. How the Trust is listening to seldom heard people? In line with our response to the Trust's last Quality Account, Healthwatch Birmingham still believes that the Trust would benefit from developing a Patient Public Involvement (PPI) Strategy that would ensure that engagement activities are equitable and representative of the localities the Trust works in.

A PPI strategy would outline:

- Why the Trust is listening
- What the Trust is listening for
- How the Trust listens
- Who the Trust wants to hear from (including 'seldom-heard' groups)
- How the Trust will use what it hears
- Clear arrangements for collating feedback and experience.

Over the past year, Healthwatch Birmingham has worked with clinical commissioning groups (CCGs) and trusts to benchmark their patient and public involvement (PPI) processes using Healthwatch Birmingham's Quality Standard. We have worked with Birmingham Community Healthcare Foundation Trust and benchmarked the Trust's PPI processes against our Quality Standards in October 2018. We have an agreement to return to monitor progress in 2019. We hope to continue this work with you to embed systems that continue to deliver consistently high-quality PPI.

We welcome the activities that have taken place to enable staff to have a voice and be heard. From activities such as the Big Conversations, CEO visits, Listening into Action events, Monthly Team Talk and Email the Chief Executive. We would like to read more about the impact of these activities in the 2019/20 Quality Accounts. However, the Trust has been unable to achieve the goals around the 'improving staff engagement' priority that was set out in the 2018/19 Quality Account. The 2018 Staff Survey only increased by 4% on the 2017/18 response of 40%. Of these 44% of staff that responded, on average 67% would recommend the Trust to their family and friends and only 53% would recommend the Trust as an organisation to work with. This data shows that this performance is below average.

We have noted that whilst 95% of patients report good or excellent care, only 67% of staff would recommend the Trust to their family and friends. We recommend that the Trust investigates this further and use the findings to inform service improvement plans.

### Equality and Diversity

Healthwatch Birmingham has a key role in promoting equality for everyone that uses health and social care services. We welcome the use of

EDS2 within the Trust in the last year. Although the Trust has been assessed (through the EDS 2 process) as being underdeveloped in the areas relating to patients/service users and developing in the areas relating to staff, these serve as baselines for improvement.

Our involvement in EDS2 activities across the trusts has shown that the evidence presented for each outcome does not tell us the actual impact it has had on people from protected characteristics under the equality act. It is therefore not clear whether people from protected characteristics have good health outcomes as a result of these efforts. We believe that for EDS2 to be effective, the Trust needs to collect demographic data of those patients and members of the public participating in engagement activities. Otherwise, the Trust will not have the necessary information to say confidently that they are reaching hard to reach groups or those under the equality act.

The Staff Survey 2018 has also demonstrated little progress against the Workforce Equality Standard indicators. Indeed a Trust review of trends across the previous 5 years shows that performance in this area has fallen significantly. We welcome that addressing this is a priority for 2019/20 and moving forward the Trust will focus on equality and inclusion and supporting managers to engage and support their teams.

We would like to read in the 2019/20 Quality Account, the improvement plans implemented in response to EDS2 and actions undertaken to address inequality amongst staff.

### CQC Inspection and Special Educational Needs and Disability (SEND)

The findings of the CQC inspection of SEND in June 2018 reflect the concerns that patients and carers have shared with Healthwatch Birmingham. We note that the CQC has rated Community Health Services for children and young people as: inadequate in three domains; requires improvement in two domains; and good for one domain. We have heard concerns about: lack of early intervention; poor follow up support following assessments; lack of clarity on Education, Health and Care Plan (EHCP) forms on who delivers particular aspects of care; long waiting times to get EHC plans completed; delayed referrals by GP; and failure to diagnose appropriately among others. It would be useful to patients and carers if the Trust included the actions it is taking in response to the CQC



inspection and the recent SEND consultation responses. We would like to read about the impact of these actions in the 2019/20 Quality Accounts.

### Complaints

The concerns raised by patients and carers to Healthwatch Birmingham are reflected in the five complaints themes identified by the Trust. Over the year, we have heard about issues with the quality of treatment, poor attitude of staff at some of the Trusts services, poor communication, lack of advice and support. We share real-time patient and carer experiences with the Trust and provide them with the right to respond. We note the actions that are being taken to address these issues. We would like to see examples and the impact of follow on actions developed in the 2019/20 Quality Accounts.

### Patient-Led Assessment of the Care Environment (PLACE)

We are pleased that the Trust is performing above national average for cleanliness, food and hydration, organisational food, dementia and disability (with the exception of Good Hope and West Heath Hospitals where the quality of care for people with a disability is below average). However, we note that the Trust is below average for ward food, privacy, dignity and wellbeing, and condition, appearance and maintenance in all locations (except Moseley Hospital).

Healthwatch Birmingham recently published its report into people's experiences in NHS Hospital waiting rooms. The focus of the report is on people's experiences of waiting times, the environment, communication, accessibility, and dignity and respect.

Although the experiences in the report are on waiting rooms, we believe that the findings and recommendations would be useful to the Trust and feed into planned actions. In particular, the report findings and recommendation could inform the review and service redesign being undertaken by the facilities team in order to improve the environment. The report also has specific findings and recommendations that relate to disability, which could be useful. The report can be found here: <http://bit.ly/2H1ZKMD>

We would like to read in the 2019/20 Quality Account how the review of the PLACE process by the PLACE Steering group and MOCK

assessments have improved experiences, especially for people with learning disabilities and children.

### The Trusts Priorities for 2019/20

It is difficult for us to comment effectively on the quality priorities as stated on page 16 of the draft Quality Account. This is because there are no activities outlined for each priority and consequently no success measures provided. We cannot tell what the goals stated will look like in practice and what the Trust will be working to achieve for the citizens of Birmingham in 2019/2020. We do believe that the goals outlined reflect the challenges that the Trust is facing as outlined in this draft Quality Account. So, whilst we welcome the priority on 'embedding an approach that builds on listening into action engagement methodology', it is not clear what this looks like in practice. We would like to see more specific and detailed actions or quality indicators in the final 2018/19 Quality Account document.

Healthwatch Birmingham is pleased to see considerable improvements in some of the core indicators. For instance, that 100% of patients on Care Programme Approach (CPA) were followed up within seven days of discharge from psychiatric inpatient care and 92% of patients on a consultant-led pathway start treatment within the 18-week referral target.



### Statement of Assurance from NHS Birmingham and Solihull CCG- May 2019

Birmingham & Solihull Clinical Commissioning Group, as coordinating commissioner for Birmingham Community Healthcare NHS Trust (BCHC), welcomes the opportunity to provide this statement for inclusion in the trusts 2018/19 Quality Account.

A draft copy of the Quality Account was received by the CCG on the 24<sup>TH</sup> April 2019 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. 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 2019/20.

The account demonstrates achievement against most of the 2017/18 priorities and an ongoing commitment to improvement across all of its services. The CCG notes the outcome of this year's CQC inspection and have received improvement plans from the Trust.

The CCG acknowledges the Trust's new approach in active stakeholder engagement in the development of their new strategy, vision and values, Fit for 2022 Improvement Programme, alongside the launch of their new organisational values - caring, open, respectful, responsible, and inclusive.

The Trust has continued its good progress in the reduction of falls, and has shown ongoing improvement with Safety Thermometer and improving Trustwide harm free care. The CCG were also pleased to note the collaboration with the West Midlands Quality Review Service (WMQRS) in the review of pulmonary rehabilitation services, noting areas of good practice and where improvements can be made.

Quality priorities for action in 2019/20 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 embed an inclusivity culture, reflecting the diverse communities; establishing and sustaining a strong safety culture; building a culture of continuous improvement and ensuring the highest quality across children's community services.

The CCG has reflected back to the Trust, that the draft account we have reviewed contained a number of incomplete sections and missing data, on which we therefore have been unable to comment.

The CCG will continue to work with BCHC over the next year in the delivery of their ambitions set out in this account.

Paul Jennings  
Chief Executive Officer  
Birmingham and Solihull CCG



- a. Based on the draft Quality Account on which we are invited to comment, the report does indeed show some welcome achievements. Generally there has been progress on the Quality Priorities, although we have concern with a lower performance on ‘improving staff engagement’. Positives are also evident on the Quality Indicators, such as the Safety Thermometer being above national average; Essential Care Indicators being above target; and the high level of performance on Customer Experience.
- b. We believe a stronger recognition should be given to the potential key public health role that the Trust can play, in tackling health inequalities and wider determinants of health for its service users; this could be reflected in a strategic priority especially given the new multi-agency approach to a comprehensive Public Health Strategy being taken forward in Birmingham.
- c. While the shortfalls in the Workforce Equality Standard and EDHR are recognised, there still appears to be no clear strategic action plan to counter the problems; nor clear steps to ensure the ethnicity of the workforce more fairly represents that of the labour market or service users. We would like to see this addressed with the new Quality Priority 2019-20 on ‘inclusive culture’.
- d. We welcome that the Trust has committed to a Quality Priority 2019-20 relating to the Community children’s services, which is clearly an area where further improvement is needed.
- e. Finally, the HOSC would welcome opportunities in future years to comment ahead of receiving the Quality Account on which we have been asked to comment. This is to allow advance consideration of the priority concerns as they emerge. To enable the HOSC to fulfil its duties satisfactorily we would like there to be a timeline giving an ongoing opportunity to comment on issues or a draft of this current nature, earlier within the annual cycle, in line with the DH Guidance page 7.



## ANNEXE 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 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2018 to May 2019
  - papers relating to quality reported to the board over the period April 2018 to May 2019
  - feedback from commissioners dated 15 May 2019
  - feedback from governors dated 2019
  - feedback from local Healthwatch organisations dated 14 May 2019
  - feedback from overview and scrutiny committee dated 17 May 2019
- the trust’s complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2019
- the 2018 national staff survey February 2019
- the Head of Internal Audit’s annual opinion of the trust’s control environment dated May 2019
- CQC inspection report dated October 2018
- 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
- the quality report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which 29 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 **Tom Storrow**  Date **24 May 2019**

Chief Executive **Richard Kirby**  Date **24 May 2019**



## ANNEXE 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 to perform an independent assurance engagement in respect of Birmingham Community Healthcare NHS Foundation Trust's quality report for the year ended 31 March 2019 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the 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 2019, 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.

#### Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Number of patients on incomplete pathways who have been waiting no more than 18 weeks, as a percentage of the total number of patients on incomplete pathways; and
- Percentage of emergency admissions to a hospital that forms part of the trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the trust.

We refer to these national priority indicators collectively as the 'indicators'.

#### Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation Trust annual reporting manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation Trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified below:
  - board minutes for the period April 2018 to May 2019;
  - papers relating to quality reported to the board over the period April 2018 to March 2019;
  - feedback from governors, dated 2019;
  - feedback from Birmingham City Council's Health Overview and Scrutiny Committee, dated 17<sup>th</sup> May 2019;
  - feedback from commissioners, dated 15<sup>th</sup> May 2019;
  - feedback from local Healthwatch organisations, dated 8<sup>th</sup> May 2019;
  - the latest National Staff Survey 2018 results;
  - Care Quality Commission inspection report, dated 15<sup>th</sup> October 2018; and

- the Head of Internal Audit's annual opinion over the Trust's control environment, dated April 2019;

- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation Trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation Trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the documents listed above and specified in the detailed guidance for external assurance on Quality Reports (collectively the 'documents').

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with 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.

#### Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation Trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

#### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these



criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation Trust annual reporting manual'.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by 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 2019:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation Trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in 2.1 of the 'NHS Improvement Detailed requirements for external assurance for quality reports 2018/19' for foundation Trusts; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation Trust annual reporting manual' and supporting guidance.

Deloitte LLP  
Birmingham  
United Kingdom  
24 May 2019

# APPENDIX 1: CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES 2018-19

AUDIT TITLE	PARTICIPATED	*%
Audits BCHC completed data collection for in 2018-19		
Child Health Clinical Outcome Review Programme Long-term ventilation in children, young people and young adults Hosted by: The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	100%
Falls and Fragility Fractures Audit Programme (FFFAP) Hosted by: Royal College of Physicians	Yes	100%
Learning Disability Mortality Review Hosted by: University of Bristol	Yes	N/A
National audit of care at the end of life (NACEL) Hosted by: NHS Benchmarking	Yes	100%
National Audit of Intermediate Care (NAIC) Hosted by: NHS Benchmarking Network	Yes	Geri-Med Bed Based64/114 56.1%%
		Intermediate Care Units58/114 Bed based50.9%
		Rapid Response47/92 Crises51.1% Response
National Diabetes Audit - Adults National Foot-care 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	Ward 8 and CST Band A ESD Band B
Audits BCHC was not eligible to participate in		
Adult Cardiac Surgery Hosted by NICOR	No	N/A
Adult Community Acquired Pneumonia Hosted by British Thoracic Society	No	N/A
BAUS Urology Audits: Cystectomy	No	N/A
BAUS Urology Audits: Female stress urinary incontinence	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
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
Elective Surgery (National PROMS Programme) Hosted by: NHS Digital	No	N/A
Feverish Children (Care in Emergency Departments) Hosted by: Royal College of Emergency Medicine	No	N/A
Inflammatory Bowel Disease programme/IBD registry	No	N/A
Major Trauma Audit Hosted by: The Trauma Audit & Research Network (TARN)	No	N/A
Mandatory surveillance of bloodstream infections and clostridium difficile infection.	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
Medical and surgical clinical outcome review programme.	No	N/A
Mental health clinical outcome review programme (NCEPOD)	No	N/A
Myocardial ischaemia national audit project (MINAP) Hosted by: NICOR	No	N/A
National Audit of Anxiety and Depression Hosted by: Royal College of Psychiatrists	No	N/A
National Audit of Breast Cancer in Older People (NABCOP) Hosted by: The Royal College of Surgeons	No	N/A
National Asthma and COPD audit programme Hosted by: Royal College of Physicians	No	N/A
National Audit of Cardiac Rehabilitation Hosted by: University of York	No	N/A
National Audit of Dementia Hosted by: Royal College of Psychiatrists	No	N/A
National Audit of Percutaneous Coronary Interventions (PCI) Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A
National audit of pulmonary hypertension Hosted by: NHS Digital	No	N/A
National Audit of Seizures and Epilepsies in Children and Young People Hosted by: Royal College of Paediatrics and Child Health	No	N/A
National Bariatric Surgery Registry (NBSR) Hosted by: British Obesity and Metabolic Surgery Society (BOMSS)	No	N/A
National Bowel Cancer Audit (NBOCA) Hosted by: NHS Digital	No	N/A
National Cardiac Arrest Audit (NCAA) Hosted by: Intensive Care National Audit & Research Centre (ICNARC)	No	N/A
National Audit of Rheumatoid and Early Inflammatory Arthritis (NCAREIA) Hosted by: British Society for Rheumatology	No	N/A
National Audit of Psychosis Hosted by: Royal College of Psychiatrists	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


Congenital Heart Disease (CHD) Hosted by: National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A
National Emergency Laparotomy Audit (NELA) Hosted by: Royal College of Anaesthetists	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 Mortality Case Record Review Programme Hosted by: Royal College of Physicians	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
Oesophago-gastric cancer (NAOGC) Hosted by: NHS Digital	No	N/A
National Ophthalmology Audit Hosted by: The Royal College of Ophthalmologists	No	N/A
National Paediatric Diabetes Audit (NPDA) Hosted by: Royal College of Paediatrics and Child Health	No	N/A
Prostate Cancer Hosted by: Royal College of Surgeons of England	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
Non-invasive ventilation – adults Hosted by: British Thoracic Society	No	N/A
Paediatric Intensive Care (PICANet) Hosted by: University of Leeds	No	N/A
Prescribing Observatory for Mental Health (POMH-UK) Hosted by: Royal College of Psychiatrists	No	N/A
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Hosted by: Public Health England	No	N/A
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	No	N/A
Seven Day Hospital Services Hosted by: NHS England	No	N/A
Surgical Site Infection Surveillance Service Hosted by: Public Health England	No	N/A
UK Cystic Fibrosis Registry Hosted by: Cystic Fibrosis Trust	No	N/A
Vital Signs in Adults (care in emergency department) Hosted by: Royal College of Emergency Medicine	No	N/A
VTE Risk in Lower Limb Immobilisation (care in emergency departments) Hosted by: Royal College of Emergency Medicine	No	N/A





# 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](mailto: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 



☐ No    ☐ Yes (please give details of any special requirement below):

- ☐ 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](#)

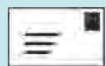
☐ Yes ☐ No

Please give their name and job title:

Please specify other:

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](http://www.bhamcommunity.nhs.uk/ft) for more details.

Signature ..... Date .....



**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:**



## HOW TO PROVIDE FEEDBACK

Tel 0121 466 7069

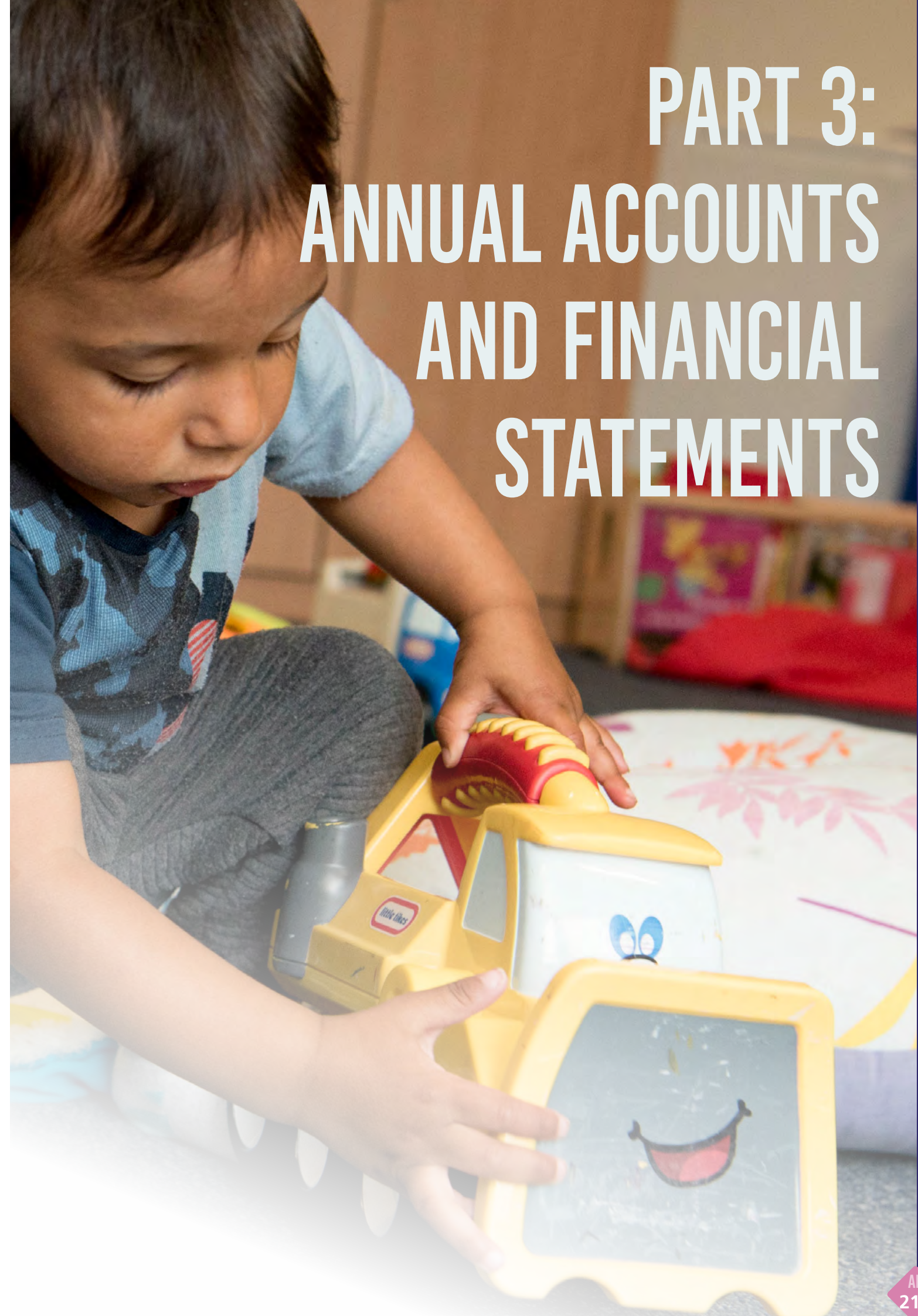
Email [clinical.governance@bhamcommunity.nhs.uk](mailto:clinical.governance@bhamcommunity.nhs.uk)

**Address** Quality Report, Clinical Governance Department  
3 Priestley Wharf  
20 Holt Street  
Birmingham Science Park  
Aston, Birmingham, B7 4BN

## 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.**

# PART 3: ANNUAL ACCOUNTS AND FINANCIAL STATEMENTS





Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Birmingham Community Healthcare NHS Foundation Trust (the 'Foundation Trust'):

- give a true and fair view of the state of the Foundation Trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the Statement of Comprehensive Income;
- the Statement of Financial Position;
- the Statement of Changes in Taxpayers' Equity;
- the Statement of Cash Flows; and
- the related notes 1 to 33.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were: <ul style="list-style-type: none"><li>• Recognition of NHS Revenue and Recoverability of Receivables</li><li>• Property Valuations</li></ul>
Materiality	The materiality that we used for the current year was £5.8m which was determined on the basis of 2% of revenue.
Scoping	Audit work was performed at the Foundation Trust's offices in Birmingham directly by the audit engagement team, led by the audit partner.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Foundation Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters.




Key audit matters


Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Recognition of NHS Clinical Revenue and Recoverability of Receivables	
Key audit matter description	As described in notes 1.3, Accounting Policies and note 1.18 Critical Judgements, there are significant judgments in recognition of NHS clinical revenue and recoverability of debtors as a key risk specific to: <ul style="list-style-type: none"><li>• the judgements taken in evaluating volume related and Commissioning for Quality and Innovation (CQUIN) income; and</li><li>• the risk of revenue not being recognised at fair value due to adjustments agreed in settling current year disputes and agreement of future contracts.</li></ul> Details of the Trust's income, including £76.1m (2017/18: £89.7m) of Commissioner Requested Services are shown in note 1.3 and note 4.2 to the financial statements. NHS debtors are shown in notes 18 and 30 to the financial statements. The majority of the Foundation Trust's income comes from a variety of local CCGs as part of the MLA contract, increasing the significance of associated judgements.
How the scope of our audit responded to the key audit matter	We evaluated the design and implementation of relevant controls around revenue recognition. We tested the recognition of income through the year, including year-end cut-off, and evaluated the results of the agreement of balances exercise. We have reconciled income recorded to signed contracts for material counterparties and reviewed material variations. We have obtained an understanding of the nature of each provision, the basis for the position adopted, and evidence of the historical accuracy of provisions made for disputes with commissioners. In doing so, we reviewed correspondence with commissioners.



	<p>We assessed the appropriateness of the judgements made in recognising revenue and providing for disputes on the basis of discussion with staff involved, reviews of correspondence with commissioners and other relevant documentation, and consideration of benchmark information from our knowledge of the local health economy.</p> <p>We have reviewed the key changes and any open areas in setting 2019/20 contracts, and considered whether, taken together with the settlement of current year disputes, there are any indicators of inappropriate adjustments in revenue recognised between years.</p> <p>We have viewed the correspondence from NHS Improvement regarding the allocation of PSF money for the year.</p>
<b>Key observations</b> 	Based on the audit evidence obtained, we conclude that NHS Revenue is appropriately recognised. We consider management judgements of provisions and disputes to be reasonable.
<b>Property valuation</b>	
<b>Key audit matter description</b> 	<p>The Foundation Trust holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £101.3m (2017/18, £105.3). The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.</p> <p>The Foundation Trust entered into a BaS LIFT contract (a Public Private Partnership) for the provision of a new Dental Hospital over a 25 year period, having commenced in 2016 and disclosed in Notes 1.6.4 and 29. The Trust plans to hand the building back at the end of the contract period and recognises the value of its interest in the building.</p> <p>The Foundation Trust have had an independent valuation carried out by Cushman and Wakefield as at 31 March 2019 for the purposes of the 2018/19 financial statements as disclosed in note 1.6.2, Accounting policies and 15.1, PPE.</p>
<b>How the scope of our audit responded to the key audit matter</b> 	<p>We evaluated the design and implementation of relevant controls in place around the property valuation.</p> <p>We utilised our valuation specialists to review and challenge the appropriateness of the assumptions used in the year-end valuation of the Birmingham Dental Hospital. During the course of our review we considered the key assumptions around the decapitalisation rate and depreciated replacement cost.</p> <p>We have reviewed the key assumptions used in the valuation. In particular, where sites are valued on an alternative site basis, we have challenged whether the assumptions made are consistent with the Foundation Trust's clinical strategy and have been considered and approved at an appropriate level within the Foundation Trust.</p> <p>We considered the detail of the BaS LIFT arrangement as part of our capital valuations work. This included consideration of the valuation and accounting treatment for the corresponding</p>

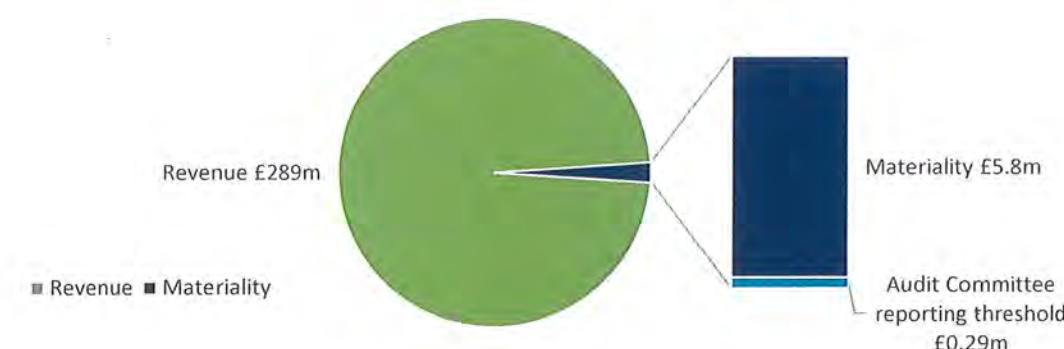
	<p>liability and potential LIFT lifecycle prepayments.</p> <p>We have evaluated the inputs used in the valuation including the gross internal areas provided to the valuer, and tested a sample of measurements to check the accuracy of data.</p> <p>We have considered the presentation of revaluation movements and impairments, taking into account revaluation reserves for individual assets, and the disclosures included in the financial statements.</p>
<b>Key observations</b> 	Based on the audit evidence obtained, we conclude that the valuation of the Foundation Trust's estate is appropriate.

### Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

<b>Materiality</b>	£5.8m
<b>Basis for determining materiality</b>	2% of revenue
<b>Rationale for the benchmark applied</b>	Revenue was chosen as a benchmark as the Foundation Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.



We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £0.29m, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.



## An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control, and assessing the risks of material misstatement. Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team at the Foundation Trust's head offices in Birmingham.

## Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon.

**We have nothing to report in respect of these matters.**

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

## Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the Foundation Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the Foundation Trust or to cease operations, or has no realistic alternative but to do so.

## Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Report on other legal and regulatory requirements

### Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### Matters on which we are required to report by exception

#### *Annual Governance Statement, use of resources, and compilation of financial statements*

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

**We have nothing to report in respect of these matters.**

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

#### *Reports in the public interest or to the regulator*

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

**We have nothing to report in respect of these matters.**



Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Birmingham Community Healthcare NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Foundation Trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Gus Miah (Senior statutory auditor)  
for and on behalf of Deloitte LLP  
Statutory Auditor  
Birmingham, United Kingdom  
24 May 2019

THE FINANCIAL STATEMENTS TO ANNUAL ACCOUNTS 2018/19

1. Foreword to the Accounts

These accounts for the financial year ending 31st March 2019 have been prepared by Birmingham Community Healthcare NHS Foundation Trust in line with Department of Health and Social Care Group Accounting Manual 2018/19 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.



Signed:  
**Richard Kirby**  
Chief Executive Officer  
Date: 24 May 2019



Signed:  
**Ian Woodall**  
Chief Finance Officer  
Date: 24 May 2019



3. How is our Financial Performance Assessed?

The Trust agreed a control total with NHS Improvement for 2018/19, which is calculated on a different basis from the reported surplus. The Trust agreed a control total of a £4.351m surplus for 2018/19 and achieved a £4.419m surplus against this target.

4. Efficiency Savings

In 2018/19 we were also required to identify and achieve Cash Releasing Efficiency Savings (CRES) in excess of £6.2 million, and we delivered against this target.

5. Where our Money Comes From

The majority of our income comes from the provision of patient care which totals £261.9m. The remainder of £26.8m comes from other activities such as Education, Training and Research.

6. How we Spend our Money

In the financial year 2018/19 we spent £282.5m. The largest proportion of this expenditure was on the salaries and wages that we pay our staff, which totalled £183.3m. 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 2018/19 we invested £6.2m on purchases through the capital programme, almost all of which 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 (£1.8m)
- the replacement of clinical equipment (£0.4m)

In addition to this, we received £0.012m of cash from the Department of Health, which was also invested in IT software for our pharmacy as part of EU exit preparations.

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 Ian Woodall, Chief Finance Officer at Trust Headquarters.

10. Financial Statements

10.1. Statement of Comprehensive Income for Year Ended 31 March 2019

		2018-2019	2017-2018
	NOTE	£000	£000s
Operating income from patient care activities	3	261,895	248,661
Other operating income	4	26,759	28,722
Operating expenses	6,8	(282,519)	(266,235)
Operating surplus (deficit) from continuing operations		6,135	11,148
Finance income	11	207	78
Finance expenses	12	(2,607)	(2,650)
PDC dividends payable		(1,885)	(1,815)
Net finance costs		(4,285)	(4,387)
Other gains/(losses)	13		354
Surplus/(deficit) for the year		1,850	7,115
Other Comprehensive Income			
Will not be reclassified to income and expenditure:			
Impairments	7	(1,710)	(2,178)
Revaluations	16	1,468	3,281
Total comprehensive income/(expense) for the period		1,608	8,218





10.2. Statement of Financial Position as at 31 March 2019

	NOTE	31st March 2019 £000s	31st March 2018 £000s
<b>Non-current assets</b>			
Intangible assets	14	939	1,050
Property, plant and equipment	15	112,513	117,717
<b>Total non-current assets</b>		<b>113,452</b>	<b>118,767</b>
<b>Current assets</b>			
Inventories	17	242	153
Receivables	18	13,793	16,549
Cash and cash equivalents	20	39,432	34,612
<b>Total current assets</b>		<b>53,467</b>	<b>51,314</b>
<b>Current liabilities</b>			
Trade and other payables	21	(33,977)	(35,687)
Borrowings	23	(870)	(907)
Provisions	25	(4,459)	(6,856)
Other liabilities	22	(801)	(576)
<b>Total current liabilities</b>		<b>(40,107)</b>	<b>(44,026)</b>
<b>Total assets less current liabilities</b>		<b>126,812</b>	<b>126,055</b>
<b>Non-current liabilities</b>			
Borrowings	23	(29,996)	(30,868)
Provisions	25	(100)	(198)
<b>Total non-current liabilities</b>		<b>(30,096)</b>	<b>(31,066)</b>
<b>Total assets employed</b>		<b>96,716</b>	<b>94,989</b>
<b>Financed by</b>			
Public dividend capital		7,191	7,179
Revaluation reserve		23,758	24,276
Income and expenditure reserve		65,767	63,534
<b>Total taxpayers equity</b>		<b>96,716</b>	<b>94,989</b>

Signed:

**Richard Kirby**  
Chief Executive Officer  
Date: 24 May 2019

10.3. Statement of Changes in Equity for the Year Ended 31 March 2019

	Public Dividend capital £000s	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2018 - brought forward</b>	<b>7,179</b>	<b>24,276</b>	<b>63,534</b>	<b>94,989</b>
Impact of implementing IFRS 9 on 1 April 2018	-	-	107	<b>107</b>
Surplus for the year	-	-	1,850	1,850
Other transfers between reserves	-	(276)	276	-
Impairments (through 'other comprehensive income')	-	(1,710)	-	<b>(1,710)</b>
Revaluations (through 'other comprehensive income')	-	1,468	-	1,468
Public dividend capital received	12	-	-	12
<b>Taxpayers' equity at 31 March 2019</b>	<b>7,191</b>	<b>23,758</b>	<b>65,767</b>	<b>96,716</b>





10.4. Statement of cash flows for the year ended 31 March 2019

	NOTE	2018-19 £000s	2017-2018 £000s
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		6,135	11,148
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	6.1	6,387	5,962
Net impairments	7	4,892	576
(Increase) / decrease in receivables and other assets		2,674	(4,439)
(Increase) / decrease in inventories		(89)	14
Increase / (decrease) in payables and other liabilities		(773)	1,375
Increase / (decrease) in provisions		(2,495)	1,738
Other movements in operating cash flows			6
<b>Net cash generated from / (used in) operating activities</b>		<b>16,731</b>	<b>16,380</b>
<b>Cash flows from investing activities</b>			
Interest received		207	78
Purchase of intangible assets		(158)	(475)
Purchase of property, plant, equipment and investment property		(6,760)	(3,476)
Sales of property, plant, equipment and investment property		-	995
<b>Net cash generated from / (used in) investing activities</b>		<b>(6,711)</b>	<b>(2,878)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		12	871
Capital element of finance lease rental payments		(114)	(106)
Capital element of PFI, LIFT and other service concession payments		(795)	(887)
Other interest		(11)	(66)
Interest paid on finance lease liabilities		(45)	(73)
Interest paid on PFI, LIFT and other service concession obligations		(2,551)	(2,510)
PDC dividend (paid) / refunded		(1,696)	(1,744)
<b>Net cash generated from / (used in) financing activities</b>		<b>(5,200)</b>	<b>(4,515)</b>
<b>Increase (decrease) in cash and cash equivalents</b>		<b>4,820</b>	<b>8,987</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>34,612</b>	<b>25,625</b>
<b>Cash and cash equivalents at 31 March</b>	20.1	<b>39,432</b>	<b>34,612</b>

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

The Trust incurred less than £1k of charges for late payment of commercial debts in 2018/19.

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

No properties were sold in 2018/19

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 9 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: 2018/19 Related Party Transactions	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
<b>Mr. Tom Storrow - Chair</b>				
Keele University School of Medicine	4,000	-	-	-
<b>Professor David Sallah - Non Executive Director</b>				
University of Wolverhampton (Emeritus Professor)	54,577	-	45,000	-
<b>David Holmes – Director of Human Resource</b>				
Healthcare People Management Association (Deputy National President)	606			

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
- Midland Partnership NHS Foundation Trust
- South Warwickshire NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- NHS Birmingham and Solihull Clinical Commissioning Group
- NHS Sandwell and West Birmingham 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 £152,437, of which £82,394 was due from the Charity at the year-end.

10.10. Better Payment 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 2018/19.

Compliance with Better Payment Practice Code during 2018/19

Better payment practice code - measure of compliance	2018-19	
	Number	£000
Total Non-NHS trade invoices paid in the year	61,222	135,509
Total Non-NHS trade invoices paid within target	56,535	124,493
Percentage of Non-NHS trade invoices paid within target	92.3%	93.2%
Total NHS trade invoices paid in the year	1,570	24,428
Total NHS trade invoices paid within target	1,124	14,497
Percentage of NHS trade invoices paid within target	71.6%	59.3%
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

Deloitte were appointed as the Trust’s External Auditors for 2018/19.

Our audit cost in respect of statutory services for the year was £59,580. In addition to this fee, the total remuneration paid to Deloitte in 2018/19 includes £161,000 in respect of the audit of the trust’s quality account and reviews of risk management, governance and business information and reporting.

10.13. Sickness Absence Data

The sickness absence data is discussed within Staff Report.

Table FS4: Other Exit Packages 2018-19

Other Exit packages - disclosures (Exclude Compulsory Redundancies)	Number of Exit Package Agreements	Total value of Agreements	Number of Exit Package Agreements	Total value of Agreements
	2018/19	2018/19	2017/18	2017/18
	Number	£000s	Number	£000s
Voluntary redundancies including early retirement contractual costs	4	92	1	17
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	2	95	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non contractual payments requiring HMT approval*	-	-	-	-
<b>Total**</b>	<b>6</b>	<b>187</b>	<b>1</b>	<b>17</b>
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-



## 10.14. HM Treasury Compliance

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

## 10.15. Details of Political Donations

Birmingham Community Healthcare NHS Foundation Trust has not made any political donations during 2018/19.

## 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 2018/19 was in relation to services provided to NHS patients and their families.

# 11. TRUST ACCOUNTS CONSOLIDATION (TAC) SCHEDULES

## 11.1. Finance Director Certificate

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 Group Accounting Manual issued by the Department of Health and Social Care
- 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.

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

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

Signed:

**Ian Woodall**  
Director of Finance  
Date: 24 May 2019

## 11.2. 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 on the previous page.

Signed:

**Richard Kirby**  
Chief Executive Officer  
Date: 24 May 2019





# ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

## Foreword to the accounts

### Birmingham Community Healthcare NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by Birmingham Community Healthcare NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:

  
**Richard Kirby**  
Chief Executive Officer  
Date: 24 May 2019



# Statement of Comprehensive Income

		2018-2019	2017-2018
	NOTE	£000	£000s
Operating income from patient care activities	3	261,895	248,661
Other operating income	4	26,759	28,722
Operating expenses	6,8	(282,519)	(266,235)
<b>Operating surplus from continuing operations</b>		<b>6,135</b>	<b>11,148</b>
Finance income	11	207	78
Finance expenses	12	(2,607)	(2,650)
PDC dividends payable		(1,885)	(1,815)
<b>Net finance costs</b>		<b>(4,285)</b>	<b>(4,387)</b>
Other gains/(losses)	13		354
<b>Surplus/(deficit) for the year</b>		<b>1,850</b>	<b>7,115</b>
<b>Other Comprehensive Income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(1,710)	(2,178)
Revaluations	16	1,468	3,281
<b>Total comprehensive income for the period</b>		<b>1,608</b>	<b>8,218</b>
<b>Of which:</b>			
Related to continuing operations		<b>1,608</b>	<b>8,218</b>

# Statement of Financial Position

		31st March 2019	31st March 2018
	NOTE	£000s	£000s
<b>Non-current assets</b>			
Intangible assets	14	939	1,050
Property, plant and equipment	15	112,513	117,717
<b>Total non-current assets</b>		<b>113,452</b>	<b>118,767</b>
<b>Current assets</b>			
Inventories	17	242	153
Receivables	18	13,793	16,549
Cash and cash equivalents	20	39,432	34,612
<b>Total current assets</b>		<b>53,467</b>	<b>51,314</b>
<b>Current liabilities</b>			
Trade and other payables	21	(33,977)	(35,687)
Borrowings	23	(870)	(907)
Provisions	25	(4,459)	(6,856)
Other liabilities	22	(801)	(576)
<b>Total current liabilities</b>		<b>(40,107)</b>	<b>(44,026)</b>
<b>Total assets less current liabilities</b>		<b>126,812</b>	<b>126,055</b>
<b>Non-current liabilities</b>			
Borrowings	23	(29,996)	(30,868)
Provisions	25	(100)	(198)
<b>Total non-current liabilities</b>		<b>(30,096)</b>	<b>(31,066)</b>
<b>Total assets employed</b>		<b>96,716</b>	<b>94,989</b>
<b>Financed by</b>			
Public dividend capital		7,191	7,179
Revaluation reserve		23,758	24,276
Income and expenditure reserve		65,767	63,534
<b>Total taxpayers equity</b>		<b>96,716</b>	<b>94,989</b>

The notes on pages 9 to 55 form part of these accounts.

Signed:

**Richard Kirby**  
Chief Executive Officer  
Date: 24 May 2019





### 10.3. Statement of Changes in Equity for the Year Ended 31 March 2019

	Note	Public Dividend capital £000s	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2018 - brought forward</b>		<b>7,179</b>	<b>24,276</b>	<b>63,534</b>	<b>94,989</b>
Impact of implementing IFRS 9 on 1 April 2018	32.1	-	-	107	<b>107</b>
Surplus for the year		-	-	1,850	1,850
Other transfers between reserves		-	(276)	276	-
Impairments (through 'other comprehensive income')	7	-	(1,710)	-	<b>(1,710)</b>
Revaluations (through 'other comprehensive income')		-	1,468	-	1,468
Public dividend capital received		12	-	-	12
<b>Taxpayers' equity at 31 March 2019</b>		<b>7,191</b>	<b>23,758</b>	<b>65,767</b>	<b>96,716</b>

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

	Note	Public Dividend capital £000s	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2017 - brought forward</b>		<b>6,308</b>	<b>23,576</b>	<b>56,016</b>	<b>85,900</b>
Impact of implementing IFRS 9 on 1 April 2018		-	-	7,115	<b>7,115</b>
Surplus for the year		-	(206)	206	-
Other transfers between reserves		-	(2,178)	-	<b>(2,178)</b>
Impairments (through 'other comprehensive income')	7	-	3,281	-	<b>3,281</b>
Revaluations (through 'other comprehensive income')		-	(197)	197	-
Public dividend capital received		871	-	-	871
<b>Taxpayers' equity at 31 March 2018</b>		<b>7,179</b>	<b>24,276</b>	<b>63,534</b>	<b>94,989</b>

#### 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 organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department 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.

#### Statement of cash flows

		2018-19 £000s	2017-2018 £000s
	NOTE		
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		<b>6,135</b>	<b>11,148</b>
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	6.1	6,387	5,962
Net impairments	7	4,892	576
(Increase) / decrease in receivables and other assets		2,674	(4,439)
(Increase) / decrease in inventories		(89)	14
Increase / (decrease) in payables and other liabilities		(773)	1,375
Increase / (decrease) in provisions		(2,495)	1,738
Other movements in operating cash flows			6
<b>Net cash generated from / (used in) operating activities</b>		<b>16,731</b>	<b>16,380</b>
<b>Cash flows from investing activities</b>			
Interest received		207	78
Purchase of intangible assets		(158)	(475)
Purchase of property, plant, equipment and investment property		(6,760)	(3,476)
Sales of property, plant, equipment and investment property		-	995
<b>Net cash generated from / (used in) investing activities</b>		<b>(6,711)</b>	<b>(2,878)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		12	871
Capital element of finance lease rental payments		(114)	(106)
Capital element of PFI, LIFT and other service concession payments		(795)	(887)
Other interest		(11)	(66)
Interest paid on finance lease liabilities		(45)	(73)
Interest paid on PFI, LIFT and other service concession obligations		(2,551)	(2,510)
PDC dividend (paid) / refunded		(1,696)	(1,744)
<b>Net cash generated from / (used in) financing activities</b>		<b>(5,200)</b>	<b>(4,515)</b>
<b>Increase (decrease) in cash and cash equivalents</b>		<b>4,820</b>	<b>8,987</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>34,612</b>	<b>25,625</b>
<b>Cash and cash equivalents at 31 March</b>	20.1	<b>39,432</b>	<b>34,612</b>



# NOTES TO THE ACCOUNTS

## 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 2018/19 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 the 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 1.2 Going concern

Based on the performance detailed in these financial statements and the financial plan for 2019/20, 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 at least twelve months from the date of these accounts. For this reason, they continue to adopt the going concern basis in preparing the accounts and these accounts are prepared on that basis.

### Note 1.3 Revenue recognition

#### Note 1.3.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to

IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the trust accrues income relating to performance obligations satisfied in that year. Where the trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The application of IFRS 15 has not had an impact on these financial statements; the vast majority of the trust's income is earned under block contracts with commissioners, ie contracts that do not vary directly with activity performed. As a result, the relevant performance obligation is the provision of services throughout the year, rather than the delivery of units of activity. Income is invoiced and recognised on a monthly basis, with payment usually made by commissioners around the 15th of the same month.

### Revenue from NHS contracts

The main source of income for the trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

The trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The trust agrees schemes with its commissioner and recognises revenue based on the expected achievement of each of these schemes. Where an agreed scheme is not expected to be achieved, revenue is not recognised.





## Note 1.4 Expenditure on employee benefits

### 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.

### 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
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the

assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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.

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 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. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings - market value for existing use
- Specialised buildings - depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

#### 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 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' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

### Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### 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 De-recognition

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' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned 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 useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### Note 1.6.4 Local Improvement Finance Trust (LIFT)

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.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income. Lifecycle expenditure included in the unitary payment is capitalised as incurred.

### Note 1.7 Intangible assets

#### 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**

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the trust intends to complete the asset and sell or use it
- the trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, 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 and
- 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 or 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 lives in a manner consistent with the consumption of economic or service delivery benefits.

**Note 1.7.3 Useful economic life of intangible assets**

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

	Min life Years	Max life Years
Information technology	5	5
Software licences	5	5

**Note 1.8 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 1.9 Financial assets and financial liabilities

### Note 1.9.1 Recognition

Financial assets and financial liabilities arise where the trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument.

The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

### Note 1.9.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques. Financial assets and liabilities are classified as subsequently measured at amortised cost.

#### Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

#### Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the trust recognises an allowance for expected credit losses.

The trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as an amount equal to lifetime expected losses. No loss provision is made for receivables due from other NHS bodies, as such amounts are not expected to be irrecoverable. The provisions matrix used to determine expected credit losses is set out in note 18.4.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

### Note 1.9.3 De-recognition

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

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

## Note 1.10 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.

### Note 1.10.1 The trust as lessee

#### 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 an item of property plant and equipment.

The annual rental charge 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.

#### Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

#### Leases of land and buildings

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 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 25.2 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 1.12 Contingencies

Contingent liabilities are not recognised, but are disclosed in notes 25.2 and 26, 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 1.13 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 a public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the 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 1.14 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 1.15 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 1.16 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 note 20.2 to the accounts in accordance with the requirements of HM Treasury's FReM.

### Note 1.17 Losses and special payments

Losses and special payments are shown in note 31 and 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 1.18 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:

#### Valuation of dental hospital - critical judgement

In line with IAS 17, the trust's LIFT-funded dental hospital is valued on the basis of the present value of the minimum lease payments. As the lease payment is rolled up within the unitary charge, a notional rent has been calculated by 'de-capitalising' the depreciated replacement cost valuation using the trust's weighted average cost of capital. The resulting lease payments have then been discounted at a rate of 5.5%, based on advice from the trust's independent external valuers.





Modern equivalent asset valuation of property - key source of estimation uncertainty

As detailed in note 16, the trust’s independent valuer has provided the trust with a valuation of land and building assets (providing a fair value and a remaining useful life). The significant estimation being the specialised buildings, 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.

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 with lives for the trust’s buildings advised by an independent expert.

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 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 IFRS 15 paragraphs 124 tios 1m2a6d ael.so requires disclosure of estimations in determining transaction price or satisfaction of

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19. Standards adopted in 2018/19 are described in notes 32.1 and 32.2.

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

The DH GAM does not require the following Standards to be applied in 2018/19.

IFRS 16 will remove the distinction between operating and finance leases, resulting in a significant 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 10, although the standard provides a potential exemption for leases less than 12 months in duration, which currently includes NHS Property Services leases.

This standard is still subject to HM Treasury FReM adoption, with the implementation of IFRS 16 expected to be from 2020/21. The trust is currently working to determine the impact of this implementation of this standard.

In addition, IFRS 17 (insurance contracts, applicable for accounting periods beginning on or after 1 January 2021) and IFRIC 23 (uncertainty over income tax treatments, 1 January 2019) are also issued but not yet adopted. Neither of these are expected to have a significant impact on the trust.

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.

2018/19	Adult Community Services	Adult and Specialist Rehabilitation^	Learning Disabilities^	Dental	Children and Families	Corporate (including estates)	Total
Income						288,654	288,654
Pay	(37,584)	(46,647)	(11,618)	(22,581)	(38,773)	(27,365)	(184,568)
Non-pay	(5,761)	(15,192)	(959)	(7,054)	(23,718)	(33,999)	(86,683)
Other*	-	-	-	-	-	(15,553)	(15,553)
Surplus/ (Deficit)	(43,345)	(61,839)	(12,577)	(29,635)	(62,491)	211,737	1,850

\* Other expenditure includes capital charges, impairments and net finance costs.

^ The Urgent Care and Specialist divisions were reorganised durign the year and are now referred to as Adult and Specialist Rehabilitation and Learning Disabilities.

2017/18	Adult Community Services	Urgent care	Specialist	Dental	Children and Families	Corporate (including estates)	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 and net finance costs.



## NOTE 3 OPERATING INCOME FROM PATIENT CARE ACTIVITIES

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.1

### Note 3.1 Income from patient care activities (by nature)

	2018/2019	2017/2018
	£000s	£000s
<b>Community services</b>		
Community services income from CCGs and NHS England	212,708	207,143
Income from other sources (e.g. local authorities)	46,540	41,518
Agenda for Change pay award central funding	2,647	-
<b>Total income from activities</b>	<b>261,895</b>	<b>248,661</b>

### Note 3.2 Income from patient care activities (by source)

	2018/2019	2017/2018
	£000s	£000s
<b>Income from patient care activities received from:</b>		
NHS England	55,631	52,920
Clinical commissioning groups	157,161	154,222
Department of Health and Social Care	2,787	-
Other NHS providers	5,347	5,118
NHS other	-	5
Local authorities	40,406	35,778
Non NHS: other	563	618
<b>Total income from activities</b>	<b>261,895</b>	<b>248,661</b>

## NOTE 4 OTHER OPERATING INCOME

	2018/2019	2017/2018
	£000s	£000s
<b>Other operating income from contracts with customers:</b>		
Research and development (contract)	445	838
Education and training (excluding notional apprenticeship levy income)	18,449	18,572
Non-patient care services to other bodies	447	546
Provider sustainability / sustainability and transformation fund (PSF / STF)	4,601	4,119
Other contract income	2,656	4,042
<b>Other non-contract operating income</b>		
Charitable and other contributions to expenditure	161	605
<b>Total other operating income</b>	<b>26,759</b>	<b>28,722</b>

### Note 4.1 Additional information on revenue from contracts with customers recognised in the period

	2018/2019
	£000s
Revenue recognised in the reporting period in accordance with IFRS 15 that was included in within contract liabilities at the previous period end.	175

### Note 4.2 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:

	2018/2019	2017/2018
	£000s	£000s
Income from services designated as commissioner requested services	76,120	89,716
Income from services not designated as commissioner requested services	185,775	158,945
<b>Total</b>	<b>261,895</b>	<b>248,661</b>

## NOTE 5 FEES AND CHARGES

The trust does not have any income from charges to service users where income from that service exceeds £1 million.





## NOTE 6.1 OPERATING EXPENSES

	2018-19	2017-18
	£000	£000
Staff and executive directors costs	183,155	181,752
Remuneration of non-executive directors	119	124
Supplies and services - clinical (excluding drugs costs)	19,596	19,544
Supplies and services - general	20,486	10,349
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	8,471	7,601
Consultancy costs	2,371	2,450
Establishment	4,467	6,689
Premises	13,975	10,385
Transport (including patient travel)	2,274	758
Depreciation on property, plant and equipment	6,118	5,751
Amortisation on intangible assets	269	211
Net impairments (see note 7)	4,892	576
Movement in credit loss allowance: contract receivables / contract assets	170	-
Movement in credit loss allowance: all other receivables and investments	-	182
Increase in other provisions	463	1,086
<b>Audit fees payable to the external auditor</b>		
audit services- statutory audit	52	55
other auditor remuneration (external auditor only, see note 6.2)	161	12
Internal audit costs	112	103
Clinical negligence	718	840
Legal fees	353	341
Insurance	71	106
Research and development	28	603
Education and training	3,006	2,531
Rentals under operating leases	8,002	10,028
Redundancy	-	1,227
Charges to operating expenditure for on-SoFP IFRIC 12 schemes	747	719
Car parking and security	254	-
Other services, eg external payroll	280	254
Other	1,909	1,958
<b>Total</b>	<b>282,519</b>	<b>266,235</b>

## Note 6.2 Other auditor remuneration

	2018-19	2017-18
	£000	£000
<b>Other auditor remuneration paid to the external auditor:</b>		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	12	12
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	149	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
<b>Total</b>	<b>161</b>	<b>12</b>

## Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2017/18: £2m) as set out in the engagement letter dated 4 February 2019.

## NOTE 7 IMPAIRMENT OF ASSETS

	2018-19	2017-18
	£000	£000
<b>Net impairments charged to operating surplus/deficit resulting from:</b>		
Changes in market price	4,892	576
<b>Total net impairments charged to operating surplus</b>	<b>4,892</b>	<b>576</b>
Impairments charged to the revaluation reserve	1,710	2,178
<b>Total net impairments</b>	<b>6,602</b>	<b>2,754</b>

All of the impairments above relate to the annual revaluation of the trust's land and building assets, most notably the dental hospital. All land and freehold buildings are revalued as set out in the accounting policies and note 16.



NOTE 8 EMPLOYEE BENEFITS

	2018/2019	2017/2018
	£000	£000
Salaries and wages	143,546	143,105
Social security costs	13,505	14,118
Apprenticeship levy	688	683
Employer's contributions to NHS pensions	17,449	16,798
Pension cost - other	15	-
Temporary staff (including agency)	9,399	8,517
<b>Total gross staff costs</b>	<b>184,602</b>	<b>183,221</b>
Recoveries in respect of seconded staff	(111)	(324)
<b>Total staff costs</b>	<b>184,491</b>	<b>182,897</b>
<b>Of which</b>		
Costs capitalised as part of assets	42	-

Note 8.1 Retirements due to ill-health

During 2018/19 there were 7 early retirements from the trust agreed on the grounds of ill-health (4 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £168k (£301k in 2017/18).

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

NOTE 9 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](http://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 for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

NOTE 10 OPERATING LEASES

Note 10.1 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 notes below also include operating leases relating to vehicles used by staff in the course of their duties.

	2018-19 total	2017-18 total
	£000	£000
<b>Operating lease expense</b>		
Minimum lease payments	8,002	10,028
<b>Total</b>	<b>8,002</b>	<b>10,028</b>

	31 March 2019	31 March 2018
	£000	£000
<b>Future minimum lease payments due:</b>		
• not later than one year	3,851	7,344
• later than one year and not later than five years	5,192	5,852
• later than five years	5,564	6,507
<b>Total</b>	<b>14,607</b>	<b>19,703</b>



## NOTE 11 FINANCE INCOME

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

	2018/19 total	2017/18 total
	£000	£000
Interest on bank accounts	207	78
<b>Total finance income</b>	<b>207</b>	<b>78</b>

## NOTE 12 FINANCE EXPENDITURE

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

	2018/19 total	2017/18 total
	£000	£000
<b>Interest expense:</b>		
Bank charges	11	66
Finance leases	45	73
Interest on late payment of commercial debt	-	1
Main finance costs on PFI and LIFT schemes obligations	2,123	2,182
Contingent finance costs on PFI and LIFT scheme obligations	428	328
<b>Total interest expense</b>	<b>2,607</b>	<b>2,650</b>

## NOTE 13 OTHER GAINS / (LOSSES)

	2017/18 total	2017/18 total
	£000	£000
Gains on disposal of assets	-	632
Losses on disposal of assets	-	(278)
<b>Total gains / (losses) on disposal of assets</b>	<b>-</b>	<b>354</b>

## NOTE 14.1 INTANGIBLE ASSETS - 2018/19

	Software licences	Internally generated information technology	Total
	£000	£000	£000
<b>Valuation/gross cost at 1 April 2018 - brought forward</b>	<b>1,116</b>	<b>534</b>	<b>1,650</b>
Additions	158	-	158
Disposals / derecognition	(223)	-	(223)
<b>Gross cost at 31 March 2019</b>	<b>1,051</b>	<b>534</b>	<b>1,585</b>
<b>Amortisation at 1 April 2018 - brought forward</b>	<b>495</b>	<b>105</b>	<b>600</b>
Provided during the year	162	107	269
Disposals / derecognition	(223)	-	(223)
<b>Amortisation at 31 March 2019</b>	<b>434</b>	<b>212</b>	<b>646</b>
<b>Net book value at 31 March 2019</b>	<b>617</b>	<b>322</b>	<b>939</b>
<b>Net book value at 1 April 2018</b>	<b>621</b>	<b>429</b>	<b>1,050</b>

### Note 14.2 Intangible assets - 2017/18

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

## NOTE 15.1 PROPERTY, PLANT AND EQUIPMENT - 2018/19

	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
<b>Valuation/gross cost at 1 April 2018 - brought forward</b>	<b>24,721</b>	<b>81,123</b>	<b>20</b>	<b>9,551</b>	<b>191</b>	<b>15,540</b>	<b>455</b>	<b>131,601</b>
Additions	-	81,123	409	313	-	1,375	21	<b>6,048</b>
Impairments	-	3,930	-	-	-	-	-	<b>(1,991)</b>
Reversals of impairments	147	134	-	-	-	-	-	<b>281</b>
Revaluations	288	(6,496)	-	-	-	-	-	<b>(6,208)</b>
Reclassifications	-	-	(20)	20	-	-	-	-
Disposals/ derecognition	-	(77)	-	-	-	-	-	<b>(77)</b>
<b>Valuation/gross cost at 31 March 2019</b>	<b>25,156</b>	<b>76,623</b>	<b>409</b>	<b>9,884</b>	<b>191</b>	<b>16,915</b>	<b>476</b>	<b>129,654</b>
<b>Accumulated depreciation at 1 April 2018 - brought forward</b>	<b>-</b>	<b>543</b>	<b>-</b>	<b>4,253</b>	<b>107</b>	<b>6,361</b>	<b>171</b>	<b>10,988</b>
Provided during the year	42	2,762	-	762	20	2,496	36	<b>6,118</b>
Impairments	-	6,120	-	-	-	-	-	<b>6,120</b>
Reversals of impairments	(330)	(898)	-	-	-	-	-	<b>(1,228)</b>
Revaluations	288	(7,964)	-	-	-	-	-	<b>(7,676)</b>
Disposals / derecognition	-	(77)	-	-	-	-	-	<b>(77)</b>
<b>Accumulated depreciation at 31 March 2019</b>	<b>-</b>	<b>486</b>	<b>-</b>	<b>5,015</b>	<b>127</b>	<b>11,260</b>	<b>253</b>	<b>17,141</b>
<b>Net book value at 31 March 2019</b>	<b>25,156</b>	<b>76,137</b>	<b>409</b>	<b>4,869</b>	<b>64</b>	<b>5,655</b>	<b>223</b>	<b>112,51</b>
<b>Net book value at 1 April 2018</b>	<b>24,721</b>	<b>80,580</b>	<b>20</b>	<b>5,298</b>	<b>84</b>	<b>6,776</b>	<b>238</b>	<b>117,717</b>

## Note 15.2 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
<b>Valuation/gross cost at 1 April 2017 - brought forward</b>	<b>23,989</b>	<b>80,357</b>	<b>528</b>	<b>8,962</b>	<b>169</b>	<b>13,566</b>	<b>455</b>	<b>128,026</b>
Additions	-	3,863	4	653	33	1,462	-	<b>6,015</b>
Impairments	-	(4,864)	-	-	-	-	-	<b>(4,864)</b>
Reversals of impairments	267	2,419	-	-	-	-	-	<b>2,686</b>
Revaluations	465	(227)	-	-	-	-	-	<b>238</b>
Reclassifications	-	-	(512)	-	157	512	-	<b>157</b>
Disposals/ derecognition	-	(425)	-	(64)	(168)	-	-	<b>(657)</b>
<b>Valuation/gross cost at 31 March 2018</b>	<b>24,721</b>	<b>81,123</b>	<b>20</b>	<b>9,551</b>	<b>191</b>	<b>15,540</b>	<b>455</b>	<b>131,601</b>
<b>Accumulated depreciation at 1 April 2017 - brought forward</b>	<b>-</b>	<b>795</b>	<b>-</b>	<b>3,559</b>	<b>102</b>	<b>6,361</b>	<b>171</b>	<b>10,988</b>
Provided during the year	-	2,576	-	710	16	2,403	46	<b>5,751</b>
Impairments	24	3,940	-	-	-	-	-	<b>3,964</b>
Reversals of impairments	(81)	(3,307)	-	-	-	-	-	<b>(3,388)</b>
Revaluations	57	(3,100)	-	-	-	-	-	<b>(3,043)</b>
Reclassifications	-	-	-	-	157	-	-	<b>157</b>
Disposals / derecognition	-	(361)	-	(16)	(168)	-	-	<b>(545)</b>
<b>Accumulated depreciation at 31 March 2018</b>	<b>-</b>	<b>543</b>	<b>-</b>	<b>4,253</b>	<b>107</b>	<b>8,764</b>	<b>217</b>	<b>13,884</b>
<b>Net book value at 31 March 2018</b>	<b>24,721</b>	<b>80,580</b>	<b>20</b>	<b>5,298</b>	<b>84</b>	<b>6,776</b>	<b>238</b>	<b>117,717</b>
<b>Net book value at 1 April 2017</b>	<b>23,989</b>	<b>79,562</b>	<b>528</b>	<b>5,403</b>	<b>67</b>	<b>7,205</b>	<b>284</b>	<b>117,038</b>



Note 15.3 Property, plant and equipment financing - 2018/19

	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
Net book value at 31 March 2019								
Owned -purchased	23,753	50,047	409	4,869	64	5,655	233	85,020
Finance leased	-	747	-	-	-	-	-	747
On-SoFP PFI contracts and other service concession arrangements	1,403	25,343	-	-	-	-	-	26,746
NBV total at 31 March 2019	25,156	76,137	409	4,869	64	5,655	223	112,513

Note 15.4 Property, plant and equipment financing - 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
Net book value at 31 March 2018								
Owned -purchased	23,754	49,392	20	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	20	5,298	84	6,776	238	117,717

NOTE 16 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 2019 to supplement the full valuation undertaken as at 1 April 2016.

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 Social Care 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 22 year interest in the dental hospital as at 31 March 2019 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. With respect to both the land and building, the notional rent payable by the trust, has been determined from the DRC valuation using the trust's weighted average cost of capital. Over the 22 year period of the trust's interest in the property, the annual rental has been discounted at a rate of 5.5% to reflect the net present value, which represents the existing use value.

Note 16.1 Useful lives of property, plant and equipment

range of useful lives are shown in the table below:

	Min life Years	Max life Years
	£000	£000
Land	25	Infinite
Buildings, excluding dwellings	3	66
Dwellings	0	0
Plant & machinery	5	15
Transport equipment	7	7
Information technology	5	5
Furniture & fittings	10	10

Finance-leased assets (including land) are depreciated over the shorter of the useful 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.

NOTE 17 INVENTORIES

	31 March 2019	31 March 2018
	£000	£000
Drugs	85	94
Consumables	157	59
<b>Total inventories</b>	<b>242</b>	<b>153</b>

Inventories recognised in expenses for the year were £153k (2017/18: £167k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

NOTE 18.1 TRADE RECEIVABLES AND OTHER RECEIVABLES

	31 March 2019	31 March 2018
	£000	£000
<b>Current</b>		
Contract receivables*	11,767	-
Trade receivables	-	8,486
Accrued income	-	5,736
Allowance for impaired contract receivables / assets*	(346)	-
Allowance for other impaired receivables	-	(298)
Prepayments (non-PFI)	1,887	1,695
PDC dividend receivable	110	299
VAT receivable	240	420
Other receivables	135	211
<b>Total current trade and other receivables</b>	<b>13,793</b>	<b>16,549</b>
<b>Of which receivables from NHS and DHSC group bodies:</b>		
<b>Current</b>	<b>9,466</b>	<b>12,241</b>

\*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 18.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets	All other receivables	Total
	£000	£000	£000
<b>Allowances as at 1 Apr 2018 - brought forward</b>	<b>-</b>	<b>298</b>	<b>298</b>
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	191	(298)	(107)
New allowances arising	170		170
Utilisation of allowances (write offs)	(15)		(15)
<b>Allowances as at 31 Mar 2019</b>	<b>346</b>	<b>-</b>	<b>346</b>

Note 18.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables
	£000
<b>Allowances as at 1 Apr 2017 - as previously stated</b>	<b>164</b>
Increase in provision	182
Amounts utilised	(48)
<b>Allowances as at 31 Mar 2018</b>	<b>298</b>

Note 18.4 Exposure to 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. In line with IFRS9, the trust has used historical credit loss experience to determine appropriate provision rates for each age category of non-NHS receivables; these are shown in the table below. No provision is made against NHS receivables as such amounts are not expected to be irrecoverable.



## NOTE 19 NON-CURRENT ASSETS HELD FOR SALE AND ASSETS IN DISPOSAL GROUPS

	2018/19	2017/18
	£000	£000
<b>NBV of non-current assets for sale and assets in disposal groups at 1 April</b>	-	535
Assets sold in year	-	(535)
<b>NBV of non-current assets for sale and assets in disposal groups at 31 March</b>	-	-

## NOTE 20.1 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.

	2018/19	2017/18
	£000	£000
<b>At 1 April</b>	<b>34,612</b>	<b>25,625</b>
Net change in year	4,820	8,987
<b>At 31 March</b>	<b>39,432</b>	<b>34,612</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	8	9
Cash with the Government Banking Service	39,424	34,603
<b>Total cash and cash equivalents as in SoFP</b>	<b>39,432</b>	<b>34,612</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>39,432</b>	<b>34,612</b>

### Note 20.2 Third party assets held by the trust

The trust held cash and cash equivalents which relate to monies held by the 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 2019	31 March 2018
	£000	£000
Bank balances	-	12
<b>Total third party assets</b>	<b>-</b>	<b>12</b>

## NOTE 21.1 TRADE AND OTHER PAYABLES

	31 March 2019	31 March 2018
	£000	£000
<b>Current</b>		
Trade payables	11,182	16,591
Capital payables	2,516	3,228
Accruals	14,272	9,633
Social security costs	2,179	2,179
Other taxes payable	1,454	1,412
Other payables	2,374	2,644
<b>Total current trade and other payables</b>	<b>33,977</b>	<b>35,687</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	5,291	6,025

## NOTE 22 OTHER LIABILITIES

	31 March 2019	1 March 2018
	£000	£000
<b>Current</b>		
Deferred income (relating to contract income under IFRS 15)	801	576
<b>Total other current liabilities</b>	<b>801</b>	<b>576</b>



## NOTE 23 BORROWINGS

	31 March 2019	31 March 2018
	£000	£000
<b>Current</b>		
Obligations under finance leases	122	114
Obligations under LIFT contracts (excl. life-cycle, see note 29)	748	793
<b>Total current borrowings</b>	<b>870</b>	<b>907</b>
<b>Non-current</b>		
Obligations under finance leases	583	705
Obligations under LIFT contracts (excl. life-cycle, see note 29)	29,413	30,163
<b>Total non-current borrowings</b>	<b>29,996</b>	<b>30,868</b>

### Note 23.1 Reconciliation of liabilities arising from financing activities

	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000
<b>Carrying value at 1 April 2018</b>	<b>819</b>	<b>30,956</b>	<b>31,775</b>
Cash movements:			
Financing cash flows - payments and receipts of principal	(114)	(795)	<b>(909)</b>
Financing cash flows - payments of interest	(45)	(2,123)	<b>(2,168)</b>
<b>Non-cash movements:</b>			
Application of effective interest rate	45	2,123	<b>2,168</b>
<b>Carrying value at 31 March 2019</b>	<b>705</b>	<b>30,161</b>	<b>30,866</b>

## NOTE 24 FINANCE LEASES

### Note 24.1 Birmingham Community Healthcare NHS Foundation Trust as a lessee

Obligations under finance leases where Birmingham Community Healthcare NHS Foundation Trust is the lessee.

	31 March 2019	31 March 2018
	£000	£000
<b>Gross lease liabilities</b>	<b>863</b>	<b>1,035</b>
<b>Of which liabilities are due</b>		
not later than one year;	173	173
later than one year and not later than five years	690	690
later than five years	-	173
Finance charges allocated to future periods	(158)	(216)
<b>Net lease liabilities</b>	<b>705</b>	<b>819</b>
<b>Of which payable:</b>		
not later than one year	122	114
later than one year and not later than five years	583	544
later than five years	-	161

The lease liabilities disclosed above relate to buildings.

## NOTE 25.1 PROVISIONS FOR LIABILITIES AND CHARGES ANALYSIS

	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000
<b>At 1 April 2018</b>				
Arising during the year	195	4,832	2,027	7,054
Utilised during the year	336	538	1,198	2,072
Reversed unused	-	(397)	(444)	(841)
<b>At 31 March 2019</b>	<b>396</b>	<b>1,936</b>	<b>2,227</b>	<b>4,559</b>
<b>Expected timing of cash flows:</b>				
- not later than one year;	396	1,936	2,127	4,459
- later than one year and not later than five years;	-	-	100	100
<b>Total</b>	<b>396</b>	<b>1,936</b>	<b>2,227</b>	<b>4,559</b>





Legal claims relate to the public liability and injury benefit claims as informed by NHS Resolution, as well as ongoing employment tribunals. 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 2019, the exact timing of the potential redundancies remains uncertain.

Other provisions include potential claims for dilapidations on the exit of leases (£622k), amounts payable in relation to the injury cost recovery scheme (£462k), and a potential VAT payment due to HMRC (£667k), for which the timing of the payment is certain. Other provisions also include provisions for pay protection costs based on restructuring during previous years (£255k), and back pay costs, for which the amount payable depends on the staff in post at the time of the payment (£222k).

Note 25.2 Clinical negligence liabilities

At 31 March 2019, £1,537k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Birmingham Community Healthcare NHS Foundation Trust (31 March 2018: £1,025k).

NOTE 26 CONTINGENT ASSETS AND LIABILITIES

	31 March 2019	31 March 2018
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	36	65
Net value of contingent liabilities	36	65

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 27 CONTRACTUAL CAPITAL COMMITMENTS

	31 March 2019	31 March 2018 (restated)
	£000	£000
Property, plant and equipment	20,149	20,737
Total	20,149	20,737

Capital commitments mainly relate to the remaining lifecycle maintenance commitments in our LIFT agreement for the dental hospital.

NOTE 29 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 29.1 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 2019	31 March 2018
	£000	£000
Gross PFI, LIFT or other service concession liabilities	58,114	61,030
Of which liabilities are due		
not later than one year;	2,817	2,917
later than one year and not later than five years	11,312	11,323
later than five years	43,985	46,790
Finance charges allocated to future periods	(27,953)	(30,074)
Net PFI, LIFT or other service concession arrangement obligation	30,161	30,956
Of which liabilities are due		
not later than one year	748	793
later than one year and not later than five years	3,606	3,380
later than five years	25,807	26,783

Note 29.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2019	31 March 2018
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	129,642	134,044
Of which liabilities are due:		
not later than one year	4,695	4,575
later than one year and not later than five years	19,985	19,472
later than five years	104,962	109,997

Note 29.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2018/2019	2017/2018
	£000	£000
Unitary payment payable to service concession operator	4,575	4,414
Consisting of:		
- Interest charge	2,123	2,182
- Repayment of finance lease liability	790	886
- Service element and other charges to operating expenditure	747	719
- Capital lifecycle maintenance	487	299
- Contingent rent	428	328
Total amount paid to service concession operator	4,575	4,414

Note 30.1 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.

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 most significant exposure as at 31 March 2019 relates to 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 2018/19 from depreciation. The trust is not, therefore, exposed to significant liquidity risks.

Note 30.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9		
Trade and other receivables excluding non financial assets	9,301	9,301
Cash and cash equivalents at bank and in hand	39,432	39,432
Total at 31 March 2019	48,733	48,733

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2018 under IFRS 9		
Trade and other receivables excluding non financial assets	11,636	11,636
Cash and cash equivalents at bank and in hand	34,612	34,612
Total at 31 March 2018	46,248	46,248





Note 30.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Obligations under finance leases	705	705
Obligations under PFI, LIFT and other service concession contracts	30,161	30,161
Trade and other payables excluding non financial liabilities	29,849	29,849
Total at 31 March 2019	60,715	60,715

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Obligations under finance leases	819	819
Obligations under PFI, LIFT and other service concession contracts	30,956	30,956
Trade and other payables excluding non financial liabilities	32,096	32,096
Total at 31 March 2018	63,871	63,871

Note 30.4 Maturity of financial liabilities

	31 March 2019	31 March 2018
	£000	£000
In one year or less	30,719	33,003
In more than one year but not more than two years	977	870
In more than two years but not more than five years	3,212	3,054
In more than five years	25,807	26,944
Total	60,715	63,871

NOTE 31 LOSSES AND SPECIAL PAYMENTS

	2018/2019		2017/2018	
	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
Bad debts and claims abandoned	26	15	8	8
Total losses	26	15	9	9
Special payments				
Extra-contractual payments	-	-	1	150
Ex-gratia payments	32	87	21	37
Total special payments	32	87	22	187
Total losses and special payments	58	102	31	196
Compensation payments received		-	-	-

NOTE 32.1 INITIAL APPLICATION OF IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018.

The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Reassessment of allowances for credit losses under the expected loss model resulted in a £107k increase in the carrying value of receivables.

Note 32.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The vast majority of the trust’s income is earned under block contracts with commissioners, i.e. contracts that do not vary directly with activity performed. As a result, the relevant performance obligation is the provision of services throughout the year, rather than the delivery of units of activity. Income is invoiced and recognised on a monthly basis, therefore the implementation of IFRS15 does not have an impact on the trust’s financial position for the year.

NOTE 33 RELATED PARTIES : 2018/19

During the year, the Trust has entered in to several transactions with entities at which our senior managers also have a role. A summary of the transactions, which are with the entity in question, not our senior managers themselves, is shown below.

Directors	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due to related party
Tom Storrow - Chair Keele University School of Medicine (Associate)	4,000	-	-	-
Professor David Sallah - Non-Executive University of Wolverhampton (Emeritus Professor)	54,577	-	45,000	-
David Holmes - HR Director Healthcare People Management Association (HPMA) (Deputy National President)	606	-	-	-

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
- Midlands Partnership NHS Foundation Trust
- South Warwickshire NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- NHS Birmingham and Solihull CCG
- NHS Sandwell and West Birmingham CCG
- NHS Property Services
- Community Health Partnerships
- NHS England

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 £152,437, of which £82,394 was due from the charity at the year-end.

NOTE 33 RELATED PARTIES : 2017/18

During the year, the Trust has entered in to several transactions with entities at which our senior managers also have a role. A summary of the transactions, which are with the entity in question, not our senior managers themselves, is shown below.

Directors	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due to related party
Tom Storrow - Chair Keele University School of Medicine (Associate)	4,000	-	-	-
Professor David Sallah - Non-Executive University of Wolverhampton (Emeritus Professor)	6,590	-	-	-

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.



